

Moving to the UK as a GP

The process explained



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Many Australian general practitioners may be interested in working as a GP in the United Kingdom. Since mid 2005 the process has become more difficult, complex and expensive, but the transition is still possible if the correct process is followed. This article guides potential applicants through the complexity, providing details of each step and citing the necessary resources.

For many years there has been a well travelled path for medical graduates between Australia and the United Kingdom. Historical connections, the same working language, similarities in health systems and the Australian urge to travel have combined to bring many Australian medical graduates to the UK for either postgraduate training or working holidays. The same has been true of UK medical graduates, many of whom have been eager to have a change of weather and lifestyle without a dramatic change in practice styles. General practitioners have swapped houses and practices with like-minded colleagues in each other's countries for periods from 3-12 months.

Recognition of Australian qualifications by the General Medical Council (GMC) used to be relatively straightforward, and Australians were often preferentially employed because of similarity of standards. However, crossing international boundaries has become more complex. The UK now functions as part of the European Community, and has largely adopted European laws and regulations on immigration and recognition of qualifications. Australians can no longer easily obtain work permits in the UK, and Australian qualifications are no longer recognised. All medical training and certification procedures have changed under Modernising Medical Careers (MMC).¹ Australian medical graduates must now apply through the same process as non-European graduates to demonstrate that they are competent to work in the UK, a difficult and complex process that will probably prevent many Australian GPs from working there.

Step 1 – immigration issues

The first issue to resolve is: can I legally work in the UK? This is now more difficult for Australians aged over

30 years, below which a 2 year working visa is more or less automatically approved for Commonwealth citizens. Having a UK born grandparent conferred eligibility in the past, but this may change soon. For the majority, obtaining a work permit requires a confirmed job offer, often through the Highly Skilled Migrant Program, and the process must be activated before moving to provide an entry clearance. Medical practitioners are not given work permits unless a local or European candidate is unsuitable, so the most likely route for many may be accompanying a partner recruited to work in the UK in another profession. Application forms are available on the British Embassy website (www.britaus.net/) and must be submitted with a fee (currently \$221 plus postage). Without the work permit and entry clearance, there is little point in going further.

Step 2 – recognition of medical qualifications

Since October 2005, the process of recognising medical qualifications has been in the hands of the Postgraduate Medical Education and Training Board (PMETB). PMETB certifies all practising doctors in the UK, mostly through formal postgraduate training, but also has routes for GPs (Article 11) and specialists (Article 14) not formally trained in the UK. Any international medical graduate who attained registration as a GP with the GMC before early 2005 may still be on the register (there may be time limits for periods off the register) and may therefore bypass PMETB and contact the GMC directly to continue or re-activate UK registration. Individuals registered as junior hospital doctors and not GPs will have to apply through PMETB.

Article 11 procedures allow GPs to demonstrate their credentials to work as a GP in the UK by applying for a 'certificate of equivalence'. The application form

and a detailed guidance booklet are on their website (www.pmetb.org.uk). The assessment is based on review of a portfolio of evidence against the seven headings of 'good medical practice'² and requiring the documentation listed in *Table 1*. Some information is available from The Royal College of General Practitioners (RCGP) website (www.rcgp.org.uk), although their primary role is to review, rather than help develop, portfolios.

Some of these inclusions need further comment. General practitioners are unlikely to have a copy of their training curriculum, which has evolved over the past 30 years, but the current curriculum is on The Royal Australian College of General Practitioners (RACGP) website (www.racgp.org.au) and can be either printed and submitted or listed as a website resource. Many Fellows of the RACGP may not have completed formal training, and so will have to demonstrate how they achieved the objectives of the current UK curriculum.³ How well ACRRM training might be accepted is uncertain, although in theory individuals who had formal training and obtained Fellowship by examination should be regarded the same as RACGP graduates.

Because nationality is no longer a reliable guide to language fluency, all applicants must demonstrate that they speak English well enough to meet professional immigration standards. The simplest option is to take a recognised test such as the International English Language System (IELTS) (www.ielts.org/), which is widely available and costs ~\$280. The academic level test takes about 4 hours, and assesses speaking, listening, reading and writing skills. A score of at least 7.0 is usually required, which is higher than for other occupations.

Proof of continuing professional development engagement can be the formal triennial letters from either the RACGP or ACRRM, but is aided by submission of as many individual course attendance certificates as possible. In the UK, attendance certificates are more commonly provided and retained for professional use. Similarly, it is more common in the UK for testimonials to be accepted as evidence of good practice, so any letters or emails from patients, colleagues and organisations should be collected and submitted. A formal patient survey is desirable, but patient feedback from a practice

accreditation visit may be acceptable. It is wise to warn potential referees that the form sent to them is lengthy and detailed.

All information must fit within a 7 cm thick file that should be delivered by secure mail or courier to the PMETB office in South London with payment (currently £950, ~\$2300); this technically can be done before arriving in the UK. A decision officially takes 3–4 months, although mine (admittedly soon after PMETB was established) took 9 months. If the application is successful, a 'statement of eligibility for registration' is sent to both you and the GMC. Unsuccessful applicants will receive feedback about what deficiencies they have and how they might be addressed with further training before re-applying (within 3 years, fee £500, ~\$1200). Such training cannot take place in the UK unless you are already registered with the GMC and recognised before September 2005 by the Joint Committee on Training in General Practice (JCTGP). The most extreme position is that an individual deemed not to have any relevant general practice training may have to apply to the Professional Linguistic Assessment Board (PLAB), take an examination designed for recent medical graduates, and then apply for a post that leads to formal postgraduate training in a chosen specialty; a much slower and more difficult path. The plan is to phase out completely 'nontraining' posts which have previously been available for working holidays.

Step 3 – gaining registration

Once PMETB has issued a certificate of recognition, the next step is to present this certificate, photo identification and immigration status to the GMC, accompanied with a payment of £290 (~\$700) (www.gmc-uk.org). This requires a personal interview at the GMC office. If all is in order, a certificate should arrive within a week.

Step 4 – professional indemnity

There are two main professional indemnity organisations in the UK, and both have similar charges and services.^{4,5} Application is by submitting a form sent on request, accompanied by the GMC registration certificate, the PMETB statement of eligibility,

Table 1. Documentation required for the PMETB portfolio

Identifying documents (eg. passport)*
Evidence of proficiency in English language**
Curriculum vitae, including details of all posts and training, including training logbooks
All degrees and diplomas**
Copy of the postgraduate training curriculum you followed in formal general practice training
Letter of good standing from the current medical registration board**
Contact details for six other GPs who provide references on clinical performance†
Details of the clinical content of your clinical work
Evidence of maintenance of continuing professional development*
Evidence of patient feedback on clinical performance*
Testimonials from colleagues, respected community leaders*
Evidence of good standing in professional organisations**
Criminal record checks

* either original documents or certified copies must be submitted

** must be sent directly from the organisation providing the documentation

† referees will be contacted directly and must directly send confidential reports

and payment for the relevant membership category. You must also contact your Australian professional indemnity organisation and ask them to send another letter of good standing directly to the UK organisation. Prices are generally higher than for equivalent Australian membership categories (£1000, ~\$2500 for part time, up to £4500 or \$11 000 for full time partner; additional fee for procedural practice). This process can take 2–3 weeks.

Step 5 – PCT performers list

The final step is to obtain recognition as a GP with the Primary Care Trust (PCT) in the area in which you will work, even as a locum. The application requires you to present in person to an authorised staff member with your photo ID, proof of work visa status, PMETB certificate, GMC registration certificate, English language proficiency certificate, and professional indemnity certificate. You also have to complete a lengthy form, provide two clinical referees who are contacted and asked to complete a form (references to PMETB cannot be used). The PCT will arrange a Criminal Records Bureau check, and will not accept any others you may have obtained so far. This process takes 2–3 months, so it is wise to leave this step until you know roughly where you will work, as PCTs may not accept evidence from another PCT and therefore may require an independent application. This last step seems to be a repetition of previous steps and a recent government white paper suggested that it might be replaced by a single, national process.

Finding work

This is also not as simple as it once was. While there is a substantial shortage of GPs in the UK, there is intense competition for principal posts in more popular areas. Most practices are large enough to internally manage leave arrangements, and there are relatively few short term vacancies. Most opportunities are in areas of need, either well away from London or where speaking another language (eg. African, Middle Eastern or Indian) may be an advantage. Locum agencies can advise about opportunities, but not until your recognition as a GP is obtained. As a rule, practices will want to formally

interview applicants before offering work, which may be to help practices meet certain National Health Service (NHS) targets. Employment opportunities are shrinking because many former GP services are now provided by practice nurses and pharmacists, so, unlike Australia, practices may actually lose money by employing more doctors. Further, while the recent new contract gave UK GPs a substantial increase in income, most employment is offered at lower (although comfortable) income rates, regardless of prior experience, with scope to increase with appraisals.

Differences in UK general practice

Even if a statement of eligibility is obtained without further training, it is wise not to go straight into practice as there are some key differences from Australian general practice. While humans and their diseases are, broadly speaking, the same, the health care system is different and, particularly in areas of need, the language and culture of patients may be very different to that encountered in Australia. Health record systems are different, as is NHS prescribing. It is worthwhile researching these issues before an interview with a practice.

Conclusion

Moving to the UK to work as a GP is now quite difficult, but not impossible. If a work permit can be obtained, then there are several steps to follow to achieve eligibility to work in general practice. The entire process can take a year or more. The keys to success are understanding the system and planning carefully.

Conflict of interest: none declared.

References

1. Modernising Medical Careers. Available at www.mmc.nhs.uk/pages/home [Accessed March 2007].
2. Good Medical Practice. Available at www.gmc-uk.org/guidance/good_medical_practice/index.asp [Accessed March 2007].
3. The Royal College of general Practitioners. Available at www.rcgp.org.au [Accessed March 2007].
4. Medical Protection Society. Available at www.mps.org.uk [Accessed March 2007].
5. Medical Defence Union. Available at www.mdu.org.uk [Accessed March 2007].

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