# **Getting Back to UK General Practice**

Some tips and information for those thinking of returning to the UK to work as GPs. The situation and regulations are rapidly evolving – always check latest details with the relevant authorities and organisations

#### A) REGAINING A GMC LICENCE TO PRACTICE

The GMC assumes that if you are out of the UK for more than a year or two, you will relinquish your licence to practise in the UK and not participate in UK-based appraisal and revalidation. (Exceptions to this exist but are not discussed here).

As long as you are still GMC registered, the process of regaining your licence is fairly straightforward: you may need to attend a GMC office (by appointment) but you will definitely need to provide the following documents:

- 1) Passport
- 2) Certificate of Good Standing (CGS) from the medical authorities of the country where you have been working
- 3) A reference from your most recent employer.

Some people have experienced difficulties obtaining a CGS, either because they had difficulties registering in the host country on arriving, or because they cannot obtain a CGS on leaving. There may be bureaucratic issues ('no, you are British, you must register in Britain'), logistical (no facilities exist for producing a CGS), political (unsafe or unstable countries), or cultural (GMC insists on email/electronic communications, while much of the world expects official documents to be on paper). If you expect to face difficulties in obtaining a CGS, you should nevertheless attempt to get one, but approach the GMC several months before your anticipated return to the UK. The GMC have been known to be flexible in exceptional cases.

#### B) ROUTES BACK TO GENERAL PRACTICE

There are three routes back for a GP who has been away from the UK or off the Performers List for more than 2 years:

- 1) Induction and Refresher Scheme Assessment Route: the most common but most complex route. This is the pathway for anyone with MRCGP who has been abroad or otherwise out of UK GP for more than 2 years, and not eligible for the Portfolio route -see below. The I&R route involves:
  - Regain GMC Licence to Practise (as above)
  - Structured interview
  - MCQ to assess current knowledge. The exam is held quarterly\* and the fee is £150.
     Some sittings are available overseas. The score in MCQ determines the length & content of your I&R scheme. Scores in band 5, allowing minimum time in supervised practice, are exceptionally rare. (This exam has been criticised as it is based on UK practice, but precedes any of the I&R training).

- Simulated surgery- occurs quarterly at the RCGP in London. The fee is £850 up to four attempts are permitted (fee payable each time) and the cost of one is reimbursable after successful completion of the scheme.
- Supervised GP placement from 1 to 6 months, depending on results of structured interview and MCQ. Part time work is permitted and the length of placement increases pro rata. The placement is roughly similar to a GP registrar placement as it is in a training practice and educational support should be provided by the Practice. However it is unpaid: a bursary of up to £2300/month\*\* (pro rata) is payable by Health Education England but delays in accessing this are common. You must also pay indemnity costs, which can be considerable.
   Because of the inherent difficulties of moving country, resettling one's family and retraining, the stress of being almost without income for 6-12 months is a huge issue. One option is to take part time non-GP work alongside the I&R scheme, as it is relatively straightforward to recommence hospital work such as palliative care or A&E without any retraining.
- Workplace based assessment- during the GP placement. This includes clinical and communication skills assessments, and peer and patient feedback.
- Mandatory e-learning modules in Induction for GPs, Safeguarding (children) and Safeguarding (adults). All to be done on the e-learning for health (ELFH) website.

## Further information is available here:

https://www.england.nhs.uk/commissioning/primary-care-comm/gp-workforce/gp-induction/

https://bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/workforce-10-point-plan/gp-induction-and-refresher-programme

## https://gprecruitment.hee.nhs.uk/Induction-Refresher

2) Induction and Refresher Scheme - Portfolio route: for those who have worked 2 years or more in the NHS as a GP (with at least 2 appraisals) AND have been away for less than 5 years AND this was in a similar health system (e.g. Eire, Australia, NZ or Canada). This is the newest option but relatively untested: it was introduced following much criticism of (1) above. The Portfolio route involves submitting evidence to the RCGP demonstrating that you have kept up to date with clinical and NHS developments and are able to 'hit the ground running'. <a href="http://www.rcgp.org.uk/training-exams/becoming-a-gp/the-induction-and-refresher-scheme-portfolio-route.aspx">http://www.rcgp.org.uk/training-exams/becoming-a-gp/the-induction-and-refresher-scheme-portfolio-route.aspx</a>

The fee is £950 and most of the process can be done from abroad, although you first must regain your GMC Licence to Practise, for which you may need to present yourself in person. Mandatory training and DBS checks will be required (see below).

**3)CEGPR (Certificate of Eligibility for GP Registration)** for those who do not have MRCGP but have qualified as GPs abroad and want recognition of this as equivalent to MRCGP, in order to be able to join the National Performers List (NPL). The process is well established and run by the RCGP, but it takes up to a year or more and much paperwork - few pursue it successfully.

## C) JOINING THE NATIONAL PERFORMERS LIST

On completion of your chosen scheme, you may register with the National Performers List and commence work in UK as a GP. Indemnity cover will be required. "Early appraisal" is expected, despite the amount of learning and documentation required to reach this point. More detailed information to follow.

- \* this is planned to become six times a year
- \*\* this is planned to increase to £3500

This document has been produced by Dr Sarah Annetts working on behalf of Christian Medical Fellowship, in August-October 2016.

Official requirements and guidance are rapidly changing and this may therefore go out of date – please check with the websites of the various authorities for the latest information before making important decisions.

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