



**A Guide to Living and Working in the UK  
for International Medical Graduates**

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**"History in its broadest aspect is a record of man's migrations from one environment to another."**

Ellsworth Huntington, Professor of Geography (1876-1947)

Nearly a century old and archaic in its language, the quote still resonates with me. Migrating from Mumbai to the Midlands felt like a historic step, not least because it was the very first time, I was boarding an airplane! Along the journey from being an International Medical Graduate (IMG) to Dean, Royal College of Psychiatrists (RCPsych), have come many such firsts- both personal and professional. I know first-hand that migration, challenging at the best of times with its attendant transition of culture, climate and community is made even more arduous when it involves working as a doctor in a different healthcare setting.

What helped me make that transition was my identity as a psychiatrist. The privilege of being able to use my science to make a difference to patients' lives provided a thread of continuity across national borders. What also helped was the opportunity to work in the world-renowned health system that the National Health Service (NHS) is and the affiliation with knowledge of RCPsych.

Indeed, RCPsych and its predecessor, the Royal Medico-Psychological Association (1926-1971) have supported training across national borders and today RCPsych boasts nearly 20,000 members with almost 4000 international members. So, it is fitting that we as the College have taken the lead in creating this guide to ease your transition as an IMG in the UK.

I wish you all the very best as you embark on your personal and professional journey, taking your own historic steps. Rest assured that the RCPsych will be by your side through this journey. Welcome to the UK.

**Prof Subodh Dave**

Dean, Royal College of Psychiatrists



International Medical Graduates are a vital part of the workforce and often have different journeys, insights, skills and difficulties from their UK graduate counterparts. The Psychiatric Trainees' Committee (PTC) felt it was important to recognise these differences, and in 2019 introduced a new role in the IMG rep and started to develop a guide for IMGs in training.

Over time the guide has grown from purely focussing on trainees to doctors at any stage of their careers and acknowledging the similarities and differences between the four UK nations. This guide has been a collaboration between multiple committees within RCPsych, including the PTC, Trainee Support Committee (TSC), SAS Committee, the International Advisory Committee (IAC) and the Devolved nations. I cannot thank everyone enough for their contribution. I hope this guide is a valuable tool for both our IMG colleagues and within the NHS to improve the transition for any Doctor moving to the UK.

Welcome to the UK, and best wishes in your future careers.

**Dr Rosemary Gordon**

Chair, Psychiatric Trainees' Committee

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# RCPsych and You

The Royal College of Psychiatrists is the professional and educational body for psychiatrists in the United Kingdom. The College works to secure the best outcomes for people with mental illness, learning difficulties and developmental disorders by promoting excellent mental health services, supporting the prevention of mental illness, training outstanding psychiatrists, promoting quality and research, setting standards and being the voice of psychiatry.

## Our Values

Our [values](#) underpin everything we do. Below are each of the values we expect from our staff and members involved in College work.

### Courage

- Champion the specialty of psychiatry and its benefits to patients
- Take every opportunity to promote and influence the mental health agenda
- Take pride in our organisation and demonstrate self-belief
- Promote parity of esteem
- Uphold the dignity of those affected by mental illness, intellectual disabilities and developmental disorders

### Innovation

- Embrace innovation and improve ways to deliver services
- Challenge ourselves and be open to new ideas
- Seek out and lead on new and, where possible, evidence-based, ways of working
- Have the confidence to take considered risks
- Embrace the methodology of Quality Improvement to improve mental health services and the work of the College

### Respect

- Promote diversity and challenge inequalities
- Behave respectfully – and with courtesy - towards everyone
- Challenge bullying and inappropriate behaviour
- Value everyone's input and ideas equally
- Consider how own behaviour might affect others
- Respect the environment and promote sustainability

### Collaboration

- Work together as One College – incorporating all members, employees, patients and carers
- Work professionally and constructively with partner organisations
- Consult all relevant audiences to achieve effective outcomes for the College
- Work together with patients and carers as equal partners
- Be transparent, wherever possible and appropriate

### Learning

- Learn from all experiences
- Share our learning and empower others to do the same
- Value and encourage personal feedback
- Use feedback to make continuous improvements
- Create an enabling environment where everyone is listened to, regardless of seniority
- Positively embrace new ways of working

### Excellence

- Deliver outstanding service to members, patients, carers and other stakeholders
- Promote excellent membership and employee experience
- Always seek to improve on own performance
- Promote professionalism by acting with integrity and behaving responsibly
- Demonstrate accountability in all that we do
- Uphold the College's Core Values for Psychiatrists



## Benefits of RCPsych Membership

There are eight [grades of membership](#) available at the College, depending on your qualifications, experience and location. Membership with the College provides numerous benefits for you to take advantage of.

### E-Learning

**Trainees Online (TrOn):** [Trainees Online](#) (TrOn) is an online learning platform which offers learning resources to aid revision for the MRCPsych exams, eLearning to fit around your timetable and key reading lists for each module. TrOn also provides an interesting learning experience with dynamic diagrams and illustrations with interactive activities and tests to measure your understanding.

**CPD eLearning:** [CPD eLearning](#) is an online resource for mental health professionals, offering around 200 learning modules and 150 podcasts. Currently, members of the Royal College of Psychiatrists can use CPD eLearning to complete all of their annual CPD requirements.

### CPD Submissions

If you're working in a non-training grade and have a GMC license to practise, you'll need to evidence your Continuing Professional Development (CPD). [CPD Submissions](#) lets you log your CPD activity and peer group membership and generate an RCPsych CPD certificate of good standing.

### Library and Archives

Our [Library](#) aims to support members in their practice by providing easy access to the best resources. The vast majority of these are available online but there is also a library space at 21 Prescot Street in London which you are welcome to visit. Library services include: access to [databases and journals](#), [book borrowing](#), [free literature searches and document supply](#).

The [Archives](#) collection consists mainly of records created by the College and its predecessor bodies, a small collection of deposited archives and manuscripts, and an antiquarian book collection on the history of psychiatry.



### Blogs

RCPsych publishes a diverse range of regular blogs including our [President's Updates](#) blog and [Careers in Psychiatry](#) blog as well as blogs for topics such as [Equality, Diversity, and Inclusion](#) and [cultural blogs](#).

### College bursaries, lectures and prizes

There are a number of RCPsych bursaries, lectures and prizes managed [centrally](#) as well as more regionally-specific managed by our [Faculties](#), [Special Interest Groups](#), [English Divisions](#) and [Devolved Nations](#).



### Events and Conferences

RCPsych holds numerous free and paid-for events, conferences, training sessions and workshops throughout the year covering topics of general, specialist and clinical interest. These events are an excellent opportunity for you to update your knowledge as well as network with other delegates. You can browse upcoming events and register for these on our [website](#).

### Podcasts

There are a number of podcasts produced by RCPsych on a range of topics. They can be accessed through the [RCPsych website](#), [Amazon Music](#), [Apple Podcasts](#), [SoundCloud](#), and [Spotify](#).

RCPsych also releases [podcasts for several of our journals](#), including BJPpsych, BJPpsych Advances and BJPpsych International.

### College Publications and Books

RCPsych produces high-quality mental health publications and information through a wide range of books and journals published on their behalf by [Cambridge University Press](#). RCPsych journals include:

**BJPsych – The British Journal of Psychiatry:** Published monthly, BJPpsych is one of the world's leading psychiatric journals. College members benefit from free online access and free print copies.

**BJPsych Open:** BJPpsych Open is a high-quality, online-only open access journal for the publication of all methodologically sound research in psychiatry and disciplines related to mental health.

**BJPsych Advances:** This innovative bimonthly journal promotes continuing professional development in psychiatry.

**BJPsych Bulletin:** Published bimonthly online, the Bulletin is for developments in psychiatric practice and service provision.

**PRAXIS:** The trainees' section of the BJPpsych Bulletin

**BJPsych International:** With four issues a year, this open access journal provides useful information and links in global mental health.

**Evidence-Based Mental Health:** Digest of the most important clinical research of relevance to clinicians in mental health.

**The Registrar:** Magazine of the Psychiatric Trainees Committee





## Support Available to You

We provide a wide range of support from the moment members join the College to after they retire. The [RCPsych website](#) contains links to information and services to support you as a psychiatrist.

### Psychiatrists' Support Service (PSS)

The [Psychiatrists' Support Service](#) is a free, confidential support and advice service for psychiatrists who find themselves in difficulty or in need of support. You can contact the support service during office hours, Monday to Friday, by calling the dedicated telephone helpline on 020 8618 4020 or by emailing in confidence at [pss@rcpsych.ac.uk](mailto:pss@rcpsych.ac.uk).

There are a number of [help sheets](#) provided by the Psychiatric Support Service covering a range of topics such as 'managing your career' and 'difficulties in the workplace'.

The Psychiatric Support Service also provides [signposting to other organisations who are able to provide support](#).

### The Psychiatric Trainees' Committee (PTC)

The [Psychiatric Trainees' Committee](#) is a national community representing psychiatric trainees in the UK at RCPsych, the Academy of Medical Royal Colleges and British Medical Association. PTC supports psychiatric trainees throughout their training and drives improvements in the quality of training. You can get involved with the PTC by emailing [PTCsupport@rcpsych.ac.uk](mailto:PTCsupport@rcpsych.ac.uk).

The PTC, with support from the Wellbeing Committee, have published a wellbeing podcast series "[You Are Not Alone](#)". One of the episodes focuses on the early experiences of International Medical Graduates and how these experiences have shaped current roles.

## Mentoring and Coaching

[Mentoring and coaching](#) plays a vital role in developing and supporting doctors, nurturing medical leaders and helping doctors to achieve their full potential. It can help you at any stage of your career.

In dealing with the ever changing NHS, mentoring is one of the tools used to build personal resilience.

Dr Janice Birtle, the Specialist Adviser for Mentoring is working to champion mentoring and coaching throughout the College, and to support the setting up of mentoring schemes and to develop mentor training.

## Leadership and Management

RCPsych is working to embed a culture of [medical leadership](#) in mental health services, which will ultimately mean better care for patients. This work is led by the [Leadership and Management Committee](#), who have written a number of [leadership blogs](#) and developed a number of resources on [leadership development](#).

## Revalidation

As a psychiatrist, you need to revalidate every five years to demonstrate your continuing fitness to practise. Revalidation supports you to develop your practice, drives improvements in clinical governance and gives your patients confidence that you're up to date.

RCPsych can support Members and Fellows through the revalidation process and have developed a number of [forms and guides](#) to assist with the process.

The [GMC website](#) has more information on revalidation for doctors, employers and the public .

## Startwell/Startwell and Staywell

[Startwell](#) is a Consultant-led initiative for psychiatrists in their first five years as a Consultant or Locum Consultant.

Startwell focusses on six elements to support psychiatrists in their first consultant role with the intention to establish good habits in your career.

[Startwell and Staywell](#) is a framework for Specialty and Specialist (SAS) psychiatrists, to help them prepare for and address the challenges of starting their first SAS post or locum SAS assignment.



## Get Involved with RCPsych

There are many opportunities for you to get involved with the work of the RCPsych through Faculties, Special Interest Groups, Devolved Nations and Divisions.

### Faculties

[College faculties](#) represent the main specialties in psychiatry.

You can stay up to date, learn about networking opportunities and access key resources relating to each psychiatric specialty in the faculty sections of the website.



### Special Interest Groups (SIGs)

The College has 15 [Special Interest Groups](#) (SIGs) which provide a forum for members to come together in a particular area of psychiatry. SIGs lead on key issues within psychiatry and mental health, such as diversity, marginalised groups and sustainability.

Each Special Interest Group has a Chair and an Executive Committee.

### Devolved Nations

[Devolved Councils](#) in [Scotland](#), [Wales](#) and [Northern Ireland](#) provide support by taking forward the aims and objectives in each devolved nation of the UK, reflecting and addressing the differences in devolved law and services. Each Devolved Council has a Chair and an Executive Committee.

### English Divisions

[Divisions](#) represent the College locally within England and can provide professional advice. College members may opt to be members of the Division in which they either live or work but they can only belong to one Division. Each Division has an elected Executive Committee, Chair, Vice-Chair and Financial Officer.



### International Divisions

RCPsych international members are represented by six [international divisions](#) who engage with psychiatrists locally.



# Working in the UK

## The NHS

The National Health Service (NHS) describes the publicly funded healthcare systems of the UK, these are [NHS England](#), [NHS Scotland](#), [NHS Wales](#) and [Health and Social Care \(Northern Ireland\)](#). The NHS was established in 1948 with the founding principles that services should be comprehensive, universal and free at the point of delivery. The NHS is primarily funded through general taxation and national insurance contributions and employs around 1.6million people across the UK.

Each of the UK health service systems operates independently and is politically accountable to the relevant government: the Scottish Government, Welsh Government, Northern Ireland Executive, and the UK Government.

## The GMC

The [General Medical Council](#) (GMC) is an independent regulator for doctors in the UK. They work to protect patient safety and support medical education and practice across the UK. They do this by working with doctors, employers, educators, patients and other key stakeholders in the UK's healthcare systems.

### GMC Statutory Purpose

**Manage the UK Medical Register:** There are more than 350,000 doctors on the UK medical register. The GMC checks every doctor's identity and qualifications before they are able to join the register. They also contact a doctor's previous employers to find out if they have any concerns about the doctor's ability to practise safely.

**Set the Standards for Doctors:** GMC standards define what makes a good doctor by setting out the professional values, knowledge, skills and behaviours required of all doctors working in the UK.

**Oversee Medical Education and Training:** The GMC ensures doctors get the education and training they need to deliver high-quality care throughout their careers. The GMC Set standards for medical education and monitor training environments.

**Help Maintain and Improve Standards through Revalidation:** The GMC checks that doctors keep their knowledge and skills up to date by making sure every doctor has an annual appraisal and revalidates every five years.

**Investigate and Act on Concerns about Doctors:** The GMC assess whether they need to investigate serious concerns raised about a doctor's behaviour or the way they do their job. They usually investigate cases where the doctor is putting the safety of patients, or the public's confidence in doctors, at risk.

### Contacting the GMC

You can speak to a GMC adviser Monday to Friday, 9am to 5pm by calling 0161 923 6602. You can also email:

- [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org) for registration queries, guidance on raising a concern and all other enquiries
- [standards@gmc-uk.org](mailto:standards@gmc-uk.org) for ethical guidance enquiries
- [press@gmc-uk.org](mailto:press@gmc-uk.org) for media and press enquiries

## GMC Registration

The GMC protects patients by ensuring that all doctors who practice medicine in the UK are [registered with a license to practise](#). The GMC are responsible for ensuring that all doctors on the medical register have the training, skills and experience needed to meet the standards expected by patients. A license to practice allows doctors to carry out certain activities such as prescribing medicines. All doctors who hold a licence must go through the [revalidation process](#). There are several [types of GMC registration](#) which allow doctors to work in the UK, these include:

**Provisional registration with a license to practise:** Allows doctors to work in approved UK Foundation Year 1 post. Provisional registration cannot be used for any other purpose.

**Full registration with a license to practise:** Allows doctors to work in unsupervised medical practice or in an approved Foundation Year 2 programme.

**Specialist registration with a license to practise:** Most doctors taking up consultant posts in a medical or surgical specialty in any of the UK health services (other than as locum consultants) should hold specialist registration and a licence to practice.

**GP registration with a license to practise:** Since 1 April 2006, all doctors working as a GP in the UK health service must be on the GP Register, other than doctors in training, such as GP registrars.

There are numerous routes to GMC registration with a license to practise in the UK and the appropriate route will depend on your qualifications and experience. The GMC have created a helpful guide on [routes to GMC registration](#) and it's likely that you'll need to demonstrate:

- Your medical knowledge and skills
- Your knowledge of English
- Verification of your medical qualifications by the [Educational Commission for Foreign Medical Graduates](#)
- You have adequate insurance and indemnity

## GMC Good Medical Practice

The GMC sets standards for professional values, knowledge, skills and behaviours of all doctors working in the UK. [Good medical practice](#) describes what is expected of all doctors registered with the GMC. It is your responsibility to be familiar with Good Medical Practice and the explanatory guidance which supports it, and to follow the guidance they contain.

## Appraisal

All licensed doctors need to have an annual appraisal based on the [GMC's Good Medical Practice](#). Appraisal provides a platform for reflection and the sharing of concerns, challenges and achievements in a constructive and supportive environment. The RCPsych has created [guidance for psychiatrists completing appraisal](#) which may be useful for you to review. Using the [RCPsych Portfolio Online](#) will also assist you when performing an appraisal, as all your assessments will be grouped together online and can be easily accessed.

## Revalidation

As a psychiatrist, you need to revalidate every five years to demonstrate your continuing fitness to practise. Revalidation was introduced in 2012 to assure patients and the public that doctors are regularly checked by their employers and the General Medical Council. The [GMC website](#) has more information on revalidation and the license to practise. RCPsych have developed a number of [guides to help you with revalidation](#).

## Working in a Multidisciplinary Team

Multidisciplinary teams are used to bring health and care workers together to provide specific services to patients. There are several different health and care workers you may encounter while working in the UK, these might include:

**Approved Mental Health Professional:** An individual with further training to use the Mental Health Act in England and Wales (they cannot decide to admit a patient on their own).

**Clinical Psychologist:** Have a degree in psychology and a further three years training in clinical psychology. They can provide psychological treatments.

**Community Mental Health Nurse:** Work outside hospitals to visit patients in their own homes, out-patient departments or GP surgeries.

**Health Care Support Worker/Health Care Assistant:** Work under the supervision of a healthcare professional, supporting them and helping patients on their journey back to full health.

**Mental Health Nurse:** Their role is to promote and support a patient's recovery, helping them live independent lives. They can prescribe and administer medication and provide case management support.

**Mental Health Officer (MHO):** A registered social worker who has undertaken specialist training to use the Mental Health Act in Scotland.

**Occupational Therapist:** Helps patients to get back to practical things of everyday life.

**Pharmacist:** Train for five years to become specialists in medicine. They can give expert advice to doctors, nurses and patients.

**Physiotherapist:** Encourage patients to take an active involvement in their own care, through education, awareness, empowerment and participation in treatment. Physiotherapists work with people to help with a range of problems which affect movement using exercise, massage and other techniques.

**Psychiatrist:** A medical doctor with special training in mental illnesses and emotional problems. Can perform assessments (including physical investigations), prescribe medication, and provide talking therapies.

**Social Worker:** Help people to talk through their problems and give practical advice about matters including money, housing and other entitlements.

**Team Manager:** Likely to be a senior nurse or social worker, they will handle practical details of the team and how it works with other parts of the health service.



## Working and Training Less than Full Time (LTFT)

Less than full-time (LTFT), part-time or flexible are all terms used to describe the alternative to full-time working. There are a few types of flexible working:

**Part-time, or less than full-time (LTFT):** Less than 10 Programmed Activities (PA).

**Flexi-time:** Varying your start and finish times within agreed limits.

**Compressed hours:** Working your hours over fewer days i.e. working longer days.

**Annualised hours:** Working a set number of hours per year rather than per week. This can enable the individual to work, for example, longer days during term times and work less over school holiday periods.

**Structured time off in lieu:** Working longer hours at busy times and taking time off at less busy times.

**Job-sharing:** The full-time duties are shared between two individuals (could be part-day, part-week or part-year). The salary and benefits are divided between the individuals according to the amount of time they each work.

The RCPsych has collated useful information about [working less than full time](#) and [training less than full time](#). You should check the conditions of your visa when considering LTFT working as this may have an impact on the LTFT options available to you.

## eLearning Resources

### GMC Welcome to UK Practice Workshop

The GMC have created a free [workshop](#) to help doctors new to the UK, by offering practical guidance about ethical scenarios you may encounter along with learning more about key standards and guidance.

### GMC Good Medical Practice in Action

You can test your knowledge of the GMC's ethical guidance using [Good medical practice in action](#). This resource contains 60 real-world scenarios which you can use to find out about GMC guidance and how it applies in practice. You can test your knowledge of medical ethics and can even use this as evidence for your appraisal.

### NHS E-Learning, Support and Self-Review Modules

There are a number of [NHS E-learning, Support and Self-Review Modules](#) you can use to explore a number of professional topics and NHS systems such as prescribing, record keeping, professionalism and managing bullying and undermining.

### NHS Induction Package for International Medical Graduates

The [Induction for International Doctors](#) is an educational resource developed by Central Manchester University Hospitals NHS Foundation Trust (CMFT) in partnership with Health Education England e-Learning for Healthcare. It introduces internationally qualified doctors to ethical, social, legal and professional aspects of UK clinical practice.

## Insurance and Indemnity

It is important for doctors to have adequate and appropriate insurance or indemnity in case one of their patients suffers harm as a result of the doctor's negligence. We recommend reading the GMC's guidance on [insurance, indemnity and medico-legal](#) support. The guide gives help to doctors, patients, employers and responsible officers in understanding what insurance and indemnity means for them.

## Medical Unions

There are a number of medical unions across the UK who represent, support and negotiate on behalf of UK doctors and medical students. As well as campaigning, representing and negotiating for members as a whole, unions can also support members on an individual level such as providing wellbeing support, financial advice and legal advice and services. Whether a doctor joins a medical union or not is personal preference and membership usually entails a monthly fee.





## Terminology Across the UK

Terminology can vary across the four nations, below are some terms you may come across while working in the NHS:

	England	Scotland	Wales	Northern Ireland
Medical Licencing Body	General Medical Council (GMC)	General Medical Council (GMC)	General Medical Council (GMC)	General Medical Council (GMC)
Main Employer of Psychiatrists	Health Trust	Health Board	Health Board	Health and Social Care Trust
Education and Training Provider	Health Education England (HEE)	NHS Education for Scotland (NES)	Health Education and Improvement Wales (HEIW)	Northern Ireland Medical & Dental Training Agency (NIMDTA)
Health and Social Care Regulator	Care Quality Commission (CQC)	Care Inspectorate	Care and Social Services Inspectorate Wales	Regulation and Quality Improvement Authority
Public Body for Criminal Prosecutions	Crown Prosecution Service	Crown Office and Procurator Fiscal Service	Crown Prosecution Service	Public Prosecution Service
Judicial Inquiry into Circumstances Around a Death	Coroner's Inquest	Fatal Accident Inquiry	Coroner's Inquest	Coroner's Inquest

# Working in NHS England

## NHS England Structure

The [Department of Health and Social Care](#) is a UK government department responsible for government policy on health and adult social care in England, the department oversees [NHS England](#).

NHS England is supported by seven integrated regional teams who provide a leadership role and are responsible for the quality, financial and operational performance of NHS organisations in their region:



[Integrated care system \(ICS\)](#) are partnerships which bring together organisations planning, buying and providing publicly-funded healthcare, within a geographical area. Organisations include the NHS, local councils and independent care providers.

## NHS Trusts

[NHS Trusts](#) are organisational units within NHS England which typically serve a geographical area, or a specialised function. Within one geographical area, they may be multiple trusts, delivering specific aspects of healthcare to the local population.

## The Mental Health Act

The [Mental Health Act](#) is legislation which covers the assessment, treatment and rights of people with a mental health disorder. Patients can be detained under the act if they need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.

If a patient has been treated in hospital under the Mental Health Act and is discharged, or allowed out of the hospital for a short period of time, they may be put under a Community Treatment Order (CTO). A CTO will provide conditions the patient must meet and if they don't, they may be recalled to hospital.

Doctors approved under Section 12 (2) of the Mental Health Act can recommend the compulsory admission of a patient with a mental health disorder. [NHS Specialist Mental Health Approval Panels](#) should be contacted for information about obtaining approval.

## Support for IMGs

NHS England have provided [information for overseas doctors](#) and many of the Deaneries provide information and support to IMGs, including IMG networks.



## English Words and Phrases

Some common phrases and sayings are listed below as a guide for you to refer to, if needed.

**Beat around the bush:** Talking about anything but the point.

**Beat the drum:** Support something strongly.

**Bee in my bonnet:** Obsessed with a certain idea, often when you are worried about it.

**Bells and whistles:** Special features which make something more attractive.

**Chalk and cheese:** Two things that do not go together or go together very badly.

**Cold feet:** Not going through with something due to fear, uncertainty or doubt.

**Crack on:** To get on with something.

**Cut to the chase:** Get to the point.

**Everything but the kitchen sink:** An extremely large number of things.

**Go down a storm:** Be popular or successful.

**Go the extra mile:** Do more than is required.

**Have a lot on my plate:** Have a lot to deal with.

**Her Majesty's Pleasure:** Being in prison.

**In the doghouse:** To be in trouble.

**Jolly good:** Very good.

**Miss the boat:** Fail to take advantage of an opportunity.

**Not born yesterday:** Not stupid/gullible.

**Not enough room to swing a cat:** Somewhere that is very small or crowded.

**Not rocket science:** Not difficult.

**On the tip of my tongue:** Almost, but not quite able to remember something.

**Piece of cake:** Exceptionally easy.

**Proof is in the pudding:** The best way to find out if something is good is to test it yourself.

**Pull the plug:** To stop something from happening or continuing.

**Skeleton in the closet:** Something bad or embarrassing that you want to keep secret.

**Smell a rat:** Believe that something dishonest, illegal or wrong has happened.

**Straight from the horse's mouth:** Hearing something directly from the person/source.

**Take a rain check:** Can't accept an invitation now but would like to rearrange for a later date.

**Take it with a pinch of salt:** Treat something with scepticism.

**Taking the mickey/Michael/Mick:** Mocking someone or something.

**The boot/shoe is on the other foot:** The situation is the opposite of what it was, particularly when the power has shifted.

**The writing is on the wall:** There are clear signs that something bad is coming.

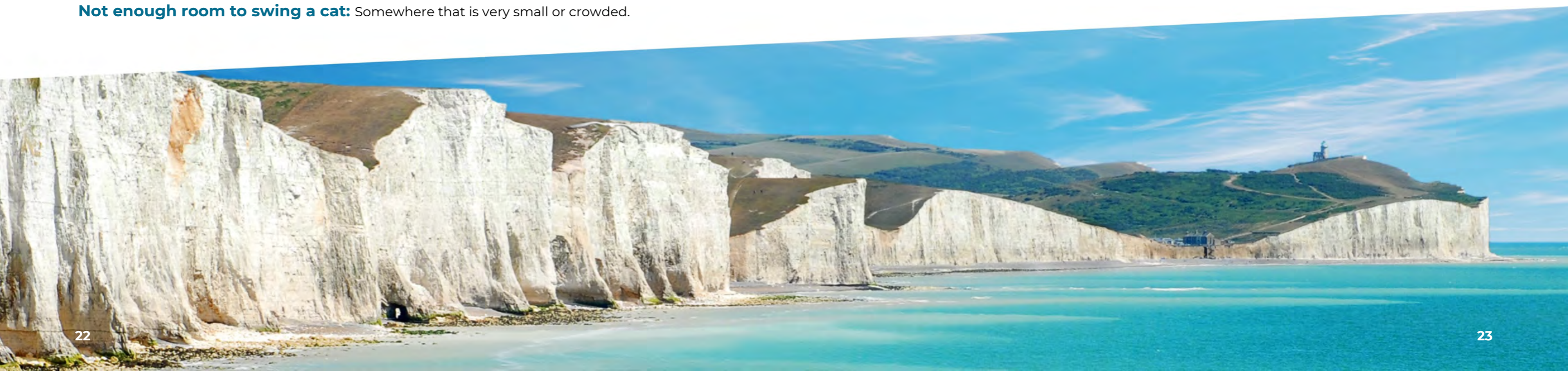
**To brush over:** To ignore something or not deal with it.

**Treading on eggshells:** Being careful not to offend or upset someone.

**Under your belt:** To make progress or to achieve something

**Until the cows come home:** For a very long time.

**Up for it:** Willing to do something





# Working in NHS Scotland

Scotland is known worldwide for its friendliness and determination. It is a progressive, inclusive and forward-looking country recognised for welcoming everyone. Scotland offers enriching and inspiring opportunities for an ideal work-life balance, allowing for a long and fulfilling career in psychiatry.

Psychiatry in Scotland can be practiced across a variety of settings such as cities, towns, villages and rural areas. There is a close knit psychiatric community in Scotland with strong links between [Health Boards](#), [NHS Education for Scotland](#), [Scottish Government](#) and the [Royal College of Psychiatrists in Scotland](#).

## NHS Scotland Structure

NHS Scotland is the largest employer in the country and works across 14 territorial [NHS Boards](#), seven [Special NHS Boards](#) and one [public health body](#). Each NHS Board is accountable to Scottish Ministers, supported by the [Scottish Government Health and Social Care Directorates](#). NHS Scotland's core values are:

- care and compassion
- dignity and respect
- openness, honesty and responsibility
- quality and teamwork

## Health Boards

NHS Scotland consists of 14 regional [NHS Boards](#) which are responsible for the protection and improvement of their population's health and for the delivery of frontline healthcare services.

Health and Social Care Partnerships (HSCPs) are organisations which are jointly run by the NHS and local authority and are part of the integration of services provided by Health Boards and Councils in Scotland. Each HSCP works towards a set of national health and wellbeing outcomes. All Partnerships are responsible for adult social care, adult primary health care and unscheduled adult hospital care. Some are also responsible for children's services, homelessness and criminal justice social work.

There are also a number of national Health Boards:

<p><b>Public Health Scotland</b></p> <p>Public Health Scotland is Scotland's lead national agency for improving and protecting the health and wellbeing of everyone in Scotland.</p>	<p><b>Healthcare Improvement Scotland</b></p> <p>Supports the delivery of high quality, evidence-based care and scrutinises services to provide public assurance about the quality and safety of healthcare.</p>
<p><b>NHS Education for Scotland</b></p> <p>The national healthcare education and training body.</p>	<p><b>NHS National Waiting Times Centre</b></p> <p>Ensures prompt access to first-class treatment.</p>
<p><b>NHS24</b></p> <p>The national telehealth and telecare organisation, provides health advice and information.</p>	<p><b>Scottish Ambulance Service</b></p> <p>Responds to almost 600,000 accident and emergency calls and takes 1.6 million patients to and from hospital each year.</p>
<p><b>The State Hospitals Board for Scotland</b></p> <p>Provides assessment, treatment and care in conditions of special security for individuals with a mental disorder whom because of their dangerous, violent or criminal propensities, cannot be cared for in any other setting.</p>	<p><b>NHS National Services Scotland</b></p> <p>Supplies essential services including health protection, blood transfusion and information.</p>

## The Mental Health Act

The [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#) increases the rights and protection of people with mental illness, learning disabilities and personality disorders, the Act calls this mental disorder. It also puts duties on local councils to provide care and support services for individuals with mental disorders.

The Mental Health Act sets out:

- When and how people can be treated if they have a mental disorder.
- When people can be treated or taken into hospital against their will.
- What people's rights are, and the safeguards which ensure that these rights are protected.

The Act allows for people to be placed under different types of compulsory orders, depending on the circumstances. There are three main types of compulsory powers: Emergency Detention; Short-term Detention and Compulsory Treatment Order (CTO). The Scottish Government have produced [guides on the Mental Health Act](#).

An Approved Medical Practitioner (AMP) is a medical practitioner who has been approved under section 22 of the Mental Health (Scotland) Act. [NHS Education Scotland](#) (NES) is responsible for [AMP training](#).

As of 2022, a review of Scottish mental health legislation is underway and it is anticipated that this will lead to a new bill in the near future.

## The Mental Welfare Commission for Scotland

The Commission was originally set up in 1960 under the Mental Health Act. Its duties are set out in the current mental health and incapacity law. It carries out statutory duties focussing on five main areas of work:

- visiting people
- monitoring the Acts
- investigations
- information and advice
- influencing and challenging

Visit the [Mental Welfare Commission for Scotland](#) website for further information about the Commission in Scotland, what it does and information and advice for medical professionals.

## Support for IMGs

The NHS [Scotland Deanery](#) offers a range of [support for International Medical Graduates](#). This includes information about [preparing for life in Scotland](#), [pre-induction webinars](#), [induction days](#), [buddy systems](#) and more. The Deanery also operates a [Softer Landing, Safer Care](#) initiative which is a framework for a two week shadowing period for IMGs to allow sufficient time to acclimatise to working in the NHS whilst also agreeing an individualised action plan.

## Scottish Words and Phrases

While Scotland's official language is English, the nation has at least four main dialect regions. You can read more about language in Scotland on the [Scottish Government website](#).

Scottish vocabulary varies considerably across the country, some phrases and sayings you may come across are listed below for you to refer to, if needed.

**Aye:** Yes

**Bairn:** Baby/child

**Blether:** Talking/speaking

**Boke:** Gag/vomit/sickness

**Bonnie/braw:** Good/nice

**Bowfin:** Something that makes you want to be sick

**Cannae:** Can't

**Clarty/manky:** Dirty/not clean

**Crabbit:** Bad tempered/grumpy

**Dinnae ken:** Don't know

**Girning:** Complain/whinge

**Glaikit:** Stupid

**Greet:** Cry

**Jags:** Vaccines/immunisations

**Jings:** Wow

**Lanky:** Tall

**Loo:** Toilet

**Lugs:** Ears

**Nae danger:** No chance

**Oot yer nut/off your heed:** Drunk/on drugs

**Peely walley:** Pale

**Piece:** Sandwich

**Pinkie:** Little finger

**Scunnert:** Bored, fed up, tired

**Steaming/Pished/Blooterred:** Drunk

**Tatties:** Potatoes

**Wheest:** Be quiet



# Working in NHS Wales

## NHS Wales Structure

The [Welsh Government](#) is responsible for setting health policy for the NHS and for the funding of health services across Wales. Policies and strategies for health and social care in Wales are determined across several government departments.

[Public Health Wales](#) is the national public health agency, they work to protect and improve health and well-being and reduce health inequalities for the people of Wales. Each Health Board in Wales employs a Director of Public Health, supported by Public Health Wales at a local and community level.

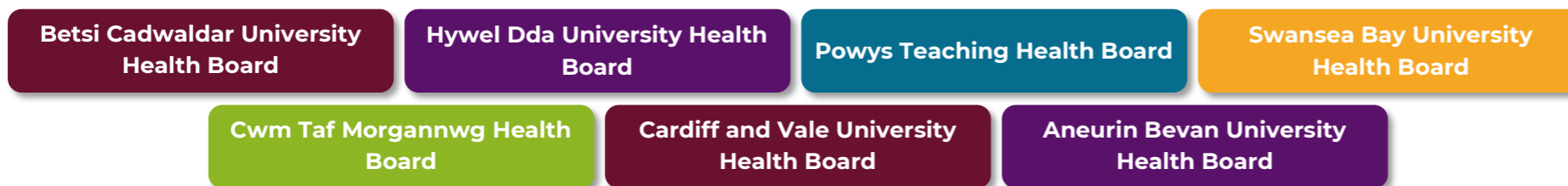
NHS Wales is the biggest employer in Wales and operates across seven Local Health Boards (LHBs) and three NHS Trusts. They have [core principles](#) which support good governance and promote the highest possible quality in all that the NHS in Wales does:

- Put patients and users of NHS Wales services first
- Invest in learning and development.
- Seek to improve care
- Work in partnership and as a team
- Focus on wellbeing and prevention
- Value all who work for the NHS
- Reflect on experiences and learn

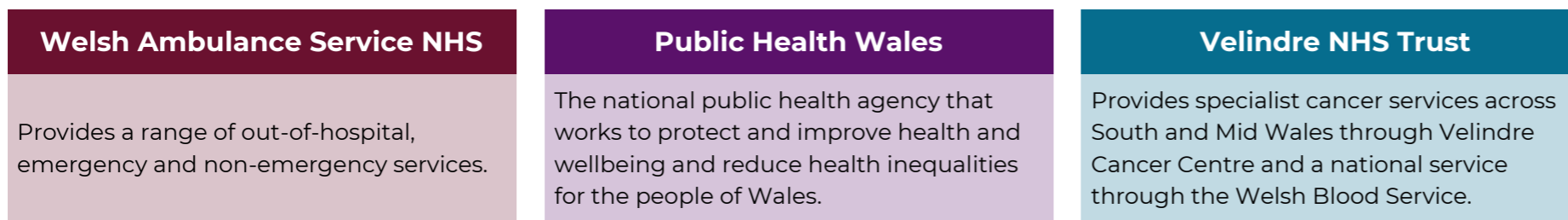
[Health Education and Improvement Wales](#) (HEIW) works to transform the workforce for a healthier Wales, they are a Special Health Authority within NHS Wales and sit alongside Health Boards and Trusts. HEIW brings together the Wales Deanery, NHS Wales [Workforce Education and Development Services](#) (WEDS) and the [Wales Centre for Pharmacy Professional Education](#) (WCPPE).

## Health Boards and Trusts

There are seven [Health Boards](#) across Wales which are responsible for the planning and delivery of all health services in their geographical area. Each Health Board reports to the Minister for Health and Social Services in the Welsh Government:



There are also three [NHS Trusts](#) which cover the entirety of Wales:



## The Mental Health Act

The [Mental Health Act](#) is legislation which covers the assessment, treatment and rights of people with a mental health disorder. Patients can be detained under the act if they need urgent treatment for a mental health disorder and are at risk of harm to themselves or others. If a patient has been treated in hospital under the Mental Health Act and is discharged, or allowed out of the hospital for a short period of time, they may be put under a Community Treatment Order (CTO). A CTO will provide conditions the patient must meet and if they don't, they may be recalled to hospital.

[The Mental Health Act Code of Practice for Wales 2016](#) sets out guidance under Chapter 4 on the information which must be given, and explained, to patients and their nearest relatives.

Doctors approved under Section 12 (2) of the Mental Health Act can recommend the compulsory admission of a patient with a mental health disorder. The Welsh Government have produced a useful guide to [Approval of Approved Clinicians \(Wales\)](#).

## Support for IMGs

Health Education and Improvement Wales (HEIW), have put together a [dashboard of useful resources](#) to help IMGs navigate the process of working and training in Wales. HEIW have also collated [wellbeing resources and tools](#) from organisations across NHS Wales and Social Care Wales.

## Welsh Language

More than a fifth of the modern Welsh population can speak or use Welsh, the native language of Wales. The Welsh Government have provided information about [promoting the Welsh language](#).

Welsh translations of medical terms can be found using the [Welsh National Terminology Portal](#).

## Welsh Words and Phrases

Some common phrases and sayings are listed below as a guide for you to refer to, if needed.

**Butt:** A casual term of endearment, you may hear someone say 'alright butt?', meaning 'how are you, friend?'

**Crackin':** Brilliant

**Cwtch:** Cuddle/hug but has much more affectionate connotations and loving undertones when you cwtch a loved one

**I'm not being funny:** Indicating a serious opinion

**Jip:** Something is causing pain 'somethings giving me jip'

**Lush:** A term of approval

**Not gonna lie:** In my opinion

**Now in a minute:** A short period of time

**Over by there:** An indication of where something is

**Tamping:** Angry

**Where's that to?:** Where is it?

When you're in conversation, don't be alarmed if someone says 'I am', 'that is' or 'me' at the end of a sentence. Some examples:

*"That's lush that is"*

*"I'm starving me"*

*"I'm going down the pub I am"*

*"It's raining it is"*







# Working in Health and Social Care (Northern Ireland)

Northern Ireland is a vibrant and exciting place to pursue a medical career. It's a highly desirable place to live, with an excellent education system, efficient public transport, a world-class healthcare service and affordable property. Great emphasis is placed on quality of life in Northern Ireland and the people are renowned for their friendliness and the warm welcomes they extend to all visitors.

Psychiatrists who choose to pursue a career in Northern Ireland, both on a short and long term basis, benefit from exciting and diverse opportunities to develop their career. Northern Ireland's involvement in ground breaking initiatives such as [UK Precision Medicine Catapult](#) and [100,000 Genome Project](#) will no doubt have ramifications throughout the health sector in Northern Ireland from which both patients and practitioners will benefit. In addition, the input of practitioners from a diverse range of backgrounds provides the potential for significant change in the nature of service provision.

## HSC NI Structure

In Northern Ireland, health and social care are structurally integrated within a publicly funded health care system, [Health and Social Care](#) (HSC).

The [Department of Health](#) (DoH) has overall responsibility for the allocation of funding for health and social care and published a [10 Year Mental Health Strategy](#) in June 2021.

The [Public Health Agency](#) is a multi-disciplinary, multi-professional body for health protection and health and social wellbeing improvement. The agency was created to bring together public health functions to provide a renewed and enhanced focus on public health and wellbeing.

The [Northern Ireland Medical and Dental Training Agency](#) (NIMDTA) is an Arm's Length Body sponsored by the Department of Health to train postgraduate medical and dental professionals for Northern Ireland. NIMDTA also seeks to serve the government, public and patients of Northern Ireland by providing specialist advice, listening to local needs and having the agility to respond to regional and national requirements.

A new Integrated Care System (ICS) is currently being developed for Northern Ireland. This system signals a new way of planning, managing and delivering health and social care services based on the specific needs of the population. The ICS approach brings many partners together, building on the excellent partnership working encountered during the pandemic. Reaching out beyond traditional boundaries, the ICS will harness the strengths in existing partnerships. The key focus of the ICS is to address the wider determinants of health and wellbeing through a population health approach. This will address the whole life course from prevention and early intervention through to treatment and end of life care. In the future, health and social care professionals, voluntary and community sectors and local councils will work more closely together. They will develop population health plans and manage and deliver services.

## Trusts and Hospitals

Five Trusts provide health and social care services across Northern Ireland. These are listed below. There is an additional Trust, the [Northern Ireland Ambulance Service](#), which operates to provide care to the community.

Belfast HSC Trust

South Eastern HSC Trust

Western HSC Trust

Southern HSC Trust

Northern HSC Trust

## The Mental Health (Northern Ireland) Order 1986 and The Mental Capacity Act (NI) 2016

The [Mental Capacity Act \(NI\) 2016](#) ("the Act") is a ground-breaking piece of legislation that, when [fully commenced](#), will fuse together mental capacity and mental health law for those aged 16 years old and over within a single piece of legislation, as recommended by the [Bamford Review of Mental Health and Learning Disability](#).

The Act provides a statutory framework for people who lack capacity to make a decision for themselves and for those who now have capacity but wish to make preparations for a time in the future when they may lack this capacity. When the Act is fully commenced the [Mental Health \(Northern Ireland\) Order 1986](#) ("the 1986 Order") will be repealed for anyone over the age of 16.

Whilst the Act provides a substitute decision making framework, it is fundamentally a supported decision-making statute. Anyone who is considering whether a person lacks capacity must first consider and provide all practicable help and support to allow the person to make their own decision. This is a powerful statutory provision which helps individuals to play as big a role as possible in the decision-making process and retain as much autonomy as possible. It stops people from being automatically labelled as lacking capacity to make some decisions when they could make them if they were supported during the decision-making process. The substitute decision making sections of the Act only apply if the person is still unable to make their own decision even after having been given help and support.

In order to carry out certain functions under the Mental Capacity Act, doctors, nurses, social workers and other suitable individuals must undertake [specific training](#).

## Support for IMGs in Northern Ireland

Support for IMGs in Northern Ireland is provided by the [Northern Ireland Medical & Dental Training Agency's](#) (NIMDTA) Professional Support Unit who have produced a [guide for IMGs in Northern Ireland](#).

The PSU provides support to trainees in the following areas:

- Immigration
- Relocating to NI - contact us for support with any difficulties you are experiencing
- Confidential pastoral support service for trainees experiencing difficulties during their training
- Provision of careers advice

## Northern Irish Words and Phrases

Some common phrases and sayings are listed below as a guide for you to refer to, if needed.

**A dander:** Another term for a walk

**A melter:** Someone who is annoying

**A poke:** An ice cream in a wafer cone

**A yarn:** A chat or catch up

**Acting the maggot:** Acting foolishly

**Baltic:** Freezing cold

**Banjaxed:** Broken

**Born in a field:** Often said when someone leaves a door open causing a draft

**Catch yourself on:** Be serious/wise up , don't be ridiculous

**Dead-on:** Good/agreed

**Does my head in:** Really annoys me

**Eejit:** Idiot

**Jammie:** Lucky

**Keep 'er lit:** Keep going, keep persevering

**Scundered:** Embarrassed

**Up to high doh:** Feeling extremely stressed about something

**Wee:** Little

**Wee buns:** Something that is easy to do

**What about ye?:** How are you?

**What's the craic?:** What's happening?

**Wick:** Stupid/useless

**Wise up:** Be serious



# Training in the NHS

## Routes to Registration

The [Specialist Register](#) is a list of doctors who are eligible to take up appointment in any fixed term, honorary or substantive consultant post in the NHS (excluding foundation trusts).

There are four main routes to specialist training in the UK:

Route:	CCT	The Combined Programme	CESR	Relevant Equivalent European
Certificate Issued:	Certificate of Completion of Training (CCT)	Certificate of Completion of Training (CCT)	Certificate of Eligibility for Specialist Registration (CESR)	No certificate issued
Eligibility Requirements:	This is for doctors who complete their specialist psychiatric training in GMC approved training posts. For trainees that complete both Core and Higher psychiatry training in the UK.	This is for those who have completed part of their training in GMC approved training posts and some outside of approved training posts, typically either international training that isn't recognised by the GMC or working as a Specialist or Associate Specialist doctor to obtain competencies.	This is the equivalence process for those who have not completed GMC approved training where doctors use their current psychiatric practice (the last 5-6 years) to evidence each competency outlined in the relevant specialty curriculum.	This is for doctors who complete their specialist psychiatric training in GMC approved training posts. For trainees that complete both Core and Higher psychiatry training in the UK.



## CCT Training Pathway



Recruitment for core and higher specialty training is managed by [Health Education England](#) (HEE) for applications to Scotland, England and Wales. Recruitment to Northern Ireland is managed by the [Northern Ireland Medical and Dental Training Agency](#) (NIMDTA).

## UK Training Regions

Local Education Training Boards (LETBs) in England and Deaneries in Scotland, Wales and Northern Ireland are responsible for the education and training of health and public health workers at a regional level.

<b>England</b>	<p><b>North:</b> <a href="#">North East</a> (including North Cumbria), <a href="#">North West</a> and <a href="#">Yorkshire and Humber</a></p> <p><b>Midlands and East:</b> <a href="#">East Midlands</a>, <a href="#">West Midlands</a> and <a href="#">East of England</a></p> <p><b>London:</b> <a href="#">London</a></p> <p><b>South:</b> <a href="#">Kent, Surrey and Sussex</a>, <a href="#">South West – Peninsula region</a>, <a href="#">South West – Severn region</a>, <a href="#">Thames Valley</a> and <a href="#">Wessex</a></p>
<b>Scotland</b>	<a href="#">NHS Education for Scotland</a>
<b>Northern Ireland</b>	<a href="#">Northern Ireland Medical and Dental Training Agency</a>
<b>Wales</b>	<a href="#">Health Education and Improvement Wales</a>

## The Curriculum

The GMC approve all postgraduate curricula and each [RCPsych Curricula](#) is based on the GMC [Generic professional capabilities framework](#). There are GMC approved curricula for core training, specialty training, subspecialty training, broad-based training and dual training. The curricula framework is comprised of four key elements:

- Psychiatry 'Silver Guide':** This outlines all aspects of training in Psychiatry, aligns closely to COPMed's ['Gold Guide'](#), and outlines the assessment strategy for Psychiatry.
- Core, Specialty and Sub-Specialty Curricula:** These outline the High Level Outcomes (HLOs) and Key Capabilities (KCs) that trainees are required to achieve by the end of the set progression point.
- Placement Specific Personal Development Plans (PDPs):** These link to the HLOs and KCs and are completed at the start of each placement within training, and outline key activities to be undertaken, linking into the Psychiatric Supervision and Educational Supervisor Reports, and the ARCP process.
- Annual Review of Competence Progression (ARCP) Decision Aids:** These are guides to support ARCP panels, utilising ES and PS reports.



## Supervision

There are three core aspects to supervision while completing training in Psychiatry; Clinical Supervision, Educational Supervision and Psychiatric Supervision.

Your supervision is designed to ensure safe and effective patient care, establish an environment for learning and educational progression and provide reflective space to process dynamic aspects of therapeutic relationships, maintain professional boundaries and support development of resilience, well-being and leadership. Clarity, consistency, collaboration, challenge and compassion will underpin your supervision.

### Clinical Supervisors/Trainers

An appropriately qualified senior psychiatrist will supervise your clinical work at a level appropriate to your needs. You should never be expected to work at a level beyond your competence and experience.

Your clinical supervisor will be involved with teaching and training you in the workplace and will support you in various ways including direct supervision, close but not direct supervision, regular discussions, review of cases and feedback. They may, at times, delegate to other colleagues.

Time for clinical supervision must be incorporated into your job plan.

### Educational Supervisors/Tutors

An educational supervisor or tutor will usually be a consultant, senior lecturer or professor who has been appointed to a substantive consultant post. They will be responsible for your educational supervision.

Your educational supervisor will help you develop and facilitate a learning plan to address your educational needs and can act as a resource for specialty information and guidance. They will oversee your workplace-based assessments and education and will act as a mentor to ensure you make progress.

### Psychiatric Supervision

A nominated substantive consultant who is on the specialist register will provide an opportunity to complete regular reflective one-to-ones. These will play a critical role in helping you to develop strategies for resilience, well-being, maintaining appropriate professional boundaries and understanding the dynamic issues of therapeutic relationships.

## Assessment

Workplace Based Assessments (WPBAs) assess performance in areas of professional practice which are best tested in the workplace. WPBAs should be completed at regular intervals throughout training to ensure you benefit fully from the formative feedback they provide.

<b>ACE</b>	<b>Assessment of Clinical Expertise:</b> An entire clinical encounter is observed and rated to provide an assessment of a doctor's ability to assess a complete case.
<b>AoT</b>	<b>Assessment of Teaching:</b> Developed at the College to enable an assessment to be made of planned teaching carried out by the trainee.
<b>CBD</b>	<b>Case Based Discussion:</b> An assessment is made on the basis of a structured discussion of a patient whom the trainee has recently been involved with and has written about in their notes.
<b>CBDGA</b>	<b>Case Based Discussion Group Assessment:</b> Developed by the College to provide structured feedback on a trainee's attendance and contribution to case discussion groups (also known as Balint- type groups) in Core Psychiatry Training.
<b>CP</b>	<b>Case Presentation:</b> Developed at the College to assess a major case presentation, such as a Grand Round, by the trainee.
<b>DONCS</b>	<b>Direct Observation of non-Clinical Skills:</b> Developed by the College from the Direct Observation of Procedural Skills (DOPS). The DONCS is designed to provide feedback on a doctor's performance of non-clinical skills by observing them chairing a meeting, teaching, supervising others or engaging in another non-clinical procedure.
<b>DOPS</b>	<b>Direct Observation of Procedural Skills:</b> Similar to mini-ACE except that the focus is on technical and procedural skills.
<b>JCP</b>	<b>Journal Club Presentation:</b> Similar to CP, and also developed at the College, this enables an assessment to be made of a Journal Club presented by the trainee.
<b>mini-ACE</b>	<b>Mini-Assessed Clinical Encounter:</b> Part of a clinical encounter, such as history-taking, is observed and rated.
<b>MSF</b>	<b>Multi-Source Feedback:</b> Obtained using the Mini Peer Assessment Tool (mini-PAT), an assessment across the domains of Good Medical Practice made by a range of 10-12 colleagues. Ideally this should include no more than two assessors in any one position. A valid mini-PAT requires at least six responses.
<b>PACE</b>	<b>Psychotherapy Assessment of Clinical Expertise:</b> Developed by the College to provide evidence of satisfactory completion of a psychotherapy case.
<b>SAPE</b>	<b>Structured Assessment of Psychotherapy Expertise:</b> Developed by the College to provide evidence of satisfactory completion of a psychotherapy case.



## MRCPPsych

In order to obtain membership of the Royal College of Psychiatrists (MRCPPsych) you will need to complete the [MRCPPsych examinations](#).

The MRCPPsych Examinations can be taken by:

- Doctors in an approved training programme
- Doctors in the UK who are not in an approved training programme
- Doctors from the EU who are working or have worked Overseas
- Non-EU doctors who are working or have worked Overseas

MRCPPsych is comprised of three parts:

<b>Paper A</b>	<p>MRCPPsych Paper A is a written paper on the scientific and theoretical basis of psychiatry. Paper A covers :</p> <ul style="list-style-type: none"> <li>• Behavioural Science and Sociocultural Psychiatry</li> <li>• Human Development</li> <li>• Basic Neurosciences</li> <li>• Clinical Psychopharmacology</li> <li>• Classification and Assessment in Psychiatry</li> </ul>
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<b>Paper B</b>	<p>MRCPPsych Paper B is a written paper which assesses critical review and the clinical topics in psychiatry. Paper B covers :</p> <ul style="list-style-type: none"> <li>• Organisation and Delivery of Psychiatric Services</li> <li>• General Adult Psychiatry</li> <li>• Old Age Psychiatry</li> <li>• Psychotherapy</li> <li>• Child and Adolescent Psychiatry</li> <li>• Substance Misuse/Addictions</li> <li>• Forensic Psychiatry</li> <li>• Psychiatry of Learning Disability</li> <li>• Critical Review</li> </ul>
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<b>CASC</b>	<p>The Clinical Assessment of Skills and Competencies (CASC) format is like an OSCE (Objective Structured Clinical Examination). The exam tests skills in a range of clinical situations and is a practical exam focusing on history taking, examination skills and patient management.</p>
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## Annual Review of Competence Progression (ARCP)

The Annual Review of Competence Progression (ARCP) is a formal method to monitor and record trainee's progression through their training programme. The ARCP involves a review of evidence of achievement over a year of training and the panel will review and validate a recommended outcome from the trainee's educational supervisor. Doctors in training do not need to undergo appraisal and revalidation as this is automatically completed via ARCP. Further information can be accessed using the links on the right.

ARCP in England	ARCP in Scotland
ARCP in Wales	ARCP in Northern Ireland

## Portfolio

RCPsych members have access to [Portfolio Online](#), a web-based tool that allows you to build an electronic repository of your professional activities, development and achievements, including workplace-based assessments (WPBAs). It is designed to promote the use of the postgraduate psychiatric curricula in educational planning and enhance learning based on reflection.

## Awards and Prizes

As a psychiatric trainee, you may be interested in applying for RCPsych [prizes and bursaries for trainees](#).





# Working as a SAS Doctor

Psychiatrists may choose to work in a non-training post, known as either a Locally Employed Doctor (LED) or Specialty Doctor, Associate Specialist and Specialist (SAS) doctor posts.

LEDs are employed locally, usually on a short-term contract and may use a range of job titles such as Trust Grade, Trust Doctor, Clinical Fellow, Staff Grade and more. Doctors do not require prior experience in a speciality to work as an LED, although experienced doctors can work as LEDs if they wish. The terms and conditions of LED contracts vary from employer to employer.

SAS doctors are employed on permanent, nationally agreed contracts. To work as a SAS psychiatrist, you need to have a minimum of four years of postgraduate medical experience, of which at least two years needs to be in psychiatry.

Many IMGs initially choose LED posts as a way to gain experience working in a new country and health care system. LED posts enable IMGs to try various settings and specialities before deciding on a long-term career plan, both in terms of speciality and whether they wish to develop via the training or the non-training route. Once IMGs have decided on the specialty they want to develop their career in, they may decide to take up a role as a SAS doctor. There is no requirement for SAS doctors to have passed the [MRCPsych examinations](#) or be on the [GMC specialist register](#), although some are.

SAS doctors account for a significant proportion of the psychiatric medical workforce in the UK and are a very diverse group of individuals. As an IMG new to the UK, you are likely to be able to find a local SAS colleague with a similar background to you, who has been through similar experience to yours when they arrived in the UK. They may be able to provide invaluable help and friendship, so we recommend reaching out to them.

SAS posts offer the opportunity to focus on direct patient care without other clinical and non-clinical responsibilities. If a SAS doctor wishes to, they may be able to develop additional skills and become involved in the education of other doctors and health professionals, service development, research, quality improvement, management and leadership. SAS roles can offer flexibility in terms of responsibility level and range of skills. Many SAS doctors benefit from an enhanced work-life balance, geographical stability (SAS doctors do not rotate employers), fixed work patterns and no, or limited, on-call duties.

## Finding a Role

Most SAS doctors are employed by the NHS, although there are also opportunities to work in the private sector in private practices. Listed below are some of the websites you can use to look for vacancies:

- [NHS Jobs - England and Wales](#)
- [NHS Scotland Jobs](#)
- [Northern Ireland Health and Social Care jobs](#)
- [Royal College of Psychiatrists Job Board](#)
- [BMJ Careers](#)

## Professional Development

SAS doctors, like consultants, have an agreed job plan which includes a provision for protected time when SAS doctors can undertake Continuing Professional Development (CPD) and other activities needed for development, appraisal and revalidation. The minimum weekly protected time for all SAS doctors in the UK is four hours, although RCPsych recommends a minimum of six hours. SAS doctors are also allocated study leave time, usually 30 days over a period of three years. The RCPsych provides a wide range of [educational events](#) and individual learning modules via [CPD eLearning](#).

Provisions for clinical supervision of SAS doctors depends on individual needs, experience levels and local service arrangements. In addition to individual supervision, SAS doctors are required to be part of a [CPD peer group](#) which provides group supervision, usually four times a year.

Each employing body has a SAS Tutor/Lead who supports the educational needs of SAS doctors, organises educational activities and provides pastoral care. Each employing body also has a Director of Medical Education (DME) who oversees the training and education needs of all doctors in their organisation. Individual NHS organisations may also have SAS advocates who supports SAS doctors with local, operational difficulties.

Across England, Scotland and Wales there are regional Postgraduate Deans for SAS doctors who coordinate educational and career development support for SAS doctors and work closely with employing bodies, SAS Tutors and other Postgraduate Deans.

## Career Development Opportunities

Many SAS psychiatrists chose to work throughout their career in SAS posts and seek to develop within this grade. There are many opportunities to develop academic, medical education, quality improvement, medical management and leadership skills.

SAS doctors can work as Locum and Acting Consultant Psychiatrists for specified periods of time. Many SAS doctors will develop relatively early medico legal expertise and become Section 12(2) approved doctors. As they progress in their career, many will wish to develop that further and apply for Approved Clinician status.

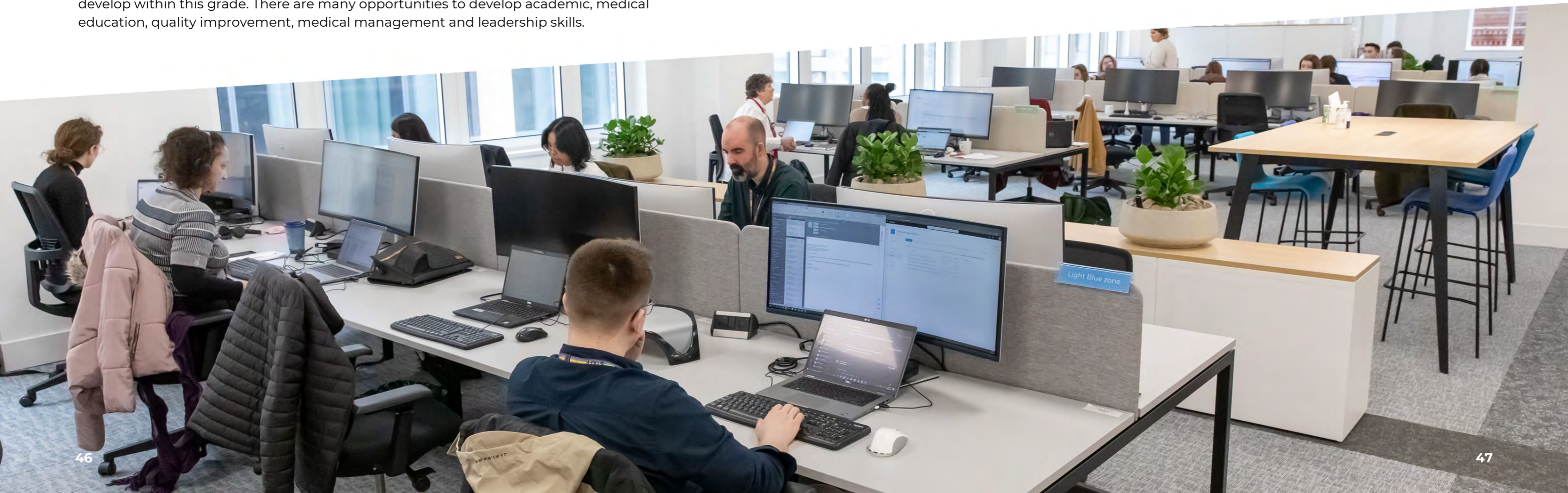
An additional, emerging opportunity for those who wish to develop within a SAS post is [credentialing](#). A 'credential' is a training pathway offered to doctors on the GMC's Specialist Register to train in a specialist area that was not undertaken prior to the receipt of their specialist registration.

Some SAS psychiatrists work towards joining the [specialist register](#), either through returning to training or by applying for a [Certificate of Equivalence for Specialist Registration](#) (CESR). CESR provides a route for doctors who do not hold a Certificate of Completion of Training (CCT) to obtain specialist registration.

## RCPsych Support for SAS Doctors

The RCPsych [SAS Committee](#) represents the SAS psychiatric workforce and supports SAS doctors, both those with MRCPsych and those in the Affiliate membership grades. The committee welcomes involvement from colleagues and works to represent, support and promote the recognition, professional development and wellbeing of SAS psychiatrists. Please contact the SAS Committee at [specialitydoctors@rcpsych.ac.uk](mailto:specialitydoctors@rcpsych.ac.uk) if you need support and guidance, or wish to become involved.

[StartWell+StayWell](#) is a framework for Specialty and Specialist (SAS) psychiatrists, to help them prepare for and address the challenges of starting their first SAS post or locum SAS assignment.





# Working as a Consultant

Once you have completed psychiatric training, you will be entered onto the GMC specialist register and can apply for consultant posts. As a consultant psychiatrist, you can work independently, although you are likely to still work within a team.

Whilst working as a consultant psychiatrist, you may also have the opportunity to develop other work interests such as medico-legal work, teaching and training or management and leadership.

## Finding a Role

Most Consultant Psychiatrists are employed by the NHS, although there are also opportunities to work in the private sector in private practices. Listed below are some of the websites you can use to look for vacancies:

- [NHS Jobs - England and Wales](#)
- [NHS Scotland Jobs](#)
- [Northern Ireland Health and Social Care jobs](#)
- [Royal College of Psychiatrists Job Board](#)
- [BMJ Careers](#)

## Professional Development

As a consultant psychiatrist you will need to engage in continuing professional development (CPD), this covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice. CPD includes both formal and informal learning activities and allows doctors to continually develop and improve the care they provide. Participating in CPD activities is essential for meeting the requirements of remaining on the GMC register.

RCPsych members can use [CPD Submissions](#) to log CPD activity to show in their appraisals.

## Progression Routes

As you continue in your career as a consultant psychiatrist, you will progressively gain more experience and be able to take on additional responsibilities.

If you are interested in teaching and training, there will be opportunities to teach medical and postgraduate students. With enough experience, you may wish to progress into roles such as a director of medical education, training programme director or even associate dean.

For those interested in leadership and management, there may be opportunities to lead a team as a medical consultant, a department as a clinical director or a hospital trust as a medical director.

There may also be opportunities to get involved with research, this could be through universities, the NHS or private companies.

You may also have opportunities to work in the private sector or set up your own practice.





# Advice from Other IMGs

You are likely to encounter challenges which are unique to IMGs. Here, IMGs currently working across the UK have shared their advice about adapting to life and work in the UK:

- Ask questions. It is important to ask questions at every stage of your training/career regardless of how small or large your query seems. Getting an answer is always better than getting stuck in a difficult situation further down the line.
- You will have a lot of information to take in, take your time to digest it all, talk it through with colleagues and use all the resources available to you.
- Take the time to learn about how your team works and the roles of each member. Also learn about the employing body hierarchy and who you should go to about different matters.
- Create a space for people to teach you, ask questions and tell people when you do not understand something; otherwise, they will not know you need help.
- Settling into a new place can be tricky and it might help to link with local doctors/trainees before and throughout your placement. Social media can be useful for connecting with others, for example through Facebook groups.
- The IT system may seem overwhelming at first but take your time and you will soon pick it up.
- Find a good support network at work, they can be a great source of help.
- Research the area you will be working in, so you have some conversation starters.
- Ask for an RCPsych mentor and have regular discussions with them.
- Get as involved with your employing body as you can.
- Read your employing body's policies.
- There is no shame in admitting you do not know something yet; it is a learning opportunity. Do not be afraid to express your limitations.
- Be patient with learning British sayings.
- Bring some non-perishable food from your home country as it might take you a while to get used to the food in the UK.
- Apply for a National Insurance number as soon as you can to avoid paying a higher tax rate.
- Once you have your NHS ID, apply for a [Blue Light Card](#) as this can help you save money.
- Don't be disheartened if it takes you a while to make friends, the culture can be very different to your home country. To start with, most of your friends will be colleagues and it will take a little while to make friends outside the working environment.
- If you are arriving in winter from a warm country, wear thermals until you adjust to the colder climate.
- Don't carry too much cash, most places accept card payments.

# Your Arrival in the UK

## What To Bring With You

The below is not a comprehensive list but may be helpful for you to consider when preparing to move. We recommend reading government information about [moving personal belongings to the UK](#).

**Important Documents:** Emailing yourself photos or scans of your important documents ensures that you can access them from any electronic device. It is also recommended to travel with hard copies of all important documents in your hand luggage, to minimise the possibility of losing them.

- Passport
- Birth certificate
- Marriage certificate (if applicable)
- Visa vignette
- Evidence of where you will be staying in the UK
- Medical and vaccine history
- Letter from employing body confirming offer of employment
- Medical qualification certificates
- Driving license (if you have one)

**Clothing:** You should come prepared for the unpredictable weather in the UK. It is best to pack different layers of clothing, so you can easily adapt to changes in the weather. If you are moving from a warm country, you may wish to purchase a thick winter coat whilst in the UK to ensure it is warm enough, this will also save you valuable packing space. You should check the dress code with your specific employing body, but you will likely be required to dress smartly whilst at work.

### Other Essentials:

- Travel adapters and voltage converters: UK power sockets deliver an average voltage of 230v and plugs are Type G.
- Electronics: check voltages before you decide which to bring with you as UK sockets may deliver more power than your electronics can handle.
- Currency (GBP): check [government advice](#) on how much you can bring.
- Medication: you may wish to bring a small supply of medication to last while you wait to register with a GP, check [government advice](#) on what you can bring.



## Accommodation Arrangements

It is important that you arrange a form of accommodation before you arrive in the UK, this may be temporary or more permanent.

### Employing Body or Hospital Accommodation

Your employing body may have temporary hospital accommodation available which is likely to be based on hospital grounds, or very close by. You should check with your employing body to see if this is an option before looking into alternatives.

### Temporary Accommodation

**Hotels/B&B:** Hotels can usually offer single, double or family rooms depending on your needs. There are a number of websites you can use to compare options and prices including [Booking.com](#), [Hotels.com](#), [trivago](#) and [Expedia](#).

**Airbnb/Homestay:** [Airbnb](#) allows hosts to accommodate guests in several property styles, including entire properties, private rooms, hotel rooms or shared rooms. You can rent a spare room through [Homestay](#).

**Family and friends:** If you have any friends or family in the local area, they may be able to offer you a spare bed or sofa for a few nights.

### Private Renting

There are several ways to rent privately in the UK, including through an estate/letting agent or directly from a private landlord. The UK government has provided information about your [rights and responsibilities as a private renter](#). Your employing body may be able to recommend local estate/letting agents and local areas to search in.

While searching for somewhere to rent, you should consider price, location, length of contract, break clause, deposit and if the property is furnished or unfurnished. You should also consider public transport services in the area.

There are a number of websites you can use to search for rental properties, these include [Zoopla](#), [Rightmove](#), [OnTheMarket](#), [PrimeLocation](#) and [SpareRoom](#).

### Buying a Home

If you plan to live in the UK permanently or long term, you may wish to consider purchasing a property here. To purchase a property, you will typically need to provide a deposit in the region of 5 to 15% of the total property value. You will also need a mortgage, the amount you can borrow will be calculated based on your household income and credit score. Information on how to check your credit score, and how to improve it, can be found from the [Money Advice Service](#). The UK Government have provided a helpful guide on [how to buy a home](#).

## Types of Accommodation

There are numerous types of accommodation you may come across; some are detailed below:

**Bedsit/Studio Flat:** A one room unit consisting of combined bedroom, lounge and kitchen.

**Bungalow:** A house on one level without stairs.

**Cottage:** A small house, typically found in the countryside.

**Detached House:** A house that is not joined to any other house or building.

**End of Terrace:** The house at the end of a row of attached houses.

**Flat /Apartment:** A self-contained property, within a larger building of other flats.

**House Share:** Sharing a house or flat with others, usually with a private bedroom and communal lounge and kitchen.

**Maisonette:** A flat split over two levels, with a private entrance.

**Semi-detached House:** A house that is attached on one side to another house.

**Terraced House:** A house that is attached on both sides to other houses.

## Setting up Utilities, TV Licence and Council Tax

### Water

All properties in the UK need to pay water rates, based on property size or water usage. Your water supplier will be determined by where you live, visit [Water UK](#) to find your local water supplier. By law, water companies must provide wholesome water that is suitable for all domestic purposes, including drinking, cooking and washing. UK tap water is therefore safe to drink.

### Internet

There are a range of Internet Service Providers in the UK who can provide internet services to your home. You can use comparison sites to find the best deal and compare internet speeds in your area.

### Contents Insurance

You may want to get contents insurance to cover your possessions in the event of theft, loss or damage caused by accidents or events such as flooding or fire. You can use price comparison websites to find the best deal based on your specific needs.

### Council Tax

Council tax is payable monthly to your local authority for services they provide such as rubbish collection and police and fire services.

How much you pay will depend on your house value, how much your council charges and if you are eligible for a [discount or exemption](#).

You can find your local council [online](#). In Northern Ireland, you must pay [domestic rates](#), instead of Council Tax.

### Buildings Insurance

If you own your home, buildings insurance will cover your home from damage that might be caused by flood, fire, subsidence, storms or vandalism.

This insurance will cover the structure of the building and it's fittings (such as fitted kitchens, built in wardrobes and bathroom suites), but not your possessions. You can use price comparison websites to find the best deal based on your needs.

## Gas and Electricity

There are numerous gas and electricity suppliers in the UK and you can use a price comparison website to find the best deal.

On the day you move in, you should check the gas and electricity meters and make a note of their readings, you will need this information to create an account with your new gas and electricity providers.

## TV Licence

You will need a TV Licence to watch or record programmes as they're being shown on TV, watch or stream programmes on an online TV service and download or watch any BBC programmes on BBC iPlayer. You only need one TV license per household and can pay online.

## Waste Management

General household waste, garden waste and recyclable waste collection are organised by your local council. The rules around separation of waste and recyclable materials varies between councils, and you can check the rules in [England](#), [Scotland](#), [Wales](#) and [Northern Ireland](#).

Local recycling centres may accept other items such as electrical items, wood, non-recyclable waste, books, glass, clothes etc in addition to routine items. There are also recycling stations in public car parks or supermarket car parks for items such as clothes, shoes and glass bottles.

Unopened, unused and out-of-date medicines should be returned to pharmacies for disposal.

## Arranging Your GMC Identity Check

Doctors joining the GMC register will need to attend an [identity check with the GMC](#), this must take place within six months of being granted registration. If you completed an identity check when you sat the [PLAB 2 test](#), you won't need to complete another identity check.

## Biometric Residence Permit and Collection

Once you arrive in the UK, you will need to collect your [Biometric Residence Permit](#) (BRP). This is a card that will hold your name, date and place of birth, facial image, fingerprints, immigration status and the entitlements that you are eligible for whilst in the UK.

You must usually collect your BRP before the vignette sticker in your travel document expires or within 10 days of arriving in the UK, whichever is later. Check your UKVI decision letter as this will tell you where to collect your BRP and explain what you will need to take with you to collect this.

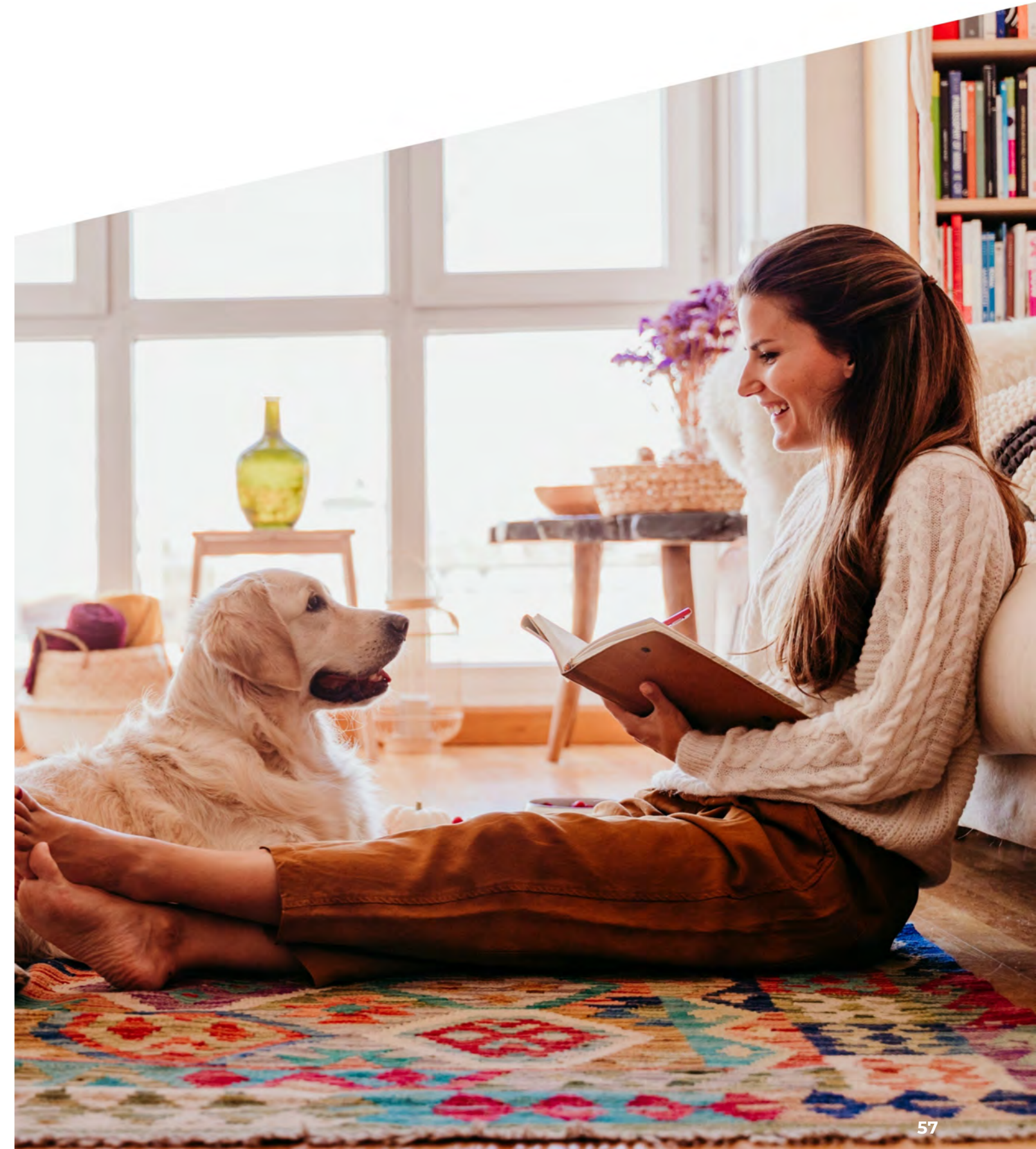
## Getting a National Insurance Number

As an employee in the UK, you are required to pay [National Insurance](#) (NI). Your National Insurance contributions build up your entitlement to certain state benefits such as NHS healthcare and the State Pension. The exact amount you pay depends on your earnings.

You should check your BRP to see if it has a National Insurance number printed on the back, if not you should apply for a NI number [online](#). You should let your employer know your National Insurance number as soon as possible.

## Paying Tax and National Insurance

You will need to pay [income tax](#) on money you earn from your employment. You will most likely pay income tax through the PAYE system which your employing body will use to take income tax and national insurance contributions from your pay.



## Opening A Bank Account

Having a UK bank account is essential for living and working in the UK. There are several banks and building societies in the UK for you to choose from. We recommend considering if there is a branch local to you, if they offer telephone, mobile or internet banking and if they have a free to use cashpoint near you. There are different kinds of bank accounts, the main types are listed below and you can refer to the [Money Advice Service](#) for further information and guidance.

- **Current Account:** The most popular account for day-to-day management of money. You can pay bills, receive payments and salary, access an overdraft (if agreed with your bank), pay for items and withdraw cash.
- **Packaged Account:** These are similar to current accounts but offer additional features for a fee, these might include special offers or insurance.
- **Savings Account:** Used to save money in and earn interest.
- **Joint Account:** An account that you share with another individual (or individuals), all parties can make payments and withdrawals.
- **Fee-free basic bank accounts:** Typically used when an individual is unable to open a current account due to having a poor/no credit rating. You can pay bills, make payments and receive payments but will not have access to an overdraft.
- **Digital bank account:** Also known as online bank account, digital-only bank account, mobile bank account and app-based bank account. These accounts are with banks that exist only in a digital form and are typically easier to open than traditional accounts, but you should ensure that the bank is licensed and protected by the [Financial Services Compensation Scheme \(FSCS\)](#) or covered by the [Financial Conduct Authority \(FCA\)](#).

To open a bank account, you may need to make an appointment. You will need to take your Biometric Residence Permit, passport, National Insurance number and a letter of employment from your employing body. You should pass your bank account details to your employing body as soon as possible so they can pay your salary into this.

## Using a Mobile Phone in the UK

Before you arrive in the UK, consider if you will need access to a UK based mobile phone as soon as you arrive. Most UK airports provide payphones and free Wi-Fi which may be enough to arrange a taxi, check public transport routes and let people know you have arrived.

If you bring a mobile phone with you, make sure it is unlocked so you can use it with one of the network providers available in the UK. You will need either a contract or a pay-as-you-go sim:

- **Contract:** You will pay a monthly fee and receive a set allowance of texts, calls and mobile data. You can search for the best deal based on your needs and the contract will usually last 12 or 24 months. To set up a contract you will need to provide proof of address, proof of identification and details of a bank account.
- **Pay-as-you-go sim:** You can top up the sim with credit and will be charged each time you make a call, send a message or use mobile data without being tied into a contract. Pay-as-you-go sims are usually free and you won't need to provide any evidence to get one.





## Accessing Healthcare

### General Practitioners

It is important to register with a General Practitioner (GP) in your local area to ensure you can easily access medical care if and when you need it. It is free to register and attend appointments with a GP. Charges for prescriptions vary across the UK.

Find local GP services in [England](#), [Scotland](#), [Wales](#) and [Northern Ireland](#).

### Dentists

You can visit dental practices as either a private or NHS patient. As a private patient, you will pay the full cost of treatment, as an NHS patient, the cost will be subsidised for eligible treatments. Not all dental surgeries will have capacity to take on new NHS patients and you may need to join a waiting list.

Find a suitable dentist in [England](#), [Scotland](#), [Wales](#) and [Northern Ireland](#).

### Opticians

You will be examined by an ophthalmic practitioner or optometrist at an opticians, who is able to prescribe and fit glasses and contact lenses. They can also refer you to a GP or hospital eye clinic if needed.

Find an optician in [England](#), [Scotland](#), [Wales](#) and [Northern Ireland](#).

### Pharmacies

Pharmacies can be found on most UK highstreets. They are staffed by pharmacists who are experts in medicines and can offer clinical advice and over-the-counter medicines for minor health concerns such as coughs, colds, sore throats, tummy trouble, aches and pains. Pharmacies can also dispense NHS prescriptions.

Find local pharmacies in [England](#), [Scotland](#), [Wales](#) and [Northern Ireland](#).

### Walk in Centres and Minor Injury Units

You can go to a walk in centre or minor injury unit, without an appointment, if you need urgent medical attention, but it's not a life-threatening situation.

Conditions that can be treated include sprains and strains, minor head injuries, cuts and grazes, bites and stings, coughs and colds and stomach pain.

Find walk in centres in [England](#), [Scotland](#), [Wales](#) and [Northern Ireland](#).

### Accident and Emergency (A&E)

An A&E department (also known as emergency department or casualty) deals with genuine life-threatening emergencies, such as loss of consciousness, acute confused state and fits that are not stopping, chest pain, breathing difficulties, severe bleeding that cannot be stopped, severe allergic reactions, severe burns or scalds, stroke and major trauma such as road traffic accidents.

Not all hospitals have an A&E department. Find your nearest A&E in [England](#), [Scotland](#), [Wales](#) and [Northern Ireland](#).

### Calling 111 and 999

**111:** NHS 111 can help if you have an urgent medical problem and you're not sure what to do. You can call 111 or visit the 111 website in [England](#), [Scotland](#) and [Wales](#) 24 hours a day, seven days a week. Northern Ireland uses a [GP out of hours service](#).

**999:** Call 999 in a medical emergency. This is when someone is seriously ill or injured and their life is at risk. Medical emergencies can include (but are not limited to): heart attack, stroke, loss of consciousness, an acute confused state, chest pain, breathing difficulties, severe bleeding that cannot be stopped, severe allergic reactions, burns or scalds and major trauma such as a road traffic accident, stabbing or fall from a height.



## Childcare and Education

If you are relocating with children, you will need to consider education arrangements and may need to organise other forms of childcare.

There are many options available when deciding what kind of school is best for your children (aged five and over), including faith schools, free schools, academies, technology colleges, boarding school, private (or paid for) schools and grammar schools. Further information can be found on the [government website](#) and we recommend contacting your local council about school choices before you arrive in the UK.

Education across the UK is divided into five stages: early years, primary, secondary, further education and higher education.

In the UK, the law does not state an age when you can leave a child on their own, but it is an offence to leave a child alone if it places them at risk. You should use your judgment on how mature your child is before you decide to leave them alone, for example at home or in a car.

The [National Society for the Prevention of Cruelty to Children \(NSPCC\)](#) says children under 12 are rarely mature enough to be left alone for a long period of time, children under 16 should not be left alone overnight and babies, toddlers and very young children should never be left alone.

## School Leaving Age

**England:** individuals can leave school if they will be 16 by the end of the summer holidays. Until they turn 18, individuals must stay in full time education, start an apprenticeship/traineeship or spend a minimum of 20 hours a week working or volunteering, whilst in part-time education or training.

**Scotland:** individuals turning 16 between March and September can leave school after May that year, individuals turning 16 between October and February can leave school at the start of the Christmas Holidays that year.

**Wales:** individuals can leave in June as long as they will be 16 by the end of the summer holidays.

**Northern Ireland:** individuals who turn 16 during the school year can leave school after June, individuals who turn 16 between July and August can leave school in June the following year.

## Childminders

A childminder provides childcare for children in the childminder's own home. You can find registered childminders in [England](#), [Scotland](#), [Wales](#) and [Northern Ireland](#).

You may be entitled to help paying for childcare, visit [Childcare Choices](#) to explore your options.

	Early Years	Primary Education	Secondary Education	Further Education	Higher Education
England	Nursery/Pre-school for ages 3 to 4. Reception for ages 4 to 5.	Primary school for children aged 5 to 11, split into Key Stage 1 (years 1 and 2) and Key Stage 2 (years 3, 4, 5 and 6).	Secondary school for children aged 11 to 16, split into Key stage 3 (years 7, 8 and 9) and Key Stage 4 (years 10 and 11).	College or Sixth form for students aged 16 to 18. Students study for A-Levels or alternative qualifications.	Universities charge over 18 year olds for higher education.
Scotland	Nursery for children aged 3 to 4.	Primary school for children aged 4/5 to 11/12 and split into year groups P1 to P7.	Secondary school for children aged 11/12 to 17/18 and split into year groups S1 to S6.	Scottish Colleges are considered to be more vocational.	Universities provide over 18 year olds with higher education, fees depend on which country the student usually lives in.
Wales	Nursery/Pre-school for ages 3 to 4. Reception for ages 4 to 5.	Primary school for children aged 5 to 11, split into Key Stage 1 (years 1 and 2) and Key Stage 2 (years 3, 4, 5 and 6).	Secondary school for children aged 11 to 16, split into Key stage 3 (years 7, 8 and 9) and Key Stage 4 (years 10 and 11).	College or Sixth form for students aged 16 to 18. Students study for A-Levels or alternative qualifications.	Universities charge over 18 year olds for higher education.
Northern Ireland	Preschool for children ages 3 to 4.	Primary school for children aged 4 to 11, split into Foundation Stage (reception, primary 1 and primary 2), Key Stage 1 (primary 3 and 4) and Key Stage 2 (primary 5, 6 and 7).	Secondary school for children aged 11 to 16, split into Key Stage 3 (years 8, 9 and 10) and Key Stage 4 (years 11 and 12).	College or sixth form for ages 16 to 18. Students study for A-Levels or alternative qualifications	Universities charge over 18 year olds for higher education.





# Adjusting to Life in the UK

## British Culture and Social Norms

British culture is likely to be very different from the culture in the country you are travelling from. The list below should give you an idea of what to expect when you travel to the UK.

- Punctuality is very important, being late is considered rude and it is usually best to arrive five to ten minutes early.
- Manners are important and people will say please and thank you a lot. People in the UK will also often apologise, sometimes for minor things such as asking a question or for things that were not their fault.
- It is normal to keep at least an arm's length of distance between yourself and the person you are speaking to.
- It is impolite to spit, burp or pass wind in public.
- Queuing politely is important, do not jump the queue as it is likely to upset everyone in the queue and you may be asked to re-join it.
- If you yawn, cough or sneeze, cover your mouth with your hand or arm. If someone sneezes, say "bless you".
- When on public transport, it is polite to offer your seat to older adults, pregnant people or disabled people; sometimes they may wear a badge saying, 'please offer me a seat' or 'baby on board'.
- British humour is typically very sarcastic and self-deprecating.
- People love to talk about/complain about the weather.
- Put your phone away when speaking to someone, or when eating at the dinner table.
- Tea and coffee are popular, and you will likely be offered both at multiple points during the day, in most workplaces it is polite to offer to make tea and coffee for others, when making it for yourself. Having a cup of tea together is often used to start a conversation/social interaction.
- If you are invited to someone's home, it is polite to take a small gift such as wine, chocolate, or flowers.
- When entering someone's home, it is polite to ask if they would like you to remove your shoes.
- Indicate you have finished eating by placing your knife and fork together on the plate.
- Don't ask personal questions, such as about salary, age or political affiliations.
- If someone buys you a drink, offer to buy one in return.

## Accents

The UK has the largest variation of accents of any country and you are likely to encounter a wide range of these. The [British Library](#) provides a free resource where you can listen to regional accents and dialects and listening to local radio stations will help you get used to the accents you might hear at work. Watching TV shows will also expose you to the range of accents across the UK, talent shows often contain individuals from all around the UK.

You may struggle to understand your colleague and patient's accents, and similarly they may struggle to understand yours. It is okay to politely ask one another to speak more slowly and clearly while you get used to each other's accents.

## Tipping

Tipping is not expected in the UK in the way it may be in other countries. All employers are required to pay a minimum salary, so employees should not be relying on tips to be paid a living wage. However, there are occasions where small tips may be expected or appreciated.

**Cafés:** If you receive table service, a tip of around 10% would be suitable for good service. If you serve yourself at a counter, a tip would not usually be offered.

**Coffee shops:** There may be a tip jar, although tips are rarely given.

**Fast food shops:** Tips are never offered here.

**Hairdressers/barbers:** A tip is not expected but may be appreciated. In a hairdresser, around 10% would be customary. In a barber, rounding up to the closest pound, multiple of five/ten pounds or 10% would be appropriate, based on the price of the service.

**Hotels:** If a porter helps you carry bags to the room, you may wish to offer them a few pounds.

**Public transport:** Tipping would not be appropriate on public buses, trains, and coaches.

**Pubs and bars:** Tips are usually not given, if you have built up a friendship/rapport with the server over a period of time, you may wish to offer to buy them a drink.

**Restaurants:** When receiving table service, a tip between 10 and 15% is usually given. A service charge may be automatically added to your bill, this may be optional, and you can request to have it removed if you feel the service was not satisfactory. If a service charge has been added, there is no need to leave an additional tip.

**Takeaway:** If your takeaway is delivered, a couple of pounds to the delivery driver may be appreciated but not expected.

**Taxis:** It is appreciated to round up to the nearest pound for short journeys, or closest multiple of five/ten pounds for longer journeys. This is also more convenient as it reduces the need for change. If the taxi driver helps you with luggage, you might wish to give a couple of pounds as a tip.

## Weather

The weather is one of the UKs favourite conversation topics, and for good reason. The weather can be incredibly varied, so it is advisable to check the forecast regularly.

**Winter (early November to mid March):** is typically cold, wet and windy with temperatures averaging between -0.2 and 9.4° C. Snow is more common further north and often results in road, school and business closures. 4

**Summer (early June to mid September):** is usually quite dry and warm, with temperatures averaging between 7.2 and 20.4°C. It is not uncommon for a months' worth of rain to fall in just 24 hours.

**Spring (late March to late May):** is typically quite mild with temperatures averaging between 0.9 and 15.6°C. April is typically quite a rainy month.

**Autumn (late September to mid November):** is quite a changeable season, with temperatures averaging between 2 and 17.5°C.

## Public Holidays

There are several UK public holidays when many employees are given the day off work, however employers do not have to give paid leave on bank or public holidays. You should check your employment contract for details of your agreement. If a bank or public holiday falls on a weekend, a substitute weekday becomes a bank holiday instead (usually the Monday after the original date). Check the [UK Government website](#) for specific dates.

Date	Holiday Name	Countries
01 January	New Years Day	England, Wales, Scotland and Northern Ireland
02 January	2 <sup>nd</sup> January	Scotland
17 March	St Patrick's Day	Northern Ireland
March or April	Good Friday	England, Wales, Scotland and Northern Ireland
March or April	Easter Monday	England, Wales and Northern Ireland
First Monday in May	Early May Bank Holiday	England, Wales, Scotland and Northern Ireland
Last Monday in May	Spring Bank Holiday	England, Wales, Scotland and Northern Ireland
12 July	Battle of the Boyne (Orangemen's Day)	Northern Ireland
Last Monday in August	Summer Bank Holiday	England, Wales and Northern Ireland
First Monday in August	Summer Bank Holiday	Scotland
30 November	St Andrew's Day	Scotland
25 December	Christmas Day	England, Wales, Scotland and Northern Ireland
26 December	Boxing Day	England, Wales, Scotland and Northern Ireland

# Travel

## Public Transport

### Trains

You can use [National Rail](#) to plan your journey, buy train tickets and stay updated with train delays. You can also buy train tickets over the phone, at a station ticket office or at self-service ticket machines available at most stations. Typically, the earlier you buy tickets, the cheaper they will be, although they may not offer much/any flexibility.

There are three main types of tickets. Advance tickets can be bought in advance and are only valid on the date/train specified. Off-Peak tickets can be used to travel off-peak (usually outside rush hour). Anytime tickets can be bought at any time and used to travel at any time.

Some trains have dedicated 'quiet carriages' or 'quiet zones', you should take care not to take phone calls, listen to music or talk loudly in these carriages.

Trains in the UK tend to depart on time, with doors closing 30 to 60 seconds before departure. You should plan to arrive at the station early to give you time to print tickets (if needed), find your platform and board the train. You may need to open train doors yourself, either with a button or handle.

### Buses

Bus companies are usually operated locally with their own websites for timetables and bookings. Some buses will require you to buy a ticket from the driver, some have apps and others have a pay as you go system where you can top up a card or pay using your own bank card. Tickets are typically sold as a single or return journey.

You can catch the bus from a bus stop by sticking your arm out to indicate to the driver you intend to board. Once on board, you will need to use a stop button to indicate that you would like the driver to stop at the next bus stop.

### Coaches

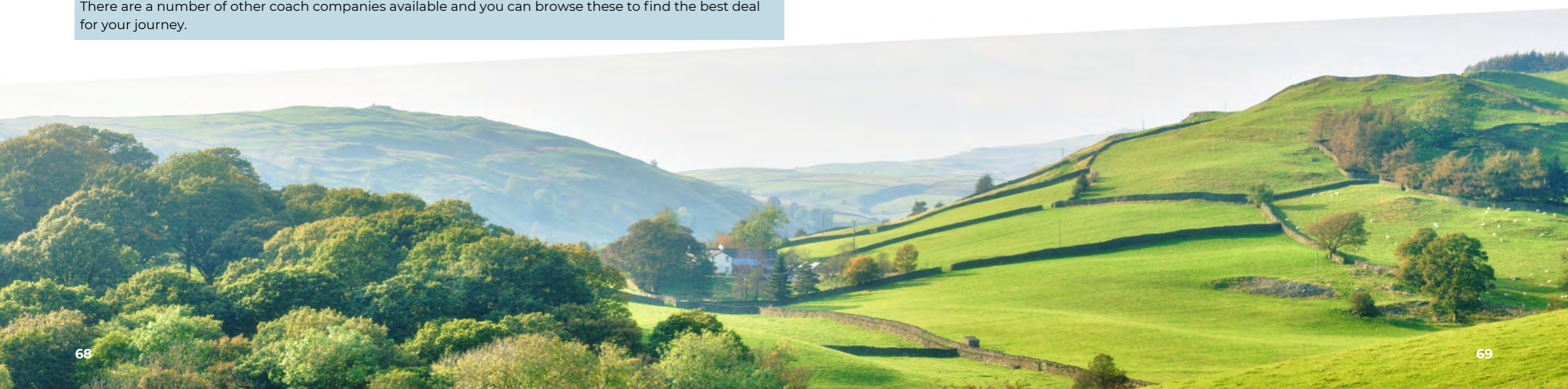
You can use [national express](#) to plan, book and pay for long distance coach journeys around the UK. There are a number of other coach companies available and you can browse these to find the best deal for your journey.

## Driving

You may be able to use your driving licence for up to 12 months after you arrive in the UK, before needing to take a theory and practical driving test. You should check the [government website](#) to see what rules will apply to you.

[The Highway Code](#) is essential reading for all road users, including pedestrians, mobility scooter users, cyclists, horse riders, drivers and motorcyclists. There are some basic things to remember when driving in the UK:

- Drive on the left-hand side of the road.
- Check whether the car is a manual or automatic (most will be manual).
- Always give way to the right.
- Do not drink alcohol and drive.
- Carry your valid drivers license and proof of vehicle insurance whenever you drive.
- Stop at red lights.
- Follow speed limits and obey road signs.
- Watch out for bus and taxi lanes which you cannot drive in.
- Wear your seatbelt.
- Children [must normally use a child seat](#) until they're 12 years old or 135cm tall.
- Give way to emergency vehicles with sirens and/or lights flashing.



# Personal Stories, Experiences and Learning



## A Journey from the First Offer to the First Job

Dr Louay Eltagy, an ST5 in General Adult Psychiatry in the West Midlands Deanery reflects on his journey to working in the UK.

During medical school, I had a clear plan of action. It was as simple as finish my foundation year in Egypt and work in the NHS. Whilst this sounds like a very easy thing to say it took a few years to accomplish. During this time my mind was set on getting that first offer. Never mind, what happens after that, I will be working in the NHS after all.

I graduated from the faculty of Medicine, Cairo University in January 2011. At the time, doing your postgraduate training abroad was a common thing, however the United Kingdom was not on the top list of

destinations Egyptian doctors go to. It was more common to study German and go to Germany or to do the United States Medical Licensing Examination (USMLE) and go to America or to pack your bags and go to neighbouring countries in the Middle East. I am sure there were many people who still went to the UK, but I was not fortunate enough to cross paths with any of them or know someone who knew someone who did. To cut a long story short, over the course of the following years, I became part of a group of 5 friends sharing the common goal of working in the NHS and together we did PLAB1, PLAB 2, IELTS and managed to register for the GMC, get interviewed and secure our first job. There were lots of highs and lows in that journey, lots of successes and failures and lots of moments where I was very motivated and other moments where I was quite close to abandoning the dream and finding my purpose elsewhere. I owe it to past experiences in life that I managed with the help of values as perseverance, resilience and self-motivation to go on and secure that first NHS contract in December 2014. But now what? I was caught in the web of getting that first job that I didn't give much thought to the logistics of what comes after or to the scary thought of working in a different healthcare system thousands of miles away from home with different language and away from family and friends.

To start my first job, I needed to apply for 'the work visa'. At the time it was called 'Tier 2 visa', it is now referred to as the 'Health and Care Worker visa' for health and social care employees and 'Skilled Worker visa' for everyone else. The Tier 2 visa was points based. I needed to score a total of 70 points to be able to apply for the visa. The points

were distributed as follows 50 points for 'Attributes', 10 points for 'Maintenance' and 10 points for 'Evidence of English Language Abilities'.

In order to score the 50 points required for attributes, my employer needed to apply for a permit known as the 'Certificate of Sponsorship' (CoS). This is a document issued by the home office to the employer allowing them to legally employ me. A few criteria were needed to be met to enable my employer to apply for the CoS. One of these is that my salary needed to be adequate to the job I am offered, which I was able to prove. The other main criterion that my employer needed to prove was that my job either met the resident labour market test or I was exempt from it. The Resident Labour Market test is a measure done by the home office to preserve and promote the UK workforce by requiring employers to exhaust options in the local labour market before recruiting people from outside the EU/EEA. To satisfy the resident labour market test, the job must have been advertised in at least 2 different places for no less than 28 days. My employer had to prove that no applicant from within the UK/EU/EEA was suitable and available for the job before recruiting me.

Because this was my first job, I had to get a restricted CoS. These certificates of sponsorship are so called because the UK government only assigns a certain number every year. The employer needs to apply for them by the 5th of every month and gets a decision by the 11th. If the 5th of one month was missed, the employer will need to wait for the following month to apply for certificate. One of the implications of it being restricted, is that I can only use it to apply for the visa from outside of the UK. Whilst the first CoS is restricted, the following certificates are unrestricted and can be used to apply from within the UK.

To score 10 points for English, I had to provide evidence that my English language abilities are equivalent to Level B1 of the European Framework for Language Testing.

Luckily for me, my IELTS test which I took for PLAB was still in effect and so I didn't need to redo it. Another method of getting the 10 points needed for English is to prove that my undergraduate degree is equivalent to a UK Bachelor's degree, masters or PhD that is taught or researched in English. This needs to be certified by the National Academic Recognition Information Centre in UK (UK NARIC). If the candidate is a national of an English speaking country as recognized by the home office, then they are assumed to have the required English language abilities.

The final 10 points that I needed are for what is known as Maintenance. The main idea behind this is to prove that I have enough funds in my bank account to support me during the first month in the country prior to receiving the first salary. This amount of money was set by the home office as £945.00. To get the required 10 points I had to either show evidence of this amount of money in my bank account for no less 3 than consecutive months by way of a bank statement. The other option was for the sponsor to tick in the certificate of sponsorship indicating that they are happy to fund the maintenance. Fortunately for me, my sponsor was happy to do this.

Once all the above was in place, all I needed to do was go back to Egypt and apply from there. I was able to find an appointment to submit my documents and do the biometrics in 3 days. It was also then that I paid the visa fee of £514.00 and £19.20 for biometrics. Visa processing times vary but for my centre at the time it was an average of 15 working days. True to its word, 3 weeks later, I received the text that my passport was available and went to get it. I arrived in the UK in preparation for my first job as Trust Grade Doctor in Psychiatry on the 2nd of February 2015, 3 months after receiving my first offer.

Whilst the above has been the standard of first entry tier 2 visas, subsequent extensions to the visa should be done from inside the UK. The difference being, is that certificates

of sponsorship are unrestricted and therefore can be assigned by the home office directly without waiting for the 5th to apply. For extension visas, there is no need to prove maintenance and English language requirements as these were already met in the first visa. Tier 2 visa route can be used for a maximum of 6 years. Individuals are eligible to apply for Indefinite Leave to Remain (ILR) after 5 years of consecutive entry clearance on the same visa.

The visa and immigration process has undergone lots of reforms and restructuring since I applied for my first work visa in 2014/2015. One such example of this is the fact that all healthcare related jobs were placed on the shortage occupation list in 2019 and therefore were exempted from the resident labour market test. The resident labour market test was completely abolished on the 1st of January 2021. Other changes include the introduction of the Immigration Health Surcharge in April 2015. This simply stated that individuals applying for visas other than tourism visas must pay a fee during their application process to enable them to use the NHS. This was initially set at £200.00 per year but has recently increased to £624.00. Following the Covid-19 crisis, The UK government has exempted healthcare workers and their dependants from the Immigration Health Surcharge.

I have been practicing in the NHS for more than 6 years now. It has been a fruitful journey where I managed to gradually blend into the system and become a positive influence to my peers. I am proud to have taken that first decision and to have persevered until I managed to secure that first post. Perhaps this was the most difficult part of the whole journey. I am also proud to have been able to contribute to this amazing place that teaches compassion, respect and dignity. I am proud to be a part of our NHS.



## Chai to Cuppa

Dr Shevonne Matheiken, MRCPsych and ST5 Psychiatry in Cambridge reflects on her experiences of adjusting to a new life in the UK.

I am at that stage of acculturation in my family where there is a major dilemma to decide which team to support if there was an England versus India cricket match! My spouse and I hold Indian passports, while our UK-born children hold British passports. It makes me wonder what exactly defines our identity. Is it the country that you refer to as home or is it the culture that you relate to the most? Is it the citizenship-based travel document that you hold?

The initial years of being an international medical graduate (IMG) in the UK are a hazy blur in my memories: a varied mix of lots of unlearning, adjusting to new ways of living, enjoying newly-found independence especially as a woman, and carrying the burden of continually proving that you are 'good enough despite being a foreign doctor' at work and trying to fit into society. E.g queuing in public areas or transport is basic etiquette in Britain. But for someone who grew up in a densely populated developing country, it was survival of the fittest in a light

sense of the word, and it takes time to realise that you can still get to places on time even after queueing. Also, as the years go by, some of the time limited stressors such as visa related anxieties and financial pressures get resolved.

Positive experiences begin to increase gradually and enrich your life, such as the diversity of living and working with people from all across the world. The work-life balance and working conditions here are often quoted by IMGs as major reasons to stay on in the UK, even though there are some countries that even IMGs in the UK leave the NHS for such as Australia and New Zealand. The cultural diversity that IMGs bring to the NHS also benefits our patients. Cultural competency is becoming a popular concept in the context of medical education and clinical effectiveness, but there are views that cultural safety maybe a more useful concept!

I like to think about acculturation sometimes as a dynamic process (there are always new things to learn and experience), and sometimes as experiences that change you irreversibly. Even after many years, some decisions are influenced by your deep connections to where you grew up. Despite Old age Psychiatry being my favourite subspecialty, I decided to choose Dual training in General adult and Old age psychiatry, just in case I did go back, since Psychiatry does not have as many sub-specialties in India and mostly everything is covered by General Psychiatrists.

The GMC report called 'Caring for doctors, Caring for patients'<sup>2</sup> talks about the ABC (Autonomy, Belonging, Competence) of doctors' well being. I feel that the belonging aspect is very relevant for the wellbeing of international medical graduates. Many IMGs experience a sense of 'losing the village' around them when they migrate from different kinds of societies and cultures. They may experience isolation more painfully during specific phases of their lives such as childbirth, parenting young children,

sickness or bereavement. Other experiences that affect wellbeing can be related to discrimination related to protected characteristics<sup>4</sup> (including ethnicity) or non-protected characteristics (such as country of origin, or your degree of command of the English language). The stigma about suffering from any mental illness or seeking help for one's mental health may be a barrier in IMGs reaching out to support systems when experiencing stress, burnout or mental illness.

A mammoth piece of thematic research done in 2020 called 'Bridging the Gap'<sup>3</sup> looks into drivers of differential attainment (D.A) across various themes of recruitment, assessments/exams, career progression, wellbeing, leadership and academia. Although not obvious drivers of D.A compared to the protected characteristics such as ethnicity or gender, being an overseas graduate was also identified as a driver of differential attainment. There is much being done by various organisations to tackle these issues, but we are far from truly levelling the playing field for IMGs, until there is a culture change across the NHS. In my view, this must include standardised and high-quality induction for all IMGs (even those starting in non-training posts), named supervisors for accountability, fair access like local graduates to relocation expenses, and access to mentoring/coaching to name a few. And of course, a change in the narrative to one where IMGs are not just seen/treated as cheap labour for plugging gaps in the NHS would go a long way too.

We live in an unequal world, as shown clearly by the impact of the pandemic on various groups of people and in different countries across the globe. During the first wave of the pandemic, over 90% of the doctors who died of COVID-19 in the UK were of ethnic minorities<sup>5</sup>. There will be many opportunities that come your way, where you can make a difference or be an ally to someone who is in a minority in some way. As you settle into work and life in the UK, my message to

fellow IMGs is to look out for opportunities to innovate and collaborate with allies in order to make things easier for those that come after you, and to promote Equality, Diversity and Inclusion in various aspects of your professional careers. And to look after your own wellbeing at all stages. There is no shame in stepping off the career treadmill for a break, or to take a path less trodden, if that is what is needed. I wish you well, and hope that you will reach your true potential and thrive in the NHS and in the field of Psychiatry or your other chosen field.

## References

1. Curtis, E., Jones, R., Tipene-Leach, D. et al. [Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition](#). *Int J Equity Health* 18, 174 (2019).
2. [Caring for doctors, Caring for patients](#) (PDF) (gmc-uk.org)
3. [View of Bridging the Gap 2021- Summary Report](#) (sushrutajnl.net)
4. [Discrimination: your rights: Types of discrimination](#) (www.gov.uk)
5. [Ending racial inequalities exposed by the COVID 19 pandemic for mental health staff Recommendations from Task and Finish group for RCPsych](#) (rcpsych.ac.uk)



## The Mental Capacity Act and Mental Health Act

Dr Daniel Wilkes, ST5 in Intellectual Disability Psychiatry in Aberdeen, provides information about his experiences of using the Mental Capacity Act and Mental Health Act.

On moving to practice medicine in the UK, the legal frameworks within which you practice will differ from those in the country where you completed your primary medical qualification.

Some of the legal aspects of medical practice in the UK, such as the Medical Act 1983 - which establishes the General Medical Council - or the Medicines Act 1968 - which regulates the supply and manufacture of medicines for human (and veterinary) use - are identical across all four nations which make up the United Kingdom.

When it comes, however, to Mental Health and Capacity legislation there is considerable variation between the four nations. Scotland, Northern Ireland and (to a lesser extent) Wales have legal systems which are distinct from England and have taken different approaches in this area.

For this reason, neither the Membership examinations, nor this guide, can cover the legal framework for mental health and capacity in great depth. As you progress, you will need to develop your own understanding of the mental health and capacity laws which are relevant to your

practice. Fortunately, in order to undertake most of the more restrictive functions in regards to mental health and capacity legislation, special training is generally required. This allows for you to be given something called "approved medical practitioner" status (or in Northern Ireland to be regarded as a "suitably qualified person".)

In terms of broad principles though, Mental Health law in the UK provides a framework by which people with mental disorders may be compulsorily detained in hospital and/or compulsorily treated. Certain tests must be met in order for a person to be lawfully detained (or in commonly used, but inaccurate, terminology 'sectioned') and the legislation contains safeguards including a right of appeal, a right to second opinion in regards to ongoing medical treatment, special safeguards for certain treatments such as ECT and Psychosurgery and the right to consultation of a person nominated by the patient. Detentions are time-limited (though renewable if the tests continue to be met) and subject to ongoing review and external oversight. Generally, it is not possible to detain somebody under mental health legislation unless they have (or are suspected to have) a mental disorder which is impacting on their ability to make decisions, they pose a significant risk either to themselves or others and it is truly necessary that they be detained in order to receive adequate treatment.

Separate sections of the mental health legislation apply to mentally disordered offenders and are seen and applied in Forensic Psychiatry.

Separate to mental health law, capacity legislation in the UK provides a means by which people's capacity to make decisions may be assessed and actions taken where capacity is lacking to ensure that patients get care and treatment in their best interests. This legislation also covers Powers of Attorney (where people who have capacity give rights to others to make decisions for them if they subsequently lose capacity) and

Guardianship (where the court appoints somebody to make decisions on behalf of a person who lacks capacity). In broad terms capacity in the law of all UK jurisdictions is to be regarded as decision specific (e.g. a person might have capacity to decide what clothes to wear, but not where they are going to go that afternoon) and to have capacity for a particular decision a person must be able to understand, retain and use the information they have about a particular decision and be able to communicate that decision by whatever means. Capacity is to be presumed to be present unless proven otherwise, and individuals must be supported to make their own decisions if at all possible. People must even be allowed to make imprudent, eccentric or unwise choices if they have the capacity to do so. If a person does lack capacity, then any decision we do take must be in their best interests and be the least restrictive option (in terms of their basic rights and freedoms) to achieve the desired outcome.

Generally, if a patient is actively refusing treatment for a mental health condition, the mental health legislation must be used rather than the capacity legislation – this is because mental health legislation contains more safeguards for this kind of treatment.

In addition to thinking about legislation which is specific to the practice of Psychiatry in the UK it is important to consider the broader framework within which we operate. Public bodies, such as the NHS and those who work for it, are bound by the Human Rights Act 1998 and the Equality Act 2010. These require that we act in a way which is proportionate and which respects the right to life and to a private and family life. We are also required to act in a way which is non-discriminatory and respects individual differences including disability, race, sexual orientation, sex, gender identity, religion and age and makes reasonable adjustments to accommodate these differences in the way we provide our care and treatment to patients.

## England

[Mental Health Act 1983 - Code of Practice](#)

[Mental Capacity Act 2005 - Code of Practice](#)

[Care Quality Commission](#)

[First Tier Tribunal \(Mental Health\)](#)

## Scotland

[Mental Health \(Care and Treatment\)](#)

[\(Scotland\) Act 2003 - General and Introductory Principles Code of Practice](#)

[Mental Health \(Care and Treatment\)](#)  
[\(Scotland\) Act 2003 - Civil Powers Code of Practice](#)

[Adults with Incapacity Act 2000 - Code of Practice](#)

[Mental Welfare Commission for Scotland](#)

[Mental Health Tribunal for Scotland](#)

## Wales

[Deddf Iechyd Meddwl 1983: cod ymarfer / Mental Health Act 1983 - Code of Practice](#)

[Cod Ymarfer y Ddeddf Galluedd Meddyliol / Mental Capacity Act 2005 - Code of Practice](#)

[Arolygiaeth Gofal Iechyd Cymru / Healthcare Inspectorate Wales](#)

[Tribiwnlys Adolygu Iechyd Meddwl Cymru / Mental Health Review Tribunal for Wales](#)

## Northern Ireland

CPDOnline module: [ROIA Guidelines: Mental Health \(NI\) Order 1986](#)

[Mental Capacity \(Northern Ireland\) Act 2016 - Codes of Practice](#)

[Regulation and Quality Improvement Authority](#)

[The Review Tribunal for Northern Ireland](#)





## Our values

- C**OURAGE
- I**NNOVATION
- R**ESPECT
- C**OLLABORATION
- L**EARNING
- E**XCELLENCE

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