Guide for international medical graduates (IMGs)

by the Psychiatric Trainees’ Committee (PTC) and the Trainees’ Support Group (TSG)

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Background

Differential attainment refers to the gap in attainment levels of different groups of doctors in domains such as examinations or career progression. It occurs across many professions and is not unique to medicine or psychiatry. Differential attainment can also be more broadly defined as the observed gap in achievements of different cohorts of individuals based on factors beyond their individual ability including age, gender, ethnicity, and other protected characteristics.

International Medical Graduates (IMGs) are under-represented at consultant level and overrepresented in non-consultant grade doctors (around 80%). IMGs are also more likely to fail summative and formative exams and are more likely to face suspensions and referrals to regulators. The pass rates for MRCPsych Paper A in 2019 exemplify DA between UK and non-UK graduates. UK graduates working in the UK had a pass rate of 65.3%. This differed from overseas graduates in training posts (20.4%), overseas graduates in non-training posts (41.9%), and overseas graduates working overseas (51.6%). Similarly, for the 2019 CASC examination (first attempt only), discrepancies are seen between UK graduates (pass rate 88.5%), compared with overseas graduates in training posts (31.8%) and overseas graduates in non-training posts (38.1%). Doctors working overseas had a 54% pass rate.

The 2016 GMC Fair Pathways project was a qualitative exploration of why UK graduates from black and minority ethnic groups have differential attainment in recruitment and exams, and why IMGs have on average poorer outcomes compared to UK graduates. This study found that cultural and social capital factors include access to resources, extracurricular activities and support, and more generally the person’s social context which can influence their engagement with learning.

Factors that may contribute to differential attainment in exams include differences between the ethical frameworks between the UK and the country of training, with major differences in practice with regard to confidentiality, informed consent and patient autonomy.

What is this guide and who is it for?

This guide was specifically written for non-EU International Medical Graduates who intend to pursue psychiatric careers in the UK.

Produced as part of a trainee-led initiative, this guide aims to support IMGs, both within and outside the UK, to better prepare for the challenges they will encounter on the path to their chosen career in psychiatry. Information is provided on how to enter the psychiatric world in the UK, visa process, application process and examinations in order to try to tackle some of the reasons for differential attainment.

In the post-Brexit era, this guide may also be a good source of information for European graduates. The more general chapters, such as the ‘cultural induction’, may also be helpful for IMGs pursuing any speciality, not just psychiatry.
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Introduction

Many trainees’ personal accounts of their experiences emphasise the importance of having good knowledge of the structure of the NHS and psychiatry services within the UK. For example, by understanding the important terms used in daily psychiatric practice, such as ‘multidisciplinary team’ and ‘patient-centred approach’, as well as having knowledge of the Mental Health Act and Mental Capacity Act before starting work in the UK.

This guide aims to provide a basic grounding on the above topics, as well as providing useful links for further understanding.

For an IMG, it is often a great challenge to acclimatise to a new environment and different culture. Therefore, this guide includes information on cultural diversity within the UK common issues that an IMG has to face, such as dealing with accommodation, driving, schooling for children, socialising, religion and medical assistance.

The Royal College of Psychiatrists has welcomed the initiative taken by the Psychiatric Trainees’ Committee (PTC) to create this guide and publish this guide.

Finally, I would like to thank my PTC colleagues for their contribution to this guide and the Trainees’ Support Group (TSG) for editing it.

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1. Introduction to the National Health Service (NHS)

The National Health Service in the United Kingdom includes NHS England, NHS Wales, NHS Scotland and the affiliated Health and Social Care (HSC) in Northern Ireland. They were established together in 1948 as one of the major social reforms following the Second World War. The three core principles of the NHS, as envisioned by its founder Aneurin Bevan, was that services should meet the needs of everyone; be free at the point of delivery; be based on clinical need, not ability to pay. These key principles continue to define the ethos of working in the NHS even today.

The Department of Health’s purpose is to help people live better for longer. The new and changing health and care organisations work together with the Department to achieve this common purpose. The Secretary of State for Health has ultimate responsibility for ensuring the whole system works together to meet the needs of patients and the public. This system is subject to change.

England
NHS England: about

Wales
NHS Wales: structure

Scotland
Responsibility for the National Health Services in Scotland sits with the Scottish Government.
- NHS Scotland: about
- NHS Scotland: how it works

Northern Ireland
- Health and Social Care (HSC) is the publicly funded healthcare system in Northern Ireland
- The Department of Health (Northern Ireland)
2. Structure of psychiatric services in the UK

We have summarised the different types of clinical services that exist in different parts of the United Kingdom. Psychiatric service provisions summarised in this chapter include both inpatient and community services. However, it is worth noting that local service designs and provisions are guided by the particular needs and supply in that particular area. So, it is possible that not every service will be delivered everywhere.

There are two main categories of psychiatric services:

1. Inpatient services
2. Community services

Generally speaking, children and young people under 18 years of age are seen by child and adolescent mental health services (CAMHS). Adults between 18 and 65 years fall under general adult services and those above 65 are covered by the old-age services. However, it is possible to have a wide variation of age cut-offs between regions. For example, the upper-age limit for CAMHS has been set as 16, 17 or even 19 years of age. Similarly, the introduction of frailty pathways in some trusts has abolished the age criteria for general adult and older adult services.

Inpatient services

- **Forensic services** include low, medium and high-secure units depending on risk involved to patient and public.

- **Specialised eating disorder units** are specialist facilities for people who have anorexia nervosa, bulimia nervosa, binge eating disorder or mixed eating disorder symptoms. These units provide a safe healing space where people can explore their difficulties and gain control over their eating disorder, working one-to-one, within a group and as part of their family.

- **Intellectual disability services** Intellectual disability services specialise in assessing and treating people with learning disabilities, who have additional mental health issues and/or challenging behaviour.
Community services

Role of different teams

• **Community Mental Health Teams (CMHTs)** provide multi-disciplinary assessment, treatment and care of individuals with severe and enduring mental health problems.

• **Crisis resolution and home treatment team (CRHTT)** is a multidisciplinary team that works 24/7, 365 days a year to support people with psychiatric problems in their own homes as an alternative to hospital admission. The aim is to resolve crises early, using the least restrictive options of care, avoiding unnecessary admission through home-based assessment, support and treatment.

• **Assertive outreach team (AOT)** are part of secondary mental health services and are usually attached to the Community Mental Health Team. They work with people who are 18 to 65 years old who have particularly complex needs and need more intensive support and outreach.

• **Early Intervention in psychosis (EIP) services** are specialist teams that work with patients having a first episode of psychosis. In some areas, EIP services are for people under a certain age, usually this is 14 to 30. However, different trusts have their own protocols depending on local agreements and they may accept patients under 65 years.

• **Liaison psychiatric services** bridge the gap between physical and mental healthcare. These services provide mental healthcare to people being treated for physical illness in general hospitals or present acutely to the emergency department. Apart from the assessment and management of co-morbid mental illnesses, LPS also attend to patients presenting with self-harm, confusion (delirium/dementia) and substance misuse problems. Rapid assessment and intervention from LPS has been shown to lead to improved health outcomes, reduced length of stay in hospital and reduced use of healthcare resources.

• **Perinatal mental health (PNMH) services** are specialist teams that focus on the mental health and wellbeing of mothers during the perinatal period, which includes; pregnancy, labour, birth and the postnatal period up until the baby reaches one year of age. Perinatal teams provide psychiatric care during this period in the community, in specialist Mother and Baby Units or in the general hospital as needed.

• **Eating disorder community services** are specialist community services for adults over 18 years of age who have anorexia nervosa, bulimia nervosa, binge eating disorder and atypical eating disorders. These services provide a safe and supportive space where individuals can develop an understanding of their difficulties and engage in a range of treatments to address their eating disorders and accompanying mental health difficulties. CAMHS teams may have their own specialist eating disorder services.

• **Addiction services** provide treatment for all addictions including alcoholism and drug addictions in the community or in the specialised units when required.
3. Different portals of entry and career pathways

This figure demonstrates the possible entry portals and pathways to pursue a clinical career in psychiatry in the United Kingdom. The key terms are explained below.

PLAB

The professional and linguistic assessments board (PLAB) test is an exam undertaken to achieve GMC registration. The PLAB test will check that applicants have the same level of competencies as a doctor starting the second year of their foundation programme training in the UK. There are two parts to the exam. Once a candidate has passed both parts, they can apply for registration with the GMC with a licence to practise. Applications must be approved within two years of passing part 2 of the test.

MSRA

Multi-Specialty Recruitment Assessment (MSRA) is a computer-based assessment. The MSRA is utilised by several postgraduate medical specialties, including psychiatry and general practice. Each speciality considers the MSRA differently as part of its selection process. All core psychiatry applicants are required to sit the MSRA in the first recruitment round of any given recruitment year. There are no exceptions or exemptions to this requirement.
**WAST**

The Widening Access to Specialty Training (WAST) Scheme is a special 12-month programme based in England that typically involves spending up to 12 months in acute hospital specialties with potentially 4-6 months in psychiatry, a two-week taster session at a General Practitioner’s (GP) practice and taster sessions in a mental health setting, if required. The WAST scheme is ideal for doctors wanting to become a general practitioner (family) doctor or a psychiatrist in England. This scheme provides a unique opportunity to work for a year in England while receiving regular teaching and clinical exposure that will help to improve the skills and competences required for admission to specialty training through the national selection processes.

**Medical Training Initiative (MTI)/International Medical Graduate (IMG) schemes**

These are designed to enable a small number of international psychiatry graduates to enter the UK to experience training in the NHS for up to two years. Vacant CT3 posts are made available for overseas doctors who meet the eligibility criteria. There are multiple schemes that appear to be running concurrently. RCPsych runs its annual MTI scheme for England. A similar scheme is being run for Wales by British Association of Physicians of Indian Origin (BAPIO). Some NHS trusts are also recruiting IMGs directly on a similar model. These schemes are typically not available to those with EU/EEA residential rights and are not promoted as a way of getting permanent job or residence in the UK. However, trainees may choose to enter any stream of training during or after the scheme and change the visa accordingly.

**Language requirements**

All routes require the candidates to show proficiency in the English language. Candidates need to attain an IELTS total band score of 7.5 or above with at least 7.0 in each individual domain (reading, listening, speaking and writing). The version of the test may vary based on the type of visa being applied for. The GMC also accepts Occupational English Test (Medicine version) for registering for PLAB 1. One needs to attain at least a grade ‘B’ in each testing area (speaking, listening, reading and writing). Please refer to the guidance in the link (see below) for a list of approved test centres.

**Other terms**

**CCT:**
Certificate of completion of training. Signifies completion of GMC-approved training programme.

**CESR-CP:**
Certificate of Eligibility for Specialist Registration Combined Programme. Signifies part completion of GMC-approved training Programme. Please note that CESR-CP is a pathway to achieve CESR at the end of 3 years of higher training.
**CESR:**
Certificate of Eligibility for Specialist Registration. Did not complete any part of GMC approved training programme.

Please note that these categories of the GMC Specialist Register are currently being revised at the time of writing this guide. Do refer to the GMC website to check for any updates or changes.

**Useful resources**

- [The Savvy IMG Crash Course](#): A website packed with lots of useful information and resources for IMGs (across all specialities)
- [Medical training initiative (MTI)](#)
- [Widening Access to Specialty Training (WAST) Recruitment](#)
- [Secure English language test (SELT)](#)
- [Professional and linguistic assessments board (PLAB)](#)
4. Examination guidance for IMGs

Please note that there have been significant changes to the examination procedures in 2020 in response to the COVID-19 pandemic. The information below is intended to reflect the way exams were being conducted by the College until March 2020.

Below is a summary the structure of the membership examinations of the Royal College of Psychiatrists, as well as how to apply for them.

For more detail, please see the College’s exams information or contact the examinations department directly at examinations@rcpsych.ac.uk.

Completion of the membership exams (MRCPsych) is essential in order to progress to speciality/higher training.

Format of the exams

There are three College membership exams – Part A, Part B and the CASC. Parts A and B are the written papers and the CASC (Clinical Assessment of Skills and Competencies) is a structured clinical examination.

Parts A and B examinations are held at a variety of locations both in the United Kingdom (UK) and internationally. International venues include Hong Kong, Singapore, India, Oman and Malta. A candidate can appear for CASC in Sheffield (UK), Hong Kong and Singapore. A full list of venues and examination dates is included in the examinations section of the Royal College of Psychiatrists website.

Parts A and B can be completed in any order, but one can only sit the CASC examination once they have successfully passed both the written exams.

Eligibility criteria for IMGs

The MRCPsych examinations can be taken by:

1. Doctors from the EU who are working or have worked overseas.
2. Non-EU Doctors who are working or have worked overseas.
**Paper A** – You are eligible to take Paper A if you are a fully registered medical practitioner.

**Paper B** – You are eligible to take Paper B if...

- you are on an approved training programme. (We recommend you have 12 months’ experience in psychiatry before attempting Paper B.)

**OR**

- you are in a post recognised by your hospital or trust as having contracted time and funding for educational training. Your job plan must include dedicated time for academic and educational activities such as attending journal clubs, grand rounds, attending an MRCPsych course of equivalent, study leave and weekly educational supervision.

**CASC** – You are eligible to take CASC if:

- you have 24 months’ whole-time equivalent post-foundation/internship experience in psychiatry.

**AND**

- a pass in Papers A and B, OR you comply with transitional arrangements

**AND**

- you have sponsorship in place, and can demonstrate one of the following:
  1. If your post is within a programme of approved training, you have successfully completed the Annual Review of Competence Progression by the time you apply for CASC.
  2. For all other posts, you must have successfully completed an Assessment Portfolio, showing achievement of equivalent competencies to those defined in the ARCP, to include competencies in psychotherapy AND child and adolescent psychiatry, or learning disability psychiatry.

**Applying for exams**

It is important to be aware that there is an application period for each of the exams. These dates are listed on the College website and regularly updated. You can only apply to sit an exam during the application period. Applications outside these dates won’t be accepted.

Applications for the exams can only be done electronically through the College website. Therefore, you must register for an account prior to applying for your first exam. Payments for the exam can be only made using a valid credit or debit card.

The application form for Papers A and B consists of five sections (Sections A to E) and six (Sections A to F) for the CASC.
Section A consists of your contact details and any disability or special requirements. You must inform the College as soon as practically possible if you have any special requirements so that they can advise and support you if needed.

Section B involves providing evidence of your Primary Medical Qualification. New candidates from outside the UK and Ireland are required to provide documentary evidence of both your primary medical qualification and registration on entering the examination for the first time.

For those who need to submit this evidence, an original or attested copy of your medical qualification and registration is required. Photocopies are only accepted if they have been officially stamped by the issuing university/medical school/medical body or a practising solicitor/attorney to declare that it is a true copy of the original. For candidates submitting original documentation, all documents will be returned to you at your contact address.

These documents only need to be submitted with your first application. This evidence also must be submitted before the closing date for the application.

The address to send your documents to is:

Examinations Unit
Royal College of Psychiatrists
21 Prescot Street
London E1 8BB

In Section C, all applicants are asked to give details of all their previous psychiatric posts in chronological order, starting with the current/most recent post.

Section D is where you choose the exam you want to sit and the venue. You will also be asked whether you would wish for your examination result to be published on the College website. You can opt out of this, and instead receive your result through the post. If you opt in, you will also get a posted copy of your examination result.

In Section E of the Paper A and B applications and Section F of the CASC application, you will be asked to pay for the examination. See the College website for the fees for the different exams.

You will be asked to provide details of your examination sponsor in Section E of your CASC application.

How long do I have to complete the exams?

From the date that your first exam pass result is published, you have 1643 days to complete the other exams. This is called your validity period. If you do not complete your exams in this time, you will be required to resit any exams you have already passed. There are various circumstances under which you may be granted an extension, for instance if you took maternity leave, or worked part-time Information on this can be found on the College website examinations section under ‘Applying to extend your validity period’.
Structure of the examination

**Paper A** examines the scientific and theoretical basis of psychiatry. It is a 3-hour exam worth 150 marks, comprising 150 questions. Approximately two thirds are multiple-choice questions (MCQ) and the remaining third are extended matching item questions (EMI).

**Paper A covers the following sections of the syllabus:**

1. Behavioural Science and Sociocultural Psychiatry
2. Human Development
3. Basic Neurosciences
4. Clinical Psychopharmacology
5. Classification and Assessment in Psychiatry

**Paper B** assesses critical review and the clinical topics in psychiatry. It is a three-hour exam worth 150 marks, comprising 150 questions. One third of the paper covers critical review and two thirds of the paper covers clinical topics.

**Paper B will cover the following sections of the syllabus:**

6. Organisation and Delivery of Psychiatric Services
7. General Adult Psychiatry
8. Old Age Psychiatry
9. Psychotherapy
10. Child and Adolescent Psychiatry
11. Substance Misuse/Addictions
12. Forensic Psychiatry
13. Psychiatry of Learning Disability
14. Critical Review

The **Clinical Assessment of Skills and Competencies (CASC)** tests your clinical skills in a range of clinical situations. The CASC format is like an OSCE (Objective Structured Clinical Examination).

**The CASC is made up of two circuits of stations, which will test your clinical skills:**

- The morning circuit will have 4 minutes to read the instructions and 7 minutes to complete the task.
- The afternoon circuit will have 90 seconds to read the instructions and 7 minutes to complete the task.

The 16-CASC station exam consists of:

- Five stations focused on History Taking, including risk assessment
- Five stations focused on Examination - both physical and mental state, including capacity assessment.
- Six stations focused on Patient Management
Circuit 1

- 6 stations focused on Management
- 1 x station focused on Examination
- 1 x station focused on History Taking

Circuit 2

- 4 x stations focused on Examination
- 4 x stations focused on History Taking

Revision material(s)

Exams can be daunting and anxiety provoking for many trainees. There is a variety of different resources available to help prepare you for your exams.

- Passing the MRCPsych Exams – an insider’s Guide was produced by members of the Psychiatric Trainees’ Committee (PTC) and is a good signposting tool and draws on their experience.
- There is also Trainees Online (TrOn) which is an online learning resource to support trainee psychiatrists in preparing for MRCPsych exams.
5. Application process for IMG entry into training

England, Wales and Scotland

To get into training (England, Wales and Scotland) you have to apply through the National recruitment process and that will be through the Oriel website.

IMGs are likely to be unfamiliar with this process and we have outlined the major steps entailed in this process to make things easier.

Core training

First step

- To have an account with Oriel.

- Be mindful of announcements: There are twice-yearly announcements for national recruitment. Most training posts commence in August, applications for core training posts are in November each year, and the advertisement round is held in March. Applications for jobs commencing in February usually open around July.

- During the process of application, some IMGs are faced with difficulties in providing the certificate of readiness for training, as some apply prior to coming to the UK and others may have stayed less than three months, which is the minimum requirement to get a sign-off on the competencies. While some IMGs wait until they get it signed by a supervising consultant in the UK, others have been able to get it signed from consultants who supervised them in their home countries.

- The next step is to give the MSRA. Your score in the MSRA can lead to bypassing the interview if you are in the higher percentile regarding your score. The good news is that there is no cut-off mark meaning that even if you didn’t score the best you are likely to be called for an interview.

Second step

- The interview: This is usually held in Manchester. The interview has two stations: a portfolio station and a clinical scenario station.

- In the portfolio station: you are expected to show that you meet the criteria as specified by the person specifications. You need to demonstrate that you are clinically capable and a safe doctor to work with. You will be asked about your past clinical experience. You are essentially taking them through your CV. It is useful to highlight any audits or quality improvement projects you have been a part of.
Your portfolio should also include any teaching, presentation or research that you may have conducted.

- For the clinical scenario station, the scenario is usually shared with candidates in advance via email. This station is usually a test of basic communication skills such as breaking bad news or dealing with an angry patient. The panel is looking to test your communication skills while dealing with challenging clinical situations.

**Higher training:**

- To apply for ST4, you either apply following completion of core training or from out of training. Overseas applicants need to prove that they have acquired the same competencies as UK trainees.

- There are 2 rounds for intake, and applications for core training posts are in October/November each year. Applications for jobs commencing in February usually opens around July.

- If your core training is not in the UK, you will need to complete an alternate certificate of core competencies, which is intended to demonstrate equivalence to UK core training.

- The interview process is similar to the core training one, it has two stations one is a portfolio station in which you have to show evidence that you meet the person specification for the job. The second part of the interview is a clinical scenario and it will be in the subspecialty in which you are applying (e.g. general adult, CAMHS, forensic psychiatry and old age psychiatry.)

**Northern Ireland**

There is a separate recruitment process for Northern Ireland for both core and higher training in psychiatry. This involves making an application to the Northern Ireland Medical and Dental Training Agency (NIMDTA), which is responsible for the funding, managing and supporting of postgraduate medical and dental education within the Northern Ireland deanery. Most training posts commence in August. Applications for core training posts are in November each year; for higher training are between January and February, and for academic clinical fellow (ACF) posts, between October and November. There may also be the opportunity for application to training posts commencing in February.

Application involves submission of an application form on the [Oriel website](#). Applicants will receive interview offers via their Oriel account. Interviews take place in Northern Ireland, and for core training are held between December and March, each year, for higher training between March and April, and for ACF between November and December. Interviews for training posts commencing in February can vary.
The purpose of interviews is to ensure that applicants meet the personal specification, and that the best candidates are selected. Applicants will be given information on what is required of them at interview, in advance; it will involve several stations, and may involve bringing a professional portfolio. Applicants will receive training offers through Oriel.

Further information regarding the recruitment process, can be found:

- on the NIMDTA website, or
- by emailing NIMDTA AT recruitmentconfidential.numdta@hscni.net

The training programme is the same as for the rest of the UK.

Whilst most specialties will fit in with the Round 2 Re-Advert timeline, some specialties (e.g. ST4 Psychiatry) may advertise outside of this due to exam diets.

Useful links:

- Oriel
- Specialty training website with guidance on the application process
6. Key terms used in psychiatry

A key concept you will come across while practising psychiatry in the UK is the biopsychosocial model for assessment and treatment of mental health:

**Bio(logical)**

*Causation*: Genetic, physical health, illicit drugs, iatrogenic causes  
*Treatment*: Pharmacological, ECTs and other physical treatments such as TMS

**Psycho(logical)**

*Causation*: mechanisms, role of trauma, transference and countertransference issues, group dynamics and defence mechanisms.  
*Treatment*: Range of psychological treatment strategies including talking therapies such as cognitive behavioural Therapy (CBT), psychodynamic therapy etc.

**Social**

*Causation*: Health inequalities, poverty and mental illness, social determinants of mental illness  
*Treatment*: Financial support, accommodation, social skills training, occupational therapy, community engagement

**Multidisciplinary team (MDT):**

A group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients. They opt for a patient-centred approach which means every decision is made according to patient’s needs and wishes and patient’s confidentiality is paramount.

An MDT typically includes:

- **Consultant psychiatrist**: A multidisciplinary team is often chaired by consultant psychiatrists but may be chaired by non-medical members of the team.

- **Ward nurse manager**: They usually operate in a supervisory capacity except in emergencies when they may step in to complement the nursing provision on the ward. They have overall responsibility for the smooth running of the ward including managing staff shifts and ensuring that all patients are receiving personalised and compassionate care in accordance with their care plans. They should make themselves visible to patients and staff alike, and be available to discuss concerns with all, including relatives. Critically, they should work alongside staff as a role model.
and mentor, developing clinical competencies and leadership skills within the team. As a corollary, they provide clinical supervision and also monitor performance and deliver training and/or feedback as appropriate, including a robust annual appraisal.

- **Psychiatric nurse**: They care for patients with psychiatric conditions - building relationships and responding to their physical and emotional needs, while delivering effective care.

- **Care coordinator**: They are main point of contact and support if a patient needs ongoing mental health care. A mental health coordinator coordinates mental health services for those identified as having specific mental health needs. They liaise with a range of parties such as doctors, counsellors and care providers (primary and secondary care) to ensure individuals’ mental health needs are always met.

- **Community psychiatric nurse (CPN)**: is a psychiatric nurse based in the community rather than a psychiatric hospital. They mainly visit patients in their own homes, but they also see patients in other settings such as GP surgeries or the community mental health team base. They are often patients’ key workers and are often the first port of call for further referrals to other services.

- **Clinical psychologist**: Central to their practice are psychological assessment, clinical formulation and psychotherapy, although clinical psychologists also engage in research, teaching, consultation, forensic testimony, and program development and administration.

- **Social worker**: They will work with people to find solutions to their problems. This may be helping to protect vulnerable people from harm or abuse or supporting people to live independently. Social workers engage with clients, their families and others around them to help and support with housing, benefits and sorting social activities etc.

- **Occupational therapist (OT)**: Occupational therapists are interested in how people live their lives. They help people to become as able as possible wherever they live and help with practical tasks and activities of daily living that may become impaired as a result of illness or disability

- **Physiotherapist (PT)**: Physiotherapist encourages 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.

  (Note: Outside of a medical context, social use of the abbreviation PT is more likely to refer to a personal trainer)

- **Pharmacist**: Almost all the trusts/teams have a pharmacist to advise on medication if medical staff requires.

- **Informal patient**: Many people who receive inpatient treatment on psychiatric wards have agreed to go into hospital as informal patients (also known as voluntary patients).
• **Formal patient:** Patients who are admitted to the hospital without their agreement are called formal patients. This is because they have been detained under the Mental Health Act (often referred to as being ‘sectioned’). Please see the Mental Health Act section for details.

• **Community Treatment Order (CTO):** Under a CTO, a patient who has been sectioned under the Mental Health Act (England and Wales) can live in the community, instead of being admitted to hospital. The patient will be required to adhere to certain conditions in order to do this. These could include living in a particular place, attending therapy, treatment appointments or activities or being tested for drugs or alcohol.

A responsible clinician (RC) will be in charge of the patient’s care and treatment while they are under the Mental Health Act and can recommend bringing the patient back to hospital (recall) if they determine that:

− the patient needs treatment in hospital again
− there is a risk of harm to the patient, their health or to other people if they are not brought back to a hospital
− the patient has not kept to the CTO conditions.

**Note:** The Mental Health Act Code of Practice indicates that the least restrictive method of treatment should be used. This means that all other means of engaging the patient must be tried before resorting to the power of recall.
7. The Mental Health Act (MHA)

The Mental Health Act (MHA) 1983 is an Act of Parliament which applies to people in England and Wales.

It deals with legal provisions for people with mental health problems including:

- Assessment and treatment in hospital
- Treatment in the community
- Pathways into hospital, which can be civil or criminal

Some of the commonly used sections are described below:

**Civil pathways**

Section 2: Hospital admission for assessment, valid for 28 days.
Section 3: Hospital admission for treatment, valid for 6 months.
Section 5 (5/2): Application in respect of patients already in the hospital, doctors’ power to hold patients for 72 hrs.

**Likely to come across**

Section 5 (5/4): Nursing power to hold patients for 6 hrs.
Section 4: Admission for assessment in case of emergency.
Section 136: Removal of mentally disordered patients from a public place without a warrant.

**Criminal pathways**

Section 35: Remand to hospital for report.
Section 36: Remand to hospital for treatment
Section 37: Hospital order
Section 38: Interim hospital order
Section 37/41: Hospital order with restriction
Section 41: The conditionally discharged patient
Section 47: Transfer of a sentenced prisoner to hospital
Section 48: Removal of unsentenced prisoner to hospital.
Section 47/49: Transfer from prison to hospital with restrictions
Section 48/49: Removal to hospital of other prisoners with restrictions
Useful links for further reading:

England and Wales

The MHA 1983 amended in 2007 in England and Wales: 

Scotland:

- [https://www.mwcscot.org.uk](https://www.mwcscot.org.uk)
- [www.NES.scot.nhs.uk](http://www.NES.scot.nhs.uk)

Northern Ireland:

- For old legislation: [http://www.nihrc.org/](http://www.nihrc.org/)
- For new legislation 2016 on MCA in N Ireland: [https://www.health-ni.gov.uk/mca](https://www.health-ni.gov.uk/mca)

Advice:

- IMGs to contact their hosting trust for specific e-learning/training
- Useful links for free modules: [https://www.e-lfh.org.uk](https://www.e-lfh.org.uk) or [https://portal.e-lfh.org.uk](https://portal.e-lfh.org.uk)
8. The Mental Capacity Act (MCA)

The Mental Capacity Act (MCA) 2005 is an Act of the Parliament of the United Kingdom. Its primary purpose is to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

It is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

It covers decisions about day-to-day things like what to wear or what to buy for the weekly shop, or serious life-changing decisions, like whether to move into a care home or have major surgery. It is important to remember that capacity (and its assessment) can vary from time to time (i.e. is time-specific) and it is possible that someone can have capacity for one decision but not have capacity for another (task/decision).

How to assess capacity

The MCA says that a person is unable to make their own decision if they are unable do one or more of the following four things:

- Understand information given to them
- Retain that information long enough to be able to make the decision
- Weigh up the information available to make the decision
- Communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.

Who should assess capacity?

The MCA is designed to empower those in health and social care to conduct capacity assessments themselves, rather than rely on expert testing by psychiatrists or psychologists – good professional training is key. However, in cases involving complex or major decisions, a professional opinion might be sought. This could be a general practitioner (GP) or a specialist (consultant psychiatrist or psychologist).

Record keeping

- What to record and when to record it will vary.
- Capacity is time specific and task specific.
- Generally, there is no need to record assessments of capacity to take day-to-day decisions. However, in order to have protection from liability when providing care or treatment, staff must have a reasonable belief that the person they care for lacks capacity to make relevant decisions about their care or treatment. In these circumstances, it is useful to be able to describe the steps taken in a written record.
- Professionals are subject to higher standards in terms of record keeping and a formal record will be required to be kept, for example in the patient’s clinical notes.
What are ‘best interests’?

If a person fails the capacity test, decision-makers must work through the best interest checklist in deciding what is in a person’s best interests.

That includes:
- Not making assumptions about someone’s best interests merely on the basis of the person’s age or appearance, condition or any aspect of their behaviour.
- Taking into account all relevant circumstances, e.g. diagnosis and care needs.
- Considering if the person regain capacity? If so, can the decision wait?
- Involving the individual as fully as possible.
- Taking into account the individual’s past and present wishes and feelings.
- Considering any beliefs and values likely to have a bearing on the decision.
- Consulting as far and as widely as possible.
- Asking whether there are any other factors that the person would consider if they could

It is vital that you a best interest decision is recorded.

DoLS (Deprivation of Liberty Safeguards)

- The Deprivation of Liberty Safeguards (DoLS), which apply only in England and Wales, are amendments to the Mental Capacity Act (MCA) 2005 that aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

- The DoLS under the MCA allows restraint and restrictions that amount to a deprivation of liberty to be used in hospitals and care homes – but only if they are in a person’s best interests.

- To deprive a person of their liberty, care homes and hospitals must request standard authorisation from a local authority.

Lasting Powers of Attorney (LPA)

The MCA allows a person to appoint an attorney to act on their behalf if they should lose capacity in the future. This is like the current enduring power of attorney (EPA) in relation to property and affairs, but the MCA also allows people to empower an attorney to make health and welfare decisions.

Court-appointed deputies

Deputies are able to take decisions on welfare, healthcare and financial matters as authorised by the new Court of Protection but will not be able to refuse consent to life-sustaining treatment.
Useful links for further reading:

For England and Wales:


For Scotland:

- [www.ethicsguidebook.ac.uk/Mental-Capacity-Act-118](http://www.ethicsguidebook.ac.uk/Mental-Capacity-Act-118)

For Northern Ireland:


Advice

- Contact your hosting trust for specific e-learning/training
- Useful link for free modules: [https://www.scie.org.uk/mca/practice/assessing-capacity](https://www.scie.org.uk/mca/practice/assessing-capacity)
9. Visa routes to working and training in the UK

Disclaimer:
This is a simplified guide and is in no way meant to be an exhaustive document on immigration. While all attempts have been made to provide the most up-to-date information, immigration rules are subject to change and we advise all applicants to check the official Home Office website prior to the application. For individual issues, it is worth seeking legal advice on the process.

All non-European (non-EU/EEA/Switzerland) nationals need a visa to be eligible to work in the UK. Immigration rules are often a source of confusion for applicants owing to their complexity and ever-changing nature. This guide is intended to simplify some of those procedures for you.

Visa categories:

On the UK government’s website, you can check whether you need a visa, and if so what kind. We have summarised the main categories of visa that might apply to someone training or working in the UK below.

Tier 2 visa:

The majority of doctors working in the UK require a tier 2 visa, also known as a general work visa. The tier 2 visa works on a point-based system (PBS), the details of which are described in a separate section below.

You can apply for a tier 2 visa up to a maximum of 6 years. After 5 years of consecutive entry clearance in the UK, you will be eligible for the indefinite leave to remain (ILR), provided you have fulfilled all its requirements. Your family can join you in the UK on a tier 2 dependent visa.

Tier 5 visa:

This is a temporary worker (Government-authorised exchange) visa for candidates who wish to come to the UK for a brief period for the purposes of training or fellowship. The maximum duration of stay on a tier 5 visa is 24 months. Time spent in the UK on a tier 5 visa does not count towards settlement.

Candidates applying for the Royal College of Psychiatrists’ MTI (Medical Training Initiative) scheme are covered under this route. Please refer to Chapter 3 of this guide for more details.
**PBS-dependant visa:**

A ‘PBS dependant’ is a child or spouse/partner of the main applicant/person with a valid or settled person in the UK.

You can work in the UK if you are on a PBS dependant visa (tier 2/tier 5). On most occasions, you will be able to work on a dependant visa with no restrictions, except as a doctor or dentist in training. This means that you can work as a trust doctor using a dependent visa but will have to change to a tier 2 visa if accepted for a training post.

If you change the type of visa from tier 2 dependant to tier 2, then you will not be eligible for ILR under tier 2 dependant and will have to start counting the 5 years of continuous residence again once the tier 2 visa is obtained.

**Tier 4 visa:**

This is a student visa and might apply to those from outside the UK or EU who are studying medicine in the UK and/or completing foundation-year programmes as international graduates of a UK medical school. To apply for core psychiatry training following completion of foundation training, you would generally need to switch to a Tier 2 visa. There are specific eligibility criteria and candidates should familiarise themselves with the immigration guidance from HEE before applying.

**Tier 1 visa:**

This is an exceptional talent visa, also called entrepreneur visa. If you are already in the UK on a tier 1 visa with restrictions that specify you must not work as a doctor or dentist in training, you will have to change your visa status to tier 2 similar to someone on a PBS dependant visa.

**General visitor visa:**

Although working on a general visitor visa is generally not possible, many doctors can complete observership programmes on this temporary visa. You can also attend conferences and training workshops on this visa.

**Essential documents and procedures to keep in mind:**

The tier 2 and tier 5 visas operate on a points-based system (PBS). You need to score at least 70 points in total to be eligible for application.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Distribution of points:</th>
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<td>Attributes</td>
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</table>
1. Certificate of sponsorship (CoS)

To score the required points for attributes, your sponsor must supply you with a document known as the Certificate of Sponsorship (CoS) that is of appropriate salary to the job you are working. Your sponsor will only be able to give you a certificate of sponsorship if you passed the resident labour market test or are exempt from it. Please see below for an explanation of the resident labour market test.

As of August 2019, all professionals intending to work in the NHS are also exempted from the resident labour market test (RLMT). The cap on restricted Tier 2 visas has also been lifted for all health care professionals since July 2018. The minimum salary is £30,000 or the appropriate rate for the job as set out in Appendix J, whichever is higher. For more information, please see Immigration Rules Appendix J.

The CoS is an electronic document and not a paper one. You don’t need to provide this with your application. However, every document has a number known as the CoS number, and it is essential to include this number in your application. Your sponsor can give you a CoS up to 3 months from the expiry of the date of the advertisement for the job. You can only use your CoS once and you can use it to apply for your visa within 3 months of its issue.

2. English language skills:

To score the 10 points needed for English, you must prove that you have a level of English equivalent to level B1 of the European Framework for Language Learning. You can do so in one of 3 ways.

a. You will be assumed to have the required level of English if you are a national of an English-speaking country as recognised by the Home Office.

b. You will be able to score the 10 required points for English if you can prove that you hold a degree equivalent to a UK’s bachelors degree, masters degree or PhD that is taught or researched in English. This document needs to be certified by the National Academic Recognition Information Centre for the UK (UK NARIC).

c. You can also score 10 points for English if you have undertaken an English Language test from a centre approved by the UK for this purpose and for a test approved for this. The most common test for this is IELTS UKVI. It is worth noting that you will need to undertake an English Language test, whether IELTS or OET, when applying to register with the General Medical Council (GMC). Please see the a list of approved tests.

You need to prove your English language abilities the first time you are applying for a tier 2 or 5 visa. You will be exempted from this when applying for tier 2 again with a different sponsor or when extending your existing tier 2 visa. You will also be exempt from the above requirements, even, during your first application if you have a valid English language test accepted by the professional regulatory body (e.g. Academic IELTS or OET approved by the GMC).
3. Maintenance:

The idea of this is to prove that you have enough funds (£945.00) in your bank account to support you during your first month in the country prior to receiving your first salary. You can gain the 10 points required for maintenance by one of three ways:

a. Bank statement in your name showing that you have the required amount for maintenance (£945.00) for a period of 90 consecutive days ending no more than 31 days before the date of your visa application. Please be aware of the conversion rate and make sure that the money in your account is not less than the required threshold at any point during the 90-day period. Even 1p under the mark can lead to rejection of your visa.

b. The sponsor has ticked the maintenance box in the CoS indicating that they will be happy to fund your maintenance. It is worth noting that whilst many sponsors do tick this box, they don’t necessarily give you this money.

c. You have a current tier 2 visa and are applying to extend your current stay. In this case, you don’t really need to prove maintenance.

4. Immigration health surcharge:

Once the above points threshold in all three categories is reached, you can start your application. After finishing your application, you will be directed to the website of the Immigration Health Surcharge (IHS) where you will be expected to pay a contribution for UK healthcare. This fee is paid in addition to the normal visa fees. Please see the Home Office information on visa fees.

Note: Rules regarding the IHS are subject to change following a recent review.

5. Processing time for visas:

Please refer to official guidance on visa processing times. The processing time is different in each country.

Make sure you time your application well, as the CoS is valid for 3 months once issued. There is also an option of fast tracking your application through priority and super priority routes if you are willing to pay the extra cost.

5. Criminal record certificate:

You will also be required to provide a criminal record certificate from each country you lived in for more than 12 months in the last 10 years if you are applying to work in one of the following categories: education, health, therapy and social services.
6. Where to apply?

You have to apply for your first entry tier 2 visa and tier 5 visa outside the UK (from the country of residence). Subsequent extensions to your visa should be done from the UK. If you are switching from tier 2 dependant to tier 2 visa, you also need to apply outside the UK. You can then continue to extend your tier 2 visa in the UK as usual. More regulations on switching visas can be found in page 8 of the guidance.

7. The cooling off period:

It is important to be aware of this as it prohibits people from coming back to the UK for 12 months if their current entry clearance expires whilst they are overseas.

8. Public funds

You will not have recourse to public funds on any of the above mentioned visa types.

Links

- Tier 2 guidance
- BMA immigration guide
- Tier 5 guidance
- RCPsych MTI
10. Cultural induction for living and working in the UK as an international doctor

Introduction

Moving to the UK to live and work is an exciting transition but as one would expect, it comes with the challenges of getting accustomed to a new system, a new culture and changes in your support systems. You will learn things as the months and years pass, but hopefully this information can give a brief idea about what to expect and where to look for further guidance.

The United Kingdom consists of four countries: England, Wales, Scotland and Northern Ireland. (Northern Ireland is not to be confused with the Republic of Ireland, which is a separate country and not part of the UK). Free movement is possible between these four nations with a valid UK visa, but not to the Republic of Ireland. You may also hear the terms Britain or Great Britain (referring to the island that comprises England, Scotland and Wales) and Ireland (the island that comprises Northern Ireland and the Republic of Ireland).

There are traditions and cultures unique to each of the four countries within the UK, but broadly speaking they have more in common than sets them apart. For instance, rugby and football are the most popular sports across England, Scotland and Wales (although there can also be strong rivalry between, for example, the English and Welsh rugby teams). In Wales, there is a separate language (Welsh/Cymraeg) which is widely spoken, and throughout the rest of the UK you will notice differences in accent (especially between the northern and southern parts of the UK) and some slang words. However, for all practical purposes, such as travel and work, it does feel very much like a single country.

The currency in the UK is called Sterling, which comes in denominations of pounds (£) and pence (p). The Bank of England prints bank notes for England and Wales, but Scotland and Northern Ireland print their own bank notes which have different design to those printed by the Bank of England. All of these notes are valid legal tender throughout the UK. Shops in England and Wales may be less familiar with the notes printed in Scotland or Northern Ireland, and if they don’t recognise them easily they might choose not to take them. The Bank of England printed bank notes are more likely to be accepted throughout the four nations of the UK.

Weather

Talking about the weather is a common conversation starter, especially between strangers. British weather can be very variable, and it is advisable to carry an umbrella, or a hooded jacket for a good part of the year. You may also like to check the weather forecast for accurate predictions to help plan travel, clothing and appropriate footwear—
this will mean you always have something to contribute to those inevitable conversations about the weather!

In the winter, some extra precautions need to be made before travel. For example, if you drive, you will need to buy some basic items such as de-icer spray and a scraper to clear the ice off your windscreen in the mornings. Do however be aware of travel disruptions on the road and public transport.

You can check this website for up to date weather for your postcode/region including any alerts/warnings from the Met Office or you can use weather apps on smartphones.

**Diversity**

Diversity is an important concept and one which you are likely to hear mentioned regularly, particularly in the context of politics, education and institutions such as the NHS. It encompasses a broad set of values (equality, inclusivity, fairness) but at its core is about recognising and celebrating all forms of difference in order to promote a fair and equal society. Nine ‘protected characteristics’ which have the potential to give rise to unfair discrimination (for example, by employers) are defined by law under the Equality Act 2010, an important piece of UK legislation which applies to and protects everyone in the UK from unfair treatment on such grounds. The nine “protected characteristics” are: age, disability, gender identity, sexual orientation, sex, religion or belief, race, marital status/civil partnership and pregnancy/maternity.

The terminology around this topic is worth getting to know. “Diversity” is a positive term and represents a broad aspiration for society as a whole. Conversely, any form of prejudice, discrimination or scapegoating is actively rejected: for example, sexism, racism, anti-Semitism, ableism, homophobia or Islamophobia.

When diversity (or the lack of it) is being discussed, it can be with reference to one particular protected characteristic, or multiple different ones. For example, you will often hear diversity discussed in the context of “LGBT+” or “LGBTQ+” rights, meaning those pertaining to the lesbian, gay, bisexual, transgender and queer communities. The term ‘queer’ is now commonly used by the LGBT+ community to refer to anyone who is not heterosexual or cisgender. However, it is worth avoiding owing to its historically negative connotations. The more neutral and politically correct “LGBT+” is preferable. It is also helpful to remember that the word ‘gay’, although perfectly acceptable when used as an adjective meaning homosexual (e.g a gay man or woman) becomes offensive (and incorrect) when used as a noun (‘a gay’).

When discussing race or ethnicity, it is also worth noting that terminology considered neutral/acceptable in other parts of the world may have the potential to cause offence, or at least give rise to confusion, in the UK. For example, the terms ‘coloured’, and ‘half-caste’ are considered outdated and offensive.

A term commonly used in newspapers and in health policy is ‘BAME’ which refers to a person of Black, Asian or minority ethnic origin.

*Equality Act (2010)*
Bank Holidays

A bank holiday is a public holiday, so named because banks (along with schools, most businesses, many routine hospital clinics/procedures and non-essential services) are closed across the country on this day. There are eight bank holidays a year in England and Wales, nine in Scotland and ten in Northern Ireland. Additional days are sometimes allocated for special events such as royal weddings. The eight main bank holidays are: New Year’s Day, Good Friday, Easter Monday, the early May bank holiday, the Spring bank holiday, the Summer bank holiday, Christmas Day and Boxing Day (the day after Christmas). If any of these days fall on a weekend, then a substitute bank holiday day will be granted.

Bank holidays and festive seasons will have changes in opening hours of stores, opening of childcare facilities, frequency of public transport, and also your on-call duty hours on the rota as compared to normal working days. It is good to check these ahead of time. For large shops, Sunday opening times are also restricted throughout the year, much as on a bank holiday.

Christmas and Easter are the most popularly celebrated holidays and school holidays also coincide with the timings of these. Guy Fawkes Night/Bonfire Night (5 November), New Year’s Eve, Halloween (31 October) and St Patrick’s Day (17 March) are also celebrated in the UK (the last of these resulting in an extra bank holiday for Northern Ireland). In recognition of Britain’s increasingly diverse population, festivals such as Eid, Passover, and Diwali have also come to be widely celebrated in most parts of the UK.

List of Bank holidays

Driving

You can legally drive in the UK with a valid international licence for up to one year while you prepare for and pass your UK driving test. This test consists of two stages: a theory test (checking your familiarity with road signs and the Highway Code), which you must pass first, and a practical test. During the one-year period, before you are required to take this test, it is still advisable to get some driving lessons to ensure you drive safely and are familiar with any differences from your home country (e.g. the side of the road that you drive on, use of roundabouts, rules of the motorway). You must have a valid insurance policy in place at all times before taking any vehicle on the road, and have paid road tax, and have a valid and up-to-date MOT certificate for your vehicle. Driving without insurance is a serious offence which can result in immediate disqualification. The courts can also fine you and ‘endorse’ your driving record with penalty points if you’re convicted of a motoring offence. Endorsements must stay on your driving record for 4 or 11 years, depending on the offence.

- Highway Code
- Driving Vehicle Licensing Agency (DVLA)
- Penalty points on your licence
You may also need to familiarise yourself with notifiable medical conditions that may affect a person’s ability to drive safely, and the DVLA’s guidance on these, in order to advise patients accordingly.

Finances

The cost of living varies in different parts of the UK, and generally thought to be highest in London, which is the reason for an additional salary bonus called ‘London weighting’ for doctors working in London.

The first few years of living in the UK can be challenging financially, especially if you have dependants. But there are several ways to spend wisely and save money. You can check for NHS discounts via www.healthservicediscounts.com and also use your NHS ID card to get discounts in popular chains such as Nandos, Clarks etc. Many companies also provide an NHS discount in certain branches, but you may only find out if you ask.

It is also useful to know about the charity shop culture in the UK. Charity shops essentially sell donated items, and sell them at low prices to raise funds for the parent charity. These include causes such as medical research, overseas aid, hospice care, homeless shelters, environmental initiatives and animal welfare projects. Some well-known charity shops include Salvation Army, Oxfam, British Heart Foundation (they have a vast furniture section in most branches), Cancer Research UK and Sue Ryder hospice. Donating to, buying from and volunteering at charity shops also promotes values of sustainable consumption and keeping the environment in mind.

Organisations such as the British Medical Association (BMA) run high-quality, free financial advice courses across the country for members that explain more about pensions, taxes, saving money, in the context of working as a doctor in the UK.

- Websites such as www.preloved.com, www.ebay.co.uk and Facebook marketplace may be useful in finding good bargains.
- Money advice service - financial options
- Money Saving Expert

Housing

You may start off in hospital accommodation or a hotel, and then progress to private renting or buying a property. If looking for a flatshare or room in a shared house, you can use sites such as SpareRoom or Gumtree. The best place to start when looking to rent or buy is an app/website such as Rightmove or Zoopla.

While you are renting, there are rules under UK law that both the tenant and the landlord must adhere to. The most important of these, from your point of view as a tenant, is the right to what is called ‘quiet enjoyment’ of the property. Essentially, it means the owner cannot just turn up unannounced and demand access: they have to give you
reasonable notice (e.g. to carry out a repair). As a renter, you will usually be required to pay around a month’s rent in advance by way of deposit. If you take good care of the property this should be returned to you at the end of the lease.

If you plan to buy property, you will need to raise a substantial amount of money for a deposit. However, in the long run this may well be worth it as rental payments are often higher than the monthly repayments needed on a mortgage for an equivalent property. Buying is also a generally safe investment, with property values being fairly stable in the UK. There are various government schemes that may help you raise the necessary funds (for example, ‘Help to Buy’, which helps first-time buyers). You may wish to use a broker to help find the best mortgage deal available (usually, they take their fee from the bank, meaning that their services are effectively free). It’s important to know that if you repeatedly fail to make your monthly repayments, the bank has the right to repossess the property and sell it at auction as security for the loan. They may also place restrictions on how you can use the property (e.g. preventing sub-letting) which you should check in advance. Not all banks offer mortgages to people on a tier 2/work visa; Halifax is one which does. Council tax, water, broadband, gas and electricity bills are the usual additional expenses besides your rent or mortgage payments.

- Help-to-buy scheme
- Renting information
- Council tax information

Waste management

Waste management is quite well organised in the UK, and this includes general household waste, garden waste and recyclable waste collection organised by your local council. The details of segregation of recyclable materials will vary from place to place and must be checked on your local council’s website. The recyclable waste must be in colour coded bags or bins as per your local council’s guidelines and you may be fined if these are not adhered to. You could also find out the nearest waste recycling centre which will accept other items such as electrical items, wood, non-recyclable waste, books, glass, clothes etc in addition to routine items. You will also find recycling stations in public car parks or supermarket car parks for items such as clothes, shoes, glass bottles etc.

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

There are some common items that may be thought to be recyclable but cannot be recycled in household waste.

Childcare

You may need to use a mix of different childcare options if you have young children and do not have family to look after them while you are at work. These options include nannies, day nurseries, childminders, au-pairs and babysitters. For school-aged children,
you may also need to use after-school clubs (during term time from the end of school, usually around 15:30, until you can pick them after work), and holiday clubs (during half terms and summer holidays).

In 2018, schemes such as childcare vouchers were stopped by the Government to new applicants. Also, all children aged 3 and above are entitled to 15 hours (and some to 30 hours) of free childcare per week. Some families of two children and above may receive childcare too based on family income but it is best to check eligibility on official websites, especially if you are on a work visa that has restrictions on access to public funds. It is useful to note that statutory maternity allowance (SMA) and statutory maternity pay (SMP) are not classed under ‘public funds’, and you are entitled to it even if on a work visa, subject to your employer’s criteria for SMP.

During on-call work, i.e working out of hours (OOH), or if you’re working on a bank holiday, you will need to plan childcare options other than nurseries and schools, since the latter do not open OOH. Nannies and childminders must be Ofsted-registered, and you would need to check important documents in person such as DBS check (disclosure and barring service) before making things official. School timings generally are 8:50 am to 3:30 pm, with options for breakfast clubs and after-school clubs at some schools. Nurseries are usually open Monday to Friday (excluding bank holidays) 7:30 am – 6:00 pm. Small variations in timings exist between regions and institutions. You will also need to plan ahead to cover childcare for the many school holidays and half term breaks (which will be available from your child’s school website) since most employers need 6 weeks’ notice for annual leave.

- Childcare
- BMA advice for working parents
- Childcare vouchers

Schools

The education system in the UK can be confusing with regard to the terminology used. One particularly confusing aspect of it is use of the term ‘public school’, which unlike in North America, refers to the most elite, expensive tranche of private schools. It will be useful to remember that in the context of schools only, the terms ‘public’ and ‘private’ and ‘independent’ all refer to fee-paying schools. Schools funded by the government via taxpayers’ money are referred to as “state schools”. These are free to all and must all teach the National Curriculum. Often, they are non-selective or ‘comprehensive’ (meaning there is no entrance exam/minimum academic threshold for entry) and usually they are co-educational (meaning boys and girls are educated together). However, that is not always the case: for instance, ‘grammar schools’ also exist, which are state-funded secondary schools that require pupils to pass an entrance exam taken at age eleven called the “Eleven Plus”. Many grammar schools are single sex.

There are also some state schools, referred to as ‘faith schools’, that are aligned to a particular religion. It is important to point out that you do not need to belong to that particular faith to apply to such schools, though you may receive a preference if you do.
State schools can be exceptional in the quality of education they offer, and can even be better than many independent schools. However, there is a huge variation, so it’s important to check the information for your local area. A good starting point is Ofsted (the official schools inspectorate), which carries out inspections of state schools every three to five years, and publishes its findings along with a rating of satisfactory (3), good (2) or outstanding (1).

State schools provide free education for children aged 4–18. Most local education authorities follow a two-tier system, made up of “primary school” (age 4–11) and ‘secondary school’ (age 11–18). It’s compulsory for all children to attend school up to the age of 16, after which they may choose to follow a more vocational route or continue with public exams leading to a potential place at university. Places in schools are usually applied for via the local authority during the previous academic year, and allocated based on the main address that the child resides at, so you may need to consider looking up Ofsted ratings and local feedback from other parents before considering where you take up residence. A small postcode difference can make a big difference in terms of your child’s eligibility for place in a particular school, especially one that is rated outstanding and over-subscribed!

Like state schools, private/independent schools vary greatly in the quality of education provided (and the fees they charge), but for those who can afford them, can be an attractive option, with the potential benefit of first-class facilities such as swimming pools, purpose-built theatres and all-weather sports surfaces. The independent sector uses different terminology to the state sector; primary schools are referred to as ‘preparatory’ (prep) schools and secondary schools are referred to as ‘senior’ schools. They are frequently selective, requiring pupils to pass an exam called the ‘common entrance’, but will also generally offer scholarships for those who can demonstrate exceptional sporting/musical ability, for whom the academic hurdle may be lower. Most are also keen to offer scholarships or bursaries to those of limited means, in order to preserve their charitable status. Independent schools are privately funded and do not have to follow the National Curriculum. The Independent Schools Inspectorate (ISI) is the equivalent of Ofsted for this sector, publishing reports of a similar nature on the quality of teaching and education provided. Independent schools do not limit admissions to a specific catchment area and those offering boarding facilities will often have a high contingent of international pupils.

You can find out more about the application process for local schools from your local authority/council’s website. Most schools also offer open days for potential parents.

You can find out more about understanding Ofsted inspection reports.

**Workplace etiquette**

Doctors would be expected to come to work in non-casual clothes (avoid jeans and trainers etc). Your employer (trust/university) should have a dress code policy and it may be useful to refer to it if you are in doubt. This should be available on your employer’s intranet. There are also general infection control protocols that are followed, such as ‘bare below the elbows’ including sleeves rolled up and no watches on wrist. Psychiatry
doctors do not usually wear scrubs like some general hospital specialities. It is can be considered impolite to speak to another colleague at work in a different language in the presence of a third colleague who does not speak that language.

Some aspects of being a doctor may be different compared to your home country such as [GMC guidance on prescribing for friends and family](#). This is an important document to read.

**Public transport**

The UK is well connected by road, rail, air and ferry. For longer journeys, train travel is usually faster but more expensive than coach/bus. London has its own overground bus and underground train system (known as ‘the Tube’), which accepts prepaid Oyster cards, contactless debit/credit cards or paper tickets. It is useful to note that buying advance tickets for a specific train (rather than a flexible ticket) is the cheapest way to travel by train, when possible.

- [Transport for London journey planner](#)
- [Trainline](#)
- [National Express](#)
- [Megabus](#)

**Politics/Constitution:**

The UK is a parliamentary democracy. Laws are made by the two Houses of Parliament: the House of Commons (which initiates legislation in the form of a Bill, examines it and debates the wording it should take) and the House of Lords (the second house, which scrutinises the Bill and proposes amendments or additions). Both Houses must agree on the exact text before a Bill becomes law (at which point it becomes an Act of Parliament); often a Bill will go back and forth between the two Houses multiple times. Because the UK remains a constitutional monarchy (with Queen Elizabeth II as head of state), once Parliament is in agreement, she must give ‘royal assent’ to all Bills before they are enacted as part of UK law. However, this is a purely formal process; no monarch has attempted to withhold royal assent since 1707! In practice, laws are made by Members of Parliament (MPs) who are voted for by the electorate of the UK in general elections at least once every five years.

It may be helpful to know that how/what you feel about the Royal Family or the Queen doesn’t affect day-to-day life in the UK. There is a full spectrum of opinion among Brits – those who are staunch royalists, those who are strongly opposed to the monarchy and think it should be abolished, those who don’t concern themselves with the Royals but see them as a useful tourist attraction, and everyone in between.

The two main political parties are the Conservatives (often referred to as ‘the Tories’), who occupy a centre-right position politically, and Labour, who occupy a centre-left position. The other main party is the Liberal Democrats, who are considered more
centrist than Labour, but more left-leaning than the Tories. Other parties of note are the Scottish National Party (SNP), the Democratic Unionist Party (DUP), Sinn Féin, Plaid Cymru and the Green Party.

Find out more about more eligibility to vote in elections and how to register.

**Social life**

Having a healthy work–life balance is encouraged and having a social life outside of work commitments provides a useful buffer to work or exam related stress, especially while living away from your home country. Teams often go out for meals together when a colleague is leaving or on special occasions such as Christmas. Alcohol is often, but not always, associated with social gatherings, but you can still be part of it if you do not drink alcohol. Pubs are common places for social gatherings involving food/drink. Most pubs are child-friendly and usually have a bar area and a restaurant area. Non-alcoholic drinks including non-alcoholic wines, beer and soft drinks are widely available and most if not all also cater to vegan/vegetarian/halal and other special diets necessary for religious or allergy reasons.

You could consider joining a gym, taking up a hobby, or joining existing social groups in your area. Many regions also have groups of people from specific countries who celebrate their traditional festivals, organise regular socials etc. There are several diaspora organisations like BIPA, BPPA, BAPA, BAPIO, APPNE, SLPA and the benefits of engaging with organisations are many. It is natural to want to hang out with other IMGs, but interaction with locals can be rewarding, and indeed helpful in your journey of acculturation.

If you have young children, you may find organisations such as the National Childbirth Trust (NCT) useful as a way of meeting parents with children of similar ages in your area: NCT meet-ups

There are various useful social media groups offering information and peer support such as IMGs in the UK, Tea and Empathy, IMGs of the NHS, and Physician Mums Group UK Facebook pages. There are also websites and blogs written by IMGs such as www.savvyimg.co.uk and www.naseersjourney.com which you can refer to if you wish.

**Religion**

The UK welcomes people of all religions and beliefs, as part of its commitment to diversity. The right to one’s own beliefs and faith is protected under the Human Rights Act 1998 and is a protected characteristic under the Equality Act 2010 (see the ‘Diversity’ section). As a consequence, the right to wear a religious piece of clothing such as a headscarf may not be restricted at work, as long as your face is not covered. At school, children are taught about multiple different religions as part of the National Curriculum (unless they attend a “faith school”, in which case the school is permitted – but not obliged – to restrict teaching to one religion). However, there is no general assumption
in UK society that people hold religious beliefs per se. In the 2011 consensus, 59.5% of people identified themselves as Christian, but the next largest group (25%) identified themselves as being of no religion. The next largest group that followed was Islam (4.4%) followed by Hinduism (1.3%). In the work environment, it may be best to practise caution in initiating conversation about a patient or colleague’s religious beliefs, unless they bring it up first. Although this does not hold true for everyone, some people consider it a personal question and an intrusion on their privacy, meaning the topic may cause embarrassment or even offence. You can read more about religious rights and how to identify discrimination on the link below.

Your right to freedom of religion and belief

Looking after yourself

It is important to register yourself and your family with a local General Practitioner (GP) and a dentist. GP services are usually free except for certain situations, e.g cosmetic procedures. Dental NHS services need to be paid for depending on the procedures but there are exemptions for children under 18 years, women on maternity leave up to one year postpartum etc.

There are also various organisations providing support that you can access through charities, the British Medical Association, Royal Colleges, or your deanery (if you are in a training post), your own employer/trust, besides your GP for health-related matters. Some are confidential services for professionals/doctors and you can read more below. It is important to point out that seeking help may not come easy, but asking for help in this country is considered to be insightful and not “weak”. The Royal Colleges (depending on your specialty) offer various membership options and useful free resources including leaflets about conditions which will be helpful to them in communicating with patients/carers. Practitioner Health Programme is an excellent initiative of confidential help specifically to doctors, in supporting those with mental illness and addictions, and you can self-refer without going through your GP if you wish.

- BMA work–life support
- BMA wellbeing support for medics
- Practitioner health

Information relevant to doctors working/living in Northern Ireland

The term ‘the Troubles’ describes a conflict in Northern Ireland that began in the late 1960s, and is generally regarded as having ended in 1998 with the Good Friday Agreement. A key issue in the conflict was the status of Northern Ireland. Unionists (or Loyalists), who were mainly protestants, wanted Northern Ireland to remain within the United Kingdom, whilst Nationalists (or Republicans), who were mainly Catholic, were in favour of Northern Ireland being united with the Republic of Ireland. During this conflict,
thousands of people lost their lives or were injured; with the population of Northern Ireland being quite small, the majority of people were affected in some way. The Good Friday Agreement laid out plans for peace and devolved power to the Northern Ireland Assembly.

Since the Good Friday Agreement, significant strides have been made. The majority of people no longer live in fear of violence, and Northern Ireland is generally regarded as a safe place to live. However, the Troubles have left a lasting legacy. Unionist and Nationalist communities remain largely divided in many aspects of everyday life, including neighbourhoods, education, religion and politics. In order to avoid offending people, it is important to be mindful of history. It is advisable to avoid obvious displays of the Union Jack (the national flag of the UK) or the Irish tricolour.

Members of the Nationalist and Unionist communities use different names for some things: for example, one of the six counties of Northern Ireland is generally known as (County) Londonderry to unionists and as (County) Derry to nationalists and the Republic of Ireland. Similarly, the county’s largest city (and also second largest city in Northern Ireland) is called Londonderry and Derry respectively. Old tensions can reign during the marching season, in June and July of each year. The march of the Orangemen on Orangemen’s Day (a bank holiday in Northern Ireland) marks Prince William of Orange’s victory over King James II at the Battle of the Boyne in 1690. When these marches pass through nationalist communities, violence can sometimes recur.

Northern Ireland has relatively higher rates of mental health problems and suicide compared with the rest of the United Kingdom; it has been reported to have a 25% higher prevalence of mental health problems than England. This is thought to be largely due to exposure to trauma during the Troubles.

Saint Patrick’s Day is a cultural and religious celebration held on 17 of March, the traditional death anniversary of Saint Patrick, the foremost patron saint of Ireland. In current times, Saint Patrick’s day celebrations have been greatly influenced by the Irish diaspora, especially North America. Celebrations generally involve social gatherings, the consumption of alcohol and the wearing of green attire and/or shamrocks. Traditionally, Saint Patrick’s Day would have been predominantly celebrated by the nationalist community, however, since the Good Friday Agreement, there have been cross-cultural celebrations.

Other useful resources

1 MTI relocation guide
2 RCPsych guide for MAT/IMG doctors
3 Life in the UK Test Handbook (Available on Amazon.co.uk)
4 BMA guide for doctors new to the UK
5 MDU: medico-legal advice
6 How to respond to a complaint
7 GMC ethical guidance for doctors
ADDENDUM

Due to COVID-19, some changes have occurred in following sections:

1 Applications: please visit the Oriel landing page below for updates.

2 Examinations:
   - Exams are being run online, including CASC.
   - There is no change in syllabus as such however practical stations like CVS and neurological examination are not being included in the online CASC exam. Please do read ‘Blue Print’ and ‘Examination Syllabus’ from RCPsych website for details.

For examinations updates, see the College’s exams information or contact the examinations department directly at examinations@rcpsych.ac.uk