

# Welcome to the North West - A Handbook for International Medical Graduates

Guidance on settling into life and work in  
the North West of England



This handbook was developed originally in August 2021 and last updated in May 2026

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## Introduction

Dear International Colleagues,

Welcome to the NHS and to the North West.

We are very privileged to have you in this region. Starting your first job as a Resident Doctor in the NHS could be challenging. This handbook has been developed to share the experience of international medical graduates with the aim of supporting you over your first year in the UK.

NHS England North West provides a regional online induction twice a year. We aim to extend our support beyond the induction by inviting you to Masterclass days, addressing non-clinical topics that IMGs often find less comfortable, such as conflict resolution, acing portfolio and ARCP, how to receive supervisor feedback and wellbeing tips. The next Masterclass day is likely to take place in autumn 2026 and details will be circulated in due course. When you receive the details, please make sure you book study leave as soon as possible if you wish to attend.

If you are starting in Foundation, Core, GP or Specialty training, you may find that your School offers specific support and/or mentoring for international medical graduates. Please contact your Foundation Programme Director or Training Programme Director to find out what is available.

For those working in Locally Employed Doctor posts, your trust may offer a peer buddy scheme or other forms of support for international doctors. Please contact your Postgraduate Medical Education department to enquire about availability.

The deanery has a [support page](#) for IMGs, which you may find helpful – please see [International Doctors | NHS England – North West, Postgraduate Medical and Dental Education](#)

We wish you an enjoyable journey in the NHS and NHSE NW.

From the NHSE NW IMG Induction Group

## Settling In

Written by Taqua Dahab

Starting life in a new country can be daunting! Here are a few pointers that you might find helpful:

### **Disclosure and Barring Service (DBS)**

Disclosure and Barring Service (DBS) is a criminal record clearance. You should apply for it online through a link that the lead employer will provide. You will need a record of your living addresses for the past three years and your current address in the UK. This should be one of the first things to do when you arrive in the UK and before starting the job.

Once you have your DBS certificate, consider registering with the DBS online update service, which will keep your DBS record active in case any other employer needs to access your criminal record status. This will help if you change jobs in the future.

### **Biometric Residence Permit (BRP)**

Your Biometric Residence Permit (BRP) is your visa permit to stay in the country. You should have a letter given to you when you received your Tier 2 or Health Worker visa to state which post office your BRP will get sent to. You must usually collect the BRP before the vignette sticker in your travel document expires or within 10 days of arriving in the UK. You will need the BRP to re-enter the UK if you are travelling abroad.

Link to BRP page: <https://www.gov.uk/biometric-residence-permits>

To report a delay in BRP, use the government website: <https://www.biometric-residence-permit.service.gov.uk/not-arrived/post-office-collect>

### **Opening a Bank Account**

Try and open a bank account as early as possible. Your salary will be deposited there. You can also use it for direct debits for recurring expenses. Most high street banks require proof of address and two forms of identification to open an account. Some new online banks do not require proof of address and could be used to have your salary paid into it.

Please check the different banks' websites but some examples are:

- Barclays
- HSBC UK
- Monzo online bank
- Lloyds
- NatWest
- Nationwide Building Society

## **Occupational Health Clearance**

You need to notify the Occupational Health Department of your lead employer of your arrival so that they arrange an appointment to check your vaccination history and arrange blood tests to check for specific antibodies titres for vaccinations you have had in the past.

## **Taxation Code - Revenue**

Upon receipt of the work schedule from your host organisation, the lead employer payroll department will send the Full Payment Submission (FPS) to tell the HM Revenue and Customs (HMRC) the payment the employee receives. After this, HMRC will issue the tax code.

Please expect that you may be on emergency tax in the first month salary (taxation around 40% of your pay), any overpaid tax should be refunded to you in the following months.

## **Accommodation**

Most hospitals provide temporary accommodation for individuals or families. Please email the accommodation officer early on to inquire if you want that. There might be a waiting list for spaces.

When renting, search for areas that are safe and easy to commute to and from your base hospital. There are websites like Right Move, Zoopla and SpareRoom that advertise properties. A third option is shared properties where you rent a room in a shared accommodation.

It is always advisable to view the property physically and not rely on virtual tours.

## **Relocation Expenses**

You can claim back the cost of relocation and associated travel expenses for your settlement in the North West of England. The maximum sum is £10,000 for the entire period of postgraduate training. Please complete the [relocation expense form](#) within three months of expenses expenditure. The original receipts for expenses will be required as proof of outlay against authorised expenditure.

Further information is available via the link below:

[Lead Employer - MWL | Policies and Forms](#)

## Driving

You can use an international driving licence to drive in the UK for up to one year. If you have a driving licence issued in the UAE, Ukraine, Taiwan or Republic of North Macedonia, you may exchange it with a British driving licence without taking a driving test.

Otherwise, you should apply for a provisional driving licence through the DVLA website, take a theory test, and assign yourself to an instructor to help you pass the practical test.

## The Salary Sacrifice Scheme

This is a scheme offered to public sector employees whereby you give up part of your salary and, in return, your employer gives you a car or a bike. The deductions are calculated before tax so although your overall pay is lower, you pay less tax, National Insurance and if you're a member of the pension scheme, possibly less in pension contributions. This can help you save on the expense of buying a car outright.

- For cars: <https://nhsfleetsolutions.co.uk>
- For bikes: <https://www.vivupbenefits.co.uk>

## Airports

There are two main international airports in the region:

- Manchester Airport
- Liverpool John Lennon Airport

There are also smaller airports in Blackpool and Carlisle that offer travel to Dublin, London and tourist destinations in Spain.

## Public Transport

The North West has a great system of public transport. Manchester has a tram network (Metrolink) that is convenient and relaxing. Liverpool, on the other hand, has an urban rail system called 'Merseyrail' that connects to many areas including the Wirral and Southport.

The region also has an extensive bus network with service starting as early as 07:00am and lasting up to midnight in the central stops. You may consider subscribing to the weekly or monthly tickets that offer unlimited trips covers within certain areas. You can download the mobile app to plan your journeys, check timetables, and pay for the monthly ticket.

There are many taxi cab companies in the region, most of them accept cash and/or card payments. You can search in Google the most popular taxi companies in your area. In addition, the Uber taxi app provides competitive prices compared to taxi cabs. You are required to have an account to start booking journeys.

## Local Groceries

There are plenty of groceries options in the North West. Opening times and the range of products varies depending on the size of the store and the local area. Most branches open between 7:00am to 11:00pm Monday to Saturday and 11:00am to 5:00pm on Sunday. The big branches open for 24 hours except for Sunday night and have sections for various dietary requirements like Halal meats, gluten free diet, sugar free diet, and vegan friendly options. Smaller branches at petrol stations open for 24 hours but have limited products. Most shops provide online grocery shopping as well if you are busy or do not drive.

There are various Asian and Halal shops in the region. Supermarkets vary in price, often with little difference in quality.

Lower Price Range	Medium Price Range	Higher Price Range
Lidl	Morrison's	Ocado
Aldi	Sainsbury's	Waitrose
Asda	Tesco	Marks and Spencer

## Blue Light Card

This is a great way to save on your expenses for a small subscription fee. It comes with thousands of amazing discounts online and on the high street.

Have a look here: [NHS Discounts | Blue Light Card](#)

## Schools

You can look at the standard of the schools in your areas and the feedback from the students' families on this website: [www.schoolguide.co.uk](http://www.schoolguide.co.uk)

You can only apply to a certain school if you live in the catchment area of the school. The schools' application is through the council's website. You need a proof of address to start the application. It is advisable to speak to the school managers if you are coming from abroad, as your children may require additional support in the transitional phase to the new education system in a new country.

## Religious Beliefs

This country respects people from all different religious backgrounds. You can practice in many churches like Audacious Church in Manchester, Liverpool Anglican Parish Church, Nordic Church and Cultural Centre. There are many Islamic mosques in the region; Manchester has Manchester Central Mosque, and Liverpool has the Rahma Mosque.

There is a big Jewish community in Manchester, it promotes Jewish education, heritage, culture, and Shabbat times.

There are quite a few Sikh and Hindu temples which have religious services and education in the region. For example, Sri Guru Gobind Singh Gurdwara education and cultural centre, Gita Bhavan Hindu Temple in Manchester and Guru Nank Darbar United Sikh Association, Radha Krishina Hindu Temple in Liverpool.

### **Social activities**

The North West has many lovely areas to visit in your spare time as well as great nightlife. There are many parks and forests for relaxing walks or a quiet weekend away. The Lake District has many rugged fell mountains and beautiful lakes. There are plenty of shopping spots around including the Cheshire Oaks Shopping Outlet, the intu Trafford Centre and Liverpool One. Along the coast, you will find many lovely beaches starting from Blackpool beach in the north to Formby, West Kirkby and Thurstaston beaches in Liverpool and the Wirral.

## Before Starting Your Post

Written by Toni Frgačić

So now you are in the UK! It will soon be time to start your post. Here are some suggestions on what you need to do before you start. You may have already completed some of these steps even before coming to the UK.

- Obtain your Biometric Residence Permit (BRP) or other proof of right to live and work in the UK (depending on your circumstances).
- Check if you need to apply for a National Insurance (NI) number (if you have a BRP this will be printed on it). The NI number allows you and your employer to pay correct taxes and contributions from your salary. If you do not have this, your employer will tax your salary with 'emergency' tax until you obtain it but will return the difference to you after that.
- Register with a GP in the area where you live. This in case you have any health needs or if you become ill at any point in time. Due to the COVID-19 pandemic, many GP surgeries allow the registration to be completed online or via post. You only need to provide your personal information to register. You do not need to provide any IDs or documents if you are a UK resident.
- Your trust will probably require you to attend their HR/Medical staffing department for an ID check as part of pre-employment checks. This is separate from any immigration ID checks or the GMC ID check you had to go through (if not suspended because of the ongoing COVID-19 pandemic). Your trust should have already provided you with the list of documents you need to bring with you after you schedule an appointment (such as passport, BRP, DBS certificate, proof of address etc.). Your trust will also require you to obtain clearance from their Occupational Health Department. This may include blood tests and providing proof of vaccinations (depending on your role). Some trusts do not allow employees to commence work without completing this process and receiving clearance, so make sure you arrange it in time.
- You will automatically be enrolled in the NHS pension plan unless you decide to opt-out. This is to receive payments once you reach the state retirement age. The NHS pension is one of the best pensions one the public sector. You might choose a different private pension plan, but you would have to arrange this yourself.
- Strongly consider applying for medical indemnity with organisations such as the MDU, MPS or MDDUS. The NHS provides indemnity protection, but this is limited to clinical negligence only. Membership with any of the organisations above will provide you with continuous medico-legal advice and assistance with claims, complaints, disciplinary procedures etc. The membership cost will depend on your grade and role. Some doctors have this subsidised e.g. GP trainees in England. Please note that membership with medical indemnity organisations is different to having medical malpractice professional insurance. You might consider taking insurance if you do any private work or cosmetic procedures, for example, depending on your needs.

- Consider joining the British Medical Association (BMA): the BMA is the UK's professional trade union of doctors. They represent doctors in employment matters on a national and local level and are working to improve working conditions for doctors. Membership costs are dependent on you grade and role. Membership benefits include:
  - representation and support with employment matters with your employer
  - checking your employment contracts and working schedules for compliance and accuracy
  - providing advice and support in understanding your working contract
  - developing your professional career
  - a subscription to the British medical journal (BMJ) and other benefits
- Make sure you join your professional college and obtain access to your professional portfolio where you will collect evidence of your professional development. This is essential for you to progress in your career. This is also subject to membership costs.
- Consider reading and completing some online learning modules pertaining to common topics within your specialty or department. UK clinical practice is largely evidence-based medicine practice and requires you to be familiar with national and local guidance and guidelines for different specialties.
- Contacting your trust's educational department and/or library can be useful if you want to explore resources available locally. You can self-register online or ask the same department to give you an OpenAthens account (with a valid nhs.net or nhs.uk email address that you should receive before you start or on your first day). The account will give you free access to numerous professional and scientific journals, resource portals etc.
- Complete your trust's induction. This will include attending presentations, lectures, completing online modules and going on tours of your workplace to get you familiarised with your trust and your role. Your trust will provide you with the times and dates when you are required to attend. This is mandatory.
- Strongly consider arranging a period of 'shadowing' a colleague in your same role and grade. This means spending some time directly observing a colleague and what they do on a normal working day. Some trusts may offer this to everybody, but some may not. If they do not you should speak to your supervising consultant before you start or on your first day to arrange this. This will help ease you into the job before you take on your role fully.
- Before coming to your workplace on your first day consider getting to know how to get there (i.e. what road, bus or train to take and when). Being late on your first day is not the good impression you want to make!

It's time for your first day! Congratulations on making such a big step, you should be proud of yourself!

## Online Resources - General

### GOV.UK

The UK's webpage for information on all governmental services including visas/immigration, national insurance, taxes, pensions etc: <https://www.gov.uk>

### Registering with a GP

This link has information on the process of registering with a GP: <https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/>

### Royal Colleges

This link will take you to the Academy of Medical Royal Colleges website where you can find the details of the colleges for all medical professions for in depth information on specialties in the UK, their specific guidance and guidelines, training, portfolios etc:  
<https://www.aomrc.org.uk/about-us/academy-members/>

### Medical Indemnity

There is general guidance about medical indemnity on the GMC website – see [Insurance, indemnity and medico-legal support for doctors - GMC](#)

There are several different organisations which offer medical indemnity:

- Medical Protection society (MPS): <https://www.medicalprotection.org/uk>
- The Medical Defence Union: <https://www.themdu.com>
- The Medical and Dental Defence Union of Scotland: <https://www.mddus.com/>

### British Medical Association (BMA)

The UK's professional trade union of medical doctors: [BMA - Home | British Medical Association](#)

### NHS Pensions

Information about the NHS Pension Scheme: [NHS Pensions | NHSBSA](#)

## Online Resources – Educational

### GMC Guidance and Workshops

It is essential to know the General Medical Council (GMC)'s expectations of you before starting your job. We strongly recommend you read their guidance documents and attend the Welcome to UK Practice workshop.

**Good medical practice** sets out the principles, values, and standards of professional behaviour expected of all doctors – see [Good medical practice - professional standards - GMC](#)

The GMC also provides **detailed guidance on specific topics** e.g. Confidentiality & record keeping, Decision making and consent, Raising and acting on concerns. These are available at [The professional standards - GMC](#)

**GMC Welcome to UK Practice Workshops** - These are free online workshops designed for International medical graduates starting their first job in the UK. They cover many aspects of the GMC guidance, including ethical issues you may encounter in your work. You can book to attend one of these workshops at: [Welcome to UK practice - information for doctors - GMC](#)

### **e-LfH: e-Learning for Health Website**

This website has online learning modules on various topics and related to various aspects of your practice: <https://portal.e-lfh.org.uk>

### **NICE (The National Institute for Health and Care Excellence)**

The UK's national body that provides guidance and advice to improve health and social care – see [Homepage | NICE](#). The website lists hundreds of guidelines, pathways and links to various other resources including the BNF and BNF-C (the British National formulary-listing all available medicines in the UK).

### **OpenAthens for NHS England**

You can use this link to self-register for an OpenAthens account if you already have an nhs.net or nhs.uk email address: [OpenAthens | Registration](#)

### **SCRIPT (Safe Prescriber)**

SCRIPT is an e-learning programme to improve safety and competency among healthcare professionals around prescribing, therapeutics and medicines management. Very useful to familiarise yourself with prescribing in UK clinical practice.

You can access the website at: <https://www.safeprescriber.org/>

### **BMJ Learning and BMJ Best Practice**

Lots of learning modules and guidance/guidelines available for various specialties.

Access might be free if you have a BMA membership or a valid OpenAthens account (see above).

- BMJ Learning: <https://new-learning.bmj.com>
- BMJ Best Practice: <https://bestpractice.bmj.com/info>

## Cultural and Language Differences

Written by Toni Frgačić

Living and working in the UK you will come to understand how culturally diverse this country is and how diverse and inclusive the NHS is. Equality, diversity and inclusivity are core principles of the NHS and should be reflected in your working practice as well.

On a day-to-day basis you will be looking after patients from various ethnic and cultural backgrounds. Having cultural awareness and understanding the differences is thus important in the context of interactions with your colleagues and patients.

It will be an almost daily occurrence at first, where you will hear words, phrases and expressions that are characteristic of the British English language as well as of the local regional language. Please do not be afraid or hesitant to ask patients and colleagues to clarify what they mean by a certain phrase, as this will help you in your day-to-day and future practice. Similarly, please do not be surprised or offended if patients or any of your colleagues ask you to repeat yourself or clarify what you have said.

Living and working in the North West of England you will be immersed in some of the nation's most distinct accents and regional dialects such as Scouse (from the Liverpool region) and Mancunian (from the Manchester region). At first it may seem that even though you have attained a level of English high enough to practice as a doctor in the UK, you may sometimes struggle to understand the local dialect when roaming the streets, let alone when you consult a patient. This only makes the whole journey more interesting.

The British are known worldwide to have a prominent culture of politeness and good manners. You will quickly learn that 'please', 'thank you', 'you are welcome' and a simple 'sorry' really do go a long way.

In modern UK medical practice, you as a doctor act to provide best advice and support to patients in order to help them make informed choices about their health issues. This may differ from other cultures where doctors are more authoritative and instruct patients on what to do. Similarly, it is important to remember that a patient has the right to make decisions regarding their health that you might consider to be unwise (as long as you think they have the mental capacity to make such a decision).

You will become used to communicating to patients and their family and friends, but you need to remember that in the UK confidentiality is highly regarded and there can be various wishes and expectations from patient on what and with whom to share information regarding their health.

Some patients might be uncomfortable being examined by a male or a female doctor, especially if it is an intimate examination. In any case, patients have the right to have a chaperone (a third person, usually another healthcare practitioner such as a nurse or healthcare assistant) observe the examination taking place as to maintain respect and dignity.

You will be working alongside various professionals with different roles, fields of expertise,

autonomy and levels of responsibility (e.g. nurses, healthcare assistants, pharmacists, occupational therapists, physiotherapists to name a very few). You should treat everybody as you would want to be treated yourself. Differently to some other healthcare setups in other countries, important decisions concerning a patient are made within the multi-disciplinary team made up from the different aforementioned professionals, not just doctors. All of course, in partnership with the patient.

In keeping with positive cultural change, the NHS is coming to realise its own shortcomings of the past, where discriminatory behaviours toward both patients and professionals went by unchecked. Nowadays, the culture of ‘speaking up’ makes it easier to tackle these issues, promoting the values of equality, diversity and inclusivity as core values that can enable the NHS and their members to thrive.

Please remember that if you ever feel that you, your colleague or a patient are being discriminated against for whatever reason, bullied, harassed or abused by other patients, colleagues or superiors, you are free and able to speak up against this and please do understand that these issues are taken very seriously!

Always remember that you and your cultural and ethnic background provide means for cultural exchange, and you should be proud of who you are and where you come from.

The table below has some useful words and expressions commonly used in the North West (for some fun).

Word or expression	Meaning	Where it is used
(You) alright? (You) ok?	A (usually) rhetorical question commonly used as a greeting.	Across the NW
Ta!/ Nice one!	Thank you! (Must be said to the bus driver after stepping off the bus at your station.)	NW
Ta-ra!/See you later!/Bye, now!	Saying goodbye to someone.	NW
Boss! Sound!	Good or great	Scouse (Liverpool region) NW
Dinner	Lunch-time meal	NW
Tea	Evening-time meal (commonly known as tea-time around 5 or 6pm)	NW
I'm a bit off me food.	I do not have much appetite.	NW
I was sick after me tea.	I vomited after I had my evening meal.	NW
Me nan is off her legs today.	My grandmother is unable to stand-up today.	Scouse

That rash/scab looks angry!	That rash looks infected / oozing!	NW
I'm made up for you!	I'm happy for you.	Scouse
This is doing me head in!	This is annoying me!	Scouse
That's dead hard, that!	That is very hard!	Scouse/Mancunian (Manchester region)
That's well mint, that!	That is good!	Mancunian
What it is, right(...)	When you start explaining something or telling a story.	Mancunian
I swear down!	I am telling the truth!	Mancunian

## The Art of Reflection

Written by Alaa Khalid

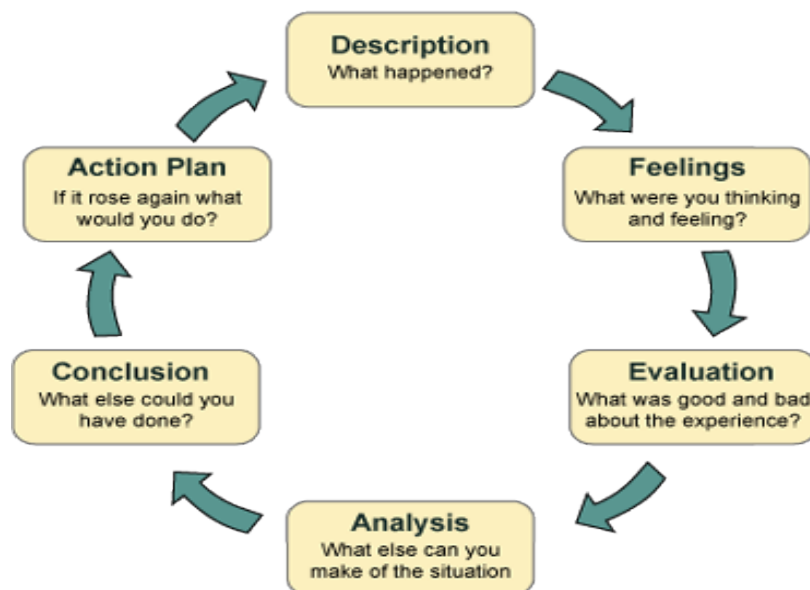
Reflection is a *purposeful analysis* of one's own experiences, behaviours, practice, clinical skills and knowledge, as well as our interactions with colleagues and patients.

It is through reflection that we can *identify our learning needs and work towards improvement* in our personal and professional development.

Your WPBAs (workplace-based assessments) should include reflective analysis and your portfolio should include additional reflective entries.

An example of a *reflective process is the Gibbs' Reflective Cycle*, it offers a framework for examining experiences, allowing you to learn and plan from things that either went well or didn't go well.

It covers six stages:



**Stage 1 - Description:** This element requires a factual description of the incident. At this stage the focus is on the relevant information.

Some prompt questions are:

What happened? How did it happen? Where? When? Who else was there? Did someone react? How did they react?

Why were you there? What did you do?

What happened at the end?

**Stage 2 - Feelings:** Here any emotion felt before, during and after the incident are discussed.

Questions like, what did you feel before the incident? During it? After it was all over? What do you think other people felt?

What do you feel about the incident now? What do you think others feel about it now?

**Stage 3 - Evaluation:** Objectively evaluate the situation.

What went well? What did not?

What were the negatives and the positives of the situation?

How did you and the others contribute to it (positively or negatively)?

**Stage 4 - Analysis:** Think about what might have hindered or helped the situation. This part can be improved by reference to a literary article or a previous experience if needed. Link the theory and experience together.

**Stage 5 - Conclusion:** Consider what did you learn from the situation.

What else could you have done in that situation? What skills will help you cope with it better next time?

How differently would you react if you face a similar situation again? If the outcomes were negative, how would you avoid that?

If the outcomes were positive, how could you improve it for yourself and everyone else.

**Stage 6 - Action Plan:** This area deals with the plan of how to effectively handle and improve the situation next time.

Any training, skill, or habit that can equip you with handling the situation better if it occurs again?

Is there something more to be learned for a better outcome? Work out the areas that need work and thrive to improve in them.

### **Confidentiality**

You must ensure that there is no patient identifiable information contained within your written reflections. Please see [The reflective practitioner - guidance for doctors and medical students - GMC](#) for further details.

### **Example Reflection**

*“During one handover I was asked which patients I thought to be wardable and to which teams/wards and which were not. This was due to issues with restricted bed numbers.*

*I was able to identify which patients were eligible for step down and identify the ongoing*

*issues rendering the other patients from being stepped down.*

*However, I was unable to identify which wards/teams would be most suitable to take over care.*

*This made me feel a little bit disappointed in myself for being unable to participate in making this important decision. The rest of the team were completely unbothered and were happy to have identified this as a potential learning point for me for further development.*

*I have learned the importance of doing a background check to identify which team the patient was initially admitted under, predict which team would be mostly to accept the patient if stepped down, if a referral had been done and whether the patient had already been accepted.*

*This has changed my perspective and practise. Now during skimming through the notes and the online systems, I am sure to check if the patient's already have a parent team/have been referred to the appropriate team on approaching discharge from critical care. I am applying what I have learnt by adding a discharge section to my handover checklist and sharing this with my colleagues at the time of handover."*

Don't forget:

- To choose an appropriate title for your reflection.
- To choose one of the four GMC domains to assign your reflection to. These are professional behaviour and trust; communication, team-working and leadership; clinical care; or safety and quality.
- The type of reflection including self, group, with supervisor or other.
- Map your reflections to your curriculum.
- Never include any patient identifiable information, always maintain confidentiality.

## Wellbeing

Written by Clare Inkster

Working in healthcare has always had challenges, which may vary around the world. The challenge has become even more apparent since the onset of the COVID-19 pandemic. Being new to the UK and working in the NHS for the first time will undoubtedly be exciting. It may also feel quite overwhelming, with so much to learn, especially in the early days.

It is therefore very important to pay close attention to your own wellbeing. In this way, you will be able to get the most out of your job, learn effectively and contribute to your team, as well as finding time for yourself, your family and friends.

The NHS and mental health charities produce all sorts of useful material to help you take an evidence-based approach to supporting your own wellbeing. A good place to start is the NHS “5 steps to wellbeing” guide: <https://www.makinglifebettertogether.com/wp-content/uploads/2015/07/Take-5-Toolkit.pdf>

The NHS also offers a number of free support and advice services for its employees, which you can take advantage of. This even includes access to a financial advice service with budget planners: [NHS England » Support available for our NHS people](#)

MindEd is created by a group of organisations and was initially funded by Health Education England, the Department of Health and Social Care and the Department for Education. It has lots of useful tips and advice that were created for coping during the pandemic: <https://mindedhub.org.uk/top-tips-for-covid/> Although we are no longer in the midst of a global pandemic, there is still plenty of useful advice here.

The Resilience Prescription is a useful document with tips to improve your resilience in a prescription format: [Resilience-Prescription-Promotion.pdf](#)

Practitioner Health is a free and confidential service for doctors experiencing mental health or addiction issues on a self-referral basis: [Practitioner Health](#)

MindWell Leeds has a similar resource which looks at automatic negative thoughts in more detail: [Reframing unhelpful thoughts - MindWell](#)

Stopping Stupid Thoughts worksheet is a practical tool to help you recognise unhealthy thoughts and cultivate healthy thought processes: [Stopping "Stupid Thoughts"](#)

The Baker’s Dozen of Mental Toughness this is another good toolkit designed to support stress management and resilience from the Wales Deanery: [Bakers-Dozen-Toolkit.pdf](#)

Mind is a mental health charity which also has good advice: [How to improve your mental wellbeing | Info & support | Mind](#)

## Neurodiversity support

**Neurodiversity** is a term that recognises the fact that all brains are different. This diversity of thinking, processing information, learning and behaving is valuable to us as a species, and is something to be celebrated.

**Neurodivergence** is a term that recognises that some people have brains that are ‘**neurotypical**’ (the majority of the population) and that some people have brains that are ‘**neurodivergent**.’

Neurodivergent people tend to have a more ‘spiky profile’ of strengths and challenges than neurotypical people. This means they may have strengths and challenges which are more pronounced than neurotypical people.

Neurodivergent conditions include:

- Dyslexia
- Attention deficit hyperactivity disorder (ADHD)
- Autism spectrum disorder/condition (ASD/ ASC)
- Dyspraxia (also known as developmental co-ordination disorder - DCD)
- Tourette’s

Estimates vary regarding the incidence of these conditions in a given population, but it may be up to 20%. Many of the strengths associated with these conditions are sought after in medicine, so it is not surprising that many doctors are neurodivergent. Not all countries have the same approach to the diagnosis of these conditions, and even in the UK, many people go undiagnosed or are diagnosed late. If you think you may be affected by one of these conditions, there is support available. In the first instance you can speak to your own TPD, or a trusted supervisor. Wellbeing leads or TPDs, Neurodiversity TPDs, and Exam TPDs (some schools) may also be able to help. Your TPD or supervisor will be able to refer you to the PSW for assessment and / or support.

Unfortunately, many of these conditions are still stigmatised, and you may be wary of seeking support, whether you have a diagnosis, or whether you suspect you have a neurodivergent condition. This is changing, and there is now dedicated support for neurodivergent doctors, dentists and public health professionals in training. It’s very important that you access this support, and confide in one of your educators. The author of this wellbeing section of the handbook is an associate postgraduate dean, and a consultant ophthalmologist who herself has ADHD.

If, at any time you feel you are being discriminated against because of your neurodivergence, it is vital that you speak to someone (either a Peer Ally, a Freedom to Speak Up Guardian, or a member of your education team) early, so that the issue can

be rectified. The Lead Employer also have a section on support for neurodivergence on their website: [Lead Employer - MWL | Neurodiversity](#)

### **Pastoral support**

Please also remember that if you are struggling, whatever the reason, there are always people you can talk to. Find out if your School has a buddy scheme, if you haven't been allocated one. If there isn't one, and you are experiencing issues that affects your dignity in the workplace (such as bullying, discrimination or micro-aggressions), please contact one of our Peer Allies via: [england.PSW.NW@nhs.net](mailto:england.PSW.NW@nhs.net)

They will be able to advise you and support you with any difficulties you may be having or simply be available for a friendly chat. You may also want to become a Peer Ally yourself. Training and resources are available, and you can enquire via: [england.PSW.NW@nhs.net](mailto:england.PSW.NW@nhs.net)

Of course, you can also access pastoral support from your own clinical or educational supervisor, not to mention your Training Programme Director (TPD). Most schools also have a Wellbeing Lead who you can contact. Your Programme Support Team or TPD will be able to help with this.

The Lead Employer, St Helens and Knowsley, also provide a Health, Work and Wellbeing service: [Lead Employer - MWL | Wellbeing Support](#)

### **LGBT+ Support**

The following organisations offer support for lesbian, gay, bisexual and trans (LGBT+) people:

**Switchboard LGBT+** Run by LGBT+ volunteers and open 10am to 10pm every day, call them on **0800 0119 100** or email [chris@switchboard.lgbt](mailto:chris@switchboard.lgbt)

**MindOut** Run by LGBT+ people with experience of mental health. Chat function on their site <https://mindout.org.uk>

**LGBT HERO (LGBT Health Equity and Rights Organisation)** - LGBT HERO is the national health and wellbeing charity dedicated to uplifting and supporting LGBTQ+ people. The web page has a vast array of supportive resources and forums. <https://www.lgbthero.org.uk/>

**GLADD** is the UK's only organisation that unites and represents LGBTQ+ doctors, dentists, medical and dental students from all over the country. <https://gladd.co.uk/#support>

## Progression Through Training

Written by Bedria Akasha, updated by Aruna Hodgson

### What are Training Curricula?

Each training programme (Foundation, Core, GP or Specialty training) has its own curriculum. Details of these can be found on the UK Foundation Programme website or the relevant Royal College website.

Most curricula have been updated in the past few years. There has been a shift in emphasis from measuring “competencies” which are individual tasks or skills, to “capabilities” which aim to look at more holistic clinical and professional skills, such as running an outpatient clinic or operating list.

### What is the E-portfolio?

As a doctor training in the UK, you are expected to record and maintain a portfolio of your clinical and educational competences. The portfolio is typically an electronic portfolio, or e-portfolio. You will be provided with a username and password by the UK Foundation Programme Office (UKFPO) or the Royal College to which your training programme is aligned. Every specialty will have a slightly different e-portfolio.

### Aims of Having an E-portfolio

The e-portfolio promotes life-long learning by encouraging doctors to reflect on their own needs and clinical competences, and the needs of their patients. An e-portfolio can help you to:

- keep documents together to evidence your progress and learning
- reflect on your learning (very important)
- think about your personal development plan (PDP), encouraging you to think about what you need to do next to help you progress in your career
- prepare for an interview
- develop your CV

### How to Gain Access to the E-portfolio

The system currently in use for Foundation Doctors is called the “Horus ePortfolio” and is available for free even if you are not in a training programme. Please contact your Trust’s Education Centre to request access if it has not been provided.

Locally employed or Trust grade doctors – doctors who are not in a formal training programme do not have automatic access to a specific e-portfolio. However, many Royal Colleges have a membership option for these doctors that can include e-portfolio access, so it is worth exploring this with the relevant Royal College. However, the British Medical Journal (BMJ) has the BMJ Portfolio, which is free.

## E-portfolio Contents

You should be able to demonstrate your competence progression in your portfolio through Workplace Based Assessments (WPBAs). Examples of these are:

- Direct Observation of Procedural Skills (DOPS): designed to evaluate your performance in undertaking a practical procedure, against a structured checklist.
- Mini-Clinical Evaluation Exercise (Mini-CEX): an observed, real-life, interaction between you and a patient. The Mini-CEX assesses your clinical skills, attitudes and behaviours such as history taking, examination and clinical reasoning.
- Case Based Discussion (CBD): evaluates trainee's management of a patient and provides feedback on clinical reasoning, decision making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by trainees. The CBD should focus on a written record (such as written case notes, out-patient letter, discharge summary).
- Multi-source Feedback (MSF): collects and provides feedback from a variety of nominated colleagues to evaluate performance of a trainee (strengths and weaknesses).

There is useful guidance about workplace-based assessments at [Workplace based assessments | The Federation](#)

## Practical Tips

- It is important to write knowing it is likely that someone else will look at your portfolio. It is usual to share your portfolio with your educational supervisor, although you are not required to show all of it. Your educational supervisor will also be able to give you some help and guidance on how you can develop your portfolio.
- Remember to anonymise any patient details.
- Keeping your portfolio up to date is essential because it is used as evidence for your end of year sign off, so don't be tempted to leave completing it to the last minute.
- Maintaining an up-to-date and accurate portfolio will help you and your supervisors track your progress and provide you with any support or changes needed for you to achieve your goals in the desired timeframe.
- From a career perspective, your portfolio is absolutely essential. You will often be asked to show some of your portfolio in a specialty interview.

## Supervisors

You will have two supervisors during your training. The Educational Supervisor has the responsibility for a trainee's overall educational progress, usually for a longer period, and sometimes for the duration of their training programme - wherever they are working. A

Clinical Supervisor has day-to-day supervisory responsibilities in the workplace - and changes with the workplace.

### **Clinical Supervisor (CS)**

A named CS is a trainer who is responsible for overseeing your work and progression throughout a placement and is appropriately trained to do so. The CS oversees your day to day work during one placement and provides constructive feedback during that placement.

They will provide information to the Educational Supervisor for their report to the ARCP panel, and usually sign off most activity summary sheets.

### **Educational Supervisor (ES)**

Your educational supervisor's responsibilities include:

- Ensuring that your educational and clinical progression is in line with that required for your level of training, and according to your individual career needs.
- Ensuring you are provided with ample training and educational opportunities, for example making sure you are provided with an opportunity to work in another clinical setting to satisfy a required competence.
- Acting as a first port-of-call for any concerns that you may want to raise about your training or workplace.

### **Educational Meetings**

- You should be informed in writing of the names of both your clinical and educational supervisors before the start of your post, or as part of departmental induction.
- Please contact your Postgraduate Medical Education Department if you have not been provided with this information. You should contact your supervisor at the earliest opportunity to arrange an initial meeting.
- Be proactive in this regard and make sure you have scheduled a meeting prior to, or within the first week of your placement.
- Please ensure you document the discussion and action plans from this meeting in your e-Portfolio. This will provide you with the opportunity to discuss individual cases in depth, reflect and review on your performance, and identify training and continuing development needs.
- Aim to have at least 3 meetings with each supervisor:
  - **Initial meeting:** To start to get to know each other in the first instance. It is good to develop a friendly relationship with your supervisor and help them to get to know you as a whole person. They should tell you what you can expect from the placement. Before the meeting, you should have a think about what

your strengths and development areas are, as well as what opportunities and challenges you might experience over the next 6-12 months. Also have a look at what the training requirements are for your first year. Having thought about all this will help you to set a meaningful personal development plan (PDP) with the support of your supervisor. It should not just be a list of curricular requirements. Your PDP is about how you are going to develop as a unique professional. It should reflect your skills, interests and values. The PDP does not need to have a large number of items. Some colleges will have a template for completing the PDP.

- **Mid-point meeting:** This is important to make sure you are on track to achieve your targets and address any issues or concerns that have arisen.
- **End of placement:** This will be in the weeks leading up to the end of your placement. Make sure you have all your assessments and requirements completed and uploaded beforehand. You and your supervisors will complete a report that will help the ARCP panel decide on the outcome of the placement. It is particularly important to plan well in advance for this – the MSF generally takes the longest to organise, and you should start on this as early as possible, usually shortly after you have completed your first six months.
- **Remember:** Your supervisors are there to support you, help you settle into the job and benefit as much as possible. Make sure you keep them updated on your progress and discuss any difficulties that come your way with them.

### **Annual Review of Competency Progression (ARCP)**

This is the mechanism by which training grade doctors are assessed each year to make sure they are making the necessary progress. It is also the way that senior educators are able to identify that you might be having some challenges or require a bit of additional support. It is an annual review of your entire e-portfolio by a panel of senior educators, who will then make a decision as to whether you have met the curricular requirements to progress to the next stage of training.

You are not present for your ARCP, it is purely a review of the evidence you have submitted, which must all be embedded in the e-portfolio. Your School Induction will go over the evidence that you need to collect each year, and you will also be able to find a lot of information on your college's website. Following your ARCP, you will be issued an outcome.

The basic outcomes are as follows:

- Outcome 1 - satisfactory, able to progress to the next year of training.
- Outcome 2 - some areas of the curriculum which require targeted training have been identified, but you are still able to progress to the next year of training. Targets will be set, which will be reviewed prior to your next ARCP, and additional support will be provided.
- Outcome 3 - larger areas of targeted training are required, which will need additional

training time of 6-12 months depending on the circumstances and the programme. Each programme has a maximum amount of additional training time permitted, which can be extended if there are exceptional circumstances at the Dean's discretion.

- Outcome 4 - training targets have not been met despite additional time and support. Trainee is removed from the training programme, but in most cases will be able to find a trust appointed post from which they can consider alternative training routes.
- Outcome 5 - a small amount of incomplete evidence, which will usually not be the trainee's fault. A small amount of additional time will be allowed to obtain and upload the necessary evidence.
- Outcome 6 - satisfactory completion of programme.

Trainees who do not get an Outcome 1 will be called to a Feedback Panel, where they will have a meeting with the ARCP panel to discuss the outcome, the targets and support for the next period of training. Trainees receiving an Outcome 6 generally also attend the Feedback Panel – a happy occasion!

Please don't worry if you don't get an Outcome 1- your team are there to support you, and very many trainees require other outcomes at various stages in their training. The important thing is to listen to the feedback you receive which is designed to support you, and don't be afraid to discuss any challenges and concerns with your supervisors.

For more detail on the ARCP process, see: [NHSE \(North West\) ARCP Protocol for Specialty \(including GP\) Resident Doctors](#)

The Gold Guide includes detailed information about postgraduate medical training, including the ARCP process – see [Gold Guide - 10th Edition - Conference Of Postgraduate Medical Deans](#)

### **Doctors in Trust Appointed Posts**

All doctors have access to study leave and the opportunity for professional development, even if not appointed into an NHS England numbered training post. This will be supported through the trust's annual appraisal process. You may be able to ask for access to the relevant college's e-portfolio, and many trusts have processes for educational and clinical supervision of trust-appointed doctors.

Do ask your appraiser, the College Tutor or Specialty Training Lead in your department to find out what educational support may be available. They will also be able to point you in the right direction if you are interested in working towards Portfolio Pathway, formerly known as Certificate of Eligibility for Specialist Registration (CESR).

## Appraisal and Revalidation

Written by Khaled Zeidan, updated by Aruna Hodgson

### Annual Review

Every doctor must have an annual review of your overall performance with your appraiser or educational supervisor, where you can provide evidence to demonstrate that you are meeting the principles and values as set out by GMC's Good Medical Practice.

**For doctors in Foundation, Core, GP or Specialty training posts:** The annual review process is referred to as ARCP (Annual Review of Competence Progression). Guidance about revalidation can be found at [Revalidation | NHS England – North West, Postgraduate Medical and Dental Education](#)

**For doctors in Locally Employed posts:** Your annual review takes place through the appraisal process. Most trusts will use their own appraisal software or system, which is different from the e-Portfolio. Your trust's Revalidation Team will contact you and provide login details for this. You will have to provide evidence of your supporting information and complete all sections of the appraisal checklist.

Ensure you plan for your appraisal well in advance as it can be a time-consuming process. Start from the early days on the job and constantly add your entries. Your appointed appraiser will be able to give you some guidance in completing this before the date of your appraisal.

Supporting information that you must collect, reflect on, and discuss at your appraisal includes:

- Continuing professional development (this includes making sure you have recorded sufficient clinical evidence and WPBAs in your portfolio, and are up to date with the latest guidelines)
- Quality improvement projects, audits and research
- Significant events
- Feedback from patients or to those to whom you provide medical services
- Feedback from colleagues
- Compliments and complaints

### Revalidation

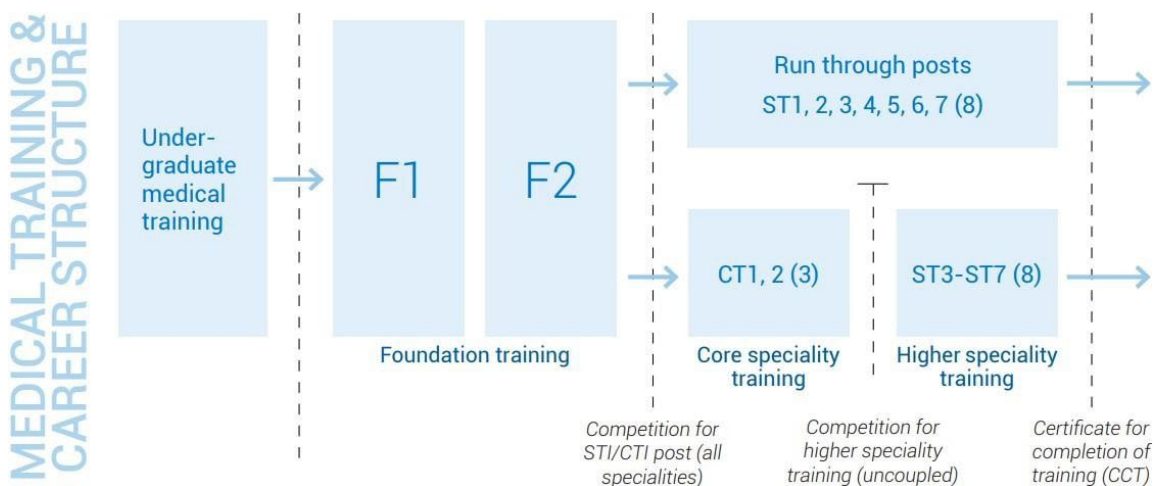
The GMC requires doctors to undergo revalidation at the end of each 5-year cycle of annual reviews to maintain their registration and demonstrate fitness to practice. See [Revalidation - GMC](#) for details.

## Career Planning

### Application for Training Posts

Irrespective of speciality or level of training, this takes place through a central application system called Oriol. More information can be found on [www.oriel.nhs.uk](http://www.oriol.nhs.uk). Please register an account on this portal and prepare your profile to apply for a training post.

The recruitment timeline is available online and published on the Deaneries Specialty Training website. The application window for “Round 1” is usually between in November, therefore you should aim to keep your application ready by end of October. There are also opportunities to find posts at other times through re-advertisement and “Round 2”. Please refer to Person Specification Guidelines for each speciality relating to your area of interest and prepare your portfolio to satisfy these requirements. The diagram below gives a broad overview of medical training and career structure, with entry points for applicants detailed.



Certificate of CCT (or CCST) refers to completion of training and means you are now qualified as a consultant in that speciality with recognition in most countries of the world.

Some doctors may choose an alternate or non-training route to become a consultant. This is known as the CESR (Certificate of Equivalence of Specialist

Registration) route. There are both advantages and disadvantages in opting for this pathway, and doctors may opt for this based on personal or professional needs.

If you would like further information and guidance on this, please discuss this with your educational supervisor.

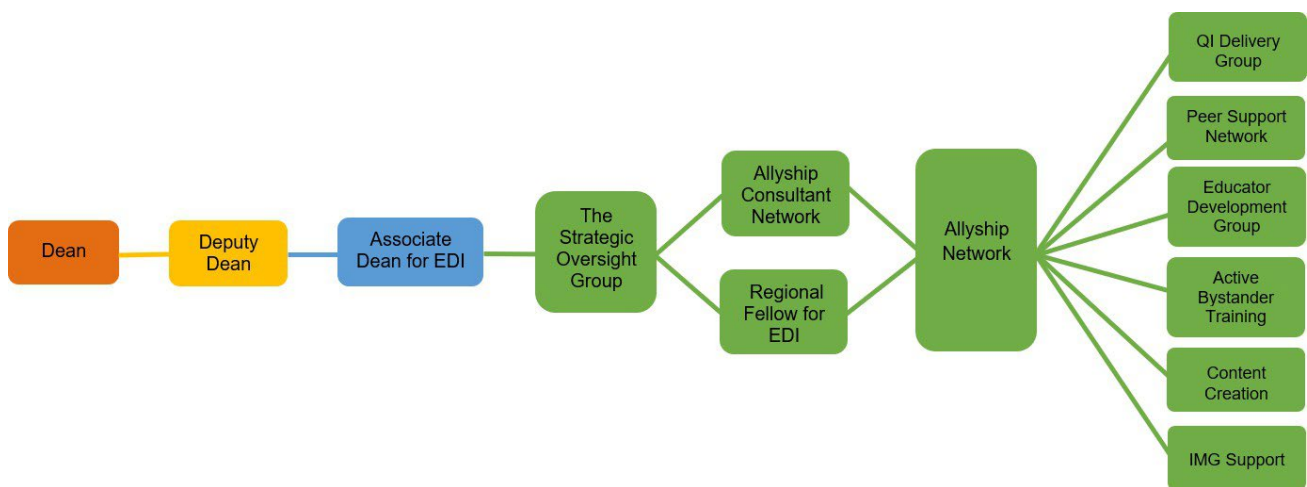
There is useful information about career progression available on the BMA website: [Career progression](#)

## The NHS England North West Allyship Network

Written by Mahmoud Ahmed

This is a network group of trainees, consultants and other healthcare professionals aiming to make the North West the most inclusive region possible. The Network has several pathways and projects to improve the work environment for all trainees regardless of their background, nationality, race, sexual and/or gender orientation, religion, gender, less than full time status, disability or any protected characteristic. All trainees are welcome to join and contribute.

The Network has several workstreams under an oversight group as below:



There are many ways you can get involved in the Network and help bring the changes you'd like to see happen!

Please follow this link for more information: [The Allyship Network - Leading on Equality, Diversity and Inclusion in the North West | NHS England – North West, Postgraduate Medical and Dental Education](#)



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