

Wednesday, 14 February 2024

Welcome to the
Scottish IMG Orientation Day



Introduction to living in Scotland

Welcome



During this session we will cover the following topics:

- Settling in – the essentials
- Getting help during your training

You are welcome to put forward any questions, however we may not be able to answer questions based on your personal circumstances.

The essentials



Visas

- Your **Skilled Worker** or **Health and Care Worker** visa is administered by NES (NHS Education for Scotland).
- If your circumstances change, there is a legal requirement to notify UK Visas and Immigration (UKVI) as soon as possible.
- You should contact the NES Sponsorship immediately. They will inform you whether it is a change they can process, or whether it is one you have to contact UKVI yourself.
- All enquiries regarding your visa application should be directed to the email address below or follow the flowcharts in the website linked below.

Website: www.scotmt.scot.nhs.uk/recruitment/skilled-worker-sponsorship.aspx

Email: tier2sponsorship@nes.scot.nhs.uk

The essentials



Visas – Biometric Residence Permit (BRP)

- If you made your visa application *inside* the UK, your BRP will be sent to the address you gave in your application.
- If you made your visa application *outside* the UK, your BRP will be sent to a Post Office branch outlined on your visa decision letter.
- If you have not received your BRP within 10 days of your decision, you must notify UK Visas and Immigration (UKVI).
- You still have the Right to Work if you have not yet received your BRP.

Website: www.gov.uk/biometric-residence-permits

Website: www.gov.uk/government/organisations/uk-visas-and-immigration

The essentials - FAQs

- The Turas Hub includes a number of frequently asked question (FAQs) including details on
 - Protecting Vulnerable Groups (PVG) <https://www.mygov.scot/pvg-scheme>
 - Occupational Health Checks <https://hub.nes.digital/lead-employer-arrangements/pre-employment-information/occupational-health/>
 - Turas People FAQs include information about how to get references for rental accommodation and/or mortgages <https://hub.nes.digital/lead-employer-arrangements/help-me-with/turas-people/trainee-faqs/>

Use the search function in the Turas Hub to find the answer to your query <https://hub.nes.digital/lead-employer-arrangements/>

Remember to select the correct employer – <https://hub.nes.digital/>

The essentials



National Insurance Number (NINO / NI Number)

- NI contributions count towards benefits and pensions in the UK.
- All employees within the UK must pay NI if they earn at least £184 per week.
- Your NI contribution is *automatically* deducted from your salary.
- UK nationals are provided a NINO just before their 16th birthday.
- Overseas nationals are usually provided a NINO once their visa has been granted (check the back of your BRP).
- If you have not yet got a NINO, you must apply for one online as soon as possible.

Website: www.gov.uk/apply-national-insurance-number

The essentials



Driving in the UK

To drive in the UK you must:

- hold a valid drivers licence
- hold the correct level of motor insurance for the vehicle you wish to drive - (www.gov.uk/vehicle-insurance)
- ensure the vehicle is 'taxed' - (www.gov.uk/vehicle-tax)
- ensure the vehicle is roadworthy - (www.gov.uk/getting-an-mot)

The essentials



Driving in the UK – drivers licence

- If you passed your test in the EU / EEA you can drive any type of vehicle listed on your full and valid licence.
- If you passed your test outside of the EU / EEA you can drive any small vehicle listed on your full and valid licence *for 12 months* from when you entered the UK.
- Your driving licence will become invalid once you have been in the UK for 12 months.
- You will need to take a *theory test* and *practical test* to get a UK driving licence before your current driving licence becomes invalid.
- Website: www.gov.uk/exchange-foreign-driving-licence

The essentials



Banking in the UK

- Your salary from NHS Scotland can only be paid into an international bank account.

- The main five banks in the UK are:

- Royal Bank of Scotland
- Lloyds Banking Group
- Barclays
- Natwest
- HSBC



NatWest



BARCLAYS



LLOYDS BANK

You are welcome to use an alternative bank – however, the main five banks are more familiar with international graduates.

The essentials



Opening a Bank Account in the UK

- You will need to prove your identity and your 'UK address'.
- If you cannot satisfy these requirements, request an employment letter from your Human Resources (HR) department or lead employer
 - Your full name
 - Your date of birth
 - Your current address
 - You are employed by the Health Board
 - The starting date of your role
 - Your salary
 - The duration of your contract

This information needs to come from your employing Health Board – this may not necessarily be NES.

Website: <https://hub.nes.digital/lead-employer-arrangements/>

The essentials



Medical defence

- All NHS Scotland staff (and trainees) are covered by the state indemnity scheme – Clinical Negligence & Other Risks Indemnity Scheme (**CNORIS**)
- CNORIS provide the minimum indemnity required.
- It is strongly recommended you take out separate indemnity to cover you against all eventualities as a doctor.

- The three major medical defence organisations are:
 - Medical and Dental Defence Union of Scotland (MDDUS)
 - Medical Defence Union (MDU)
 - Medical Protection Society (MPS)



MDU

Medical
Protection



MDDUS
Protecting professionals

The essentials



Accessing the NHS (as a patient)

- As long as you have the right to be in the UK, you are able to access health services provided by the NHS.
- You are encouraged and recommended to register with a General Practitioner (GP) and a Dentist when commence employment. It is easier to access NHS services if you are registered with a GP and a Dentist.
- You can search and find health and wellbeing services in Scotland. Many practices allow patients to initially register online.
- Website: www.nhsinform.scot/scotlands-service-directory/

The essentials



NHS Scotland Pension

- As an employee of NHS Scotland, you are automatically enrolled into an 'occupational pension' scheme. This is known as the NHS Scotland Pension Scheme.
- The scheme is provided by the Scottish Public Pensions Agency (SPPA).
- Pension contributions will automatically be deducted from your monthly pay and placed into your NHS Scotland Pension pot – held with the SPPA.
- You can opt-out of the pension scheme at any time - and your contributions will be returned.

Website: <https://pensions.gov.scot/>

The essentials



NHS Scotland Pension (details below as at June 2023)

The amount *you* contribute to your NHS Scotland pension depends on your salary:

Up to £20,605	5.2%
£20,606 to £24,972	5.8%
£24,973 to £31,648	7.3%
£31,649 to £64,094	9.5%
£64,095 to £89,731	12.7%
£89,732 to £119,560	13.7%
£119,561 and above	14.7%

NHS Scotland also contributes **20.9%** into the scheme on your behalf!

Website: <https://pensions.gov.scot/>

Getting help during your training



Health Board Human Resources/Medical Staffing Department

- The HR departments will be able to support and signpost you to local services, such as:
 - Accommodation
 - Schooling
 - Childcare
 - Community groups
 - Places of worship
 - Shopping

However one of the most useful resources available to you, are your peers.....

Getting help during your training



Getting help

- Contact your Health Board's Medical Staffing / HR Department can be found on the Turas Hub.

Website: <https://hub.nes.digital/lead-employer-arrangements/placement-board-contacts/>

The Health Boards and NES all work closely with one another. We will always forward your query onto the relevant department.

International Medical Graduates (IMGs)

[Home](#) / [International Medical Graduates](#)

The Scotland Deanery welcomes doctors who have qualified outside the United Kingdom (UK) who wish to come to Scotland for postgraduate training. Each year doctors from all over the world come to the UK to train and work in NHS Scotland. The NHS is Scotland's largest employer; information on the structure of NHS Scotland can be found [here](#)[↗].



[Preparing for life in Scotland »](#)



[Scottish IMG Pre-induction Webinars »](#)



[Scottish IMG Orientation Day »](#)



[Scottish IMG Doctors Support Network »](#)

Trainee information

<https://www.scotlanddeanery.nhs.scot/trainee-information/welcome-to-the-scotland-deanery/>

[Home](#) / [Trainee information](#) / Welcome to the Scotland Deanery

Trainee information

Welcome to the Scotland Deanery

Additional work

Advancing equity in medical

Welcome to the Scotland Deanery

We have created two short induction films to tell you about our deanery, how it works and what you can expect as you begin your training. We hope you find these useful and informative!

Welcome to the Deanery

Access this page to find out details about your training in Scotland, links useful contacts including your Programme Director, admin teams, Study Leave, ARCPs training requirements, acronyms etc.....

Facebook Group – Private/Closed Group

Scottish IMG Doctors Support Network



Edit

Access the
IMG support
group in on
Facebook

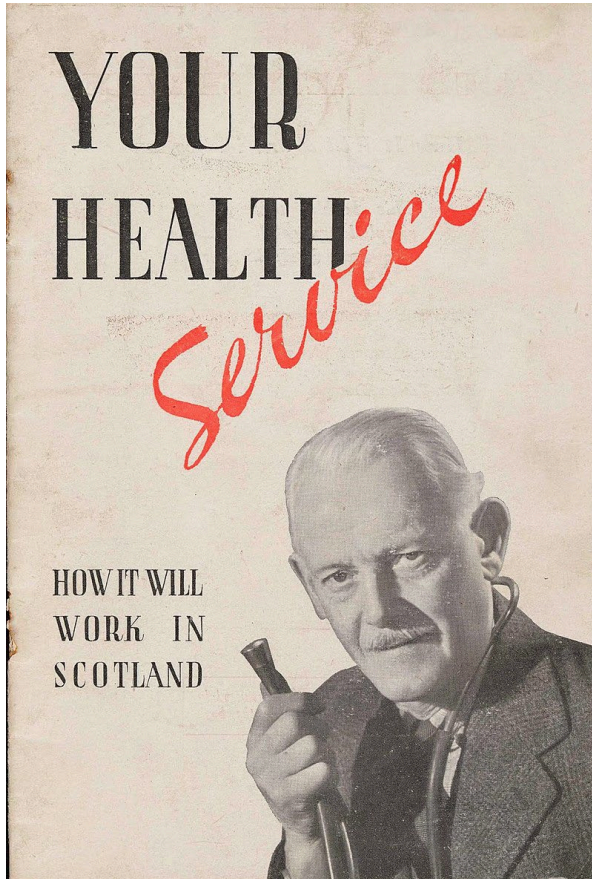
Group by NHS Education for Scotland (NES)

Scottish IMG Doctors Support Network

The Structure of the NHS







**National Health Service (Scotland) Act
1947)**

**Tax Funded universal Health care from –
05/07/1948**

- The NHS in Scotland is totally devolved to the Scottish Parliament and all policy and spending decisions are made in Scotland.
- We share our resources across the UK. The Barnett formula means that when new funding is allocated, devolved policy areas such as health, education and justice receive a proportionate share. The Scottish Parliament can allocate this money in whichever way they choose.





- NHS Scotland how is it organised ?

Health and Social Care Integration Partnerships

Health and Social Care Integration Partnerships by NHS Board

NHS Ayrshire and Arran

- 1, East Ayrshire
- 2, North Ayrshire
- 3, South Ayrshire

NHS Borders

- 4, Scottish Borders

NHS Dumfries and Galloway

- 5, Dumfries and Galloway

NHS Fife

- 6, Fife

NHS Forth Valley

- 7, Clackmannanshire and Stirling
- 8, Falkirk

NHS Grampian

- 9, Aberdeen City
- 10, Aberdeenshire
- 11, Moray

NHS Greater Glasgow and Clyde

- 12, East Dunbartonshire
- 13, East Renfrewshire
- 14, Glasgow City
- 15, Inverclyde
- 16, Renfrewshire
- 17, West Dunbartonshire

NHS Highland

- 18, Argyll and Bute
- 19, Highland

NHS Lanarkshire

- 20, North Lanarkshire
- 21, South Lanarkshire

NHS Lothian

- 22, City of Edinburgh
- 23, East Lothian
- 24, Midlothian
- 25, West Lothian

NHS Orkney

- 26, Orkney Islands

NHS Shetland

- 27, Shetland Islands

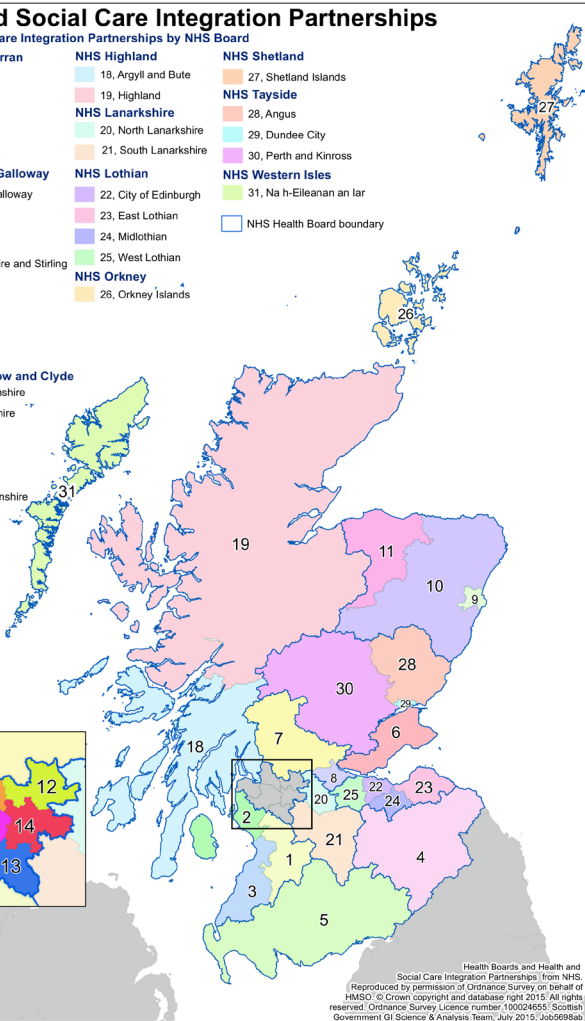
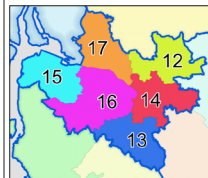
NHS Tayside

- 28, Angus
- 29, Dundee City
- 30, Perth and Kinross

NHS Western Isles

- 31, Na h-Eileanan an Iar

NHS Health Board boundary



Health Boards and Health and Social Care Integration Partnerships from NHS. (Reproduced by permission of Ordnance Survey on behalf of HMSO) © Crown copyright and database right 2015. All rights reserved. Ordnance Survey Licence number: 100024655. Scottish Government GIS Science & Analysis Team July 2015. Job:5988a5



SPECIAL HEALTH BOARDS

NHS
Education for
Scotland

Scottish
Ambulance
Service

NHS 24

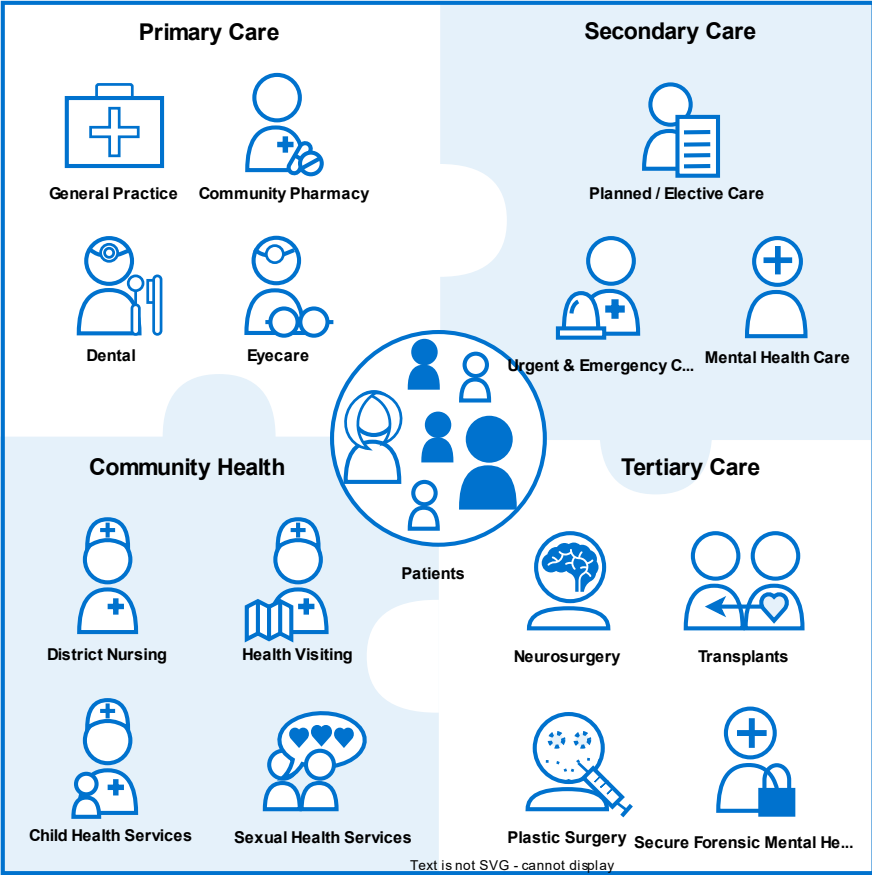
Health
Improvement
Scotland

National
Services
Scotland

Golden
Jubilee
Hospital

State
Hospitals
Board

Public Health Scotland



Text is not SVG - cannot display

Key Workforce Figures



158,375.2 | Number of Staff employed
by NHSScotland (183,858 HC)

+1.4%
Quarter
change

+1.6%
Annual
change

+13.3%
5 Years
change

+18.0%
10 Years
change

MEDICAL AND DENTAL

KEY FIGURES



5,961.7 | NUMBER OF CONSULTANTS
EXCLUDING DIRECTORS (WTE)

▲ 1.0% INCREASE OVER THE LAST YEAR.

38 years | MEDICAL AND
DENTAL MEDIAN AGE

439.1 | NUMBER OF
VACANCIES (WTE)

NURSING AND MIDWIFERY

KEY FIGURES



65,269.8 | NUMBER OF STAFF
(WTE)

▲ 1.6% INCREASE OVER THE LAST YEAR.

43 years | NURSING AND
MIDWIFERY MEDIAN AGE

5,447.4 | NUMBER OF
VACANCIES (WTE)

ALLIED HEALTH PROFESSIONS

KEY FIGURES



13,835.8 | NUMBER OF STAFF
(WTE)

▲ 5.2% INCREASE OVER THE LAST YEAR.

41 years | ALLIED HEALTH
PROFESSIONS
MEDIAN AGE

934.0 | NUMBER OF VACANCIES
(WTE)

ADMINISTRATIVE SERVICE

KEY FIGURES



29,789.8 | NUMBER OF STAFF
(WTE)

▲ 1.2% INCREASE OVER THE LAST YEAR.

48 years | ADMINISTRATIVE
SERVICE MEDIAN AGE



PHARMACY WORKFORCE

4,150.7

Number of Staff

Meet your GP practice team

Here are some of the great team of professionals looking after you...



Call handler/
Receptionist

First point of contact. Committed to confidentiality. Key role in 'triage' and getting the most appropriate service or professional to help you.

They may need to ask you for more information to do so.



Physiotherapist

Specialist in helping people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice.



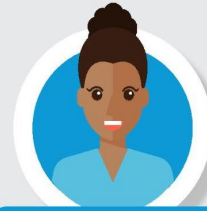
Pharmacist

Specialist advice on medication. Liaise with Community Pharmacy to manage repeat prescriptions. Support patients in managing chronic conditions.



GP

Expert medical generalist in primary care. Trained to consider the patients' care and wellbeing needs holistically, beyond just ill health. Supported by other specialists. Provide support to other primary care professionals.



Advanced Nurse
Practitioner

Highly skilled specialist nurse. Authorised to make independent decisions on assessment, diagnosis and treatment of patients.



Practice
Nurse

Duties include dressings, wound care, minor injuries and administering injections. Nurses often have enhanced roles and training to run diabetes, respiratory clinics and screening programs such as cervical smears. Many have minor illness qualifications to prescribe independently without the need for a GP.

Other practice team members you may meet: Physician Associate, Paramedic Practitioner, Link Worker, Clinicians in Training.



Partnerships

Salaried GP

GP
practices

Out of
hours/Sessional
GPs

Private GPs

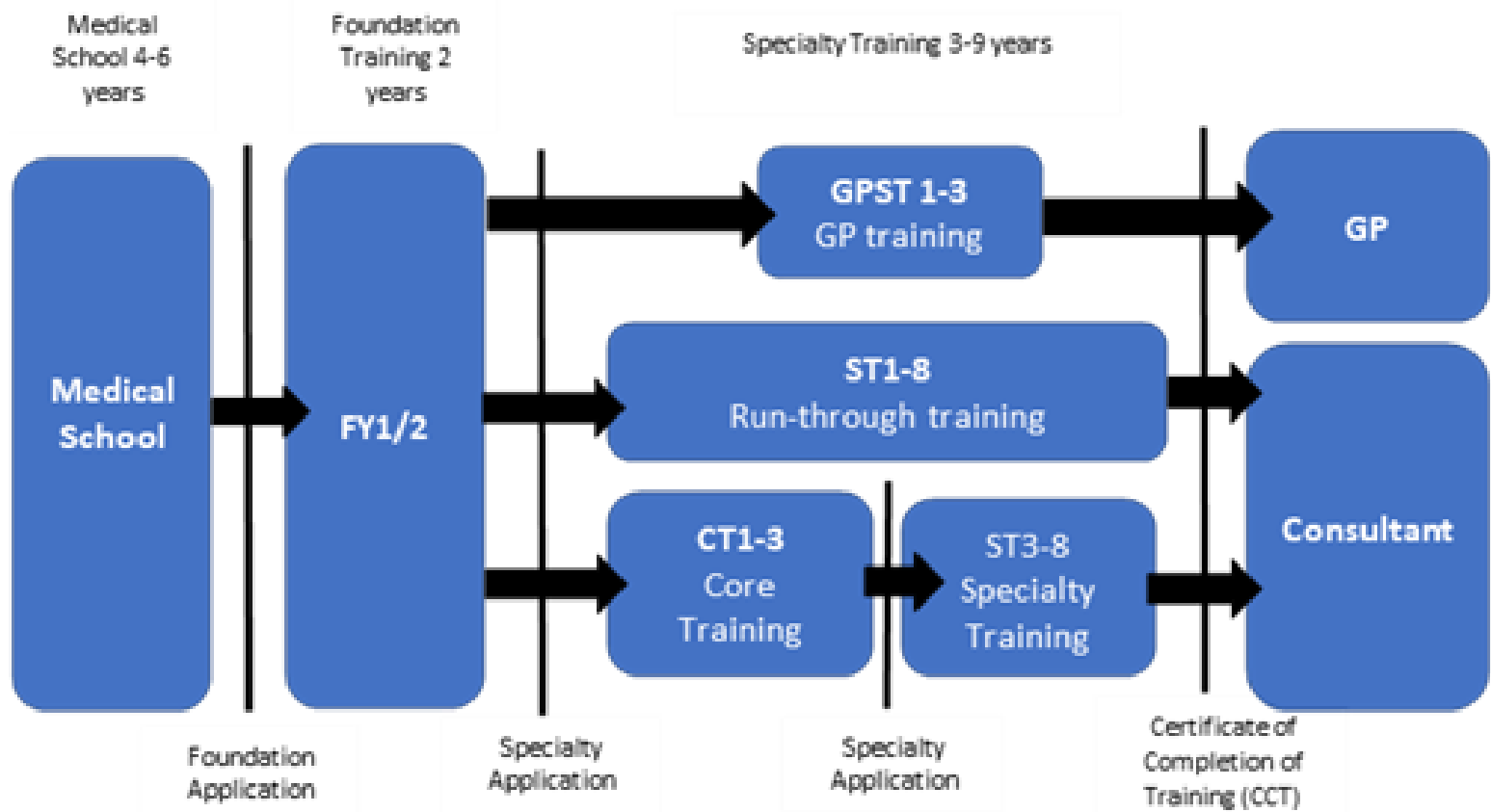
Do's and Don'ts

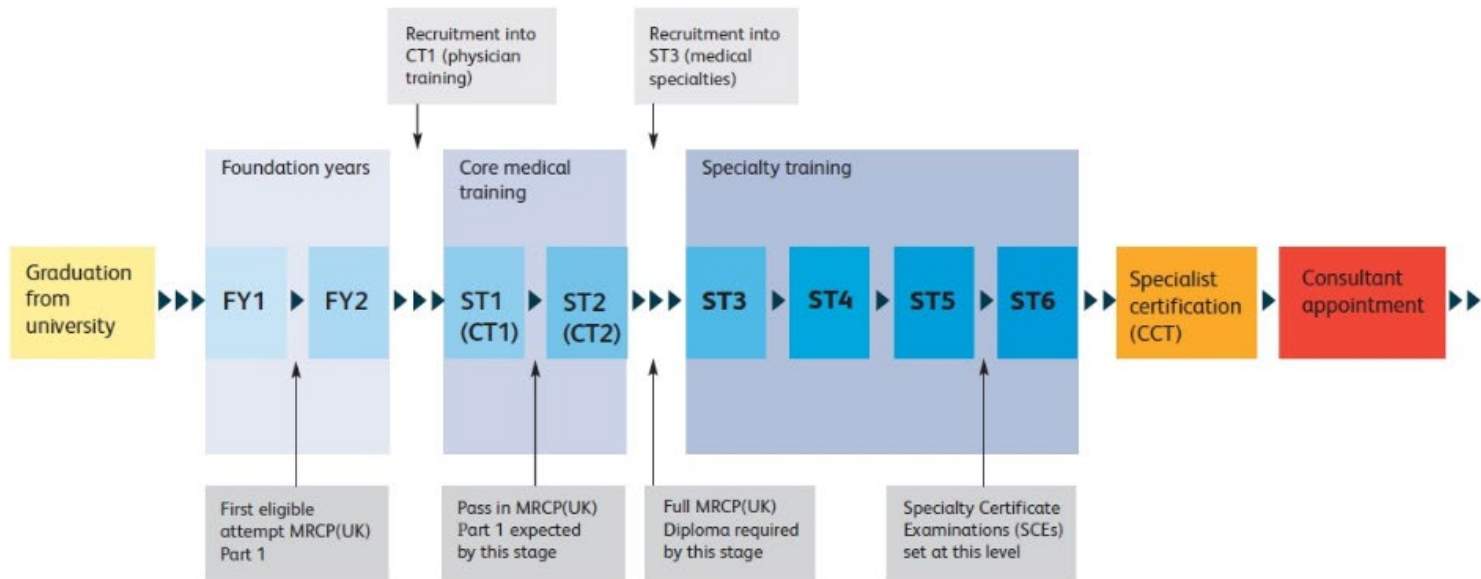
Access to secondary care is generally through your GP

All doctors must be registered with a GP

Not allowed to treat yourself/family/friends

Not allowed to access your medical records





Key
 FY Foundation years
 CT (CMT) Core Medical Training
 ST Specialty Training
 CCT Certification of Completion of Training

[Book your winter vaccines appointment](#)



NHS inform

Health information that anyone living in or visiting Scotland can trust

Check your symptoms

Use our symptom checkers to assess your symptoms and find out what you should do next.

[→ Check your symptoms now](#)

Flu vaccine

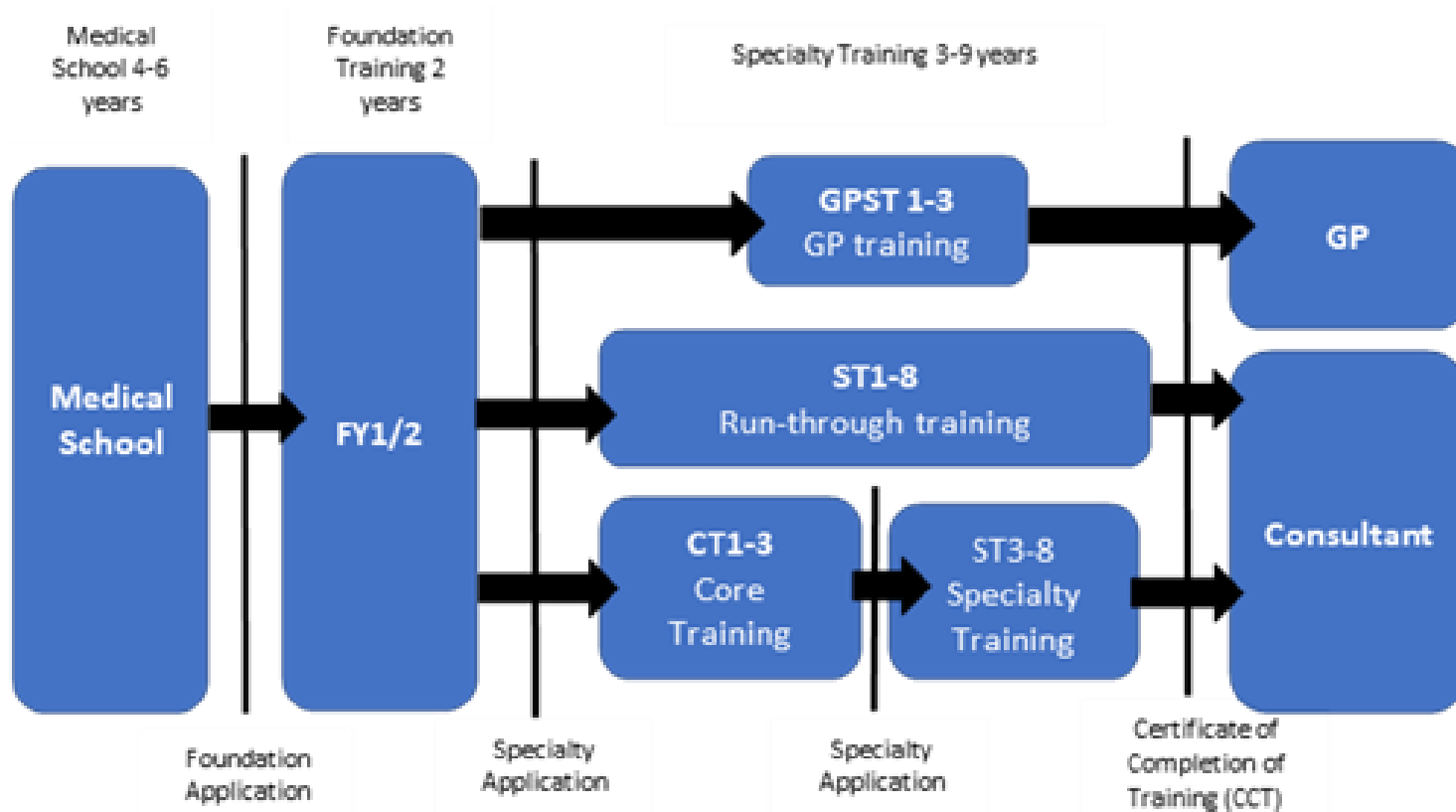
Flu can be serious. Check if you're eligible for the flu vaccine and book your appointment.

[→ Book your flu vaccine appointment](#)

Training structures and training terminology

- Dr Fiona Cameron
 - APGD/ FSD
- Chair AoMRC Foundation committee

Medical Training Pathway

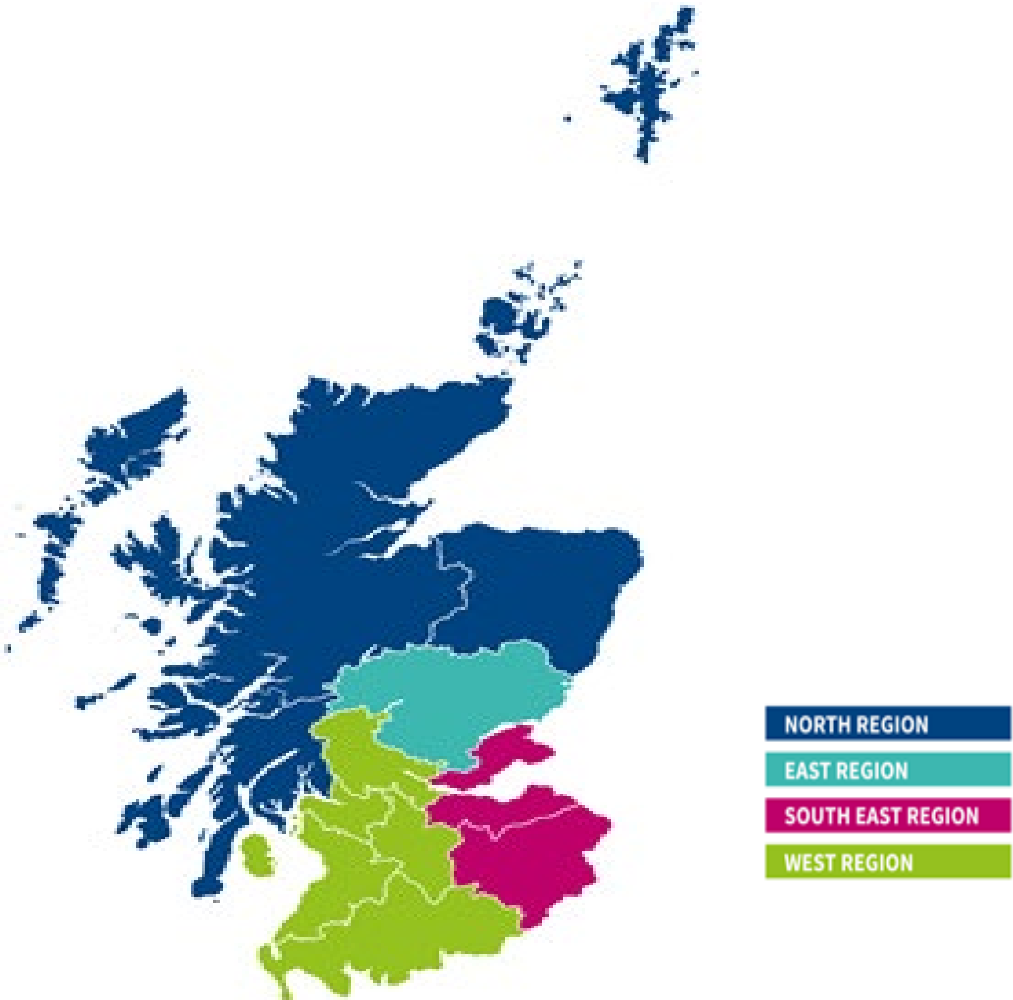


Royal Colleges

- Set the curriculum
- Set the agreed standards of learning
- Deliver the examination
- Usually have educational programs separate to the Deanery

YOU MUST LOOK AT YOUR COLLEGE CURRICULUM EARLY

Scotland Training Regions



What is a Portfolio?

- The portfolio is an electronic tool for doctors to store and record a collection of evidence that demonstrates and individuals learning achievements and abilities
- A portfolio promotes life-long learning by encouraging doctors to reflect on their own needs and clinical competencies, and the needs of their patients
- A portfolio can help
 - Keep documents together to evidence progress and learning
 - Reflect on learning
 - Develop a personal development plan by encouraging individuals to think about what you may need to do next to progress in your career
 - Prepare for an interview and develop a CV

Portfolio - Psychiatry

PORTFOLIO ONLINE

Home About

+ Register for a Portfolio Log In

Follow @PortfolioOnline Help

Start a New Assessment

Search for someone to assess by name or GMC Number

Enter some text to search for... Search

Help and Support

Help Centre

Visit the [Help Centre](#) to view information and guidance on using Portfolio Online

The answer to many common queries can be found in the [Popular Topics](#) section.

There are also sections with information on the following:

- Building a trainee portfolio
- Supervising a trainee
- Assessing a trainee
- The ARCP Online

If you have a suggestion for improvement, post it on the [suggestions page](#).

If you need support you can email us directly on support@portfolioonline.co.uk, or use help icon in the bottom right corner of each page to send us a message.

We aim to respond to support requests within one business day, over 65% of e-mails are responded to within 1 hour.

Alternatively you can call us on 0800 987 1008 if you would prefer to speak to someone.

The help desk is available Mon-Fri 09:00 to 17:00.

Login

E-mail*

The e-mail address you are registered with

Password*

Password

Remember Me

Check this box to stay logged in (do not use on a shared computer)

Log In forgotten password?

Latest News

pofeed.uk

PSPDP Update for August 2023

Posted by Sarah at 04:00 on 02 Aug 2023

News

The View as PSPDP page on Portfolio Online has now been updated to provide a much improved end user experience.

To remove confusion with Activities in general, Post Activities are now called Post Objectives.

When creating a new Post Objective, you'll now choose the specific HLO that it is linked to. You'll no longer have to manually link your PDP Items to Key Capabilities.

Select a Proforma Template

Proforma

Post Objective

Select the proforma template to use for this activity

Post

Specialty Training Post (CT2 - Core) 01 Aug 2023 - 31 Jun 2024

Help

Portfolio - GP

[Home](#) > [MRCGP exams](#) > [Trainee portfolio](#)

Trainee portfolio

Login to the system

- **Trainees and Trainers** - login at the [FourteenFish website](#)
- **Administrators, deans, directors and panel users** - login at the [FishBase website](#)



Overview



Main features and video
walkthroughs



Portfolio app



Support



Portfolio - Pathologists



[HOMEPAGE](#) > [TRAINEES](#) > [ASSESSMENT](#)

Assessment

The College is responsible for:

- managing the continuous development, implementation and evaluation of workplace-based assessments for medical and clinical scientist trainees.
- managing the Learning Environment for Pathology Trainees (LEPT) system, an online record of learning on which all workplace-based assessments are recorded.
- supporting and providing content for other e-portfolios such as the Online Learning and Assessment Tool (OLAT) for Clinical Scientists undertaking Higher Specialist Scientist Training (HSST) and the RCP ePortfolio for medical microbiology and medical virology.

These pages will support and assist trainees in the collection of evidence of their professional skills, attitude and appropriate everyday clinical competences which will be assessed through workplace-based assessments (WPBAs).

Trainees who specialise in chemical pathology, histopathology and oral and maxillofacial pathology must use the LEPT system for WPBAs as well as multi-source feedback (MSF), which also includes an ePortfolio to support the Annual Review of Competence Progression (ARCP) process.

Trainees in medical microbiology and medical virology must use the JRCPTB ePortfolio.

Clinical Scientist trainees undertaking HSST must use the OLAT provided by the National School of Healthcare Science.

[COVID-19: information for trainees](#)

[Training](#)

[Webinars: What I Wish I'd Known](#)

Assessment

[Learning Environment for Pathology Trainees \(LEPT\) system](#)

[Old LEPT system - Multi-source feedback \(MSF\) for specialty trainees](#)

[Evaluation of workplace-based assessments and year 1 assessments](#)

[Examinations](#)

[Cost of training](#)

[Preparing to be a new consultant](#)

Portfolio - Physicians

Search results

portfolio

Search

or

See all filters

Results (111)

Sort by

Relevance



Flexible portfolio training

Flexible portfolio training (FPT) was launched as a pilot initiative within higher specialty training offered by Health Education England and the Royal College of Physicians. It protects 1 day a week (or 20% time equivalent) for non-clinical professional development.



Navigating the Portfolio Pathway (CESR route)

The 'Navigating the Portfolio Pathway' workshop offers practical advice and guidance for doctors of all specialties who are considering applying for specialist registration via the portfolio pathway (previously known as the Certificate of Eligibility for Specialist Registration (CESR) pathway).

Type: Course

CPD credits: 5

Non-training Portfolio (NES)

The image shows a graphic design for a 'Professional Portfolio' cover. It features a large teal rectangle on the left and a light gray rectangle on the right. The text 'Professional Portfolio' is centered in white on the teal background, with 'Clinical Fellows' in a smaller font below it. The entire design is enclosed in a dark gray border.

Professional Portfolio

Clinical Fellows

SOAR

Medical Appraisal Scotland

Search...



[Home](#)

[What is... ▾](#)

[Our work ▾](#)

[Resources ▾](#)

[News](#)

[Events](#)

[Appraiser training ▾](#)

[Contacts ▾](#)

[SOAR login](#)

Welcome to Medical Appraisal Scotland



Home of SOAR

Welcome to Medical Appraisal Scotland (home of SOAR)

This web resource is designed to support doctors (in both Primary and Secondary Care) working and training in Scotland undertaking Medical Appraisal and Revalidation.



Multi-source feedback

Multi-Source Feedback (MSF) or 360 degree feedback.



Revalidation

Everything you need to know about revalidation.



QIA examples

Organised into individual case studies.



Acronyms

- TPD = Training Programme Director
- CS = Clinical Supervisor
- ES = Educational Supervisor
- AHP = Allied Health Professional
- AMP = Advance Medical Practitioner
- ARCP = Annual Review of Competency Progression
- DME = Director of Medical Education
- SOAR = Scottish Online Appraisal Resource
- GMC = General Medical Council

Useful website

- <https://turasdashboard.nes.nhs.scot/>
- <https://www.scotlanddeanery.nhs.scot/>
- <https://www.appraisal.nes.scot.nhs.uk/>

IMG Experiences, Acculturation & NES Support

Mo Al-Haddad – an IMG

Associate Postgraduate Dean for IMGs at NES

IMG



'A doctor who practices medicine in a country different to their country of Primary Medical Qualification (PMQ)' GMC

Experiences of International Medical Graduates

mo.alhaddad@glasgow.ac.uk

REVIEW ARTICLE

International medical graduates' experiences before and after migration: A meta-ethnography of qualitative studies

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¹School of Medicine, Dentistry & Nursing,
University of Glasgow, Glasgow, UK

²Institute of Health and Wellbeing, University
of Glasgow, Glasgow, UK

Correspondence

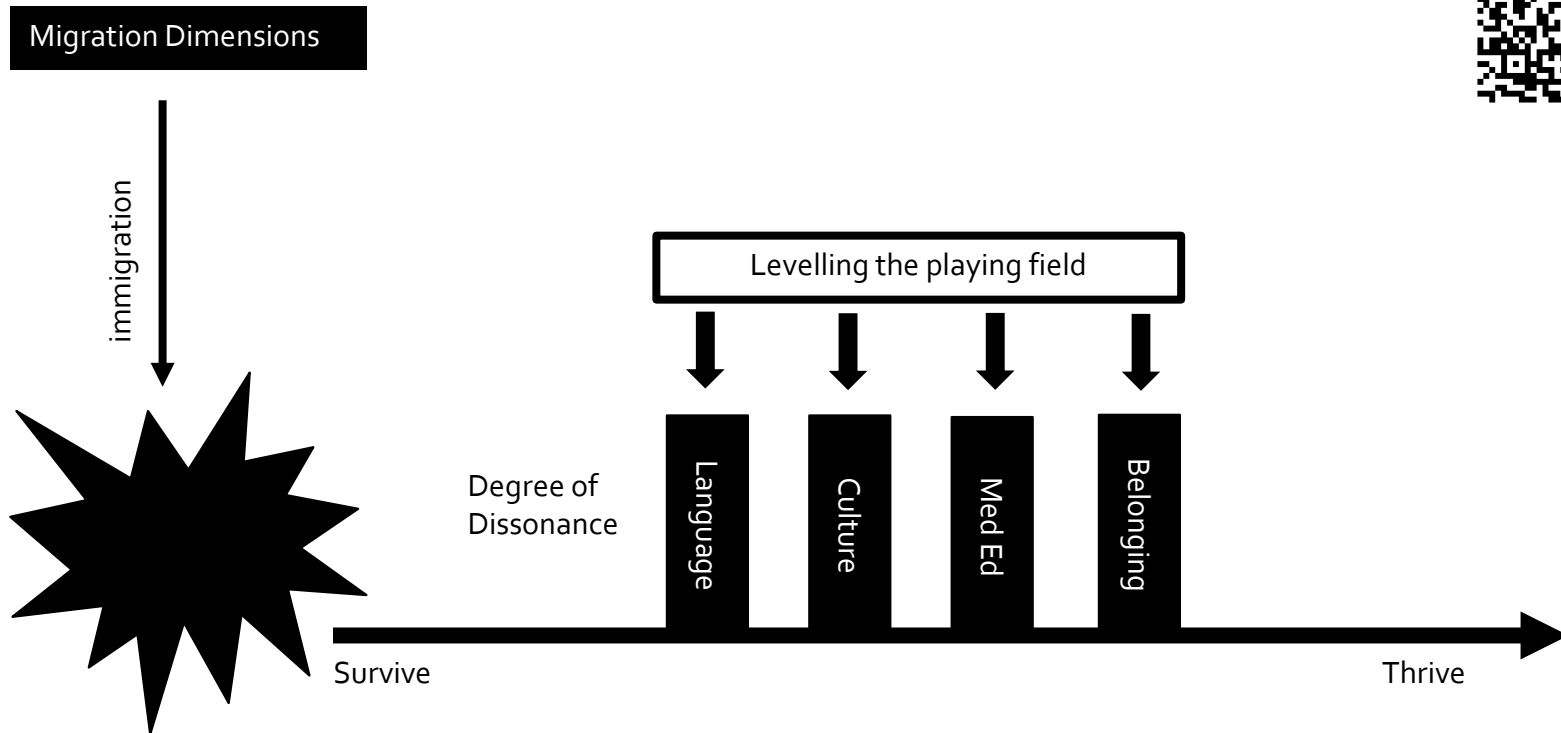
Mo Al-Haddad, School of Medicine,
Dentistry & Nursing, University of Glasgow,
ICU, Level 1, QEUH, Glasgow G51 4TF, UK.
Email: mo.alhaddad@glasgow.ac.uk

Abstract

Introduction: International medical graduates (IMGs) represent a large portion of practising doctors in many countries. Many experience difficulties, including higher rates of complaints against them and lower exam pass rates. The UK's General Medical Council (GMC) recently set targets to 'eliminate disproportionate complaints' and 'eradicate disadvantage and discrimination in medical education'. Our timely meta-ethnography aimed to synthesise existing qualitative literature on the wider personal and professional experiences of IMGs to identify factors affecting IMGs' professional practice (either directly or indirectly).

Methods: In September 2019, we systematically searched Medline, Embase, Cochrane, PsycINFO, ERIC and EdResearch for peer-reviewed qualitative and mixed-







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COMMENTARY

It takes two to tango: The ‘inter’ in intercultural competence

Mo Al-Haddad^{1,2,3}  | Peih-ying Lu^{4,5,6} 

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²Queen Elizabeth University Hospital, Glasgow, UK

³NHS Education for Scotland, Edinburgh, UK

⁴College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan

⁵College of Humanities and Social Sciences, Kaohsiung Medical University, Kaohsiung, Taiwan

⁶Centre for Medical Education and Humanizing Health Professional Education, Kaohsiung Medical University, Kaohsiung, Taiwan

Correspondence

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Email: mo.alhaddad@glasgow.ac.uk

Funding information

No funding was received to write this article.

Language

- **Mass media**
 - (Radio 4 vs. Radio Clyde or Radio Tay etc)
 - TV
 - Tabloid vs Broadsheets
- **Interacting with natives**
 - Coffee breaks, lunch breaks
 - Shops, restaurants, etc.

Culture

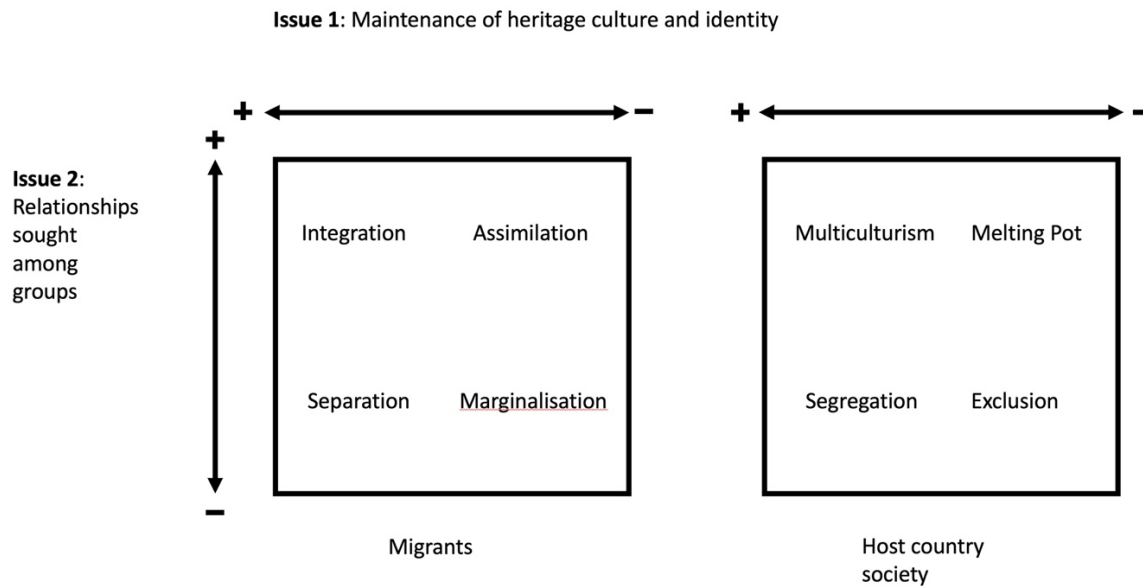
- Language interventions already mentioned
- Living in Scotland
- Groups and activities
- Community activities

Belonging & social connections

- Mechanisms to report discrimination
- IMG Network on Facebook
- Local IMG Networks
- Importance of coffee and lunch
- Culturally sensitive days/nights out
- Bonding vs Bridging Social Capital



Acculturation



Berry JW. *International journal of intercultural relations*. 2005;29:697-712.

Performance

- Adjustment important for performance

Harrison DA, Shaffer MA. *The International Journal of Human Resource Management*. 2005;**16**:1454-1474.

STATE OF THE SCIENCE

Facilitating international medical graduates' acculturation: From theory to practice

Mo Al-Haddad^{1,2,3} 

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²Queen Elizabeth University Hospital,
Glasgow, UK

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Funding information

None

Abstract

Context: International medical graduates (IMGs) are forming an ever-increasing proportion of the medical workforce. Much of the discourse around IMGs is about their performance at work and interventions to improve it. This discourse, however, is rarely situated in the wider context of the experiences of IMGs as migrants despite the wider context of migration and acculturation being likely to have a significant impact on IMGs' well-being and, ultimately, performance at work.

Objectives: The objectives of this article were to (1) raise awareness of the inextricable broader context within which IMGs are situated as migrants; (2) outline the impact this context might have on IMGs' performance; (3) discuss literature from the social sciences related to acculturation that could better inform the way we view IMG transition and performance; (4) highlight how acculturation theory can help inform the design, implementation and evaluation of interventions to facilitate the transition of IMGs into the host country and the workplace; (5) list some interventions that can provide support; and (6) suggest theory driven lines of enquiry to study acculturation in IMGs and the impact related issues might have on performance.

Methods: This is a cross-cutting edge review drawing on selected theory and literature from the social sciences to explore its relevance to IMGs.

Conclusion: The broader context of migration and acculturation should not be ignored when discussing IMG performance in the workplace or when instigating interventions to improve it. There is an urgent need to further evaluate the impact this broader context has on IMGs' well-being and performance.

Medical Education.

<https://doi.org/10.1111/medu.15175>





Deanery Website

Medical Education

<https://www.scotlanddeanery.nhs.scot/>

The screenshot shows a web browser displaying the Scotland Deanery website. The page title is "Scotland Deanery" with the tagline "Home of medical and dental excellence". The URL in the address bar is "https://www.scotlanddeanery.nhs.scot/international-medical-graduates". The page features a search bar and a navigation menu with items like "Trainee Information", "Your development", "Trainer information", "Diversity", "Quality", "International Medical Graduates", and "Trainee Development & Wellbeing". The main content area is titled "International Medical Graduates (IMGs)" and includes a breadcrumb trail "Home > International Medical Graduates". A paragraph of text states: "The Scotland Deanery welcomes doctors who have qualified outside the United Kingdom (UK) who wish to come to Scotland for postgraduate training. Each year doctors from all over the world come to the UK to train and work in NHS Scotland. The NHS is Scotland's largest employer; information on the structure of NHS Scotland can be found [here](#)". Below this text is a grid of nine tiles, each with a small image and a title with a right-pointing arrow: "Preparing for life in Scotland", "Scottish IMG Introduction to working in Scotland Webinar", "Scottish IMG Orientation Day", "Scottish IMG Doctors Support Network", "Scottish IMG Buddy Scheme (SIBS)", "Roles and Responsibilities in the NHS", "Medical Education and Training Pathways", "Trainer Resources", and "Useful links".

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Take Home Messages

- Do not focus exclusively on knowledge
- Build social network
- Bridging as well as bonding connections
- Immerse yourself in language and culture
- Make use of support

Thank you

Mo.alhaddad@Glasgow.ac.uk

@MoAlHaddadz



mo.alhaddad@glasgow.ac.uk

Building a portfolio

Formative Learning

guide to supervised learning events

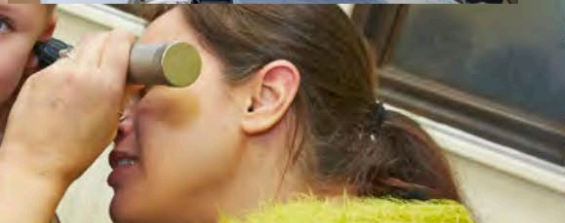
Dr Fiona Cameron

Chair of the AoMRC assessment working group



Academy of
Medical Royal
Colleges





What is a portfolio



Your personal record of your progress throughout training



Allows you to show that you are demonstrating progress



doctors follow a specialty GMC approved curriculum



A portfolio allows you to record your formative learning mapped to the curriculum



Provides a space for your supervisors to record their assessment of your progress



Allows for you to celebrate and share your successes and also how you have learned from your reflections

Why do I need a portfolio

To record curriculum progress

To share your evidence with your supervisors to support satisfactory sign off

To complete your ARCP

To demonstrate your successes and help you prepare for future interviews

objectives

- Formative learning
 - What is it
 - What is the purpose
- Hierarchy of evidence and Miller's pyramid
- Types of SLE- DOPS, Mini-cex, CBD
- How to undertake an SLE
- How to record an SLE
- How to create an MSF

When should I start



At the start of training



Review the curriculum



Study the portfolio



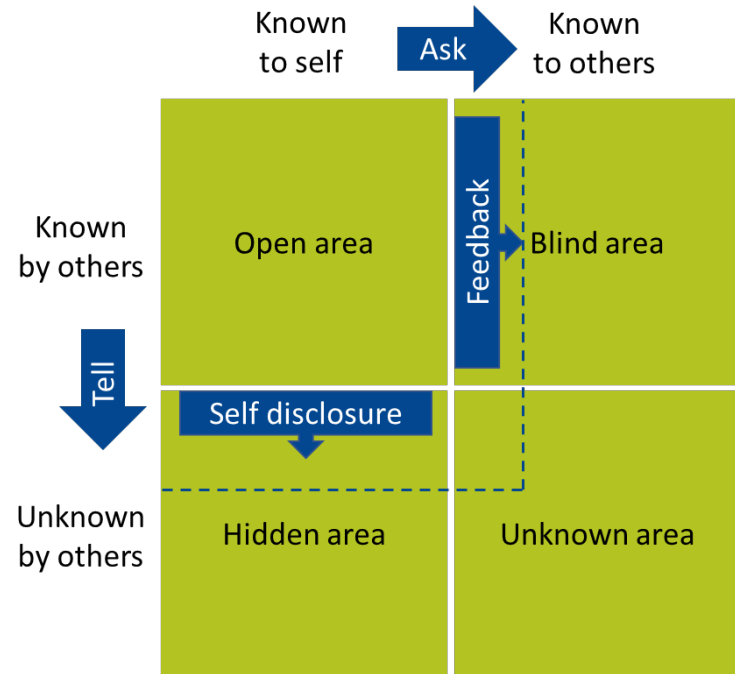
Familiarise yourself with the layout, forms and requirements



Read the ARCP requirements

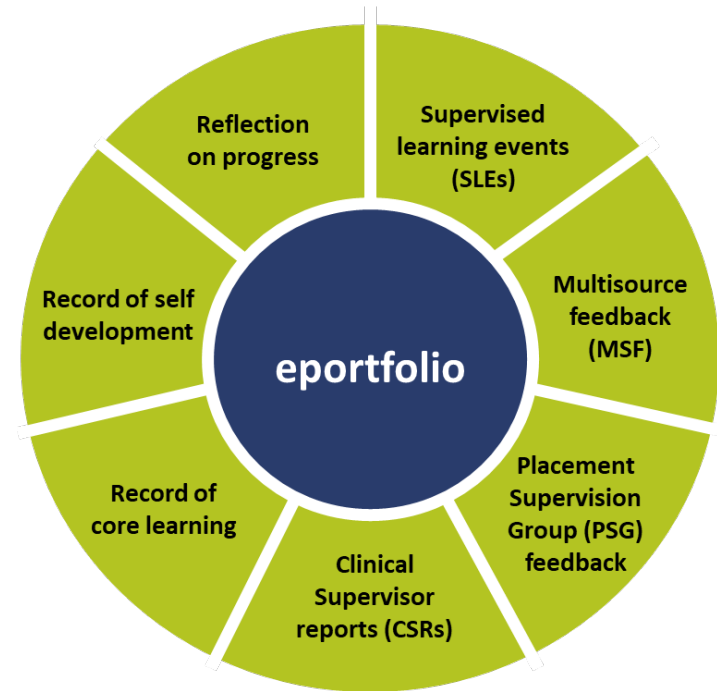
Formative learning

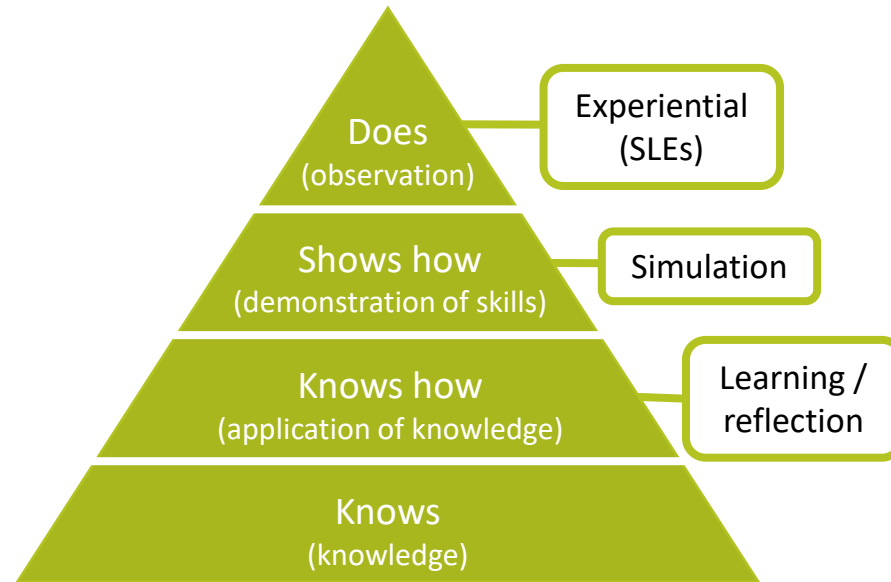
- Formative learning is the basis of Foundation training: developing your capabilities and receiving feedback
- Recording what you are learning against the Foundation curriculum shows you are progressing
- Working in the clinical (and other) environment provides an opportunity for constructive feedback
 - you know what you do well
 - suggested areas for improvement
 - signposting to further learning
- Formative learning is not pass/fail but recording it can provide you with evidence to upload to your curriculum capabilities



What is an SLE ?

- A recorded learning event where you receive verbal and written feedback on your clinical performance
- Not pass/fail
- Shows learning progress
- Evidence for your portfolio





Millers pyramid – Hierarchy of Evidence

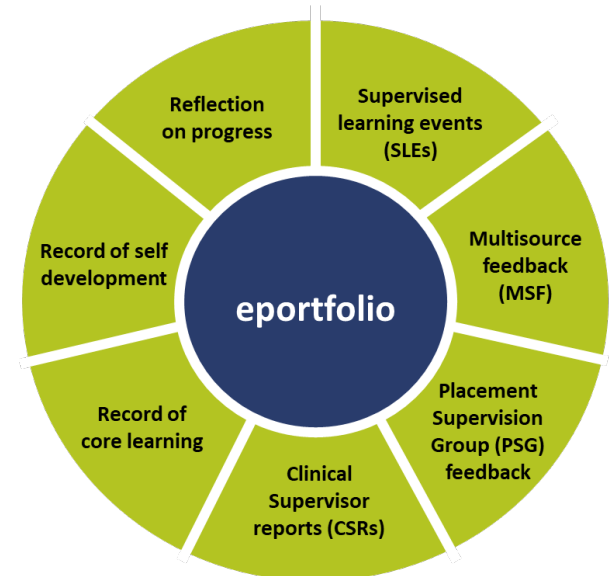
Types of SLE (names dependent upon training speciality)



- DOPS - Directly observed procedure
 - You choose a procedure and ask to be watched by a senior colleague and you should receive feedback
 - Examples may include, arterial blood gas sampling, performing an ECG, taking blood cultures etc
 - Knowing when to do the procedure and obtaining consent are as important as the technical skills
- Mini - cex- Mini clinical evaluation exercise
 - You choose a clinical encounter with a patient and ask to be directly observed by a senior colleague and receive feedback,
 - Examples may include initial assessment of chest pain, assessment of delirium
- CBD - case based discussion
 - You choose an interesting case, discuss with a senior and receive feedback on your knowledge and performance
 - This may be as part of the post take round, discussing in a supervisor meeting or presenting at a departmental meeting

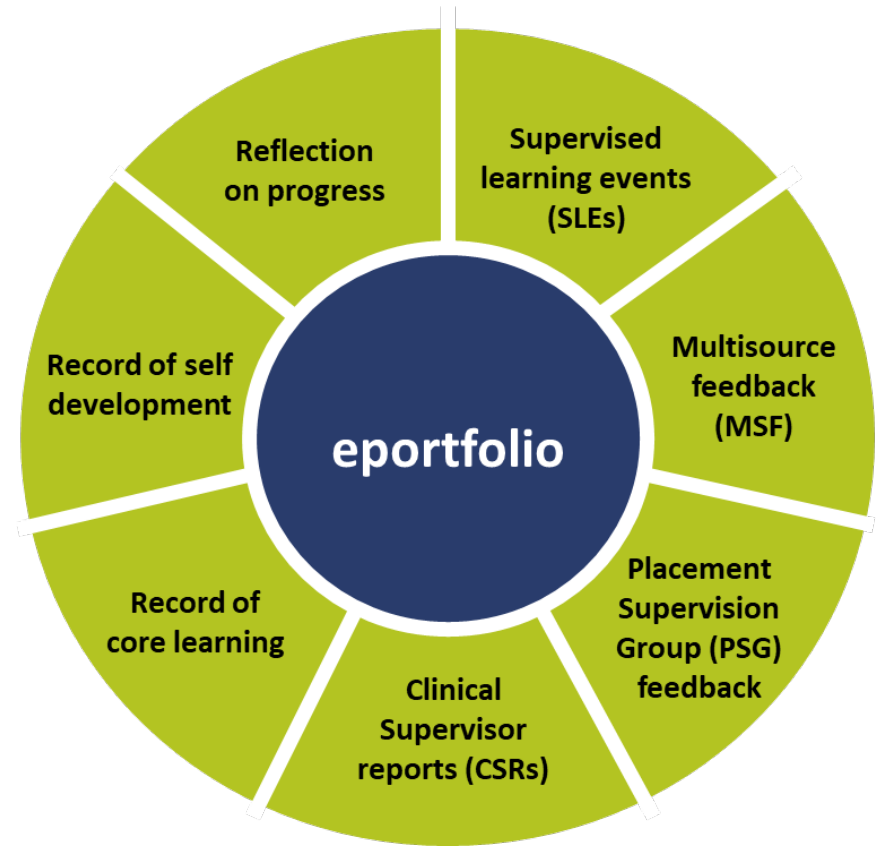
- ALMAT

- Anaesthetic list management
- This is where the trainee performs a theatre list with the consultant in the background
- The trainee will discuss the list in advance with the consultant and identify any challenges,
- The trainee will then perform the whole list including the brief and working with the team
- The trainee then reflects in the portfolio and the consultant provides feedback on clinical care, communication, teamworking and leadership



Acute care assessment tool ACAT

- This is when the trainee receives feedback on how they perform in a shift.
- The trainee will run the shift including assessing patients, managing more junior members of the healthcare team and be aware of when to ask for help
- Feedback will be on clinical care, teamworking and communication



How to record an SLE



- Identify the clinical encounter
- Speak to a senior colleague and inform them you would like to have this recorded as an SLE **before the event**
- Perform the encounter
- Ask for verbal immediate feedback
- At a suitable time as soon as is practical start to complete an SLE form on TURAS
- Choose from DOPS/ mini-cex/ CBD (names are specialty dependent)
- Complete the sections and consider if you need further learning
- Send the ticket to the senior for completion
- Once complete link to your curriculum capabilities

Summary



- SLEs are high level formative learning events
- They are used by the trainee doctor to demonstrate their learning and progress in the clinical environment
- Examples of events that can be recorded for each are listed in the curriculum
- Capabilities should have evidence including experiential learning (SLEs, evidence of knowledge such as taught learning or self-directed learning and feedback in the form of Multi Source Feedback)

Welcome to UK practice

Essential ethical guidance workshops
for doctors new to the UK



Welcome



hello my name is...


Kirsten Baird
Christina McNiven

GMC Scotland Liaison Advisers

GMC Regional Liaison Advisers

Regional and national

Improve understanding

Promote and support excellence

Teaching and engagement
workshops

In person and online

Gather and share insight



Aim of the GMC

The General Medical Council's primary aim is to:

a Protect patients

b Protect doctors

We help protect patients and improve UK medical education and practice by supporting students, doctors, educators and healthcare providers

Aim of the GMC

The General Medical Council's primary aim is to:

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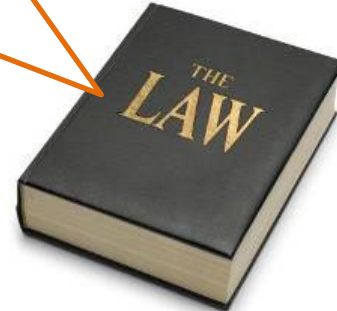
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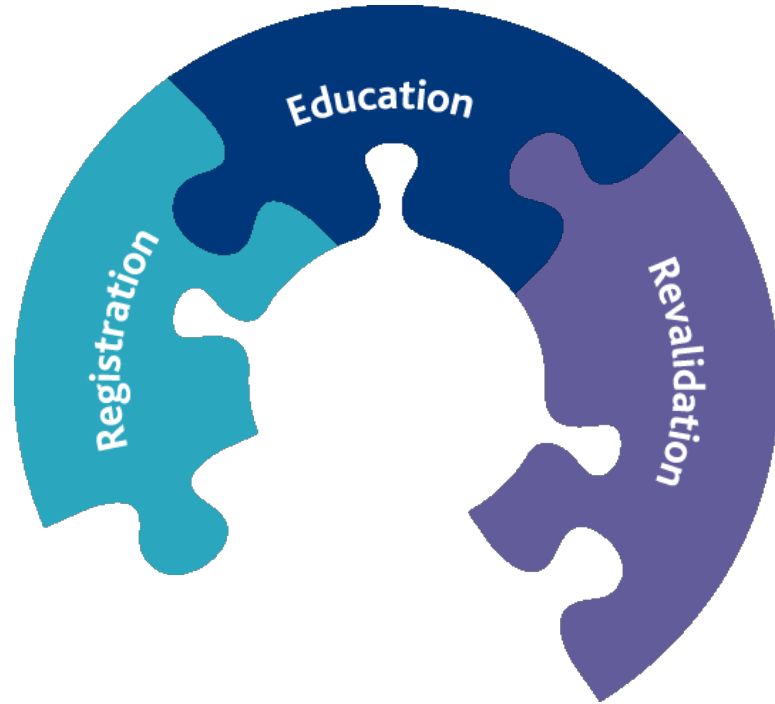
Our purpose

'To protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.'

Medical Act 1983



What do we do?

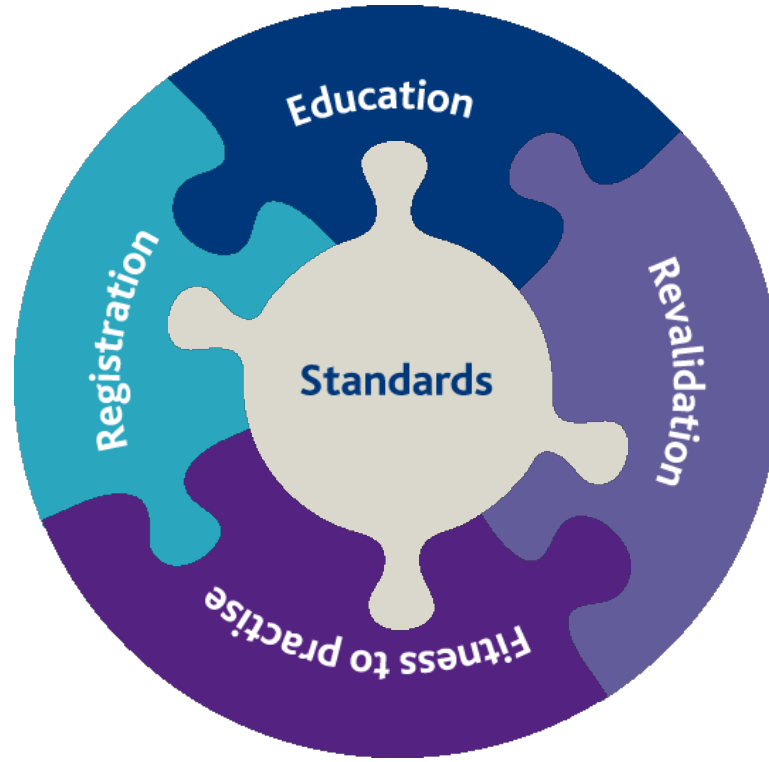


Revalidation

General
Medical
Council

Working with doctors Working for patients

What do we do?



Good medical practice

Patients must be able to trust medical professionals with their lives and health.

To justify that trust you **must make the care of patients your first concern**, and meet the standards expected of you



Duties of a doctor

- Knowledge, skills and development
- Patients, partnership and communication
- Colleagues, culture and safety
- Trust and professionalism





Good medical practice



Protecting children and young people



Confidentiality



Decision making and consent

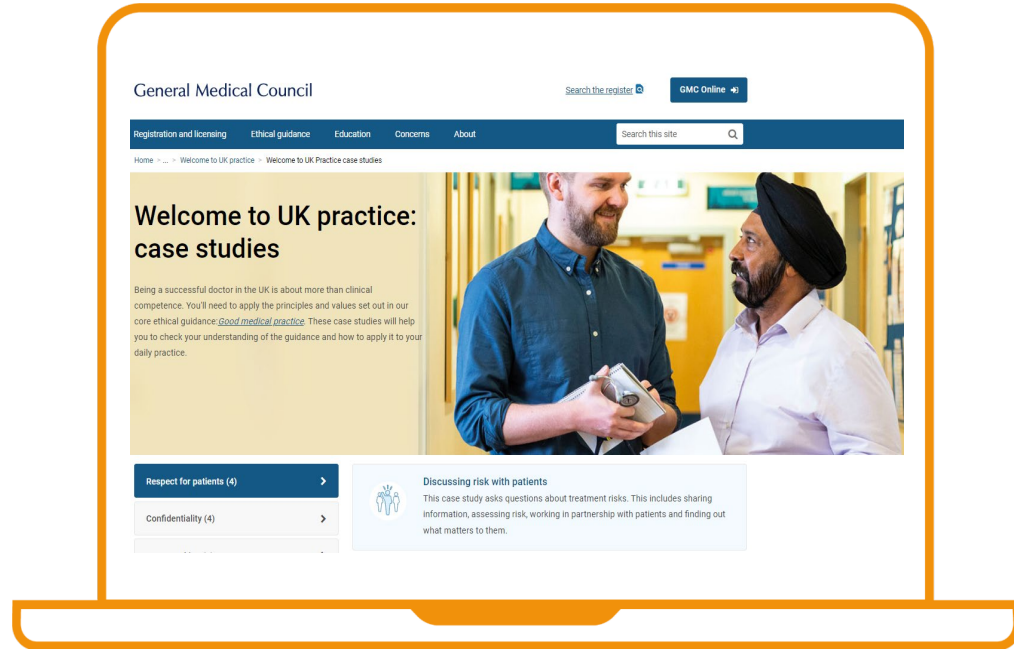


Leadership and management



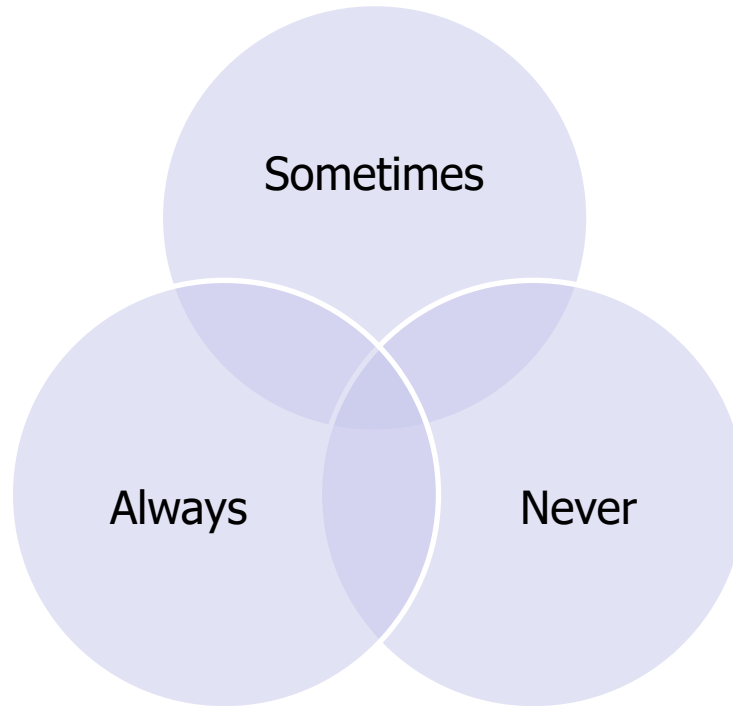
Raising and acting on concerns

Online tool



The screenshot displays the General Medical Council (GMC) website. At the top, the GMC logo is on the left, and a search bar for the register and a 'GMC Online' button are on the right. Below this is a navigation menu with links for 'Registration and licensing', 'Ethical guidance', 'Education', 'Concerns', and 'About'. A secondary search bar is also present. The main content area features a large heading 'Welcome to UK practice: case studies' and a sub-heading 'Welcome to UK practice: case studies'. Below the heading is a paragraph of text: 'Being a successful doctor in the UK is about more than clinical competence. You'll need to apply the principles and values set out in our core ethical guidance [Good medical practice](#). These case studies will help you to check your understanding of the guidance and how to apply it to your daily practice.' To the right of the text is a photograph of two men, one in a blue shirt and one in a white shirt and a black turban, looking at each other. Below the text and photo are two case study cards. The first card is titled 'Respect for patients (4)' and has a right-pointing arrow. The second card is titled 'Confidentiality (4)' and also has a right-pointing arrow. To the right of these cards is a larger card titled 'Discussing risk with patients' with a blue icon of two people. The text below the icon reads: 'This case study asks questions about treatment risks. This includes sharing information, assessing risk, working in partnership with patients and finding out what matters to them.'

Always, sometimes, never...



Scenario 1

A patient who you have been caring for during the last 2 weeks on the ward presses a box of chocolates into your hands as he leave the ward and says 'This is for you doctor, thank you for looking after me, you have been fabulous'.

Gratuities



96 You must not ask for or accept – from patients, colleagues or others – any incentive payments, gifts or hospitality that may affect or be seen to affect the way you propose, provide or prescribe treatments, refer or commission services for patients. You must not offer such incentives to others

The five most trusted professions, 2023

% trust to tell the truth:

2022
score:



Base: 1,020 and 1,015 British adults aged 16+, interviewed by telephone 8 – 14 November and 15 - 21 November 2023

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The five least trusted professions, 2023

% trust to tell the truth:

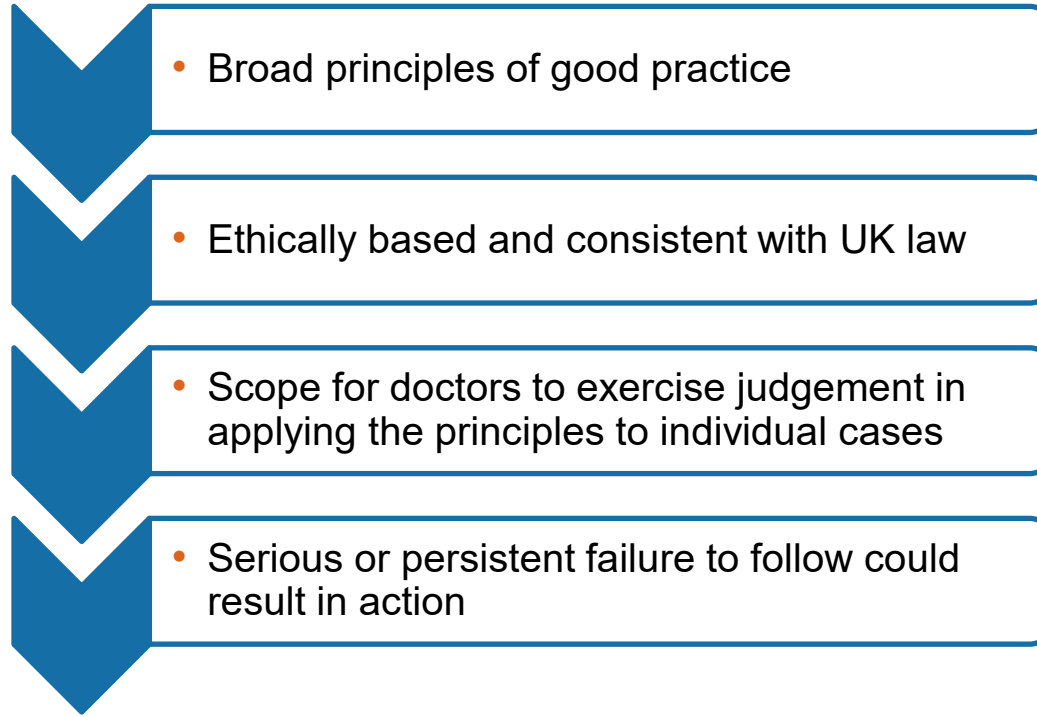
2022
score:

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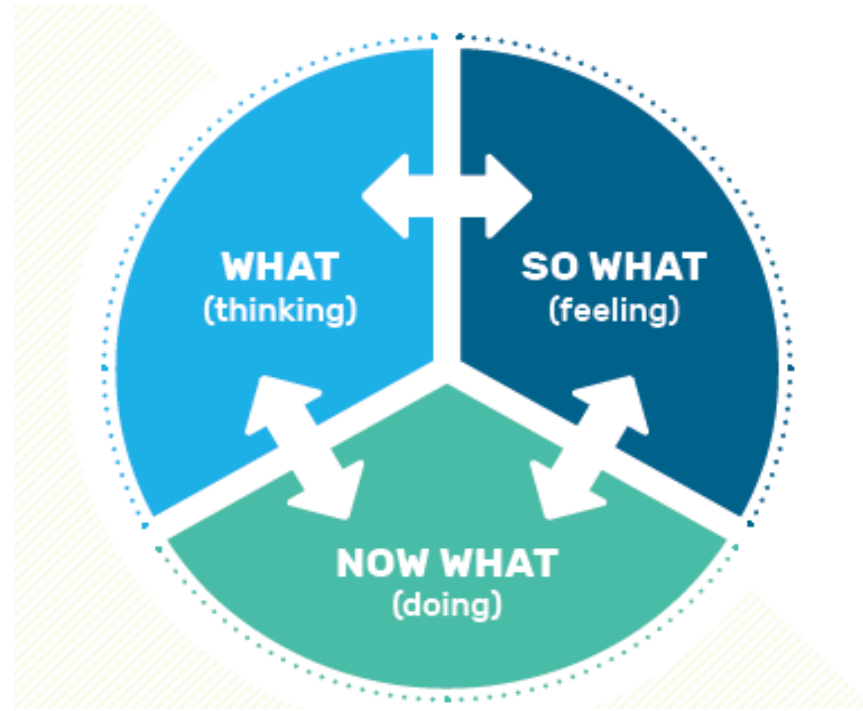
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Why use GMC guidance?



Self reflection and action



Explore *Good medical practice*
and other guidance

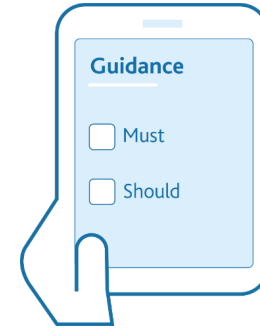
Must or should?

Must?

- An overriding duty or principle

Should?

- Used when we are providing an explanation of how you meet the overriding duty *or*
- Where the duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can comply.



Must or should?

1. You should avoid seeking medical care from a family member or anyone you work closely with.



Good medical practice

77 You **should** avoid seeking medical care from a family member or anyone you work closely with. If you are registered with a general practitioner this should be someone outside your family and your workplace.



Must or should?

2. You **must** make sure that you have appropriate and adequate insurance or indemnity

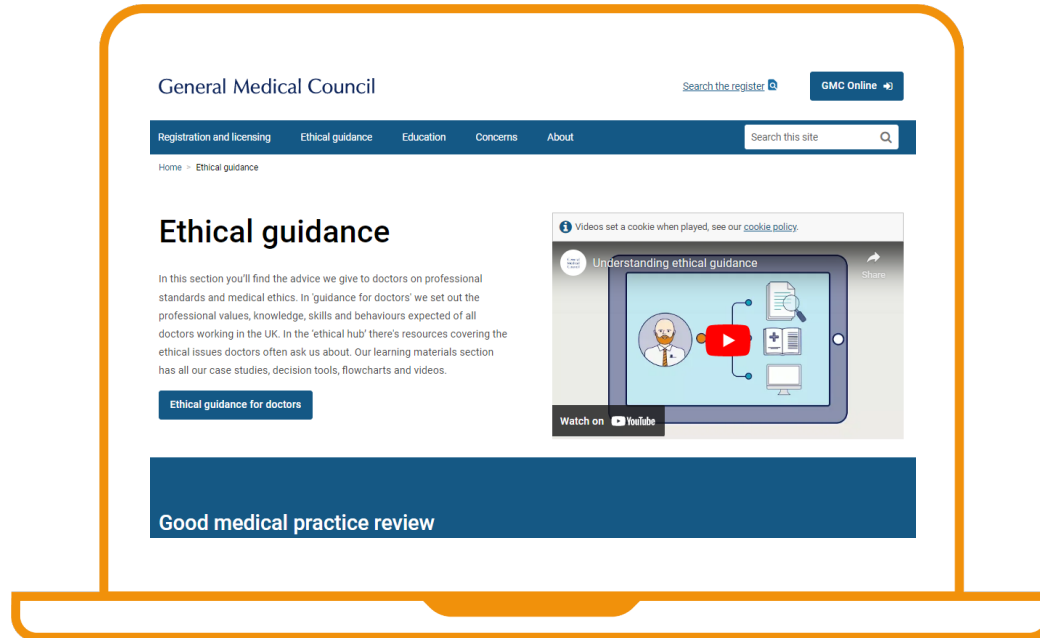


Good medical practice

101 You **must** make sure that you have appropriate and adequate insurance or indemnity that covers the full scope of your practice. You should keep your level of cover under regular review.



Ethical hub





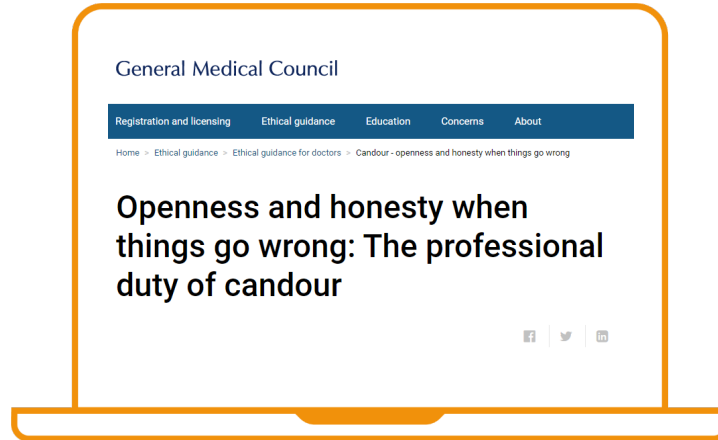
Mr James – Part 1



Video clip: Mr James - Part 1



Duty of candour



Mr James – Part 2



Video clip: Mr James - Part 2



Mr James part 2

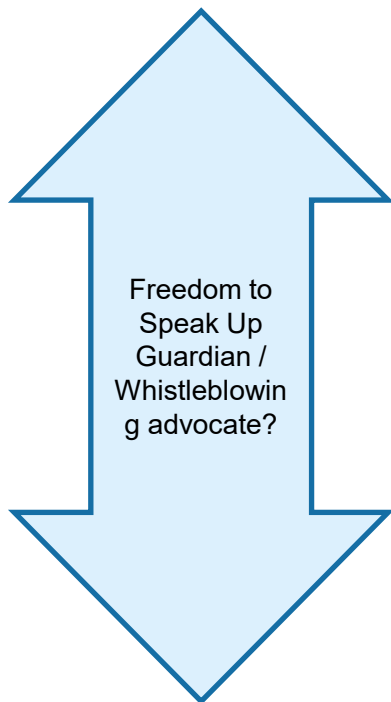


Good medical practice



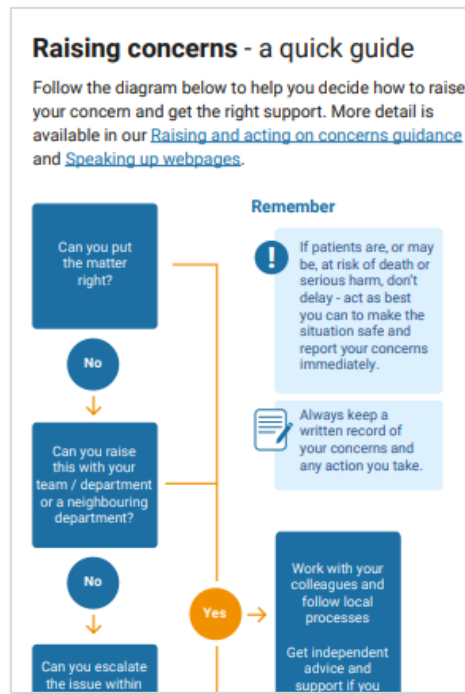
Raising and acting on concerns

Raising and acting on concerns



- Put it right yourself
- Routine reporting
- Line Manager
- Senior Management
- Relevant training body*
- Regulator
- Make it public

**if doctor is in a training post*





GMC Confidential Helpline
0161 9236 399



GMC guidance brought to life

Test your knowledge of our ethical guidance by visiting Good medical practice in action. You get to choose what the doctor should do in over 60 scenarios.

When you've finished, record what you've learned - download our new app for doctors GMC My CPD.

[VIEW SCENARIOS](#)

Why participate?

- ✓ Find out about GMC guidance
- ✓ See how the guidance applies in practice
- ✓ Use as evidence for your appraisal
- ✓ Test your knowledge of medical ethics
- ✓ A great teaching tool

GMC guidance

[View guidance](#)

Browse by topic

[View all topics](#)

We publish the following guidance which all doctors must be familiar with and follow:

- Good medical practice
- Consent
- End of life
- Leadership & management
- Raising concerns
- Confidentiality
- 0-18 years
- Child protection

- Assessing best interests
- Making decisions**
- Confidentiality
- Assessing capacity**
- Children & young people
- Consent**
- Management
- Sharing information
- Good communication**
- Expressions of consent
- Consent**

Characters

[View All](#)



Brian Wood

Brian, 48, has a fraught relationship with his GP.



Jason

Jason, 38, has mental health problems, including depression and anxiety.



Katy

Katy, 20, is a student who has been experimenting with drugs.



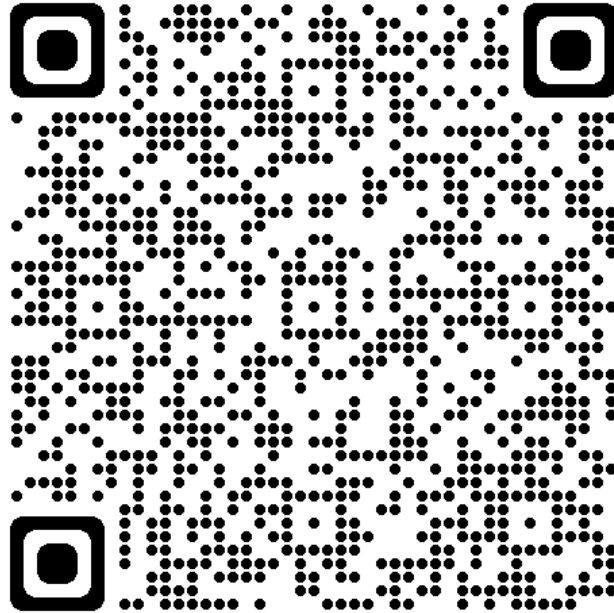
Mrs Melville

Mrs Melville, 69, is considering cosmetic surgery.

Key take away messages



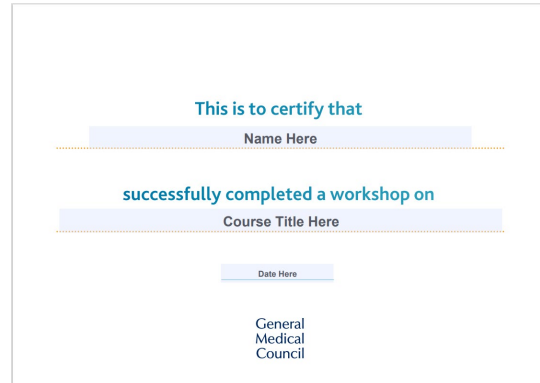
Sign up



Thank
you

Evaluation and session certificate

<https://www.smartsurvey.co.uk/s/N1IWPU/>



Session delivered by: Kirsten Baird

Kirsten Baird

Christina McNiven

GMC Scotland Liaison Advisers



gmcscotland@gmc-uk.org

GMC Contact Centre: 0161 9236 602

GMC Confidential Helpline: 0161 9236 399



My Journey in the NHS

Dr. Farman Mohammed Khan



My Journey in the NHS

Dr. Farman Mohammed Khan

- Starting the journey in the UK can be a challenge.
- What makes makes the transition process much easier and comfortable:
 - **initiatives and**
 - **getting support**



My Journey in the NHS

Dr. Farman Mohammed Khan

Currently: NHS Forth Valley

Challenges:

- Finding a home
- Getting used to the NHS systems: Can take some time
- Financial knowledge: Tax returns, understanding my payslip, ensuring my previous experience is given to the trust to put me on the right pay scale.
- Understanding the language
- Food
- Opening a bank account



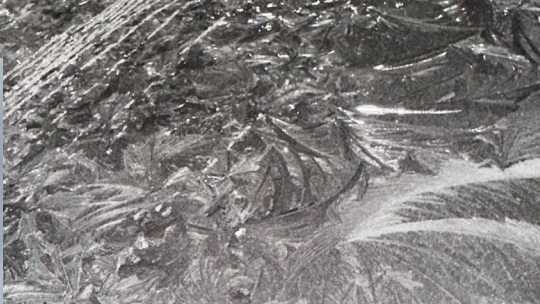
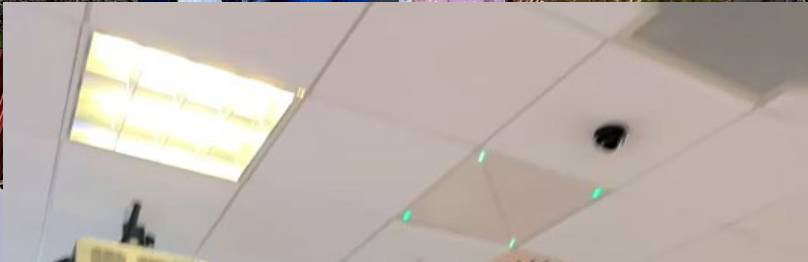
My Journey in the NHS

Dr. Farman Mohammed Khan

Good things that helped me get into the process of transition:

- IMG Orientation
- Trust Induction Seminars
- Educational and clinical Supervisors
- Helpful colleagues
- Networking with other IMG
- Staying in touch with my family and friends
- Exploring nearby places

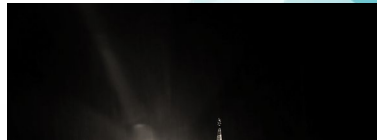
My Journey so far



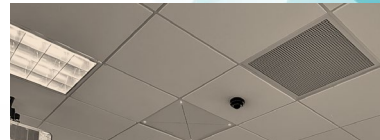
My Journey so far



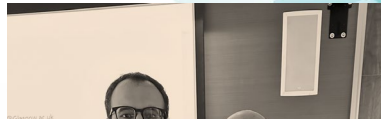
My Journey so far



My Journey so far



My Journey so far



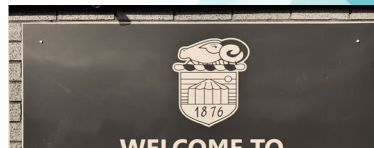
My Journey so far



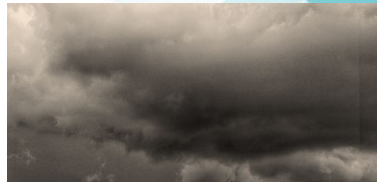
My Jo o far



My Journey so far



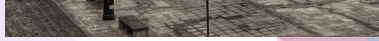
My Journey so far



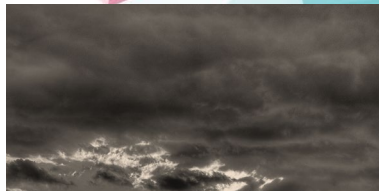
My Journey so far



My Journey so far



My Journey so far



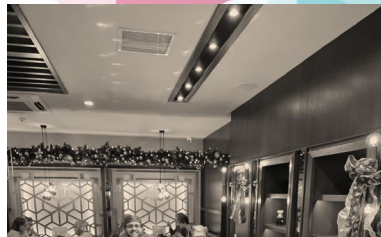
My Journey so far



My Journey so far



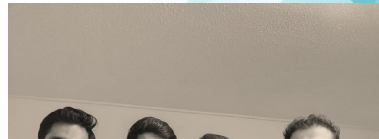
My Journey so far



My Journey so far



My Journey so far



My Journey so far



My Journey so far



My Journey so far



Thank You



https://twitter.com/DrKhan_Farman

Wednesday, 14 February 2024

Scottish IMG Orientation Day – Evaluation



If you could please take a few moments to complete.