Torbay and South Devon NHS Foundation Trust

Clinical Attachments for Overseas Qualified Doctors (Medical Workforce Guidance)

If you require a copy of this document in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Diversity & Inclusion Officer on 01803 656705.

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Date of Issue:	February 2021	**Next Review Date:**	February 2023
Version:	2	**Last Review Date:**	Jan 2021
Author:			
Directorate:	Workforce and Organisational Development		
Links or overlaps with other policies:			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1		2004		
		Nov 2008	General Review	
		March 2010	General Review	
		July 2012	General Review	
		March 2016	General Review	
2		Feb 2021	General Review new template	

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Title (and number)	Clinical Attachments for Overseas Qualified Doctors	**Version and Date**	*V1* Feb 2021
Author			

An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.

Who may be affected by this document?

Patients/ Service Users ☐	Staff ☒	Other, please state… ☐

Could the policy treat people from protected groups less favorably than the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Age	Yes ☐ No☒	Gender Reassignment	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Disability	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender	Yes ☐ No☒	Pregnancy/Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒

Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☒

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☐ No☐ NA ☒
Are the services outlined in the policy fully accessible[6]?	Yes ☐ No☐ NA ☒
Does the policy encourage individualised and person-centered care?	Yes ☐ No☐ NA ☒
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☐ NA ☒

EXTERNAL FACTORS

Is this a result of national legislation which cannot be modified in any way?	Yes ☐ No☒

What is the reason for writing this guiance? (Is it a result in a change of legislation/ national research?)

Who was consulted when drafting this policy?

Patients/ Service Users ☐	Trade Unions ☒	Protected Groups (including Trust Equality Groups) ☐
Staff ☐	General Public ☐	Other, please state… ☐

What were the recommendations/suggestions?

Does this document require a service redesign or substantial amendments to an existing process? ***PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below***	Yes ☐ No☒

ACTION PLAN: Please list all actions identified to address any impacts

Action	**Person responsible**	**Completion date**

Please contact the Equalities team for guidance: For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net **This form should be published with the policy and a signed copy sent to your relevant organisation.**

[1] Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Contents

1. Statement **5**
2 Introduction **5**
3 Scope **5**
4 Equality and Diversity Statement **5**
5 Definitions **5**
6 Eligibility **6**
7 Time and Length of Attachments **7**
8 Education Content **7**
9 Providing a Clinical Attachment **8**
10 Medical-Legal Issues **9**
11 Standards and Structure **9**
12 Accommodation **10**
13 Concerns Raised During a Clinical Attachment **10**
14 Training and Awareness **10**
15 References **10**
16 Contact Details **10**
17 Appendix 1 – *Clinical Attachment Application* **11**
18 Appendix 2 – Confirmation of Clinical Attachment **18**
19 Appendix 3 – *Insert title* ..... Error! Bookmark not defined.

1. Statement

1.1 This guidance is for those involved in organising and supervising clinical attachments and the overseas-qualified doctors who may benefit from them. The content of these guidelines reflects the advice set out by the British Medical Association (BMA).

2 Introduction

2.1 Clinical attachments are a useful way for international medical graduates to get a taste of the working lives of doctors in the NHS. You can observe a consultant in a relevant specialty without having the responsibility of patient care.

3 Scope

3.1 This guidance covers oversees qualified doctors who are undertaking Clinical Attachments for the purposes of gaining an appreciation of the nature of clinical practice in the UK and observing the role of doctors in the NHS. It is not applicable to those oversees qualified doctors who are authorised to practice within the NHS.

4 Equality and Diversity Statement

4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

5 Definitions

5.1 Clinical Attachment

A Clinical Attachment is an unpaid post for a period of time when a doctor is attached to a clinical department with a named supervisor, with the broad aims of gaining an appreciation of the nature of clinical practice in the UK and observing the role of doctors in the NHS. This includes learning about the legal, ethical and cultural context of medical practice as outlined in *Duties of a Doctor* (GMC).

5.2 During the attachment, you are not given any responsibility and are not able to make clinical decisions or give clinical advice

5.3 Duties are generally limited to:

- observing consultations
- participating in patient administration
- taking patient histories
- physical examinations
- observing surgery.

5.4 **Supervising Consultant**

A consultant is self-designated to take responsibility for the doctor's training and performance during the attachment.

5.5 Overseas Qualified Doctor

Those doctors who are not nationals of the European Economic Area (EEA) or who do not hold a primary qualification obtained in the EEA. Most of these doctors have obtained permission from the immigration authorities to stay and will remain only for the duration of their post-graduate training.

The term 'overseas qualified doctors' in this document will include refugee doctors.

5.6 **Refugee Doctors**

There is usually no restriction on working after 6 months of being an asylum seeker. The vast majority of refugee doctors will never return home and, if able to re-qualify are likely to see out their working lives in the NHS.

6 Eligibility

6.1 You will need to meet the following conditions:

- successful completion of a criminal records check
- documents giving your proof of identity
- if you are not a native English speaker, you will need an IELTS or OET certificate at level 7.5 or an equivalent level of English that you can demonstrate
- occupational health clearance from the NHS trust
- attendance at the doctors' induction day before the attachment commences, if applicable
- satisfactory references from referees cited in the application form.

6.2 **Visas**

International medical graduates need a standard visitor visa to come to the UK.

A standard visitor visa lasts for six months maximum, during which you can take the PLAB 2 test and complete the clinical attachment.

7 Time and Length of Attachments

7.1 Clinical attachments can be useful for different purposes at different stages in the progress of an overseas-qualified doctor back into medical practice. Many overseas qualified doctors may benefit from more than one attachment at different stages and with different goals.

7.2 An attachment can assist an overseas qualified doctor in achieving success in the Professional and Linguistics Assessments Board examination (PLAB) and is usually the only way an overseas qualified doctor can get a UK consultant reference.

7.3 It is recommended that an overseas-qualified doctor undertake a clinical attachment after passing the International English Language Testing System (IELTS) test, with the scores required by the GMC.

7.4 Most attachments will be part-time and should last a minimum of 1 month and probably a maximum of 4 months.

8 Education Content

8.1 A well-structured clinical attachment should have a curriculum which leads to greater understanding of the NHS, including the relationship between primary and secondary care, and should conform to relevant educational standards. It may be helpful to draw up a personal development plan to ensure that the training needs are regularly monitored, and to ensure that each party knows what is expected of them. This may also help the supervisor when writing the doctor's reference.

8.2 Generally speaking it is helpful for a doctor undertaking a clinical attachment to participate in the following:

- in a secondary care setting, to shadow junior doctors and other clinicians in the team, such as nurses and therapists, to see how the NHS works and how patients are manage
- d.
- in a primary care setting to shadow GPs, primary care team members, receptionists and practice managers, to obtain an overall perspective of working in primary care
- participate in ward rounds, outpatient clinics, teaching sessions and surgeries. Present cases in different settings to enable them to demonstrate clinical knowledge
- in primary care, doctors should write up a chronic care case history on a patient, with management options and reflections on the case.
- observe consultations and participate in patient clerking, history taking
- attend clinical meetings
- develop knowledge of patient safety issues
- gain experience in clinical governance and the legal aspects of health care, by attending relevant meetings
- become aware of the expectations of the British patient, to enhance their clinical communication skills and learn as much as possible about the doctor-patient partnership

- appreciate the roles of teams, management and leadership in health care. Perhaps through attending wider trust meetings to better understand working as part of a team.
  the doctor should help out with clinical audits/research projects, and if possible conduct their own

8.3 **Additional areas that may benefit a clinical attaché**

- CV writing skills, how to complete application forms and interview preparation
- networking skills and their benefits
- career advice and jobsearch skills
- IT/library skills
- ethical issues (such as Good Medical Practice)
- management skills

8.4 **Training and Support for Supervisors**

Training for supervisors of clinical attachments should cover:

- clarification of purposes of clinical attachments
- definitions of what is a refugee/asylum seeker
- routes to registration with the GMC
- legal aspects and access to patients
- checklist for initial interviews
- model timetable
- giving feedback; exit interviews
- model written reports

8.5 Ongoing support for the supervising doctor must be available; specific arrangements will reflect local needs and facilities. There should also be a debriefing at the end of each attachment so that lessons can be learned and shared with others involved in attachments.

9 Providing a Clinical Attachment

9.1 Prior to undertaking a clinical attachment post the overseas-qualified doctor must contact the Medical Workforce Department / relevant Consultant of the department, enclosing a copy of their CV and covering letter requesting a clinical attachment providing their contact details and dates of clinical attachment.

9.2 Medical Recruitment will then send the applicant the relevant paperwork to include Appendix 1 and 2 to complete and confirm the documentation that will be required by the applicant. To include:

- Copy of CV
- Copy of Passport
- Copy of Driving Licence

- Copy of Birth Certificate
- Copy of IELTS test and score
- Copy of Primary Medical Qualification (with translation if applicable)
- Letter of Good Standing for their local Police Force (with translation if applicable)
- 2 x references (one from their most recent employer where possible)

9.3 The overseas doctor must complete and sign an Employment Declaration Form supplied by Medical Recruitment. The supervising consultant will discuss any areas of concern that arise from completion of the form. The completed and signed form will be held in the doctor's file.

10 Medical-Legal Issues

10.1 The supervising consultant is liable for the actions of the attached doctor, as the attached doctor has no indemnity. Doctors in clinical attachment posts are, generally, not registered with the GMC and are not indemnified by defence organisations, or by a medical school. It is for the supervising consultant to make an informed decision as to what the overseas qualified doctor can be permitted to observe and do. Whilst talking to patients and routine physical examination is appropriate, the doctor should be supervised at all times and must in NO circumstances:

a. Initiate, alter or stop treatment of a patient.
b. Prescribe, request radiological examinations or other diagnostic investigations or order blood to be cross-matched.
c. Take any part in obtaining or witnessing the signature by or on behalf of a patient on a form of consent to treatment.
d. Perform invasive procedures and intimate physical examinations.

10.2 The patient must give free and informed consent to their involvement in training of any personnel.

11 Standards and Structure

11.1 An initial interview should be conducted by the supervising consultant with the overseas qualified doctor and should cover:

- Needs assessment including exploring previous experience.
- Ground rules; what is expected of the overseas qualified doctor and what can be expected of the supervising doctor and their team.
- Clarification of education and training expectations
- A clear time table for the duration of the attachment.

11.2 During the attachment the overseas qualified doctor and supervisor should meet regularly to review activities and goals with constructive feedback. At the end of the attachment the supervisor should conduct an exit interview with the overseas qualified doctor. Where possible it would also be useful for the overseas doctor to evaluate the clinical attachment with reference to the above standards and that this is fed back to the supervising doctor and their team.

12 Accommodation

12.1 The hospital has no accommodation for visiting doctors. Candidates are therefore responsible for arranging their own accommodation.

13 Concerns Raised During a Clinical Attachment

13.1 If at any time the supervising consultant is concerned or has concerns reported to them by other professionals, regarding the doctor's performance whilst on clinical attachment, they should be raised with the doctor by the consultant. If no improvement is forthcoming the Trust has the discretion to cease the clinical attachment immediately but the supervising consultant should seek advice from the Medical Workforce first.

14 Training and Awareness

14.1 Advice and support will be provided by the Medical Workforce team to support staff and managers in adhering to this guidance and their understanding of dealing with Clinical Attachments.

15 References

15.1 BMA Advice and Support International Doctors – Clinical Attachments

16 Contact Details

16.1 Any queries regarding this guidance should be directed to the Medical Workforce team of the Directorate of Workforce and Organisational Development.

- sdhct.medicalhr@nhs.net

17 Appendix 1 – *Clinical Attachment Application*

Torbay and South Devon NHS
NHS Foundation Trust

PLEASE COMPLETE ALL BOXES IN BLOCK CAPITAL LETTERS AND BLACK INK

1. I am applying for a Clinical Attachment in (specialty):
……

2. Personal details

SURNAME: …… FIRST NAME(S): ……

MR/DR/MRS/MISS/MS: …… DATE OF BIRTH: ……

ADDRESS FOR CORRESPONDENCE: ……
……

……
……

……

POSTCODE/ZIP CODE: ……..……

TELEPHONE NUMBER: …… MOBILE NUMBER: ……

E-MAIL: ……
……

IF YOU ARE CURRENTLY LIVING IN THE UK, PLEASE STATE HOW LONG YOU HAVE BEEN RESIDENT: ……..……

3. Immigration Status *** Please delete as applicable**

(Please attach a copy of your passport)

a) Are you a UK or EEA national? YES / NO *

b) If not, do you have evidence of permission to stay in the UK for the duration of your Clinical Attachment (VISA)? YES / NO *

c) Are you a refugee? YES / NO *

4. PLAB Test / IELTS

Date of PLAB test: ……..
Please attach relevant copies

Date of IELTS test: ……
Please attach relevant copies

Score of IELTS test: ……
Please attach relevant copies

5. Current Employer (if applicable)

I am currently employed as (Grade) …… in (Specialty): …….. And working at: ……..(Location) Date Commenced: ……

6. Medical education, professional qualifications, postgraduate medical training, including experience in research, academic medicine or general practice			
a) Name of Medical School and country of qualification	Date From	Date To	Qualification and date obtained e.g. MB, CHB

b) Qualifications (e.g. MRCP Part I or II)	Where obtained	Date obtained

c) Any other relevant education or professional qualifications (please give details):

7. Posts held since Medical School Include grade of post, place of employment (if applicable)

Grade Held	Specialty & Hospital	Date From	Date To	Training Details and Experience gained

8. Supporting Information:

Please provide any information relevant to the Clinical Attachment nor covered elsewhere on this form, together with reasons
Why you are applying for this post. Attach an extra sheet as appropriate:

9. Referees:

Please note one referee must be your current or most recent employer. Please include full postal address, telephone number
and e-mail address

Name: …… .. Position: …… Address: …….	Name: …… ….. Position: …… …

…… ……. Post Code: …….. Tel No: …… … E-mail: …… …	Address: …… . …… ……. Post Code: …… Tel No: …… …. E-mail: …… ….

10. Declaration

I confirm that the information that I have provided is correct and complete and consent to the information provided being used by Torbay and South Devon NHS Foundation Trust for the purpose of assessing my suitability for the post applied for. I under- stand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected, or, if I am appointed, in my dismissal. Extreme cases may merit reference to a regulatory licensing body.

I understand that any placement offered is subject to satisfactory medical clearance and police check.

Signed:
……
……

Name (please print):
……
…..

Date:
……
……..

For ease of reference please find listed below the documents to be returned with this form:

Documents / Paperwork	Attached
	Yes / No

Cheque made payable to Torbay and South Devon NHS Foundation Trust to the value of £xxxxxxx	
Copy of CV	**Yes / No**
Copy of passport	**Yes / No**
Copy of driving licence	**Yes / No**
Copy of IELTS test and score	**Yes / No**
Copy of Visa from the UKBA permitting entry to the UK	**Yes / No**
Copy of Primary Medical Qualification	**Yes / No**
Letter of Good standing from your local Police Department	**Yes / No**
Occupational Health form – together with enclosures	**Yes / No**
Employment Declaration Form	**Yes / No**
2 x References – one must be from your current employer	**Yes / No**

18 Appendix 2 – Confirmation of Clinical Attachment

Clinical Attachment in xxxxxxx

Torbay Hospital

To: xxxxxx

1. I can confirm that the Consultants in the Department of **xxxxxxx** are prepared to take you for a Clinical Attachment in an honorary capacity from **dates – xxxx from/to**

2. **Xxxxxxx Consultant name** will have overall responsibility for your work and will ensure that you work at all times under the immediate supervision and direction of a registered general practitioner.

3. **You must under NO circumstances**:

   (a) Initiate, alter or stop the treatment of a patient.

   (b) Prescribe, request radiological examinations or other diagnostic investigation or order blood to be cross-matched.

   (c) Prescribe any treatment or administer any medication.

   (d) Take any part in obtaining or witnessing the signature by or on behalf of a patient on a form of consent or treatment.

   (e) Perform a clinical / intricate examination on patients.

   <u>Any direct clinical care must be supervised by a member of the team</u>

4. This contract includes a legal obligation NOT to disclose information of a confidential nature concerning patients or employees, outside the accepted area of care. You are therefore required to comply with this responsibility. If you have any queries or concerns about the application of the Trust's rules on Confidentiality, please discuss this with your supervising Consultant.

5. The Trust accepts no responsibility for personal property lost or damaged on its premises by fire, theft or otherwise. You are advised to insure yourself as far as you think appropriate against risks.

If you agree with this offer, please sign the form of acceptance below and return to the Medical Recruitment. A second copy is enclosed, which you should sign and retain for your future reference.

I have seen and agree with the contents of this letter

Signature: ……..……..
(Consultant Supervisor)

Date: ……..……
……

Form of Acceptance

I accept the above offer and agree to abide by the terms and conditions set out in this letter.

Name: ……..…
…. (please print)

Signature:……...

Date: ……