

United Kingdom

NHS Medical Career Grades

	Old system	New system (<u>Modernising Medical Careers</u>)
Year 1:	<u>Pre-registration house officer (PRHO)</u> - one year	<u>Foundation House Officer</u> - 2 years
Year 2:	<u>Senior house officer (SHO)</u>	
Year 3:	a minimum of two years, although often more	<u>Specialty Registrar (StR)</u>
Year 4:	<u>GP registrar</u> - one year	<u>Specialty Registrar (StR)</u>
Year 5:	<u>Specialist registrar</u> SPR	in a hospital speciality:
Years 6-8:	four to six years	six years
	<u>Consultant</u>	<u>General practitioner</u>
Year 9:	<u>total time in training:</u> minimum 7-9 years	<u>Consultant</u> <u>total time in training:</u> 8 years
Optional	<i>Training may be extended by pursuing medical research (usually two-three years), usually with clinical duties as well</i>	<i>Training may be extended by obtaining an Academic Clinical Fellowship for research.</i>

In the United Kingdom, **doctors** wishing to become GPs take at least 3 years training after medical school, which is usually an undergraduate course of five to six years (or a graduate course of four to six years) leading to the degrees of Bachelor of Medicine and Bachelor of Surgery (MB ChB/BS).

Up until the year 2005, those wanting to become a General Practitioner of medicine had to do a minimum of the following postgraduate training:

- one year as a pre-registration house officer (PRHO) (formerly called a house officer), in which the trainee would usually spend 6 months on a general surgical ward and 6 months on a general medical ward in a hospital;
- two years as a senior house officer (SHO) - often on a General Practice Vocational Training Scheme (GP-VTS) in which the trainee would normally complete four 6-month jobs in hospital specialties such as obstetrics and gynaecology, paediatrics, geriatric medicine, accident and emergency or psychiatry;
- one year as a general practice registrar.

This process has changed under the programme Modernising Medical Careers. Medical practitioners graduating from 2005 onwards will have to do a minimum of 5 years postgraduate training:

- two years of *Foundation Training*, in which the trainee will do a rotation around either six 4-month jobs or eight 3-month jobs - these include at least 3-months in general medicine and 3-months in general surgery, but will also include jobs in other areas;

- two years as on a General Practice Vocational Training Scheme (GP-VTS) in which the trainee would normally complete four 6-month jobs in hospital specialties such as obstetrics and gynaecology, paediatrics, geriatric medicine, accident and emergency or psychiatry;
- one year as a general practice registrar.

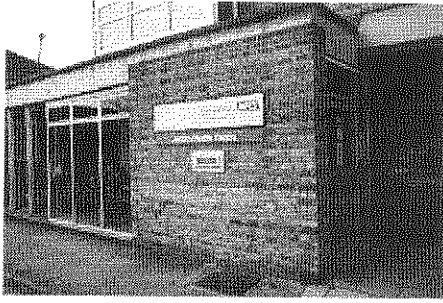
During the one year registrar post, the medical practitioner must complete a variety of assessments in order to be allowed to practice independently as a GP. There is a knowledge-based exam with multiple choice questions called the Applied Knowledge Test (AKT). The practical examination takes the form of a "simulated surgery" in which the doctor is presented with 13 clinical cases and assessment is made of data gathering, interpersonal skills and clinical management. These Clinical Skills Assessments (CSA) are held on three or four occasions throughout the year and all take place in the specially designed centre at Croydon. Finally throughout the year the doctor must complete an electronic portfolio which is made up of case-based discussions, critique of videoed consultations and reflective entries into a "learning log".

Membership of the Royal College of General Practitioners was previously optional. However, new trainee GP's from 2008 are now compulsorily required to complete the nMRCGP. They will not be allowed to practice without this postgraduate qualification. After passing the exam or assessment, they are awarded the specialist qualification of MRCGP – Member of the Royal College of General Practitioners. Previously qualified general practitioners (prior to 2008) are not required to hold the MRCGP, but it is considered desirable. In addition, many hold qualifications such as the DCH (Diploma in Child Health of the Royal College of Paediatrics and Child Health) and/or the DRCOG (Diploma of the Royal College of Obstetricians and Gynaecologists) and/or the DGH (Diploma in Geriatric Medicine of the Royal College of Physicians). Some General Practitioners also hold the MRCP (Member of the Royal College of Physicians) or other specialist qualifications, but generally only if they had a hospital career, or a career in another speciality, before training in General Practice.

There are many arrangements under which general practitioners can work in the UK. While the main career aim is becoming a principal or partner in a GP surgery, many become salaried or non-principal GPs, work in hospitals in GP-led acute care units, or perform locum work. Whichever of these roles they fill the vast majority of GPs receive most of their income from the National Health Service (NHS). Principals and partners in GP surgeries are self-employed, but they have contractual arrangements with the NHS which give them considerable predictability of income.

The (MB ChB/BS) medical degree is entirely equivalent to the North American MD medical degree. Medical practitioners educated in the United States, Canada, Australia, New Zealand, Ireland, and Great Britain have more ability to move between the countries than other national systems^[citation needed].

Visits to GP surgeries are free in all countries of the United Kingdom, but charges for prescription only medicine vary. Wales has already abolished all charges, and Scotland has embarked on a phased reduction in charges to be completed by 2011. In England, however, most adults of working age who are not on benefits have to pay a standard charge for prescription only medicine of £7.20 per item from April 2009.



GPs in the United Kingdom may operate in community health centres.

Recent reforms to the **NHS** have included changing the GP contract. General practitioners are now not required to work unsociable hours, and get paid to some extent according to their performance, e.g. numbers of patients treated, what treatments were administered, and the health of their catchment area, through the Quality and Outcomes Framework. They are encouraged to prescribe medicines by their generic names. The IT system used for assessing their income based on these criteria is called QMAS. A GP can expect to earn about £70,000 a year without doing any overtime, although this figure is extremely variable. A 2006 report^[10] noted that some GPs were earning £250k per year, with the highest-paid on £300k for working alone across five islands in the Outer Hebrides. These potential earnings have been the subject of much criticism in the press for being excessive.^[10] However, a full time GMS or PMS practice partner can now expect to earn around £110,000 before tax, while a salaried GP earns on average £74,000.^[11]

The **NHS** was criticised in the July 1997 Shipman inquiry for a lack of accountability. The report commented on "an **NHS** complaints system failing to detect issues of professional misconduct or criminal activity".^[12] However, as of 2008 public satisfaction with GPs is still extremely high in the UK.