

## GUIDE 2020

## Overseas Doctors working at Milton Keynes University Hospital

A document produced by the Overseas Doctors Support Group, MKUH

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# “Welcome to Milton Keynes University Hospital”

*We’ve produced this guide to give a brief background, overview and insight into some essential information to prepare you in advance of starting a job at Milton Keynes University Hospital.*

*This may be your first placement in the UK, and we understand that moving to a new country and adapting to a difference healthcare system can be challenging.*

Every year healthcare professionals from all over the world come to the United Kingdom (UK) to work or train in the National Health Service (NHS). The NHS has a long tradition of welcoming overseas doctors from all over the world, and the NHS continues to rely heavily on the skill and commitment of these healthcare professionals. However, overseas doctors can find they are underprepared for some of the ethical standards, professional and regulatory differences they encounter that can be difficult to adjust to. We appreciate that often these is very little opportunity for training before registration, with these differences only coming to light once they have started work.

As a valued member of our network, here at Milton Keynes we aim to support our medical colleagues with this transition. Within this short introduction to life as a doctor in the UK and at our hospital, we hope you will find this guide an informative and non-overly exhaustive adjunct in your preparations, with much more information found on the websites listed at the back of this guide.



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# The UK

## Geography

The United Kingdom (UK) is made up of four separate countries: England, Wales, Scotland and Northern Ireland and is a culturally diverse and densely populated country. London, the capital of England has the largest non-white population of any European city and over 250 different languages are spoken. Edinburgh is the capital of Scotland, Belfast the capital of Northern Ireland and Cardiff the capital of Wales.

The cost of living in the UK varies depending on where you are in the country, but generally, this cost is higher in London and the South East. Property prices are considerably higher in London.

The UK has a temperate maritime climate, although the weather does vary slightly according to the region. Winters are cool and wet, with snow uncommon, while summers are warm.

## Politics

The UK is one of a few countries still to have a monarchy, and the current monarch is Queen Elizabeth II who has ruled since 1952. The Queen is officially head of state and has an active role in Government although the Queen's political powers nowadays are largely ceremonial.

The Parliament, which is based in Westminster, are responsible for the whole UK until 1999 when stronger local government was introduced in Scotland, Wales and Northern Ireland, which now have the powers to decide over many policies, including education and health. Foreign policy and taxation are still decided centrally.

The UK Parliament, which sits in the House of Commons in London, has Members of Parliament (MPs) representing every area of the UK, including Wales, Scotland and Northern Ireland. There are 646 MPs, each representing an area (constituency). Most belong to political parties (Conservatives, Liberal Democrats, Labour, UK Independence party, Scottish National Party and the Green Party). Each parliament can last up to five years.

The UK's voting system means that in each constituency the person who gets the most votes becomes the MP for that constituency. The biggest

political party then forms a Government (which can form a majority if they gain 326 seats).

The party's leader becomes the Prime Minister, who then chooses who will join the Government.

Legislation is debated, amended and passed in the House of Commons and also in the upper chamber, called the House of Lords. Members of the House of Lords are not elected. The UK voted to leave the European Union (EU) in 2016. Details of Brexit are still under negotiation.

## Religion

The official state-sanctioned religion in the UK is the Church of England (CoE) which is of the Christian Protestant faith. However, there has been a huge decline in the role of the Church in the UK, and it is now estimated that approximately half of the population have no religious affiliation. 30% of the UK population affiliates to the CoE, whilst a further ten percent identify with the Roman Catholic, Presbyterian, Baptist or Methodist denominations.

Whilst Christianity is the dominant religion in the UK, Islam, Hinduism, Sikhism, Judaism and Buddhism is followed by a significant percentage of the population.

## People

The population of the UK is currently growing at its fastest rate since the 1960s, increasing by two and a half percent between mid-2001 and mid-2006. While life expectancy continues to increase, with 18% of the population aged 65 and over. In addition, international migration has led to the UK population growing by an average of 500 people per day. The population in 2016 was at its largest ever, at 65.6 million and projected to reach 74 million by 2039.

Across the UK, London is the most ethnically diverse area, with the highest proportion of minority ethnic groups. The Midlands has a higher than average percentage of minority ethnic groups: Pakistani at 4.1 percent, Indian at 3.9 percent and Caribbean at 1.5 percent. Wales is the least diverse area, followed by the South West and North East.

To compare, the demographic of MK is as follows: 78.4% White, 7.5% Black, 8.7% of South Asian, 3.5% Mixed Race and 1.2% Chinese. The population of MK is younger than the national average, with 22.6% of the population being under 16, compared to 19.0% in England. 12.1% are 65 years old or above, as compared to 17.3% in England.

## Social Welfare

National Insurance contribution provides medical, unemployment, maternity and retirement benefits, among others. This is paid for by employers and employees.

## Marriage

Premarital sex and unmarried cohabitation are widely accepted. Same-sex couples are now permitted to enter into Civil Partnerships which are legal ceremonies that give same-sex couples similar rights as marriage.

## Media & Postal System

The British media is dominated by the public service broadcaster, the BBC. Anyone who owns a television set must buy an annual television license, which funds the BBC. There are several other publicly owned channels and a large selection of digital channels available through satellite providers (for a monthly fee). The newspapers are independent of the government and generally lean either to the left or the right politically. Public phones are not common now due to widespread mobile phone use.

Stamps for letters and cards can be bought in supermarkets and small shops as well as post offices. The Royal Mail is the UK's national postal carrier, and it offers Next Day delivery, first class or second class postage. Red letterboxes for posting are on many streets; you can find post offices on many high streets. Most administrative tasks can be completed online.

## Education

All children in England between the ages of 5 and 18 are entitled to a free place at a state-funded school. After the ages of 18, children can legally enter full time work or can choose to enter university. Most state schools have to follow the national curriculum.

The most common types of school are:

- Mixed sex comprehensive schools (non-selective based on academic achievement)
- Academies (can follow a different curriculum)
- Grammar schools (selective by academic ability)
- Specialist schools (Autistic spectrum disorders, visual impairment, speech, language and communication needs (SLCN))
- Faith schools (follow the national curriculum, but can choose religious studies curriculum)

- Independent schools (charge fees to attend instead of being funded by the government. Some schools have facilities to house pupils at school during term time. There are also independent day schools.)

## Universities in the UK

The UK has an enviable position when it comes to higher education, with 140 universities and higher education institutions that offer a great range of tertiary qualifications. An impressive 71 UK universities feature in the QS World University Rankings in 2018. For home students, institutions in England can charge up to a maximum of £9,250 per year for undergraduate degree programs, and in Wales up to £9,000. Students can apply for a student loan to cover the costs of the university fees and living expenses (termed maintenance grant).

## Food & Drink

The UK has its own traditional cuisine and the plurality of its population means that you can now eat food from all over the world all over the world. The legal age for the purchase of alcohol is 18.

## Health

The United Kingdom is home to 64,430,428 people, many of whom fall victim to various illnesses. The list of common diseases in the UK includes the following:

1. Coronary heart disease causes nearly 74,000 deaths each year, which amounts to 200 individuals dying every day from the disease.
2. Respiratory diseases such as asthma and chronic obstructive pulmonary disease are some of the most common diseases. In fact, England has one of the highest rates of asthma prevalence in the world.
3. Stroke is the third leading cause of death in the UK and the leading cause of disability.
4. Cancer is common, partly due to the fact that the UK falls behind other countries in terms of accessible treatment and cancer survival.
5. The number of deaths from chronic liver disease in people under 65 has risen by 20% in England.
6. Health inequalities play a role in poor health outcomes for those in the lowest socio-economic groups. Tuberculosis (TB) is one major infectious disease concentrated in the most deprived areas of the UK.

According to the WHO, a few adult risk factors responsible for contributing to the increase in common diseases in the UK include tobacco smoking, alcohol consumption, raised blood pressure and obesity.





# Milton Keynes - the city of concrete cows and roundabouts

Milton Keynes (MK), perhaps the best known of the 20th Century "new towns" celebrated its 75<sup>th</sup> in 2020. With an economy of £9.6 billion and a population of 260,000, many will quickly praise the many qualities that make this such a unique place to call home.

Centrally placed between London and Birmingham, Oxford and Cambridge, Milton Keynes was designed from a visionary blueprint, at a time when Britain was rebuilding its communities devastated by the Second World War. Faced with the country's population forecasted to grow considerably, architects and designers were tasked to design an easily accessible town that could allow flexibility and space for organic expansion.

The result is a unique network of roads built on a grid system, configured by dual-carriageways, many roundabouts, underpasses and bridges. MK today is a very green city boasting 20 million in the urban area alone. Culturally, Milton Keynes is a vibrant and diverse city bringing together theatre, the UK's only 4D cinema, museums, art galleries and yes, the iconic, if not infamous, cow sculptures. MK Dons is the town's professional football club. Nearby is Bletchley Park and the beautiful grounds of Stowe House.

The town has plenty of amenities with two huge shopping centres, many restaurants, bars and leisure centres, plus Xscape, an indoor ski range right within the city centre. Due to the design of the city, it also boasts 300km (186 miles) of cycle paths set amongst three ancient woodlands and housing estates that shelter from the road network. The Grand Union Canal passes through

the town, providing the pace to walk, cycle, run or relax.

MK has been Britain's fastest growing city in terms of jobs and the number of businesses over the past decade. Its population is 18% larger in 2013 than it was in 2004, and it expanded its jobs base by 24,400 – growth of 16%.

Indeed, Milton Keynes has a burgeoning economy which draws strength from a highly qualified workforce that helps fuel growing knowledge based and design industries, with over a fifth employed in professional occupations. This is reflected in the rising house prices, but housebuilding has also kept pace with the city's growing population, meaning that its average house prices are lower than many of its neighbours in the South East of England, despite its ongoing economic success.

***"Neither claimed any responsibility for Milton Keynes, but both reported it as a success."*** Terry Pratchett

# Moving around the city

## Taxi Services

### Speedline Taxis

Based around Milton Keynes, Speedline offer clean, non-smoking vehicles that provide a fast, reliable service.

They offer a 24/7 service that can be contacted on: 01908 260 260 or via their mobile app.

Uber does serve Milton Keynes.

## Car Rental

There are numerous car rental hire companies, including Avis, Hertz and Enterprise Rent-A-Car.

## Driving around Milton Keynes

Undoubtedly, the car dominates in Milton Keynes, helped by its road layout - the main roads of the city are laid out in a grid system with roundabouts at the intersections; with many of the roads dual-carriageways, moving around can be very quick, but predictably less so in rush hour.

If you notice the road signage, there are 'H' roads running horizontally on the map and 'V' roads running vertically. At first, it can be difficult to orientate yourself as housing has been designed to sit below the main roads which are tree-lined to reduce road noise; therefore there are very few landmarks to visualise. Milton Keynes is situated just off the M1 motorway.

## Cycling

The city is very cyclist friendly, as running parallel to the roads is a network called 'redways' - these are paths made of red tarmac that broadly follow the grid roads but never meet them, either crossing over or underneath.

The redways are a convenient and fast way to get around the city. As with any place you are unfamiliar with, caution is advised, and as many of the redways cross minor roads. Be warned that the redways are often not well signposted; when new to the city; it is advisable to traverse them with a map/phone to prevent you getting lost.

## Bus Services

The hospital is well served by local bus routes. Bus services 29 and 32 serve the hospital site, stopping adjacent to the hospital main entrance. The following busses stop on Standing Way, a short walk from the hospital main entrance, Emergency and Outpatients departments. Further information on bus timetables, maps and travel updates can be found on the Milton Keynes Council website.

## Train

The train station is located on the West Coast Main Line and is served by Virgin intercity services and by London NorthWestern and Southern regional services. London can be reached in 40 minutes, Manchester in 90 minutes and Birmingham in 40 minutes.



# The NHS

**The NHS was launched in 1948, born out of a long-held principle that good healthcare could be comprehensive, universal and free at the point of delivery, regardless of income. With the exception of some charges, such as eye and dental services, the NHS in England remains free at the point of use.**

The NHS in England deals with over 1 million patients every 36 hours, covering almost everything health-related, including antenatal screening, vaccinations, routine screening, mental health services, transplants, emergency treatment and end-of-life care. Responsibility for healthcare in Northern Ireland, Scotland and Wales is devolved to each of their respective governments, which do differ in certain policy, prescription and funding policies.

In 2014, the Commonwealth Fund declared that in comparison with the healthcare systems of 10 other countries (European and the US), the NHS was rated as the best system in terms of efficiency, effective care, safe care, coordinated care, patient-centred care and cost-related problems.

The NHS employs more than 1.5 million people; of those the clinically qualified staff includes over 150,000 doctors, 40,000 general practitioners (GPs), 310,000 nurses and health visitors, 18,000 ambulance staff, and 110,000 hospital and community health service (HCHS) medical and dental staff.

Funding for the NHS comes directly from taxation. The budget for the NHS in England in 2016/17 stood at £120.4 billion, which is funded by taxation. Private healthcare providers do offer many services within the NHS. The government budgeted £214 billion on healthcare in England in 2018/19 (approximately £3,227 per person).

With the Coronavirus pandemic, there was a change to the NHS budget for 2020 with an extra £6.6 billion being injected into the budget to help hospitals cope with the pandemic.

## Principles and values that guide the NHS

When the NHS was launched by the Minister of Health at the time, Aneurin Bevan, it was founded on three core principles that have guided the development of the NHS:

- That it meets the needs of everyone
- Free at the point of delivery
- Is based on clinical need, not the ability to pay

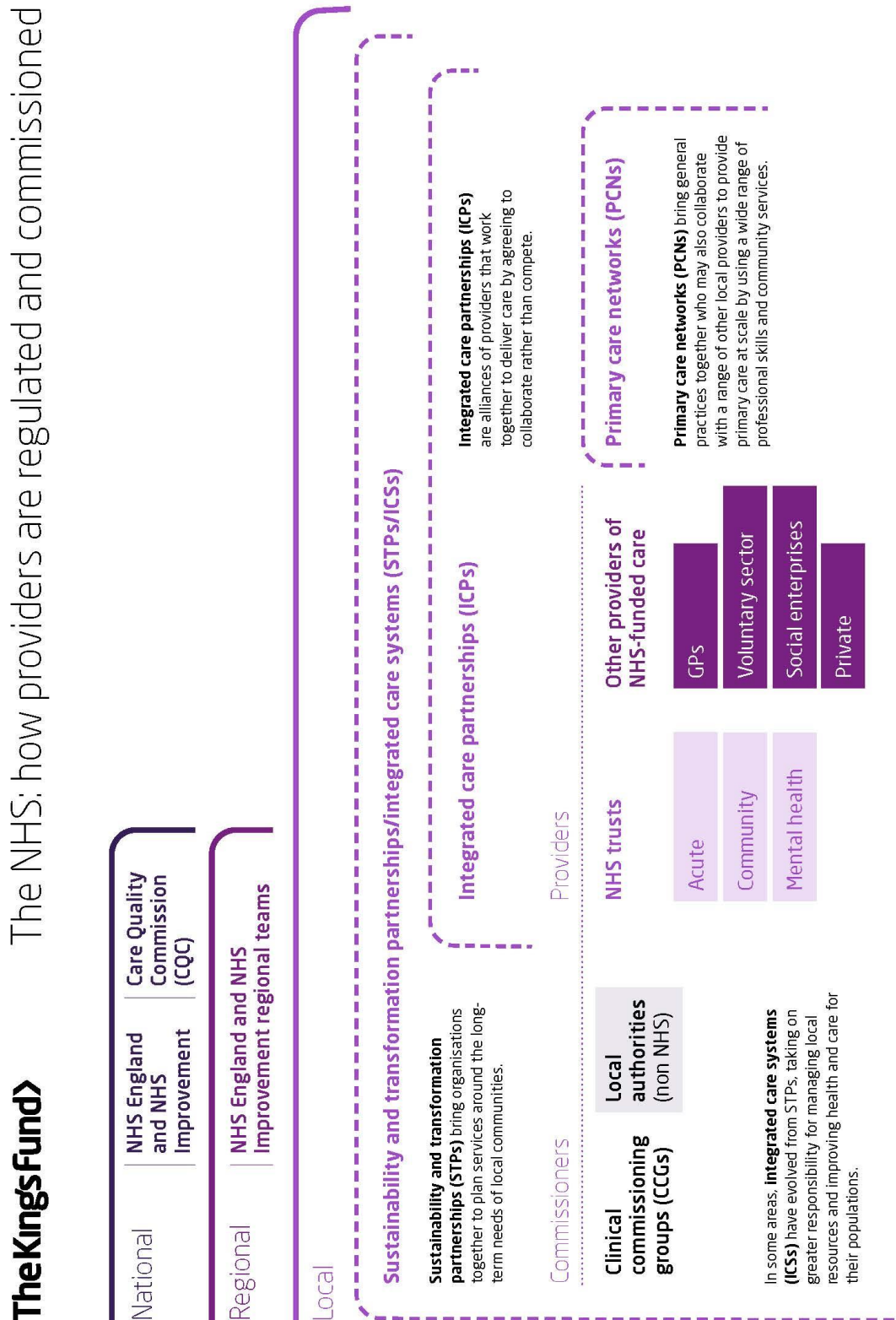
NHS England is responsible for the day-to-day running of the NHS. Although it does have a relationship with the Department of Health, it is responsible for commissioning (specifying and purchasing healthcare services), and has the power to make big changes. In 2014, it proposed the Five Year Forward View with the purpose of articulating why change is needed, what that change might look like and how we can achieve it. This includes new models of service delivery including:

- Primary and acute care systems joining up GP, hospital, community and mental health services,
- Multi-specialty community service providers moving specialist care out of hospitals and into the community,
- Enhanced health in care homes offering older people better, joined up care and rehabilitation services,
- Improving coordination of services and reducing pressure on Emergency Departments,
- Linking local hospitals together to improve their clinical and financial viability.



# The NHS structure

In recent years, the NHS has undergone profound change, brought about by the 2012 Health and Social Care Act which introduced wide-ranging reforms to how the NHS was structured.



# Getting started

All doctors must have registration with a license to legally practise medicine and undertake activities restricted by GMC and law to doctors, such as writing prescriptions and signing death certificates. The license to practice is issued by the GMC and applies to all doctors in the UK.

All doctors intending to practise medicine in the UK are required to be registered with the GMC, and must follow the GMC's Good Medical Practice Guidance and Fitness to Practise Regulations. Doctors cannot undertake any clinical work without holding a valid license. Doctors who have never registered with the GMC will have to apply for registration with a license to practise. They will not be able to apply for registration without a license.

The requirements for registration in the UK depend on:

- Which type of work you wish to undertake
- Your nationality and the country in which you gained your primary medical qualification
- Whether or not you have completed a period of post-graduate training or an internship in the UK
- Whether your primary medical qualification is acknowledged by the GMC

If you are in any doubt, you should check your qualifications status with the GMC (they have a list of accepted University degrees on their website).

Overseas doctors must also demonstrate they possess the necessary skills and knowledge to practise medicine in the UK, which is tested by the PLAB.

## Registration

There are three main types of registration:

**Provisional registration** - only allows newly qualified doctors to undertake an approved Foundation year 1 (FY1) post. Provisionally registered doctors cannot work in any other type of post.

**Full registration** - Full registration enables doctors to work in any form of professional medical practice in the UK, provided they hold a licence to practise.

**Specialist registration** - required to take up a consultant post (other than a locum consultant post); and those wishing to work as GPs

*Overseas Doctors can apply for provisional or full registration depending on their postgraduate experience. Overseas Doctors who have completed FY1 in the UK, or have sufficient experience working in the UK can apply to become a fully registered medical practitioner. Newly qualified or Overseas Doctors who have not worked in the UK for more than five years must work within a supportive environment known as an Approved Practice Setting (APS). Information is available from the GMC's website to know which organisations are an APS (4) (13).*

## English as a second language

The GMC uses the PLAB test to ensure that international doctors have the basic medical competence and communication skills to practise in the UK. Doctors wishing to take the PLAB test must have already successfully completed the International English Language Testing System (IELTS). The minimum score the GMC will accept in the International English Language Testing System (IELTS) has increased. A score of at least 7.0 in each of the four areas tested (speaking, listening, reading and writing), and an overall score of at least 7.5 are required.

# Immigration requirements

The next couple of pages are intended to provide more information surrounding the perplexing number of certain immigration requirements required to have permission to work in the UK. Make sure you understand the differences, and which may apply to you, as immigration laws do change. The ongoing uncertainty from the UK's departure from the EEA means we would advise that you refer to the Home Office website for the latest information. Every deanery now has an associate dean or representative with special responsibility for Overseas Doctors who can also provide further information.

## Doctors and Dentists who are EEA nationals – no immigration restrictions

Doctors and dentists who are EEA nationals have the right to work in the UK (although nationals from Croatia have different worker authorisations, so please check if this applies to you).

## General immigration permissions – points-based system and sponsorship

For doctors from outside the EEA, permission to enter and work in the UK is determined under rules set by the Home Office. There are four tiers within the points-based system to enter the UK to work, train or study. Three of these are relevant to doctors. For more information on immigration rules, visit:

- The NHS Employers website
- The UKCISA website
- The BMA website

## The type of immigration authorisation you will fall under is referred to as Tiers.

**Tier 1** - this visa is reserved for 'high value' individuals who can contribute to growth and productivity (such as investors/entrepreneurs) - Doctors and nursing staff cannot apply for tier 1.

**Tier 2 (general) - the sponsored skilled worker** - This visa is the principle route for UK employers to recruit 'highly skilled' individuals by sponsoring individual migrants to fill vacancies, having tried unsuccessfully to recruit within the UK and EEA first. There is a test called the resident labour market test (RLMT), which ensures vacancies are advertised first to UK or EEA nationals. The RLMT does not apply if:

- The job you are applying for is on the shortage occupation list
- The job you are applying for is paid more than £155,300
- You have already been working under a National Training Number (the number doctors are given when they start specialty training) and are applying to continue a training programme using the same number. The recruitment might be either to an approved training or to a non-training post, provided the employer has advertised for a set period and been unable to recruit a suitable UK/EEA worker.

For Tier 2 the employer will issue an electronic reference number (certificate of sponsorship) which confirms that they have recruited the worker, who then must use this number to apply for permission to enter the UK. The permission to enter the UK is linked to the sponsored employment offer. No other work is permitted under this sponsorship, aside from supplementary work in the same occupation for up to 20 hours a week or for voluntary work.

If the worker wishes to seek any other employment, a new certificate of sponsorship from the new employer or sponsor will be required. An application that is successful can remain in the UK for up to five years, with extension possible up to a maximum total stay of six years. To be eligible for Tier 2, applicants must score 70 points to gain entry. The point system is broken down into categories:

- Attributes – whether the job passes RLMT/Job in Shortage Occupation/Applicant holds a bachelor's degree or higher qualification
- Points for maintenance – providing last 3 months bank statements showing available funds to support themselves and their dependents in the UK.
- Points for evidence of English language competence – primary degree in English/passing IELTS

Since 2015, Tier 2 trainees currently sponsored in training programmes throughout England are now exempt from the RLMT and so are eligible to apply for and be offered training posts throughout England (does not apply for Scotland, Wales and Northern Ireland). This allows trainees who meet the eligibility criteria on Tier 2 to preference different LETB's/deaneries during specialty training applications, and allows them to submit inter-deanery transfers.

### **Single sponsorship**

HEE has now become the single sponsorship arrangement, trainees will not need to apply for new sponsorship if they change employers/location in England during their training. A doctor who undertakes a series of posts with Tier 2 sponsorship may be in the country for a sufficiently long enough period to qualify for residency, normally after five years.

After five years, individuals must apply for indefinite leave to remain or they have to leave the UK.

Applications can only be made three months before the date of the work date, and the current fee for Tier 2 applications are £587.

### **Tier 4 Visa (General student)**

If you are an overseas doctors of a UK medical school, and you want to start Foundation training, you will need to apply for your new Tier 4 visa to cover your time on the Foundation Programme. At present, the UK Foundation Programme Office (UKFPO) provides sponsorship for doctors on the Foundation Programme.

For more information please visit the HEE website which can answer FAQs related to this application. Tier 5 Temporary workers – Government authorised exchange – Medical Training Initiative (MTI)

Under Tier 5, permission to enter the UK can be granted to overseas doctors coming to undertake short term exchanges or education and training initiatives. The MTI scheme allows overseas doctors to experience training and development in the NHS for a maximum of two years, under the supervision of an experienced consultant. These places are made available using capacity within the UK that is not required for UK/EEA planned training. Unlike Tier 2, employers do not sponsor these schemes. Instead they have to be approved by the NHS locally, through local education and training boards (LETBs)/deaneries, and by the Medical Royal College for the specialty. They may be linked to the award of a college certificate, examination or other qualification. Programmes can also be tailored to individual doctors' development needs. After the two years on the MTI, doctors can apply to switch to a different visa, but must re-apply from outside the UK under the points-based system described above if they wish to resume working in the UK in another post.

Applications can only by made three months before the date of the work date, and the current fee for the overseas doctors tier 5 route is £235.

### **Criminal Records Certificate**

The Home Office requires those applying to come to the UK under Tier 2 to work as doctors, must produce a criminal record certificate from any country in which they have been resident for 12 months or more, consecutively or cumulatively, in the previous 10 years, aged 18 or over.



# Access to medical training

## Foundation Programme

The Foundation programme (FP) is the two-year structured programme of workplace-based learning for junior doctors that forms a bridge between medical school and specialty training. The sweeping changes brought about by MMC led to the FP, which ensures generic skills relevant to every speciality are developed, along with set competencies that must be achieved within the two years.

For entry into the FP, the UK Foundation Programme undertakes national recruitment annually; full details on eligibility and dates for this can be found on the Foundation Programme website. Doctors from EEA countries can enter postgraduate training programmes on the same basis as UK doctors providing they meet entry requirements and have a licence to practise from the GMC. Foundation training can also be completed without placement in a formal foundation training programme. For example, it is possible to work in an FY1 or FY2 level job and get signed off by Consultants with the “Certificate of Readiness to Enter Specialty Training” from the Health Education England specialty training website (<https://specialtytraining.hee.nhs.uk/>).

## Specialty training

After successful completion of the FP, trainees wishing to continue must apply for speciality training. Only UK, EEA nationals and doctors whose immigration status currently entitles them to work as a doctor-in-training in the UK are eligible to apply for and take up specialty training as part of the initial national recruitment. Access to UK doctor-in-training posts is normally restricted for doctors from non-EEA countries if they have not completed a medical degree in the UK, except in cases where a resident UK worker cannot be found to fill the position. Doctors applying for full registration must also submit evidence that they have satisfactorily completed either FY1 in the UK or a period of postgraduate clinical experience that provides an acceptable foundation for future practice as a fully registered medical practitioner. Progression within specialty training is dependent on trainees passing membership/postgraduate examinations and achieving their competencies.

Applications are made through the Oriel online web-portal, which allows you to apply, view vacancies and book interview appointments.

While there are shortages of doctors, competition for postgraduate training remains intense. Training post competitiveness does vary by geography and specialty; the competition ratios from previous recruitment rounds can be found on the specialty training website.

## Medical Training Initiative (MITs)

These are posts specifically designed to offer training and development to doctors and dentists from overseas doctors in post lasting up to two years. This is covered under Tier 5 immigration rules.

## Specialty doctor (SAS)

These posts cover all posts that are not part of formal UK training leading to the award of a certificate of completion of training (CCT). For all such posts, GMC registration and a current license to practice will still be required, along with a certain number of postgraduate experience in a chosen specialty. Within the UK these posts will usually include some opportunity for professional development, regular appraisal and the benefits of NHS employment such as generous leave, stability, competitive levels of pay and access to the NHS Pension Scheme. 20% of the UK doctor workforce now work in these posts, and do so for many reasons.

## Consultant

Overseas Doctors whose immigration status entitles them to work without restriction in the UK, and whom are registered with the GMC will be considered on an equal basis when applying for consultant posts.

# UK medical training structure

The Modernising Medical Careers (MMC) has been a major reform of postgraduate medical education. It led to the introduction of the Foundation Programme, shortening of training and the introduction of 'run-through training' (removing the need to reapply for higher specialty training places in some specialties).

## Medical degree (usually 5 years)

Undergraduate medical degrees are provided by many different UK universities (with the University of Buckingham currently the UK's only private medical school). The degree incorporates basic medical sciences and practical clinical tasks whilst helping students develop the attitudes and behaviours needed in the medical profession. Students in many universities are given the option to intercalate which is to achieve a further Bachelor's degree in another subject in one year.

## Foundation Year 1 (FY1)

Once students have successfully graduated from medical school they receive provisional registration from the GMC and are admitted to FY1. FY1 doctors complete a number of rotations in different hospital based specialties. Upon successful completion of FY1, assessed by a trainee's E-portfolio, they gain full GMC registration and are able to continue into FY2. It is at this point that doctors are permitted to prescribe medications that can be collected from non-hospital pharmacies (FP-10 or green prescriptions).

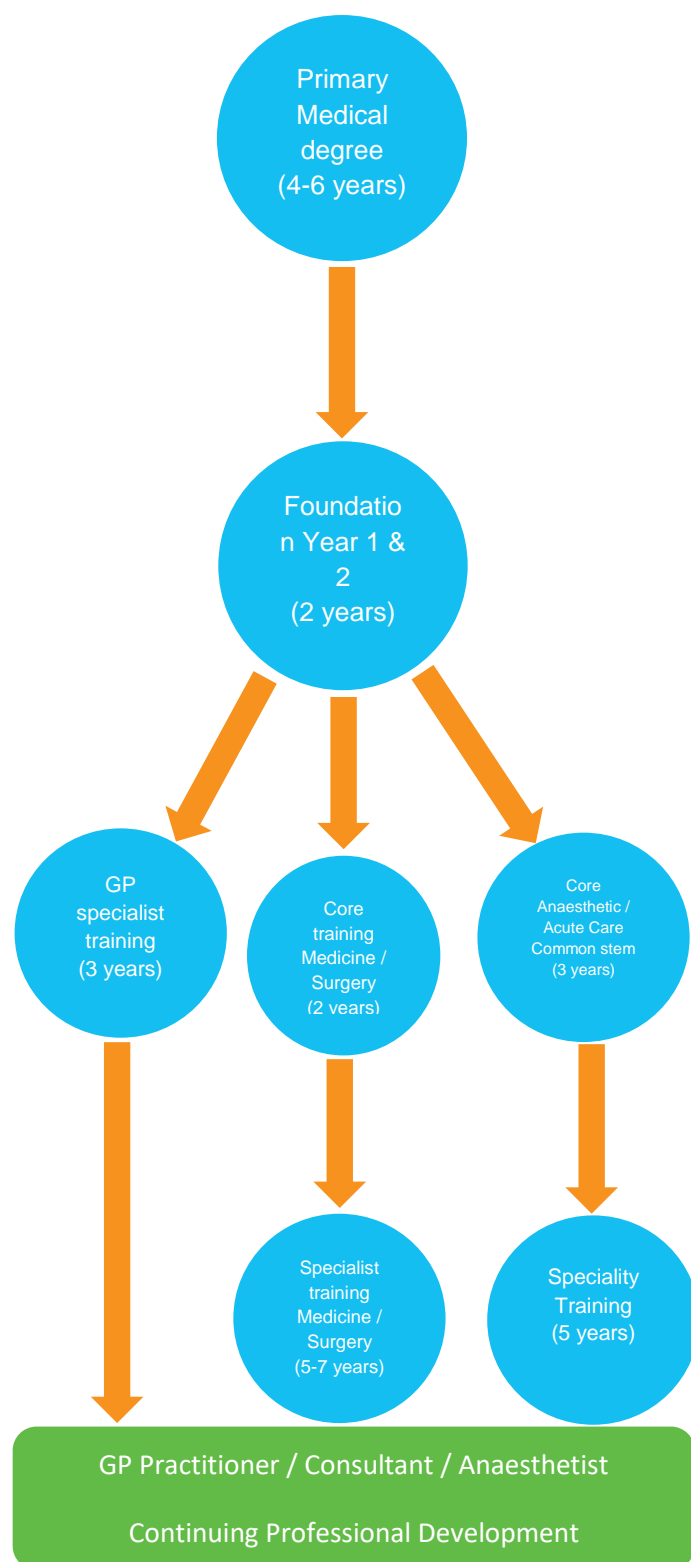
## Foundation Year 2 (FY2)

General medical training continues into the second foundation year and usually involves four three-month rotations in a range of specialties, which can also include general practice and community paediatrics.

## Specialty and general practice training (3 - 8 years)

Once foundation training has been successfully completed, doctors can choose to continue postgraduate training in a particular hospital specialty or in general practice. The length of training required before doctors are able to become senior doctors depends on the specialty chosen - in general practice training is typically three years, whilst the hospital specialties typically take 7-8 years. During this period of training, doctors learn and practice increasingly advanced areas of knowledge, responsibility and skills. At this point the trainee is likely responsible for managing teams. **Note:** there are run through such as Obstetrics and Gynaecology which do not follow the training structure outlined in the diagram.

**Certificate of Completion Training (CCT)** On completion of their specialist training, doctors are awarded apply for a position as a consultant or general practitioner. They are also admitted to either the GMC's specialist register or GP register, depending on which area they trained in. As part of their revalidation, throughout their career consultants and GPs must undertake formal continual learning activities that enables doctors to continually maintain and improve their performance across all areas of their professional work.



# UK Deaneries and LETBs

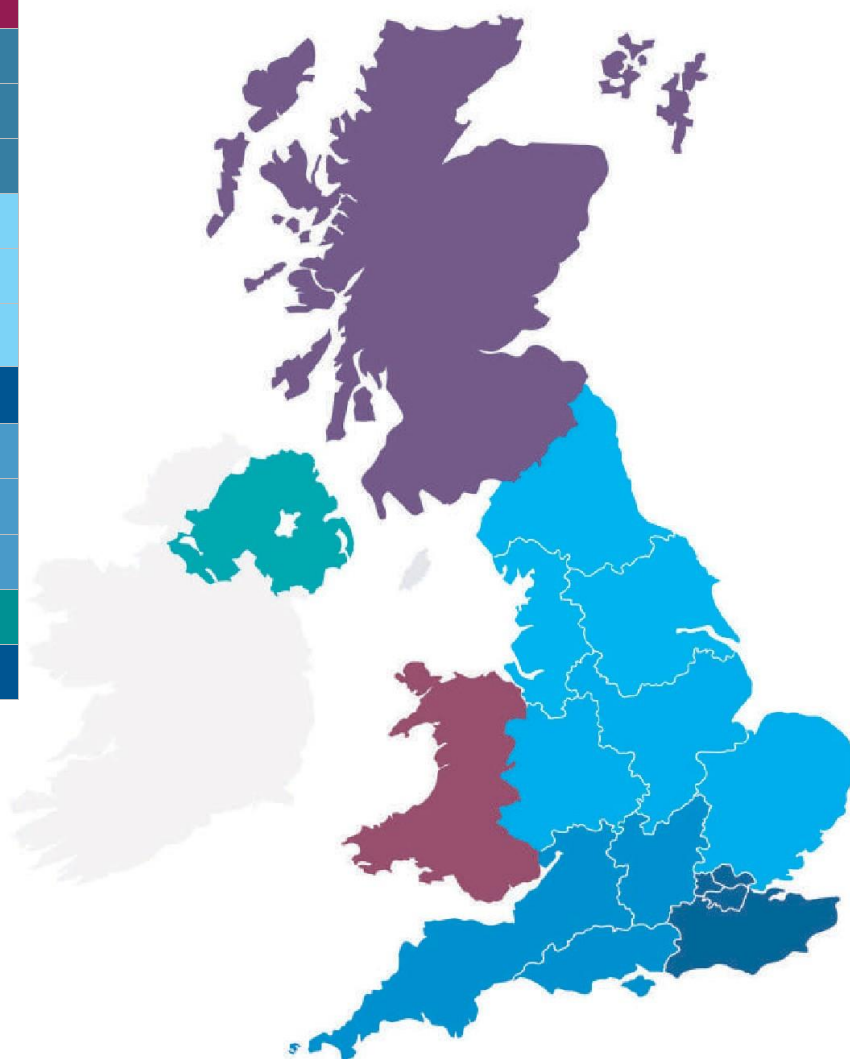
Local Education Training Boards (LETBs) are responsible for educating and training doctors (after their foundation training), dentists, nurses and all healthcare professionals at a local level. For specific information concerning a local Health Education England (HEE) Office/Deanery specialty training programme, you can visit their respective websites for more information.

LETBs' have three main functions:

- To identify and agree the local needs for education and training
- To plan and commission high quality education and training in its region
- To support national workforce priorities set by HEE

Milton Keynes falls within the Thames Valley Deanery, which operates at 5 major hospital trusts: The John Radcliffe Hospital (Oxford), The Churchill Hospital (OOH), Nuffield Orthopaedic Centre (OOH), Horton Hospital (OOH), Buckinghamshire Healthcare (High Wycombe, Stoke Mandeville and Aylesbury) Royal Berkshire (Reading), Heatherwood and Wrexham Park (Slough).

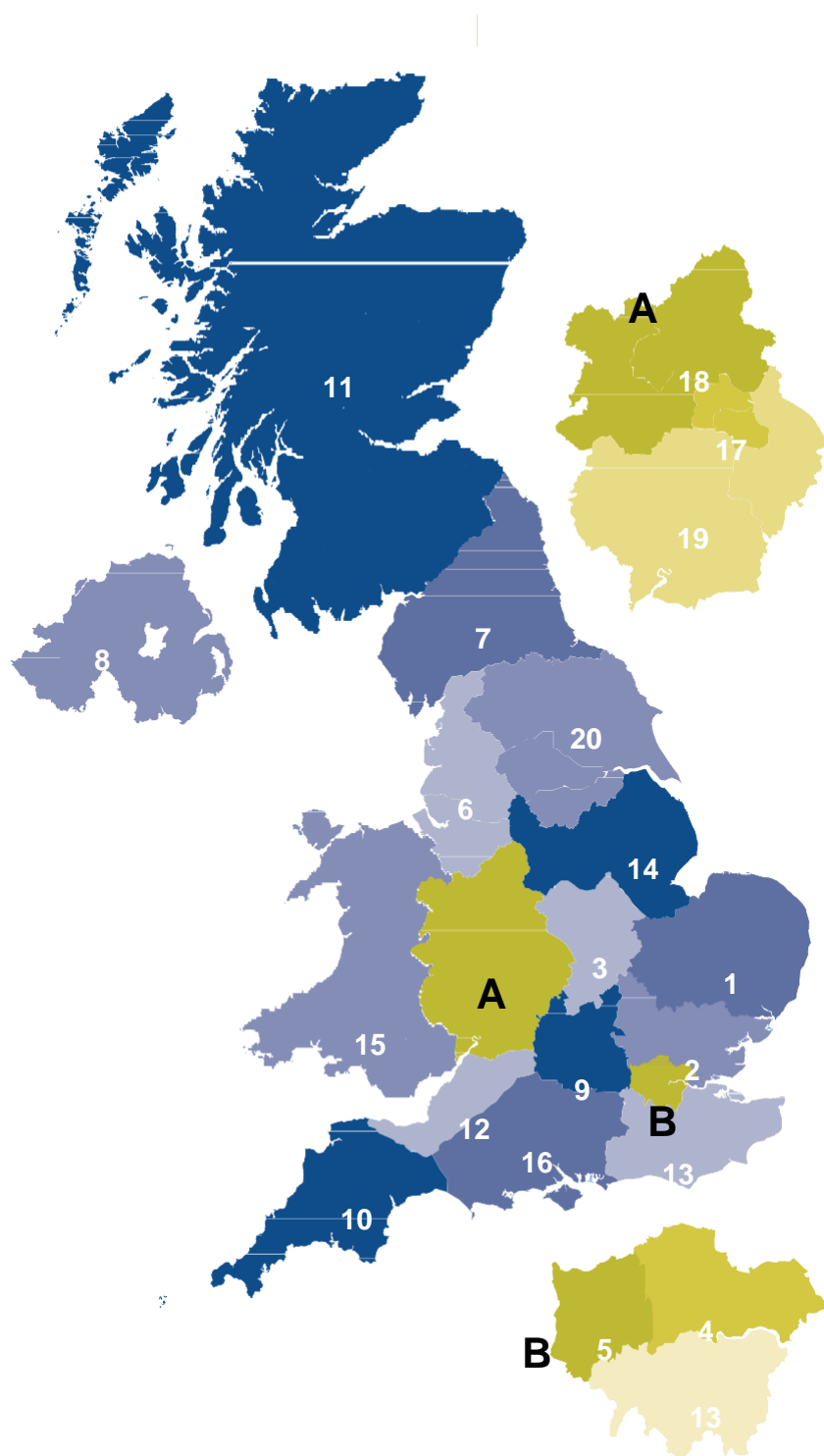
Scotland Deanery
Wales
Health Education Wessex
Health Education Thames Valley
Health Education South West
Health Education North West
Health Education North East
Health Education Yorkshire & The Humber
Health Education Kent, Surrey & Sussex
Health Education East of England
Health Education West Midlands
Health Education East Midlands
Northern Ireland Deanery
London Shared Services



# UK Foundation Schools

Foundation schools represent the collective medical schools, local deanery, trusts (acute, mental health and PCTs) within the UK. They each aim to offer training to foundation doctors in a range of different primary and secondary care settings. Application is via the UKFPO website.

Eagle Anglia	1
Essex, Bedfordshire, Hertfordshire	2
Leicestershire, Northamptonshire and Rutland	3
North Central and East London	4
North West London	5
North West England	6
Northern England	7
Northern Ireland	8
Oxford	9
Peninsula	10
Scotland	11
Severn	12
South Thames	13
Trent	14
Wales	15
Wessex	16
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# Medical Regulation, Protection & Unions

## The General Medical Council

The GMC describes itself as **“protecting, promoting and maintaining the health and safety of the public by ensuring that proper standards are upheld in the practice of medicine.”**

The GMC is the independent regulator for doctors in the UK and sets the standards that doctors in the UK and sets the standards that doctors must maintain whilst practicing in addition to the standards for medical training. Doctors are unable to practise medicine without a licence to practice from the GMC. For doctors who are registered with the GMC, will undergo periodic review as part of their revalidation if they wish to continue practising as a doctor. The GMC have a varied role and are responsible for many things, such as:

- Deciding which doctors are qualified to work in the UK
- The standards that doctors must follow
- Ensuring that all doctors continue to meet these standards throughout their careers
- Preventing a doctor from putting the safety of patients or the public's confidence in doctors if a concern is raised
- Promoting medical education and professional development

The GMC achieves all this by working closely with doctors, employers and patients. To ensure the public can have their upmost trust in doctors, the GMC can request further information about a doctor from medical schools or previous employers, to find out if they have had any concerns about the doctor's ability to practice safely (such as inappropriate behaviour, serious health problems or performance).

## Overseeing doctors' education and training

The GMC sets the educational standards for all UK doctors through undergraduate and postgraduate education and training. They promote high standards and make sure that medical education and training reflects the needs of patients, medical education and training – this includes approving training posts, programmes and assessments.

The GMC annual survey is sent out to all doctors in training and guides the GMC to any concerns doctors may have. This allows the GMC to ensure doctors are receiving the supervision and experience they need to treat patients safely and competently. The GMC also supports doctors by developing learning resources and providing advice about continuing professional development.

## Investigating and acting on concerns about doctors

Sometimes a concern is raised about a doctor's behaviour, health or performance; in this case, the GMC have a legal obligation to investigate to see if the doctor is putting the safety of patients or the public's confidence in doctors at risk. Investigations are lengthy and stressful for all involved and can impact negatively on a doctor's career. Around three-quarters of complaints come from members of the public, whilst around 6% come from doctors' employers. When a complaint is collected from a variety of sources, such as witness statements and reports from experts in clinical matters. Two examiners review the case and decide whether to issue advice or a warning to the doctor, or to restrict that doctor's practice, retrain or work under supervision. The most serious cases are referred by the GMC to the Medical Practitioner's Tribunal Service (MPTS) for a hearing, with the majority of these cases ending with suspension of the doctor from practising. If the case is of such a serious nature, a doctor may be removed from the medical register, which bars that doctor from practising in the UK. Other regulators around the world are also informed when this has happened – thankfully this is rare!

## Service Fees

All doctors must pay an annual subscription to be on the GMC register – pricing can be found on their website. All doctors who want to practice in the UK must pay this. Doctors who's gross annual worldwide income is below the specified income threshold may be entitled to a 50% discount on the value of their annual retention fee.

# Medical indemnity

Your first question surrounding this may be, as an employee within a hospital, am I already covered? Well, at present the NHS Litigation Authority provides indemnity in respect of clinical negligence claims. Healthcare practitioners working for an organisation like the NHS are very likely to have indemnity cover through a clinical negligence scheme. Since 1990 the NHS has provided this type of cover for those working in hospitals or in the community.

Most doctors employed by the NHS is covered for the duties listed in their contract by the hospital and community health services indemnity scheme (often called NHS or Crown Indemnity), and are not obliged by law to take out additional medical defence cover.

## Types of cover

Sometimes things can go wrong. If a patient has suffered harm as a result of negligence, it's important that doctors have adequate and appropriate insurance or indemnity to compensate the patient. There are health service indemnity schemes in place across the UK that provide support for clinical negligence claims, but not for disciplinary issues or referrals to the General Medical Council.

Furthermore there are certain situations where NHS indemnity does not apply. It is strongly recommended that you take out supplementary insurance with one of the medical defence organisations that provide personal indemnity insurance. This is because the NHS Indemnity Scheme only covers medical negligence claims which arise from contracted NHS duties.

Examples of eventualities and activities which are not covered are:

- Defence of medical staff in GMC disciplinary proceedings acting in 'good Samaritan' acts outside of work
- Clinical trials
- Agency work (e.g. locus work)
- Voluntary or charitable bodies
- Overseas work

It is essential that you understand exactly what your NHS contracted duties are before you commence your duties, as you may find your work is not covered by the NHS scheme. If this is the case do not worry, help can be found by seeking advice from one of the medical defence organisations.

Who are the medical defence organisations that provide indemnity?

The Medical Defence Organisations (MDOs) provide their members with 24-hour access to advice and assistance on medico-legal issues arising from clinical practice which fall outside the scope of indemnity provided by NHS bodies.

In the UK there are three MDOs: Medical Defence Union (MDU), Medical Protection Society (MPS) and Medical and Dental Defence Union of Scotland (MDDUS). As the benefits of membership of the MDOs differ, it is important that you consider each one carefully before making a choice.

Both the BMA and the Health Department advise all doctors employed by the NHS to retain defence boys membership, and to take out other personal indemnity insurance.

You must disclose all your medical activities you will be undertaking. Your subscription will vary depending on the amount and type of work you do. For the rate applicable you can call their membership teams or requests a quote which they will send to you.

# The British Medical Association

## Where can doctors turn to for support?

Since 1882, The British Medical Association (BMA) has existed as the main trade union and professional body for doctors in the UK. Established to look after the professional and personal needs of those who decide to join as members, the BMA represents doctors in all branches of medicine all over the UK, with two thirds of practising UK doctors in membership. Being a member is voluntary.

The BMA produce policies that cover public health issues, medical ethics, science, the state of the NHS, medical education and doctors' contracts. The policies are decided by elected members, who are mainly practising doctors and supported by professional staff who work with other bodies to meet its objectives. Membership subscription rates can be found on their website.

A very informative documents the BMA has published is called 'Becoming a Doctor', which can be found on their website. The BMA can serve in many different ways:

### Trade Union

The BMA provides a voice to doctors both personally and collectively on many issues relating to employment.

The BMA is able to make its case on both a national and local level.

### Support

The BMA provides individual support and advice on employment issues, ethics, pensions, contracts, pay banding and rotas.

**Note:** the BMA do not review individual doctor's rotas if requested

### Education

The BMA offer CPD approved workshop to workplace training and careers coaching that is crucial to enabling continuing professional development.

### Legal and financial services

Members can access tailored and discounted financial and insurance solutions from recommended specialist partners

### Applying for training

The BMA offer advice on applying for a specialty training post, from application deadlines to useful resources plus top tips for your application. For step-by-step guidance through each stage of the specialty recruitment, see the NHS careers website

### Problems with your training

If you find you have any difficulties, do not worry – you are not alone. The BMA also provides FAQs if you're experiencing issues with your education and training.

# Employment rights

Employees in the UK are protected by certain minimum statutory employment rights. These include:

- Maximum working hours of an average of 48 hours per week (over a 6 month period)
- Strict hours control and rest breaks
- Minimum time away from work
- A national minimum wage (minimum pay per hour) – rates differ when under 25
- Protection against unlawful wage deductions
- The right to be treated equally, fairly and without discrimination
- The right to safe working conditions, the right to raise grievances
- Protection for 'whistle blowing' – this means reporting wrongdoing in the workplace

The BMA has also published guidance entitled 'Breaking down barriers: supporting ethnic minority doctors', which sets out the pledge to take action to support career progression of BAME (Black, Asian and Minority Ethnic) doctors.

Note: Some rights are different for Agency workers (such as locum work).

## Working time regulations

Doctors are under a professional obligation not to work when their ability or competence is impaired through working excessive hours. It is well understood that doctors who are rested make less mistakes and deliver safer care for patients. With the introduction of the UK Working Time Directive in 1998, law was enacted to prevent doctors from working more than 48 hours a week on average over 6 months. The main features of the regulations are:

- An average of 48 hours working time each week, unless an individual chooses to 'opt out'
- 11 hours continuous rest in 24 hours
- 24 hours continuous rest in seven days or 48 hours in 14 days
- A 20 minute break if the work period is over six hours long
- Most workers who work a 5-day week must receive at least 28 days paid annual leave per year

## Improving your working patterns and rota

With the introduction of the EU Working time directive, training now must be completed within 48 hours per week (taken as an average over the month). Sometimes however, you will find yourself working longer hours than this, or you may be asked to work extra shifts to ensure that any gaps are filled or maybe your rota has been designed in such a way that it makes work unnecessarily tiring.

Whilst this is all lamentable, if you are unhappy with your rota, it would be best to raise the issue with your line manager in the first instance. We would further advise you to become a member of the BMA, who can be contacted to advise you on common problems encountered such as:

- If flexibility for taking leave is poor
- Gaps in your rota due to under-staffing
- If there is limited time for dedicated training opportunities
- Uneven workload in rota slots
- Any other problems you may have with the working hours



# Appraisal and revalidation

Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the GMC.

Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field and able to provide a good level of care. This means that holding a licence to practise is becoming an indicator that the doctor continues to meet the professional standards set by the GMC.

Licensed doctors have to revalidate usually **every five years**, by having annual appraisal based on the GMC's core guidance for doctors – Good Medical Practice.

You will need to maintain a portfolio of supporting information to demonstrate that you are continuing to meet the attributes set out in Good Medical Practice. The supporting information that you will need to bring to your appraisal will fall under four broad headings:

- General information – providing context about what you do in all aspects of your work
- Keeping up-to-date – maintaining and enhancing the quality of your professional work
- Review of your practice – evaluating the quality of your professional work
- Feedback on your practice – how others perceive the quality of your professional work

There are six types of supporting information that you will be expected to provide and discuss at your appraisal at least once in each five year revalidation cycle. They are:

- Continuing professional development
- Quality improvement activity
- Significant events
- Feedback from colleagues
- Feedback from patients
- Review of complaints and compliments

Your Royal College, Faculty or Specialty Association may provide guidance on how this supporting information applies in your specialist practice.

## Job planning

Taking part in job planning is an agreed requirement and fundamental aspect of the new contracts for Associate Specialists and Specialty Doctors as well as an integral part of Staff Grade and pre-2008 Associate Specialist contracts.

A job plan should be a prospective agreement that sets out your duties, responsibilities and objectives for the coming year. In most cases, it will build upon your existing NHS commitments. It is designed to produce clarity of expectation for you and your employer about the use of time and resources to meet individual and service objectives.

## Local Negotiating Committee (LNC)

The LNC is a branch of the BMA, made up of elected local representatives, who negotiate and have the authority to make collective arguments with local management on behalf of medical and dental staff of all grades.

# The e-portfolio

In the UK, foundation doctors and trainees in specialty areas and GP training are required to use the online e-portfolio to store and record evidence of their progression in order to demonstrate learning and competency achievements. The e-portfolio is designed to showcase the user's professional development and is designed to provide many opportunities for assessment and feedback within the multi-disciplinary team. Non-training doctors in the UK can access the e-portfolio, but in some trusts it is paid for and in others the non-training doctor will have to pay for access to it. Usually access to the ePortfolio (there are different providers) will be provided by the respective training board (e.g. Joint Royal Colleges of Physicians Training Board (JRCPTB) or Royal College of Surgeons (RCS)). However, it is also possible to get access if you are not in a training post. You can apply for ePortfolio access for non-training doctors for a fee via the training board website which is relevant to your specialty. In general, it is recommended to have an ePortfolio as it makes it easy to document your activity as a doctor.

## Why is the e-portfolio used?

- Assimilates documents related to your professional development in one place
- Stimulates reflective learning – important throughout a career as a doctor in the UK
- Encourages forward planning for your career
- Helps prepare you for an interview (by giving you examples of clinical experience)
- Can become your CV
- Helps to organise your competencies and allows you to know how far along you are

## What makes up the e-portfolio?

If you have never used the e-portfolio, it will take a little time to get used to. Your clinical supervisor and educational supervisor will have access to your e-portfolio, and will be required to routinely review your progress on it. There are many components to the e-portfolio, and you will be required to complete a certain number of these to progress in your training.

- **Mini clinical evaluated exercises (mini-CEXs):** can be any appropriate clinical event e.g. system examination, breaking bad news or gaining consent for an operation
- **Case based discussion (CBDs):** any case that was particularly useful for your learning
- **Direct observed procedures (DOPs):** any appropriate clinical procedure e.g. taking blood or scrubbing into theatre

Any clinical events can form part of these – ask your supervisors if you are unsure what is appropriate. For completion you must 'ticket' these assessments by sending a request to the email address of a more senior practitioner. Once received, they will fill out feedback. Note: Medical practitioners are very busy people, the important thing to remember is to send requests sufficiently in advance of any deadlines, and to politely remind assessors of your ticket if they have not filled it out.

**Multi Source Feedbacks (MSFs)** – You will be required to receive feedback from 10 members of the multidisciplinary team, who will give you feedback on aspects of your behaviour and communication in the workplace.

## What else can go in the e-portfolio?

Almost anything can be uploaded (commonly: audits, publications, research projects and teaching presentations are used) as evidence of your learning and development and will often be directly linked to certain competency outcomes.

# Continuing Professional Development

Continuing Professional Development (CPD) refers to the process of tracking and documenting the skills, knowledge and experience that you gain formally and informally as you work beyond any initial training. It's a record of what you experience, learn and then apply.

## What is the importance of CPD?

CPD ensures doctors can continually remain competent and up-to-date in their skills and knowledge. The GMC states that doctors should reflect regularly on their own needs and clinical competences throughout their career.

By engaging with CPD, you will be able to maintain and improve the standards of your own practice (which will in turn impact upon patients and the teams you work in).

## How can I get involved?

There are many ways to develop your professional breadth of skills. You may see that many activities are accredited with 'CPD points'. 1 CPD point can be roughly equated to a CPD hour spent undertaking that learning activity. Here are some examples of CPD activities:

- Courses e.g. Advanced Life Support or Medical education courses
- Conferences
- E-learning
- Teaching/lecturing
- Writing articles or papers
- Involvement in a professional body, specialist-interest group or other groups
- Mentoring
- Organising accredited courses
- Undertaking research
- Conducting service improvement projects/audits

The GMC have released extensive guidance on this, which can be reviewed on their website.

Ultimately, you are responsible for identifying and planning how you can address areas that may require improvement.

It is recommended that you keep evidence of all your attendances or certificates, which can also be uploaded onto your e-portfolio.

It is helpful to reflect on what you have learnt through your CPD and record any impact the CPD activity has had on your performance and practice. It may be useful to approach your CPD activities in a four-step manner.

Identify needs –  
initiate in a  
professional  
development plan

Execute and record  
CPD activities

Update record with  
achieved outcomes

Reflect on your  
development following  
the CPD activity

# Learning from incidents and excellence

## Incident reporting

When working in a highly pressured workplace like a hospital, occasionally mistakes happen, and in an effort to learn from our mistakes and avoid further harm, we have a system in place where errors are to be reported. If you have concerns regarding malpractice, risk/danger or have experienced any wrongdoing in the workplace, we encourage and support you to report these.

Milton Keynes (along with the Thames Valley Trust) used the DATIX risk management system to report incidents and near misses. It is every employee's responsibility to report these so that the Trust can reduce harm to patients, visitors and staff and prevent recurrences.

DATIX is available via the intranet (available to staff only). You can contact your line manager for advice on completing the DATIX form.

## 'Learning from excellence'

This is a growing movement in healthcare aiming to redress the balance and recognise examples of very good practice that happens every day but doesn't necessarily get the credit it deserves. Milton Keynes University Hospital would like to champion this and have implemented a bespoke online tool named GREATix. Ultimately, we want to be able to provide feedback to nominated individuals to recognise greatness but also to share and learn from these examples.

## Learning and Development

We are keen to support our staff both in their personal and professional development. To do this we have a range of opportunities available to all staff in addition to the statutory training. MKUH is a teaching hospital and we encourage our staff to participate in the teaching of others. We believe that all staff should have equal access to education opportunities so that they can meet the learning objectives set out in their annual learning and development plan. Look out for the many opportunities that are available.

## Statutory and mandatory training

Statutory training is the training that an organisation is legally required to provide. Mandatory training is the training requirement determined by the Trust through relevant policies to support the Care Quality Commission (CQC) and NHS Litigation Authority standards. Both are compulsory. As a staff member, it is your responsibility to ensure that you are up-to-date with the statutory and mandatory competences required in order to fulfil your role.

Competences can be gained or refreshed through e-learning. E-learning courses and e-assessments can be found on the e-Learning Management System (eLMS). You will be provided with a login and password for access to this. If you have any difficulty with locating the respective e-learning modules, there are staff in the library who can help you.

## Health Education England's e-learning for Healthcare portal (HEE e-LfH)

HEE provides an educational web-based portal with thousands of online training content; the learning material can be linked to your e-portfolio to provide evidence of your development when you go for appraisals. Access to a computer to do your e-learning: If you do not have access to an NHS computer in the course of your normal working day or wish to undertake your e-learning in an environment free from interruptions, there is a library which can be accessed 24 hours a day if you have a library card and a Milton Keynes employee access card.



# Milton Keynes University Hospital

Milton Keynes University Hospital (MKUH) is a busy district general hospital, serving Milton Keynes and the surrounding Buckinghamshire area. To meet the needs of the projected growth of Milton Keynes' population, the hospital is seeing its services expanded with the establishment of a new Cancer Centre and on site clinical teaching facilities for the University of Buckinghamshire Medical School.

## 1984

MK Hospital officially opened

## 1992

Phase 2 commences

- Six additional 28 bed wards
- Operating theatre suite

## 2005

£1.5m Macmillan haematology and oncology suite

£12m treatment centre dedicated to day cases

- 60 bed spaces
- 4 operating theatres

## 2017

Commencement of £5.5m educational centre

New main entrance built

Addition of new 20 bed day case ward

Development of the new town of Milton Keynes started at the end of the 1960s, but by the middle of the 1970s there was still no local hospital. A campaign under the banner 'Milton Keynes is dying for a Hospital' was started. This resulted in the commitment to build a hospital and Milton Keynes Hospital was officially opened in 1984.

Since then, the estate of the hospital and the services we offer have dramatically increased meaning that, in many cases, where local people had once had to travel to receive specialist treatments they are now able to receive them closer to home.

In October 2007 we became a NHS Foundation Trust which meant that patients, the public and staff have a greater say in the future of the hospital, and in planning and developing services. More recently, the Trust entered into a partnership with the University of Buckingham to establish the first independent Medical School in the country. There are medical students on site at the hospital, and there are numerous opportunities for teaching and tutor roles with the medical school.



# Improvements at MKUH

At Milton Keynes University Hospital, we are continuously improving our facilities across the site for staff and patients. Our five years estates strategy outlines the developments planned and how we aim to support the organisation's ambition of becoming an outstanding teaching hospital.

## Cancer Centre

We have recently opened our Cancer Centre which allows us to provide more complex cancer treatments for our patients here at the hospital. The new Cancer Centre co-locates Oncology, clinical Haematology and cancer-related Chemotherapy under one roof.

The building means that the hospital can improve the quality of its cancer services, help to increase capacity, establish new emergency care pathways and support the future demand for Cancer Services in Milton Keynes.

Including within the Cancer Centre will be a 24 bed ward, outpatient consultation rooms, therapy treatment rooms and a Macmillan Information and Wellbeing Service.



## Ward 24

In February 2017, we opened ward 24 – a 20 bed facility which has enabled us to increase our capacity for patients coming in with planned (elective) surgery. The new ward has been built next to our Treatment Centre, with the theatre complex and Ambulatory Care Unit (now named ward 23) close by.

## New Main Entrance

Our new main entrance opened in May 2017, providing a welcoming, light and modern main entrance into the hospital. Complete with a Costa Coffee, Subway and Little Fresh convenience store, the main entrance also features important patient and visitor amenities such as seating areas, a manned reception desk and a Patient Advice and Liaison Service (PALS) lounge.

## Academic Centre

Our Academic Centre, developed as part of our joint medical school venture with the University of Buckingham, was opened in February 2018 by HRH the Duke of Kent and university Vice-Chancellor Sir Antony Seldon. This building will allow us to attract, train and retain the doctors and nurses of tomorrow. Included in the building will be a 200 seated lecture theatre, simulation suites, boardroom and classrooms.

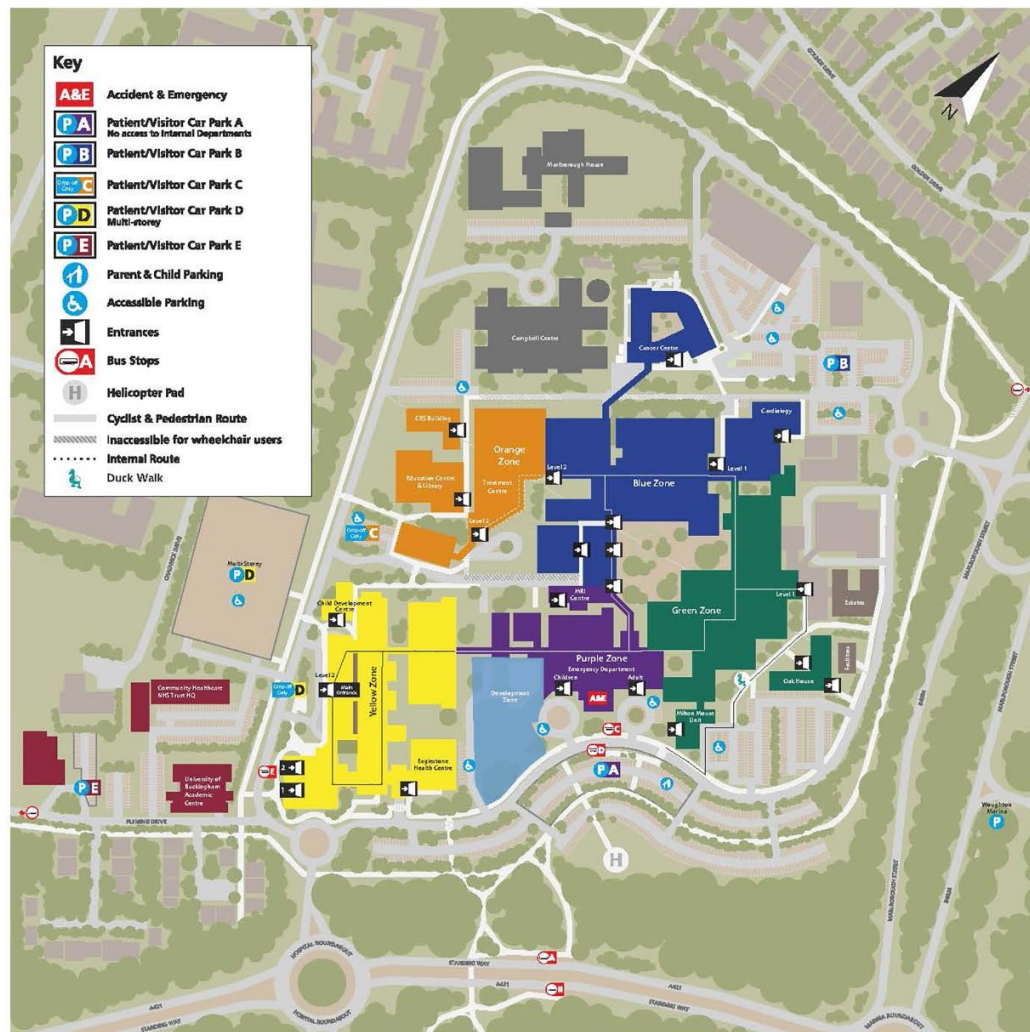
## Electronic Patient Records

The hospital has moved to using an electronic patient record system which gives staff at the hospital access to improved up-to-date information so that they can deliver safer, more efficient and more timely care.

The electronic patient record system known as eCARE collates patient details in one easy-to-access place that is secure and confidential. This includes medical history, laboratory test results, allergies and current prescriptions. Previously, this information may have been stored in many different places and in many different forms. Often, these were not easily accessible to Clinicians and patients may have had to repeatedly give the same information as they moved through the hospital. eCARE helps to prevent this.

The final phase of eCARE will see areas such as theatres, paediatrics and women's & children's services moving online and this is due to be completed in 2020/21.

# Hospital site



## Yellow Zone

**Level 4**  
Audiology  
Dermatology  
E.N.T.

**Level 3**  
Lung Function  
Occupational Health  
Oral Maxillofacial  
Orthodontics  
Stratford Suite

**Level 2**  
Eye Clinic  
Fracture Clinic  
Main Entrance  
Outpatient Reception  
Outpatient X-ray  
Paediatric Outpatients  
Pharmacy  
Physiotherapy  
Ultrasound

Access to Level 3 for  
Orthotics and Ward 14

### Car Park D



## Purple Zone

**Level 2**  
Antenatal Day Assessment Unit  
Labour Ward  
Theatres 1 - 4

**Level 1**  
CT Scanner

### Emergency Department

MRI Centre  
Main X-ray

## Orange Zone

**Level 3**  
Ward 23

**Level 2**  
Day Surgery Unit  
Treatment Centre  
Ward 24

Access to:  
CRS Building  
Education Centre

### Car Park C



## Blue Zone

**Level 2**  
Chapel and Prayer Room  
Haematology Clinic  
Pathology  
Theatres 5 - 12  
Wards 17 - 21

Access to Cancer Centre and  
Ward 25

**Level 1**  
Antenatal Clinic  
Breast Care Unit  
Cardiology Unit  
Clinical Engineering Dept.  
Endoscopy Unit  
General Office  
HSDU  
MK Friends Shop  
Medical Equipment Library  
Restaurant  
Wards 12, 15 & 16  
Willow Unit

Access to Level 2 for Ward 22

### Car Park B



## Green Zone

**Level 2**  
Intensive Care Unit  
Neonatal Unit  
Renal Unit  
Wards 7 - 10

**Level 1**  
Main Stores  
Patient Discharge Unit  
Wards 1 - 5

### Silver Command Centre

Access to:  
Oak House (Trust HQ)

### Car Park A



# More about MKUH

## Organisational structure

The hospital Trust is structured similar to any other large organisation. There is a Board of Directors which includes a Chief Executive and a tier of directors with different responsibilities. The Medical Director has particular responsibility for the quality of the clinical service and for your performance as a doctor. The Medical Director also acts as the Responsible Officer for Revalidation.

The clinical service units are divided into 4 divisions:

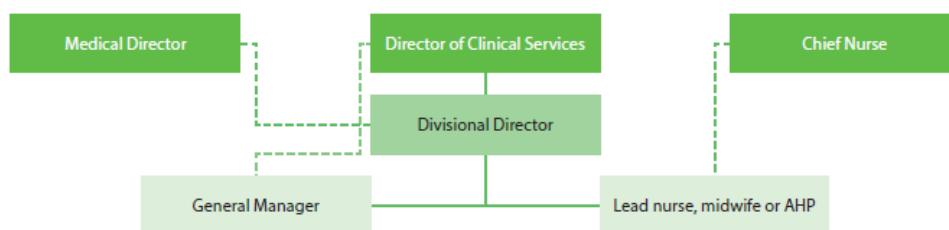
- Medicine
- Surgery
- Women's & Children's
- Core Clinical

These in turn are managed by a Triumvirate made up of a Divisional Director, Head Nurse for the Division and a General Manager for the division.

The divisions are made up of specialty units lead by a CSU lead, a lead Nurse and a General Manager. Your line manager will be the CSU lead for your specialty.

## Divisions and clinical service units (CSUs)

Director of Clinical Services			
Medicine	Surgery	Women & Children's	Core Clinical Services
Acute medicine and Care of the Elderly	Head & neck	Women's health	Diagnostics & screening
Emergency Department	Anaesthetics	Paediatrics	Pharmacy
Internal Medicine	Musculoskeletal		Clinical support services
Speciality Medicine	Theatres and OPD		Hotel services
Cancer services	General surgery		Therapies





# Guide to working as a doctor at MKUH

It is anticipated that if you have never worked in the NHS prior to taking up duties at MKUH, you will undergo a period of supervision, or an induction into the role of a doctor at the position you will be working at.

## Hours

The day hours differ according to specialties; as a rule of thumb, normal working hours for a medical rota are from 9am – 5pm, whilst a surgical and anaesthetic rota would be 8am – 5pm.

An on-call rota for medicine would be from 9:30am – 9:30pm, a surgical and anaesthetic on-call rota would last from 8am – 8pm. Hangovers are given between shifts. Nighttime hours for medicine would be 9:30pm – 9:30am. Surgical and anaesthetic nighttime shifts last from 8pm – 8am. A&E rotas differ considerably. Doctors on-call are responsible for the care of the new admissions to the hospital.

You will be provided with your rota schedule before you join the hospital.

**Zero days** – these are included in your rota to ensure you work an average of 48 hours per week. The concept of these shifts comes from the EWTD. These are classed as normal working days, but you do not have to report to duty. However, as these are normal working days, you would be expected to work in an emergency/or if a colleague is ill.

## The team – who are they?

The ward encompasses a wide range of role who you will work with on a daily basis to deliver care:

- A Consultant/team of Consultants – most senior member
- Registrars
- Junior Doctors – Senior House Officers (SHOs) and Foundation Doctors
- Pharmacist – Carry out daily ward rounds to check the drug charts of each patient, advise on the most appropriate medications by taking into account factors including their existing medication, medical history, current clinic etc.
- Occupational therapists - identify strengths and difficulties that patients may have in everyday life, such as dressing or getting to the shops, identify goals to help, maintain, regain or improve independence by using different techniques
- Physiotherapists – identify existing injuries or disabilities that are limiting patients' movements, employ exercises, massages and other techniques to alleviate pain and boost patients' mobility and muscle strength
- Nurse/Ward Manager – most senior nurse on the ward
- Healthcare Assistants – work alongside nursing staff to help carry out a wide range of duties to care for, support and provide information to patients and their families
- Ward Clerk – responsible for ward administrative jobs
- Dietician – assess, diagnose and treat dietary and nutritional problems
- Speech and Language Therapist – provides assessment of swallowing or communication difficulties for people
- Phlebotomist – responsible for inpatient venipuncture
- Medical Students



# Computer systems used at MKUH

As mentioned earlier on, the hospital has made much progress towards digitising patient records onto the computer network. Electronic prescribing, within a wider suite of electronic patient records (EPR) known as eCARE.

A brief introduction is only provided here, as you will be taken through each of the systems on your induction at the hospital.

As with every system, it takes a little while to become used to it.

## Which systems are used?

**EDM system** – the EDM system can be accessed throughout the computers in clinics, wards, offices and operating theatres. The EDM database contains all the patient's previous notes, A&E notes, clinic letters, GP summaries, theatre notes and multi-disciplinary entries which have been scanned and uploaded. This provides a vital portal for understanding a patient's medical history.

**Sunquest ICE** – this is the IT system that allows electronic communication of diagnostic information. In other words, all the blood results, culture and histology and radiography investigations as this forms a trackable record. The Sunquest ICE system also links GP practice directly to the Milton Keynes University Hospital laboratory.

**InSight PACS** (Picture Archiving and Communication System) – this is the system that allows the storing, retrieval and presentation of radiography imaging across many modalities.

**Amalga** – allows real time information direct from A&E that is able to link directly to primary care practices when their patient has attended A&E. Amalga also provides medical notes, discharge letters and the number of times the patient has attended A&E. It can be used as a tool to analyse the number of patients attending A&E at any one time.

**Hospital discharge letters** – this can be accessed via the intranet. When discharging, the patients' medications must be uploaded onto the letter, which will be reviewed by the ward pharmacist before the drugs can be dispensed home. Discharge letters are vitally important as they form a summary of the patient's hospital stay for their general practitioner/and acts as a prescription to order the drugs they need to take home with them. Discharge letters are typically called 'TTOs' which stands for 'To Take Out'.

**eReferral** – this is the portal that allows electronic referrals to be sent to each specialty. The referrals are sent to the Consultants but anyone from the clinical team can view a referral.

**eCARE** – this electronic patient record system collates patient details in one easy-to-access place that is secure and confidential. This includes medical history, laboratory test results, allergies and current prescriptions.



# Hospital Accommodation



## Lister Close

This accommodation opened in May 2008 and is located on the hospital site. There are 100 en-suite single bedrooms sharing a kitchen, dining and lounge area. The facilities are comfortable and overall pretty good as far as hospital accommodation goes. Internet is provided but you will need to bring or buy a basic internet cable as this service is not wireless. The speed of the internet is also slow. Personal wireless routers are officially banned by accommodation staff but are nonetheless used by residents. The kitchen is fully equipped with all crockery and cutlery, pots and pans, an ironing board, a washing machine and a tumble dryer. A TV is supplied to the communal areas, but should you want a TV in your bedroom you would be responsible for obtaining a TV license.

Bedding is provided (duvet, two pillows, cover and sheets) with a weekly sheet and towel change. Tenants are responsible for washing the duvet cover and pillowcases. For those who do not use mobile phones, a telephone is in the room with a direct telephone number (although call cards need to be purchased). There are ample car parking spaces, rent is £474/month (fully inclusive of internet, utility bills and council tax). There is also a deposit of £600 plus a Tenant's Deposit Scheme fee (TDS) of £17.50, which is non-refundable.

## Whitegate Close and Lampitts Cross

This on site staff accommodation is approximately 27 years old and made up of three bedrooms in two or three storey houses. The accommodation here is more basic compared to the Lister Close flats close by, with smaller bedrooms, a shared kitchen with dining and a shared bathroom with a toilet and a shower. The kitchen is fully equipped, bedding is provided and a weekly sheet and towel change is provided. Overall, you may be tempted to find more comfortable accommodation but with a rental price of £350/month (fully inclusive of bills and council tax) this isn't a bad option if you wanted accommodation that was both in close proximity and cheap.

# Private Accommodation

It's natural to feel apprehensive when moving to another hospital, and especially if this is in a different area or country. Accommodation is always a source of worry for medical practitioners who often have to rotate around different hospitals. When renting a private property, there are more things you need to consider.

## Deposits

When you find a property you wish to rent, you are often asked to put down a holding deposit. This is to reserve the property while the landlord or letting agent carries out your tenancy check. A holding deposit could be about a week's rent. It is often paid back through a deduction from your rent payments.

When the landlord or letting agent has confirmed that you can rent a property, you will be asked to provide a tenancy deposit. This is usually equivalent to four – six weeks' rent. You will probably be asked to pay the first month's rent in advance.

## Deposit protection

Your landlord must put your deposit into a government approved deposit protection scheme. Some of these schemes hold the money and some insure it. If you have difficulty getting your deposit back at the end of your tenancy, you should contact the deposit protection scheme – these schemes offer free dispute resolution.

## Letting agent fees and charges

If you find a home through a letting agent (this is the most common way), you will usually have to pay a letting agency fee. The letting agent must clearly set out details of their fees on their website and in their offices. You wouldn't be asked to pay for registering your details or being given property details.

Your letting agent may also charge for creating an inventory and performing checks on you and your guarantor, such as a credit check.

## Check and agree your inventory

An inventory is a list of everything that your landlord provides with the property you rent, for example, furniture, carpets and appliances. The inventory should record the condition that everything is in, especially anything that was already damaged, marked or worn before you moved in. It is useful to take photographs when you check the inventory.

An inventory can help avoid a dispute over your tenancy deposit when you move out because it proves what state the property was in when you moved in. It is therefore in both yours and your landlord's interest to provide and check an accurate inventory.

Your landlord or the letting agent should provide an inventory; ask for one if they haven't done so. You can create one yourself if your landlord or agent won't provide one and ask an independent witness to sign it. You should then send a copy to the landlord.



### **What is expected of you as a tenant:**

- Pay the rent on time – if you don't you could lose your home because you have broken your tenancy agreement
- Look after the property – get your landlord's permission before you change anything, such as repairs or decorating
- You should consider getting insurance to cover your possessions (content insurance) because your landlord's insurance will not cover your possessions
- Be considerate to the neighbours – you could be evicted for anti-social behaviour
- Do not take in a lodger or sub-let without checking whether you need permission from your landlord

### **The landlord must:**

- Maintain the structure and exterior of the property
- Fit smoke alarms on every floor and carbon monoxide alarms in rooms using solid fuels (coal or wood) and make sure they are working at the start of your tenancy. If they are not there, ask your landlord to install them
- Deal with any problems with the water, electricity and gas supply
- Maintain any appliances and furniture that they have supplied
- Carry out most repairs – if something is not working, report it to the landlord as soon as you can.
- Give at least 24 hours' notice for visits for things like repairs – the landlord cannot walk in whenever they like
- Insure the building to cover the costs of any damage from flood or fire.

### **Houses in multiple occupation (HMO)**

You may choose to rent a room in a house with other tenants rather than renting a property on your own.

A house is a house in multiple occupation if both of the following apply:

- At least three tenants live there forming more than one household
  - A household is either a single person or members of the same family who live together, including non-married couples living together
- You share a toilet, bathroom, or kitchen facilities with other tenants

If you are in HMO, the landlord may have a number of extra legal responsibilities, you can find out more [http://England.shelter.org.uk/housing\\_advice/private\\_renting/houses\\_in\\_multiple\\_occupation\\_hmo](http://England.shelter.org.uk/housing_advice/private_renting/houses_in_multiple_occupation_hmo)

Independent agencies such as Citizens Advice and Shelter are able to provide housing information and advice.



Most rental agreements are assured short hold tenancies – this is a contractual arrangement that gives you important rights but also some responsibilities. Your tenancy must have a minimum or fixed term – that is a minimum length of time that you are liable to pay rent. If you leave the property earlier than this, you will still be liable to pay the rent until the minimum term ends. After this term, your tenancy agreement will define the notice you need to give to leave the property. Think about how much rent you can afford to pay 35% of your take-home pay is the most that many people can afford, but this depends on what your other outgoing are. You must have your documents ready; landlords and agents will want to confirm your identities, immigration status, credit history and employment status.

### **Tenancy checks and Guarantors**

Landlords need to be sure that their tenant won't have any problems paying the rent on a monthly basis and that the tenant will take good care of their property. They usually ask you for proof of income (e.g. pay slip, work contract). Your landlord or letting agent will also ask you for proof of identity (driving licence or passport) to prove you have the right to stay in the UK and the right to rent – this is a legal requirement. The letting agent may carry out a number of checks on you, including a credit check – this is to investigate if you have ever not paid pff loans or credit cards. If you have never had any loans or credit cards in the UK, you may have to provide a guarantor instead. The guarantor agrees to take joint responsibility for the rent of the property if the tenant fails to pay. They are requested to pay any rent in arrears if the tenant does not pay and for any damages costing more than the deposit.

The guarantor needs to go through the same referencing process as a tenant, including a credit check. The normal requirement is that they are employed and a UK resident with sufficient earnings to cover the tenant's rent costs.



# What support is there available?

Overseas doctors and dentists should be supported, especially on arrival when they are new to the UK and the NHS. It may be helpful for you to be aware of the following good practice that employers may follow:

- A clear job description and, if appropriate, a training and learning agreement agreed at the outset
- Support on initial arrival in the UK – covering issues such as accommodation, local environment, immigration, tax, family and social life and so on.
- Good induction on arrival into work – this must include how the NHS works, the employer's part in the NHS, duties of a doctor or dentist, employer procedures and rules, arrangements for clinical governance (patient safety, clinical errors, clinical risk management, complaints and litigation), orientation and support.
- Practical induction appropriate to the role and department (including familiarisation with taking a patient history, examination and local documentation). This may, if appropriate, include a period of 'shadowing', mentoring or close supervision and support. All doctors who are about to start in Foundation Programme Year 1 undertake a paid period of at least four days shadowing immediately prior to true start of their employment.
- Access to a named individual to provide initial and ongoing support and guidance.
- Regular monitoring of progress, appraisal and development,

## A good checklist is:

- Accommodation: Probably the easiest way is to apply for hospital accommodation in the beginning. Whilst these accommodations are relatively simple, they have the advantage of often being furnished, cheap and there are less obstacles in the way as they know you are being employed by the hospital. It is easier to find your own place later once you have settled into your new job and the area.
- National Insurance (NI): The NI is needed for pensions and benefits. If you work, you need an NI number. This number stays with you for life and you can apply for one here: <https://www.gov.uk/apply-national-insurance-number>
- Mobile phone number: Getting a UK mobile number is very easy. At some airports you can buy one with a ready-to-use SIM card from a vending machine in the arrivals area. It is easy to start with a Pay-as-you-go (PAYG) SIM card. You can change your contract at any point later on, if you need to.
- Bank account: Opening a bank account is crucial and should be done as soon as possible. There are large differences between banks, as in what the bank needs to give you a bank account. Your home country also makes a difference in how high the hurdles are. The quickest way to get a bank account is by asking different banks what their policies are and going with the one that gives you the least trouble. You can always change banks at a later point if you want to.
- Credit score: In the UK you have to actively build up your credit score in order to be able to get a loan from your bank or rent/buy property. There are many things that positively impact your credit score including having a phone contract, regularly paying your electricity/water/gas bills, but also registering to vote or using a credit card with your bank and using it regularly, even for small expenses.
- Council Tax: If you live in the UK, you must pay tax to your local council. Fortunately, most administrative acts in the UK can be completed online. The government website provides information about what your local council is and how to pay for your council tax (<https://www.gov.uk/register-to-vote/>)
- TV licence: If you watch, record or stream any live TV or if you watch BBC programmes on iPlayer, you need a TV license. If you do not watch TV, you still have to go to this website and declare that you do not have a TV license. You can check if you need a license, apply for one or declare that you do not need one here: <https://www.tvlicensing.co.uk/>

## **Support from the Oxford Deanery (Health Education Thames Valley)**

The Oxford Deanery coordinates the delivery and funding of postgraduate medical and dental education in Oxfordshire, Buckinghamshire and Berkshire. They have produced a document which highlights a number of avenues for support.

### **Oxford Deanery Professional Support Unit**

The Professional Support Unit (PSU) is dedicated to helping doctors and dentists across the Thames Valley fulfil their career potential. Their services include personal coaching and mentoring, workshops and information designed to support career choices and address performance improvement needs. Any doctor or dentist, whether in training or not, who is currently working in an NHS organisation within the Deanery area is eligible to access the services of the PSU. Doctors and dentists who are not in training are required to pay for the services they receive.

### **Support from the British Medical Association**

The BMA have a section on their website dedicated to doctors new to the UK. They also provide a confidential counselling service for all doctors, which is available 24 hours a day. This is staffed by professional telephone counsellors. Alternatively, the BMA also provide the Doctor Advisor Service which gives doctors in distress or difficulty, the choice of speaking in confidence to another doctor. For more information visit the BMA website.

### **GMC Welcome to UK Practice tool**

The General Medical Council (GMC) has a Welcome to the UK Practice tool online, which is a scenario-based tool available for all doctors. The aim of the tool is to give doctors an insight into their knowledge of the GMC's core guidance, Good Medical Practice and how it applies to their daily practice. By answering questions, doctors are able to generate feedback and references to further guidance. The GMC has a range of explanatory guidance and learning materials on its website. NHS Careers published the induction handbook 'Welcome to the Medical Team' for doctors new to foundation training each year and the BMA provides its own targeted careers information, which is regularly updated and accessible from the BMA website.

This interactive tool provides doctors with an insight into their understanding of how the values and principles of Good Medical Practice are applied in practice.

### **Induction for international doctors e-learning programme**

This is a web-based educational resource developed to introduce internationally qualified doctors, who are new to UK clinical practice, to ethical, social, legal and professional aspects of UK clinical practice.

### **NHS Employers: Working and training in the NHS – a guide for international medical graduates**

This guide aims to make doctors and dentists from outline of the UK aware of the opportunities available and to help them understand the immigration process and requirements. It includes details of sources of further information and where to check for up-to-date details of immigration and other requirements.

### **Tea & Empathy Facebook Group**

This is a national, informal, peer-to-peer support networked aimed to foster a compassionate and supportive atmosphere throughout the NHS.

## **Doctors' Support Network**

This is a fully confidential, friendly peer support group of doctors and medical students with mental health concerns including stress, burnout, anxiety, depression, bipolar disorder, psychosis and eating disorders.

## **DocHealth**

This is a confidential, not-for-profit psychotherapeutic consultation service for all doctors. The service is delivered by Consultant Medical Psychotherapists based in London, but the service is available to all doctor in the UK. This is a pilot scheme which may not continue, but if successful may lead to regional hubs. Fees are basked on a sliding scale in relation to the grade and circumstances of the doctor.

## **Royal Medical Benevolent Fund (RMBF)**

The RMBF is the UK charity for doctors, medical students and their families. They provide financial support, money advice and information when it is most needed due to age, ill health, disability and bereavement.

## **Doctors' Support Group**

The Doctors' Support Group organises meetings aimed at assisting doctors and dentists coping with the stress and difficulties they may experience when facing suspension, exclusion, investigation of complaints and/or allegations of professional misconduct. The meetings are held in London but doctors from all over the UK attend.



# Your health

## Registering with a GP

Under current rules, anyone can register with a GP practice in England and receive free primary care. You must register with a GP before you can qualify for any free medical treatment, other than emergency treatment.

A GP practice can only refuse an application to join its list of NHS patients on reasonable grounds e.g. if their lists are closed to new patients or the applicant lives in a different practice's boundary area. A list of local GPs and further information can be obtained via the NHS website.

## Hospital treatment

If you move to the UK permanently, you are entitled to free NHS hospital treatment. Like all UK residents, you will have to pay some NHS charges (e.g. prescriptions), unless you are exempt from these (see the NHS website for details on this (35)). Different rules apply if you're visiting temporarily so please check.

If there's a waiting list for the treatment you need, you'll have to join the waiting list.

The hospital may ask you for evidence that you live in the UK permanently e.g. that you have bought or rented a property in the UK.

## Emergency treatment

Regardless of your residential status or nationality, you're entitled to free emergency NHS treatment from an A&E department or an NHS walk-in centre for treatment of specified infectious diseases or conditions caused by torture or violence.

A further guide to entitlement to NHS treatment for those returning to the UK can be found on the NHS website.

## Dentists

Dental treatment is only given free to a limited range of people, such as those under 18, pregnant women and those in receipt of certain state benefits. For people who work, standard NHS charges are applicable. For a list of local NHS dentists and for further information visit the NHS website.

## Occupational health checks

All healthcare professionals recruited into the NHS that work directly with patients have to undergo an occupational health medical check before starting employment. This will include:

- Clinical history and examination
- Blood testing for Hepatitis B & C
- Declaration of health status for all candidates (including prior vaccination records)



# Money

## Obtaining a bank account

As soon as you arrive in the UK, it is sensible to open a British bank account. As a general rule, British banks offer current accounts (an account for day-to-day spending) free of charge. You will need a number of identity documents in order to open a bank account, including proof of address (such as a tenancy agreement or a utility bill) and a passport or driving licence.

Try the price comparison website services that allow you to compare different banks to find the best bank account to suit your needs.

## PAYE forms: P45, P60 and P11D

All three forms are Pay-As-You-Earn (PAYE) forms. Two forms – P45 and P60 are given from employers to their employees. These two forms provide information on the tax an employee has paid on their income. If they also receive expenses or benefits, the employer will send a P11D to HM Revenue and Customs (HMRC).

### P45

You will get a P45 from Milton Keynes University Hospital when you stop working for them. Your P45 shows how much tax you have paid on your salary so far in the tax year (6 April – 5 April).

A P45 has four parts (Part 1, Part 1A, Part 2 and Part 3). The hospital will send details for Part 1 to HMRC and gives you the other parts. You give Part 2 and 3 to your new employer. Keep Part 1A for your own records.

### P60

Your P60 show the tax you've paid on your salary in the tax year. You get a separate P60 for each of your jobs. If you're working for any employer on 5 April, they must give you a P60. They must provide this by 31 May on paper or electronically. You'll need your P60 to prove how much tax you've paid on your salary, for example:

- To claim back overpaid tax
- To apply for tax credits
- As proof of your income if you apply for a loan or a mortgage

You can check if you think you have paid too much tax on the Gov.UK website.

## Getting paid

As a Milton Keynes University Hospital employee, your salary will be paid monthly. Payday is normally on the 28<sup>th</sup> of each month; if this falls on a weekend or bank holiday, you will be paid on the last working day before. During December, the money is paid into your account on the 21<sup>st</sup>.

## Locus Pay

If you undertake locus work within the hospital, you must fill out the timesheet which must be signed by a Consultant or Manager and handed in before the 28<sup>th</sup> day of that month. Locus pay is managed by an outside company; pay will be transferred two months from the month you submitted your timesheet.

## Contacting Payroll

If you find you have questions concerning your payslip, you can contact them on: 0121 371 7526 (the payroll team are office based and cover multiple hospitals so you should have your employee number which can be found on your payslip to hand if you ring them).





# Your Payslip

## Incremental Date

Shows the date of your next incremental wage rise

## Salary/Wage

This box shows the full salary paid over the taxable year

## Contract Hours


Number of contractual hours

## Pay scale description

The pay scale (previously banding on old contract)

## Assignment Number

Comprises 8 digits of your Employee number

ASSIGNMENT NUMBER <b>12345678-2</b>		EMPLOYEE NAME <b>MR A N OTHER</b>		LOCATION <b>HEAD OFFICE</b>	
DEPARTMENT <b>HEAD OFFICE</b>		JOB TITLE <b>Team Manager</b>		PAYSCALE DESCRIPTION <b>Non Review Body Band 5</b>	
		SALWAGE <b>23208.00</b>		INC.DATE <b>01 OCT 2007</b>	
TAX OFFICE NAME <b>HM Collector</b>		TAX OFFICE REF		STANDARD HRS <b>19</b>	
				PT SALWAGE <b>11758.72</b>	
				TAX CODE <b>496L CUMUL</b>	
				NI NUMBER <b>AB123456T</b>	
PAY AND ALLOWANCE (L = MINUS AMOUNT)					
DESCRIPTION	WKS EARNED	PAID/DUE	RATE	AMOUNT	
Basic Pay	86.06	86.06	11.8689	1021.43	
Basic Pay Arns				232.48	
AFC bonus payments				262.88	
DEDUCTIONS (R INDICATES REFUND)					
DESCRIPTION	AMOUNT	BALANCE			
PAYE	201.52				
NI D	103.40				
Pension	91.01				
Hospital fund	5.34				
Year to date balance (This employment only)					
GROSS PAY <b>7638.84</b>		TAXABLE PAY <b>7180.50</b>		PENSIONABLE PAY <b>1516.79</b>	
NI LETTER <b>D</b>		TAX PAID <b>907.50</b>		TAXABLE PAY <b>1425.78</b>	
NI PAY <b>7638.84</b>		PREVIOUS TAXABLE PAY		NON TAXABLE PAY <b>0.00</b>	
NI CONTRS <b>482.96</b>		PREVIOUS TAX PAID		TOTAL PAYMENTS <b>1516.79</b>	
PENSIONABLE PAY <b>7638.94</b>		PENSION CONTRS <b>458.34</b>		TOTAL DEDUCTIONS <b>400.62</b>	
SD REF NUMBER		EMPLOYEE NUMBER <b>12345678</b>		PAY METHOD <b>BACS</b>	
				NET PAY <b>1116.17</b>	

## Tax & NI Information

## Deductions

Your statutory deductions – income tax, national insurance and the voluntary deductions (pension)

## Pay and Allowances

This is the total money that you are entitled to receive

## Net Pay

The actual amount that will be paid to your bank

## Common abbreviations on the payslip (42)

**ARRS** – Arrears Payment  
**EN** – Enhancement Payment (e.g. Unsocial)  
**OT** – Overtime Payment (e.g. Saturday)  
**NNI** – Payment Not Subject to NI Contributions  
**NP** – Non-Pensionable  
**NT** – Payment Not Subject to NI Contributions  
**OMP** – Occupational Maternity Pay  
**OSP** – Occupational Sick Pay  
**R** – Refund  
**SMP** – Statutory Maternity Pay  
**SSP** – Statutory Sick Pay  
**PAYE** – Pay As You Earn  
**SD Ref Number** – Employee reference number in NHS pension

## Year to Date Balances

This is the breakdown total amount for income tax, national insurance and pension from the beginning of the tax-year (April – Week 1 or Month 1), up to and including the current pay period

## This Period Summary

This section provides details relating to your current pay period. Total payments and deductions are shown together with the date your net pay will be paid

**Payslips are sent monthly from the payroll team to your department, above is an example of an NHS payslip. As you can see, it is comprised of multiple sections.**

**PAYE – this is your tax deducted from your pay according to your tax code which depends on your total annual salary.**

# Council Tax

You will have to pay council tax when living within a property in the UK; council tax provides 25% of the spending for local services such as the police, fire services, support for the elderly and vulnerable, public spaces, maintenance, refusal disposal and street cleaning.

## You will need to know three things:

- The valuation band of your home
- How much your local council charges for that band
- Whether you can get a discount or exemption from the full bill

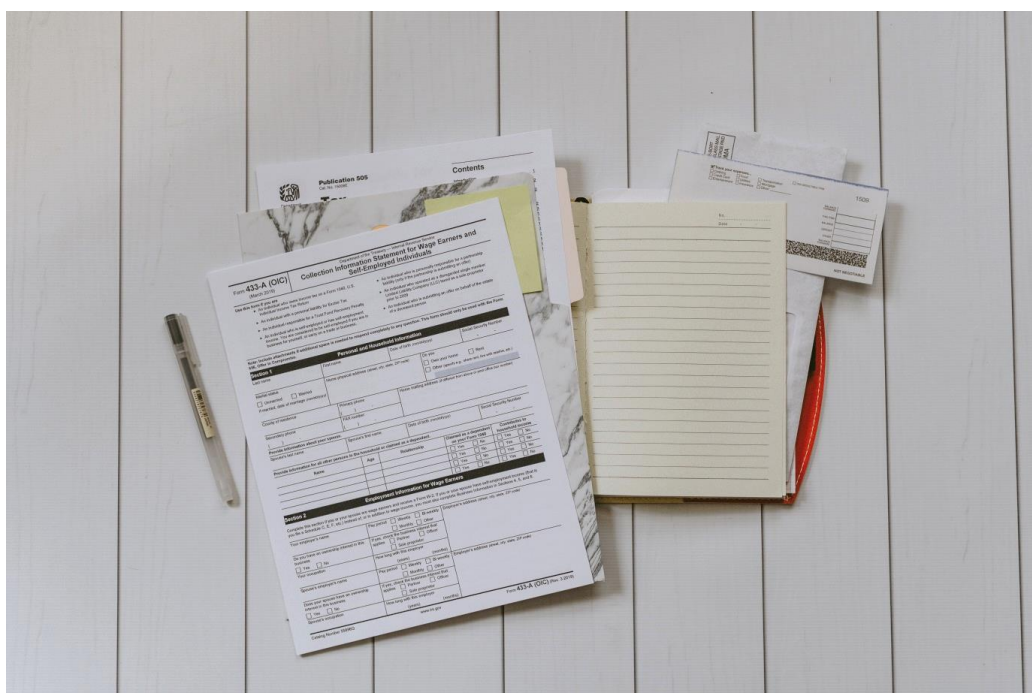
You'll usually have to pay Council Tax if you're 18 or over and own or rent a home. A full Council Tax bill is based on at least two adults living in a home. Spouses and partners who live together are jointly responsible for paying the bill.

## You will get 25% off your bill if you count as an adult for Council Tax if:

- You are the sole occupier
- You are the only adult
- You are a student

Complete exemption to council tax is granted if the property is entirely inhabited by students or all the inhabitants are under 18. Council tax bands are calculated using the value of the property you live at a certain point in time.

Different amounts are due for each council tax band – it is up to the local council to set the amount of tax you must pay based on these bands. Properties in England are put into one of eight bands (A-H), depending on the price they would have sold for in April 1991, when valuations for the current system were made. The valuation band ranges for England can be found online.



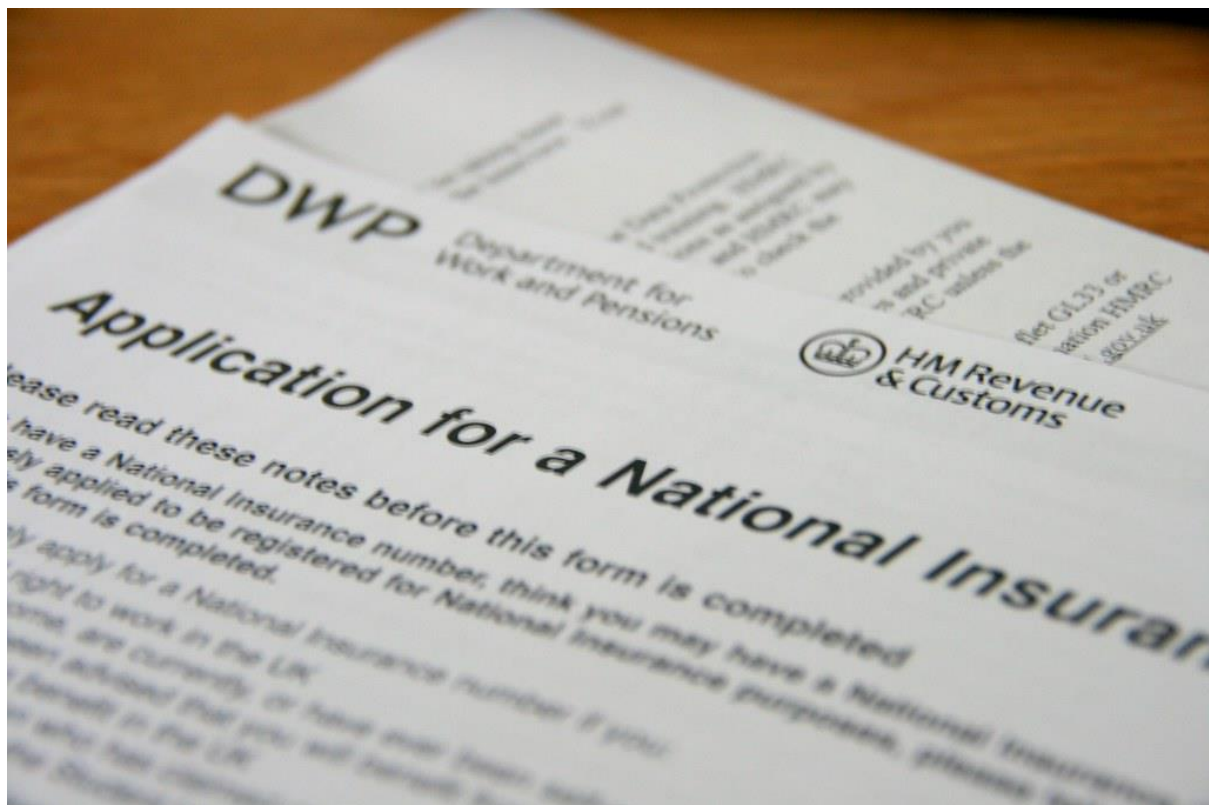
# National Insurance

National Insurance (NI) is a tax on earnings and self-employed profits. By paying NI, it entitles you to state benefits, though these vary according to whether you are employed, self-employed or making voluntary contributions. When employed, NI is automatically deducted from your monthly pay. If you're self-employed, you'll need to organise these contributions yourself.

Everyone who is eligible to work in the UK requires a NI number which is a unique code specific to the individual. If you are moving to the UK, you may have your NI number printed on the back of your biometric residence permit (BRP). You do not need to apply for a NI number if you already have one, or one is printed on your BRP.

If you do not have a NI number, you must apply. To apply, you can contact HMRC or apply in person at a Job Centre Plus who will request a postal application or to attend an interview. It will be specified which documents are required to prove your identity. Acceptable identification are normally a passport, residence permit, birth certificate, bank statements or utility bills (must be dated from the last three months).

For further information and contact details, you can visit the government's website.





Each month, you will be paid a wage slip. You will notice a box showing showing your salary, your contracted hours, any statutory and/or voluntary deductions (such as car park permits, The Mess maintenance etc.). You will also find that income tax is deducted from your monthly wage, but how much can depend on whether:

- How much of your income is above your Personal Allowance
- How much of your income falls within each tax band

The current tax year is from 6 April to 5 April the following year.

### Income Tax rates and bands

The table shows the tax rates you pay in each band if you have a standard Personal Allowance of £1,5000.

Band	Taxable Income	Tax Rate
Personal Allowance	Up to £11,500	0%
Basic Rate	£11,501 to £45,000	20%
Higher Rate	£45,001 to £150,000	40%
Additional Rate	Over £150,000	45%

You don't get a Personal Allowance on taxable income over £123,000.

In the UK, if you are employed, tax and NI payments are deducted automatically from your earnings via the PAYE system. Your local tax office will provide your employer with a tax code, which determines how much tax and NI you should be paying.

Full details about income tax and tax codes can be viewed on the governmental website.

### Pensions

All new employees to Milton Keynes University Hospital (or any NHS hospital for that matter) are automatically enrolled into the NHS pension scheme. The amount you pay into your pension is dependent on how much you earn. The contribution rates are between 5% and 14.5%. You can choose to opt out of the scheme, but if you do not then money will be automatically deducted from your salary each month to go into the pension scheme.

# Driving in the UK

There is mutual recognition of all European Community/European Economic Area (EC/EEA) driving licences throughout the European Union. This means that there is no need for a licence to be exchanged when changing residence to another member state. Holders of valid EC/EEA licences may drive all categories of vehicle indicated on their licence. You can choose whether to exchange your licence for a UK equivalent.

## Other countries

All holders of valid non-UK driving licences may drive in the UK. New residents may drive small vehicles (motorcycles and vehicles for 12 months from the date they take up residence in the UK. To continue driving beyond the 12 month period, you must obtain a British driving licence. You can do this by:

- 1) Passing the British driving test
- 2) If the driving licence is from a country which has been designated for licence exchange purposes, exchanging the licence for a British one.

Countries that can exchange licences are: Australia, Barbados, British Virgin Islands, Canada, Falkland Islands, Faroe Islands, Hong Kong, Japan, Monaco, New Zealand, Republic of Korea, Singapore, South Africa, Switzerland and Zimbabwe. To exchange a driving licence from any of the above countries, you will need to complete an application form D1 – obtained from the Post Office or ordered online from the DVLA (25).





## **Rules of the road**

There are many rules whilst driving, most will be familiar to you, but we have listed certain important rules that must be followed.

In the UK, driving is on the left. On a dual carriageway and motorways, use the left-hand lane unless you are overtaking. Roundabouts are very common in the UK and are generally safer than other types of junction. Traffic always flows in a clockwise direction around roundabouts, with the general rule being that you give way to traffic approaching from your right unless you are directed to do otherwise by signs, road markings or traffic lights.

There is no general priority rule. You must stop at junctions with a solid white line across the road and must give way to traffic on the main road when emerging from a junction with broken white lines across the road.

Seatbelts – you and your passengers must wear a seatbelt. If one is fitted in the seat you're using, it must be worn otherwise you can be fined up to £440.

Speed cameras and fines – within the UK, there is a margin of 10% plus 2mph of the posted speed limit. Individual police forces can use their discretion though, so even driving in excess of 1mph could result in a fine. If caught, you may face a speeding ticket plus a £100 or more fine.

Using a mobile phone – using a phone whilst driving is illegal in the UK. The penalty is 6 points and a £200 fine if you get caught. Hands-free phones can be used but drivers can still be stopped by the police if there are any suspicions that the driver is distracted.

## **Legal obligations of drivers**

Your vehicle must be:

- Registered with the Driver and Vehicle Licensing Agency (DVLA)
- Have an up-to-date vehicle tax (check if your vehicle is taxed online)
- Have a current MOT certificate (if your vehicle needs one – cars less than three years old do not need one)

You must also have a minimum of third party insurance cover; try the money comparison websites online.

## **Working in the NHS and at Milton Keynes University Hospital is rewarding and a job of great importance.**

You are valued as a professional and as an individual. If you have any problems during your settling in period, please contact your assigned mentor or Dr Andrew Cooney for advice. No problem is too small to discuss.