Is life as a GP better abroad?

GPs who have emigrated from the UK within the past five years explain how they did it, what has been difficult, and why they have stayed

'Much less stressful, but I have to do out of hours again'

I moved to Canada last August and I now work in a small rural practice about four hours from the nearest big hospital, so I have had to brush up my emergency medicine skills.

The clinical scope covers everything you would expect in UK general practice, plus emergency medicine (minor injuries with the occasional significant medical emergency or trauma).

I am paid per patient I see and bill the government for the work I do. The additional paperwork burden is not arduous and having six extras at the end of the day doesn't seem so bad any more.

As well as billing a flat fee per patient there are chronic-disease management bills that can be submitted for patients to show you have provided high-quality care over the year. These are documented like the QOF, but relate to the work of the individual GP, rather than the practice.

The other big difference is on-call work. I did very little out of hours at home, but here we are responsible for our patients 24/7. Fortunately, I am in a group practice and we share the burden. The rota works out at one in four nights on call and a similar number of weekends. Being a small rural town, it is generally not arduous although there have been nights where I have ended up accompanying a patient to hospital (definitely an exception).

Overall, I have much less work-related stress, my work-life balance is excellent and there is the option to make significantly more money if I choose to work harder.

I feel like a well respected member of the community and live in one of the most beautiful areas on the planet – something money just can't buy.

Most difficult thing about moving

The process to get into British Columbia was long, at times frustrating and very heavy on the bureaucracy. Having to dig out reports from previous training posts was especially difficult as some were 10 years ago.

> I am paid per patient and bill the government for the work I do
>
> *Dr Nick Fisher*

VISA requirements

Each of the four stages I went through cost between £300 and £800. However, the British Columbia government covers the equivalent of £11,500 in moving expenses and awards a £7,500 'golden handshake' for coming to practise here. I also got almost £40,000 to work in a rural area of need (three years' minimum duration) and £2,000 to visit before moving.

Professional requirements

The MRCGP automatically qualifies you for the Certificate from the College of Family Practice in Canada, but at some point I have to sit the Medical Council of Canada exam parts 1 and 2. I also had to prove I had a minimum amount of postgraduate training to get a provisional licence from British Columbia's Royal College of Physicians and Surgeons.

Hours

I work four days a week. Sessions run from 9.00 to 12.00 then 13.30 to 16.30, offering 15-minute appointment slots. There are no home visits. On-call shifts generally last from 5pm to 8am, one day a week and one weekend a month.

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Salary
Roughly the same as in the UK (adjusted for cost of living and exchange rate) although as GPs are self-employed, there is no NHS pension equivalent. Medical protection fees are lower.
Dr Nick Fisher is a GP in Pemberton, British Columbia, Canada

'There's a lot of TB and HIV to treat, but you get used to it'

I'm working in a primary care hospital in South Africa, running a rural clinic with nurse triaging once a week. I manage an inpatient ward and am on call roughly once a week for a 24-hour period and once a month over a 72-hour weekend. I'm also setting up a male-focused clinic in a local town, to increase health awareness and health-seeking behaviour. That sounds very impressive, but has so far mostly entailed having difficult conversations with a dozen Zulu men about their penises.

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Why one GP is glad to back in the UK, and why another will never return

While the setting is different – and it is nice trading the tie for shorts and flip-flops – the bulk of the medicine is similar: lots of hypertension, diabetes and asthma. There is a lot of TB and HIV, but treating these diseases is simple once you get to grips with it.

Most difficult thing about moving
I found the loss of system capability difficult. The waiting times are longer, ambulances take longer to arrive and there are drug shortages.

VISA requirements
You need notarised copies of your degree certificate, passport, wedding certificate and GMC registration. The process takes around six months and costs around £1,000. Africa Health Placements can facilitate the process free of charge from enquiry to placement.

Professional requirements
Any post-internship doctor can become a private GP. There is 'family medicine' but it is a hospital-based specialty, with more focus on obstetrics than a UK-trained GP has.

Hours
I'm working 38.5 hours a week, plus my on-call turns. It probably works out as 40-50 hours a week: but on-calls are generally not too busy: you can usually expect four to eight hours' sleep.

Salary
I take home the equivalent of £2,300 per month after tax. If I was working five days a week, plus on-call, this would be around £3,000 per month. Rent (including bills) is £50 a month here and many of the best things to do cost very little.
Dr Chris Lowry is a GP in Mseleni, KwaZulu Natal, South Africa

'If it's quiet, you don't get paid'

Patients in Australia can go to any GP in any practice, anywhere, at any time. This means their notes are in many different surgeries and it is hard to access them. We might take long, protracted histories, then never see the patient again because they are 'doctor-shopping' somewhere else. My history-taking has probably improved as a result.

You get paid per patient seen so if it's quiet, you don't get paid. Most practices offer a minimum income guarantee for the first few months, which is usually enough time to build a list. The upside is you control how busy you want to be. There's more autonomy than in the UK. You practise as you would like to, without QOF boxes to tick or audits to complete.

I read about the golden handshakes being offered to tempt us back and can honestly say that it would need to be a life-changing sum of money for me even to consider it. After being a partner in a busy London practice, I feel like a weight has been lifted from my shoulders and I can now get back to being 'just a GP' which is what I loved in the first place.

Most difficult thing about moving
The most difficult things were getting my head around 'billings' (charging per patient) and learning the nuances of the Aussie health system.

VISA requirements
I became a permanent resident before I arrived, although you can also come on a business visa, which is easier.

Professional requirements
The MRCGP was all I needed, as it is recognised as equivalent to Fellowship of the Royal Australian College of General Practitioners. You also need to obtain a mentor on arrival and complete a few online training courses.

Hours
I work 40 hours a week in four 10-hour days, followed by a three-day weekend. If you work more you earn more.

WORKING ABROAD

Salary
Wages are equivalent to what I was earning in the UK as a highly stressed partner, working 47 hours a week.
Dr Chris Davis is a GP in Sydney, Australia

'I earn half as much, but stress levels are very much lower'

General practice in France can be a lonely business as most GPs are singlehanded practitioners. You are self-employed, as in the UK, but there is no government support, as yet, for employing receptionists, a medical secretary, a practice nurse or the various other team members you'd have in UK general practice. I'm 60 and there's no way I could afford to set up as a 'médecin libéral' (equivalent to a GP partner) now. When I do locum GP work in Razes, the rural town where I live, I find this difficult at times.

We're also paid per attendee, not per session, which is time-consuming when appointments run over. For example, last week I saw 18 patients in one surgery and had to travel five miles for a home visit. I started at 2pm and didn't finish until 8pm.

But there are compensations. The absence of targets and government pressure to achieve them removes stress from the consultation. The consultation is once again enjoyable in the way it was when I first started as a GP 30 years ago. And GPs here are not burdened with gatekeeping so there is no restriction on referrals. You give the patient a letter but they choose their specialist and set up an appointment.

However, as in the UK, the French government is introducing measures to extend the GP role although there is strong resistance from the country's GPs, who are not nearly as well paid as those in the UK.

Most difficult things about moving
Wading through the bureaucracy of getting registered as a GP, and fear that my French wouldn't be up to scratch despite taking a course in medical French and joining the Anglo-French Medical Society which runs the courses.

Also, my MRCGP means nothing here as there is no equivalent, although my impression is that training requirements for GPs in the UK continue to be of a higher order than in France.

VISA requirements
None – UK citizens have the right to work in any country in the European Economic Area without a permit.

Professional requirements
I had to go through a lengthy and costly process to get my certificates translated by an accredited translator. Then I had to have them accepted by the Ordre des Médecins (the French equivalent of the GMC). GP specialist training has been established in the UK for more than 30 years but only recently introduced in France, with the European law of 2005 making this a requirement. The French administration found it hard to understand that I could have completed this training a good 10 years before that.

> My MRCGP means nothing in France as there is no equivalent
> *Dr Margaret Cant*

Hours
I work five half-days at the hospital (with no on-call) and the occasional half-day as a GP. A half-day GP locum session can run from 8am to 2pm and a half-day at the hospital is never more than four hours.

Salary
I earn about half of what I was earning in the UK for similar hours, but without the managerial responsibility and the extra hours of meetings required as a GP partner. Stress levels are much lower.
Dr Margaret Cant is a GP in Limoges, France

'A clinical session is long, but I see only a dozen patients'

You get more time with patients as a GP in New Zealand. Fifteen-minute consultations are the norm, which seems luxurious by UK standards. That equates to around 12 patients a session.

While clinical sessions are relatively long (three to four hours), there are very few home visits, and it is easier to get away on time. I am home for dinner with my children every night, instead of running in at bedtime to kiss them good night (if I'm lucky). Plus, having seen only 20-odd patients, my brain isn't completely fried.

And there's no QOF. Although New Zealand seems intent on trying to import most of the worst ideas from the NHS and there are more performance indicators of late, there is nothing like the same level of intrusive regulation. The QOF was one of the reasons I left the UK.

Most difficult thing about moving
The payment systems take some getting used to. Accident Compensation Corporation is the government-run no-fault compensation system for accidents and injuries. It imposes a high administrative burden on GPs, but it is a good system that pays for (private) treatment for injuries and also means doctors can't be sued – keeping medical defence costs down to the equivalent of £1,000 per year. The range of pharmaceuticals available is much more restricted than in the UK, so you have to develop a new mental formulary.

VISA requirements
It was (and probably still is) relatively easy for UK-trained GPs to get either a work or residence-class visa. There's predictably a lot of paperwork, plus police checks and medicals. For a family of five, as we are, this took a while and was relatively expensive, but was easy enough to navigate without having to pay for an immigration adviser as well.

Professional requirements
UK-trained GPs with the MRCGP have a period of 'provisional general' registration, which entails an element of supervision for the first year but they can otherwise practise as a GP. After that, you can practise without supervision, but there is compulsory annual re-certification and the GP is required to maintain a 'collegial relationship' with another GP. Full 'vocational registration' is available after an assessment process with the Royal New Zealand College of General Practitioners.

Hours
General practice is pretty much nine to five here (often with a 15-minute tea break mid-session and an hour or two at lunch). Partners work longer hours with all the usual additional small business-type responsibilities, but they will not generally be working full-time clinical sessions at the same time.

Salary
For a locum GP in my region, the going sessional rate is only the equivalent of around £250 to £280 plus goods and services tax. However, the cost of living is more expensive here than in the UK. I found it was necessary to work nine or 10 sessions a week. I now work full time in military medicine, which pays slightly more than a comparable salaried post in the UK.
Dr Greg Brown is a GP in Wellington, New Zealand

ALAMY

WORKING ABROAD

What will happen if I leave the UK?

Six experts advise on thorny issues to consider before working abroad

What will happen to my pension if I work abroad? Will I be able to rejoin the superannuation scheme if and when I return?

Many GPs are choosing to work for some time abroad, but are still understandably keen to retain the benefits of the NHS pension scheme. If you are going to do humanitarian work you may be able to stay in the scheme while abroad, but would need your employer's support.

The more common scenario, though, is simply going to work abroad in general practice. If you've been in the scheme less than two years you can ask for a refund but this won't apply to qualified GPs, who will probably have five years or more.

In this case, if you return within 12 months you automatically retain membership, and total membership minus time abroad will be used to calculate your pension on retirement.

If you return after longer than 12 months you can still rejoin and contributions both before and after will be used to calculate your final pension. In both cases you can apply to pay in to make up missing contributions while you were abroad. The drawback is that you won't be able to access the sickness or death-in-service benefits abroad as you will be outside the pension scheme.

In all cases, obtain individual advice from BMA pensions or your adviser.

Dr David Bailey is the deputy chair of GPC Wales and a GP in Caerphilly

With the introduction of the 2015 scheme from 1 April, breaks in service must be carefully considered for those who have protected membership of either the 1995 or 2008 schemes. A break could lead to the loss of protected membership and it is best to seek advice before making a decision.

Under the 2015 scheme, if you rejoin within five years of leaving, your previous benefits will be uplifted by the full in-scheme revaluation of CPI (Consumer Price Index) plus 1.5%, effectively linking all benefits under the scheme.

If you rejoin after five years, your previous benefits will not be linked and the benefits will be calculated separately.

Note also that as a non-UK tax payer your ability to pay into a UK-registered pension scheme is going to be limited.

Gareth Rose is an independent financial adviser at Rowanmoor Consultancy

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Would my UK-based medical defence, which would lapse if I move abroad, cover me for complaints that arise relating to work done while I was still practising in the UK?

You are right to be concerned, as complaints and claims can arise many months or even years after treatment took place. The short answer is yes, if you are a member of a medical defence organisation (MDO), you should be indemnified for complaints and claims that arise if you go to work abroad and stop being a member. This is called 'occurrence-based' indemnity.

In a minority of cases, GPs may be indemnified on a 'claims-made' basis (usually through a commercial insurer) and this means they would only be covered for claims notified while the policy was active. These doctors may need to purchase additional cover to ▶

ensure they could continue to report cases while their policy was no longer active.

If you are going to work overseas, it's important to let your MDO know as soon as possible. It may be possible to put your membership on hold for the period you are away or to include the overseas work in your membership – for example, if you are going to be working in a teaching post for a short period or if you are in a supervised post as part of a training scheme.

Dr Pierre Campbell is the head of underwriting at the MDU

Yes, your UK indemnity will cover you for anything that comes up from work you did in the UK. Your MDO may also be able to offer membership for members who move abroad. Options are usually based on:

- The country the member is planning to work in.
- The scope of their work abroad.
- The date they start work and their return date to the UK (if known).
- Whether the work is voluntary or if the professional is receiving payment / expenses for their work.
- If applicable, the name of the charity or association they will work for.
- Whether they are the only doctor or one of a group.
- The type of patients they will be treating.
- If the member benefits from employer or local indemnity.

If a GP with MPS indemnity is moving for more than three months to a country in which we have membership, we should be able to arrange a transfer easily. If you are going abroad for less than three months, you may be able to retain your existing arrangements and extend your benefits to cover working abroad.

If the GP is moving to a country where their MDO does not offer membership, they may be able to get short-term membership which should allow them time to arrange protection with a local MDO (although their MDO will probably not be able to assist them with this process).

If your MDO cannot offer any options while you are abroad, membership could be retired, deferred or withdrawn. GPs registered with MPS who plan on coming back to the UK have options including a simple transfer from one country back to the UK. However, others may require a new application for membership.

Returning GPs should make contact with their MDO two months prior to returning to discuss the options.

Dr Rob Hendry is the medical director at the MPS

If I leave the UK, what happens to my place on the performers list?

GPs who do not respond to a validation enquiry or fail to demonstrate that they have provided NHS services over the preceding 12 months can, and most likely will, be removed from the performers list. For further details, refer to Londonwide LMCS' guidance.[1]

If you are away from UK general practice for two years or more, you must undertake formal retraining by successfully completing the deanery's induction and refresher course and pay the course fees yourself.

In order to get back on the performers list, you'll need to complete an electronic application form on NHS England's website, submit it to the primary care support services of the region you wish to apply to and make an appointment with the primary care support office to submit the supporting documentation in person.

Submit an enhanced disclosure and barring service (DBS) check (previously known as CRB), an occupational health clearance certificate, photo ID (such as a passport), your CV, a copy of your most recent appraisal and evidence of medical defence body membership.

GPs who have lived abroad within the preceding five years will be asked to provide a police check regarding any criminal activity in the country or countries where they have lived. You must also provide a certificate of graduation or postgraduate training from a UK or Irish Republic medical school along with two recent clinical references.

All this information will be sent to the responsible officer, who will decide whether you can be accepted onto the performers list. Straightforward applications usually only take a few weeks but any complications (for instance, adverse findings on DBS checks, long absences from the country, inability to provide satisfactory references, or a need for retraining) will prolong the process.[2]

Remember, you are not allowed to work as an NHS GP in England if you are not included on the English performers list but while you wait for registration you may:

- Do administrative and management work (records and results, for example).
- Work as a healthcare assistant.
- Deliver GP services through a secondary care trust operating an urgent care centre.
- Deliver private GP services.
- Work in any other clinical, research, teaching or academic capacity for which you are qualified, as long as you have a licence to practise and are suitably indemnified.

Dr Tony Grewal is a medical director and Vicky Ferlia is director of GP Support at Londonwide LMCs

References

1 Londonwide LMCs. *Threat of administrative removal of GPs from the performers list – what to do to avoid being removed.* June 2013

2 NHS England. *Standard operating procedure for primary care support services and application form.* www.england.nhs.uk/joint/

WORKING ABROAD

Why I'm glad to be back in the UK

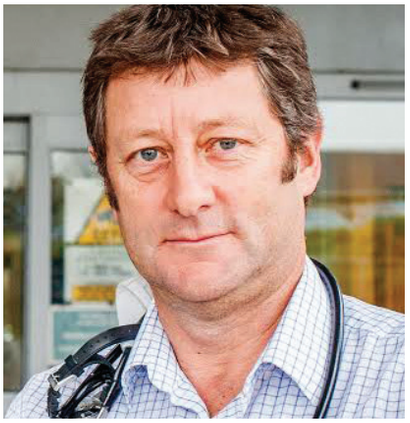
Dr Mark McCartney explains what drew him back from his post in Australia

In 2013 I resigned from my GP partnership of 23 years and headed to Australia with my family for a new job at the Golden Beach Medical Centre in Queensland. I was fed up with the way the NHS was heading and was looking for a new challenge. I had a four-year visa, and the plan was to see if it could be extended until the end of my career.

My wife and I weren't sure at first if we had made the right decision for our family and whether we would cope with the demands of living and working in a place where we had no friends or relatives. Luckily, moving to Australia turned out to be a great experience professionally and I really enjoyed learning new ways of doing general practice. Working abroad is something that I would thoroughly recommend.

Returning was hard

The one aspect of practice in Australia that really impressed me was the access and availability of radiological investigations, which are not hospital



based. What a different world it is where you can request a CT or MRI and see the patient the next day with the result.

Family reasons brought me back to the UK but making the decision to return was really hard. We had invested so much energy in our new lives and there was a lot to give up – friendships, the outdoor living and the work. In the time since I left, things have not been getting any better for NHS GPs. There is a real recruitment crisis now, and the proposed returners' scheme will not be enough to attract ex-NHS GPs. The authorities should recognise the experience and skills gained as a GP working abroad and not place additional requirements and restrictions on those who wish to return.

> I missed the continuity of care in the UK

But there are things I missed about the NHS. The continuity of care it offers patients is very much undervalued and the presence of a lifetime NHS record is a great asset. True, I am still trying to understand the changes to the QOF and the new care planning schemes. But UK general practice remains a good career.

We had an amazing experience in Australia and I have no regrets about moving abroad. Nevertheless, I'm now committed to my work in Cornwall and honestly, it's great to be back. Everyone in my family now feels closer to one another.

Dr Mark McCartney is a GP in Cornwall

Why I left Britain (and I'm not coming back)

Golden hellos can't beat golden beaches, writes Dr Gaurav Tewary

I left my job in Coventry less than a year ago for Australia because I was getting fed up with the NHS – the constant restructuring, the erosion of its basic principles and the constant media negativity about GPs.

Working in Australia has been amazing, mainly because of the lifestyle. I currently live in New South Wales. The city has great weather, amazing beaches, and I have an excellent work-life balance.

GPs are also much better rewarded in Australia than they are in the UK – for example, unlike in the NHS, money paid into superannuation can be used to invest in property.

Teething problems

There are drawbacks, of course. Australia is far from everywhere and even the distances within Australia are huge. Sydney to Perth is five hours by air. Roads can be rough and amenities scarce along the way so the choice of city is crucial. Family back in UK seem very far away and the reversed seasons can also make you feel alienated. Christmas on the beach doesn't seem quite the same.

And while there is great autonomy in

practising medicine here, there is greater uncertainty too. You could have a surgery that is doing very well but without warning a new medical centre might open next door offering 8am-to-8pm appointments seven days a week, as well as cheaper services. Suddenly your list could halve in number.

Wherever you go in the world you will never get away from politics and Australia is no exception. Like the UK, this country has excellent outcomes for patients, its health budget is only a small percentage of its GDP, and its primary care system delivers a lot of bang for the money spent on it. Yet – again like the UK – politicians here are hellbent on trying to 'improve it'.

> I don't regret my move one bit

There is talk of introducing 'blended payments' – a mix of fee-for-service and capitation-based payments for GPs. There is also talk of a US-style Health Maintenance Organisations payment system and Australia has employed the University of Plymouth to help it devise a system of revalidation. But the response from the public and the profession here is much more robust than in the UK and several proposals, including co-payments, have already been rejected.

I don't regret my move one bit. People ask if the new returners' scheme would tempt me back. There is no response other than to laugh. I spent the equivalent of around £30,000 to get away from it all. Why would I return for half that sum, and more of the same problems?

Dr Gaurav Tewary is a GP in Wollongong, New South Wales, Australia