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Welcome to ELFT

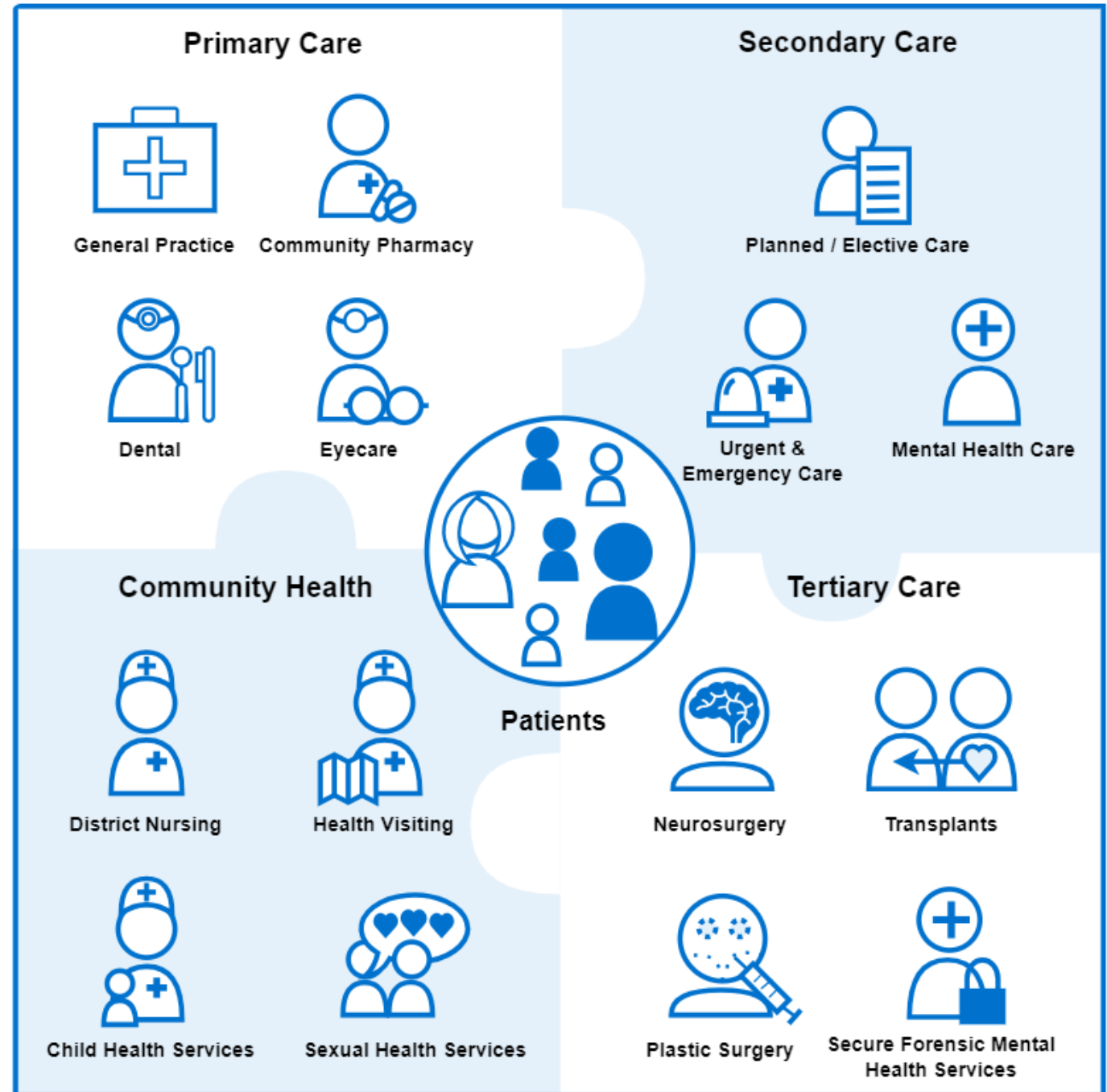
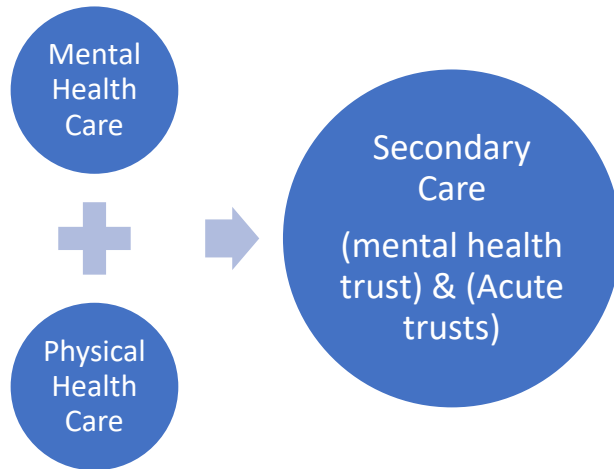
Induction Document for our International Medical Graduates (IMG) and Advanced International Fellows(AIF)

The NHS: can be confusing?



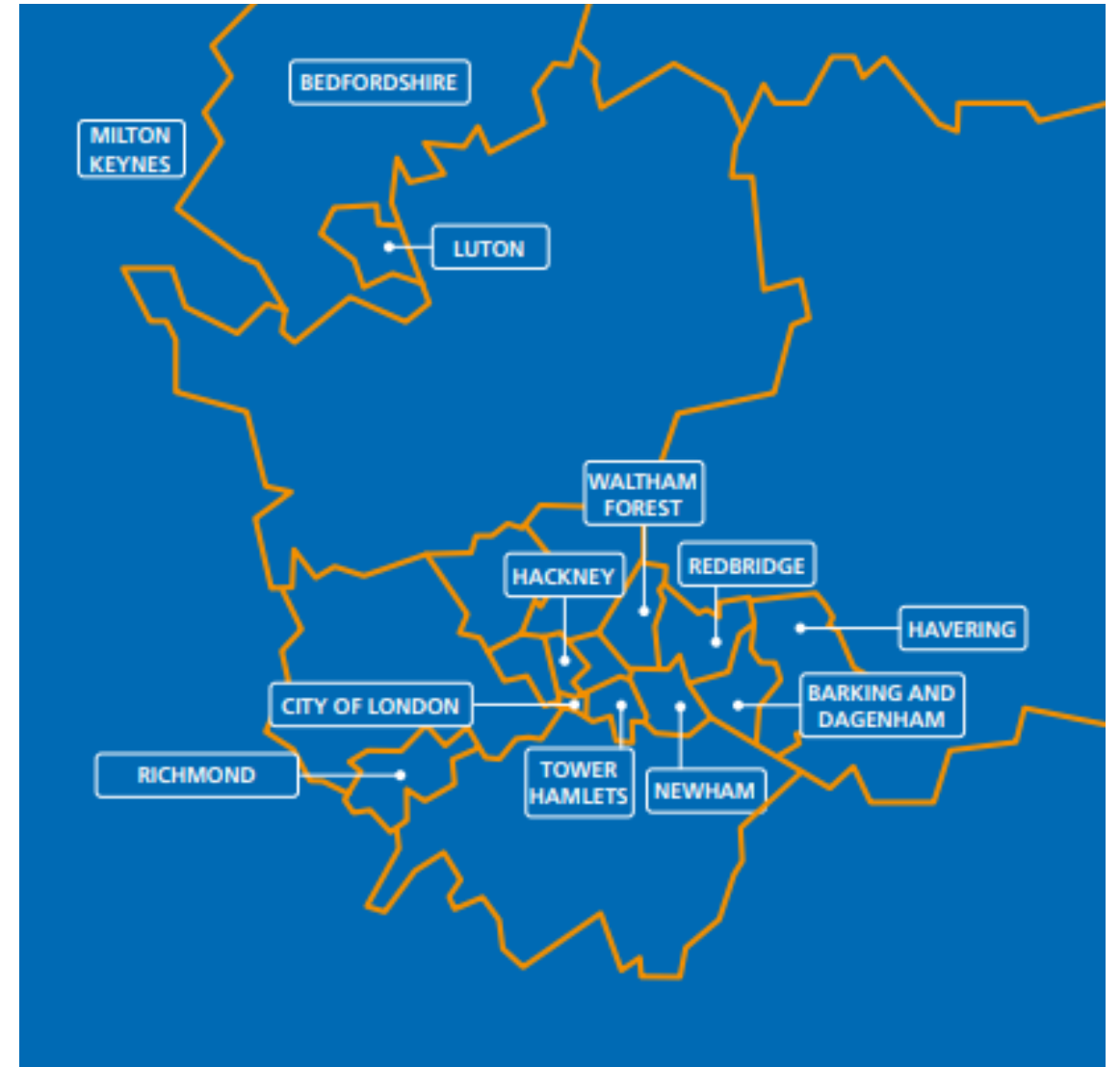
Overview of Healthcare in the NHS

- Psychiatrists work in Secondary and Tertiary care liaising with Primary care



Introduction to East London Foundation Trust(ELFT)

- East London NHS foundation trust (formerly known as East London and the City University Mental Health NHS trust) was formed in April 2000.
- In April 2007, we achieved NHS foundation trust status and are proud to now have over 9000 members.
- Our core area includes City of London, Hackney, Newham, Tower Hamlets (which are administrative areas within London) and Bedfordshire & Luton (located immediately north of London).
- ELFT provides mental health care in these areas. ELFT also provide community (physical) health services provider in Newham, Tower Hamlets and Bedfordshire.
- We provide forensic services to a population of 2 million in North East London.
- Three of ELFT's local authorities in London are in the top four nationally for highest child poverty rates with Luton fifth (Tower Hamlets 51%, Newham 49%, Hackney 45%, Luton 45%).
- These areas are also among the most culturally diverse parts of the country.



Induction



Trust Induction- Usually held once a month



Locality Induction- Every 6 months for trainee doctors, which you can join.



Team Induction- Link in with Clinical Supervisor/ Consultant or Team Manager



This document will serve as a further resource for IMGs setting into the UK.



Further support on <https://www.eft.nhs.uk/medical-education/international-medical-graduates-imgs>

Mandatory training

As soon as you start in your role, to empower you with core skills, you will be required to complete your mandatory training and then refresh this at regular intervals.

This can be found on the ELFT Learning Academy(an icon can be found on all Trust devices)

You will be given protected time within normal working hours to complete this.



Clinical Supervision

You will be working with a clinical supervisor who will be overseeing your clinical work.

While you will be closely working with them, supervision is an additional protected time during work hours.

Good quality and regular supervision is an essential element in the framework for supporting doctors.

Supervision is meant to be a private space to discuss clinical cases, medical reports, career & personal development and concerns/complaints.

The frequency would be ideally once a week but at least once every 2 weeks.

Job Plan and Work Schedule

A work schedule is a document setting out the work commitments in your job.

It is a single source for all the information you need, from the details of your supervisors, your pay, your working hours and your work base.

A work schedule includes a copy of the rolling rota you will be working to. It will usually apply for the duration of your placement

If you are in a non-training post, the work schedule is referred to as Job Plan; this needs to be done on the SARD platform (see appraisal section)

<https://www.bma.org.uk/pay-and-contracts/job-planning>

https://www.rcpsych.ac.uk/docs/default-source/improving-care/workforce/exemplar-sas-jd-ps-feb20.pdf?sfvrsn=b271f6b9_4



Educational supervisor

- An Educational supervisor will support your overall educational development and would be independent of the clinical supervisor.
- Doctors in Training and AIFs, will have access to an educational supervisor.
- As your job changes, your clinical supervisor might change but you will continue to have the same educational supervisor.
- They will overlook your career and personal development and discuss your learning objectives and plan how to achieve them.

CPD and Peer group



Continued Professional Development(CPD) is learning ,outside of training, that helps maintain and improve a doctor's performance and is a requirement by GMC for revalidation.



To achieve this, RCPsych advises, that one be a member of a peer group which meets at least 4 times a year and you complete 50 credits a year.



A peer group is a group of psychiatrists who meet to discuss their learning needs and how to achieve it.



AIFs are hence advised to join SAS peer groups



Further reading- https://www.rcpsych.ac.uk/docs/default-source/members/cpd/members-cpd-op98.pdf?sfvrsn=1de40c5f_4



Educational Opportunities and Research



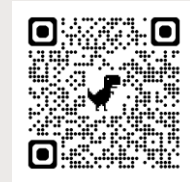
- Access to learning programmes – Ranging from MRCPsych teaching, mock CASC, Monthly Trust wide Barts afternoon, the weekly local academic programme and courses on ELFT learning Academy.

- Library resources- Newscomb Library <https://www.homerton.nhs.uk/east-london->



- E portfolio - Online tool to record your Activities, Work Place Based Assessments and reflections

- CPD E-Learning from RCPsych- <https://elearninghub.rcpsych.ac.uk/catalog?pagename=CPD-eLearning>



- Opportunity for Quality Improvement training and involvement- <https://qi.elft.nhs.uk/>



- Support and Opportunity for research - <https://www.elft.nhs.uk/research>



- Portfolio route support.

Study leave

- Leave that allows time, inside or outside of the workplace, for formal learning that meets the requirements of the curriculum and personalized training objectives.
- This includes conferences, courses, examinations, research and study time linked to courses/examinations.
- Mandatory training and local teaching is not taken from Study leave time.
- You can get reimbursed for the payments you make towards this, details of which will be in your contract.



Type of Medical jobs	Summary	Induction and support
<p>A. Training:</p> <ol style="list-style-type: none"> 1. Foundation Doctor 2. Core Trainee (SHO) 3. Higher Trainee(Registrar) 4. GP Trainee <p>IMGs can be part of this group</p>	<p>Doctors at various stages in the training programme, including</p> <ol style="list-style-type: none"> 1. 2 year bridge between medical school and clinical work 2. 3 year psychiatry specific training with 6 month rotations. 3. 3-5 year training in the different specialities in psychiatry with 6 month or 1 year rotations. They can temporarily act up into consultant roles 4. 3 year training to become a General Practitioner. 	<ol style="list-style-type: none"> 1. HEE 2. ELFT standard Induction 3. Guardian of Safe working 4. Multiple local and trust wide forums 5. CS, ES and TPD 6. IMG may need additional support
<p>B. Trust Employee with standard BMA contract:</p> <ol style="list-style-type: none"> 1. SAS (Speciality and Specialist) 2. Consultant <p>IMGs can be part of this group</p>	<p>Doctors who's primary roles are providing clinical care, medical education, quality improvement, research and leadership & management in the NHS.</p> <p>SAS doctors can get specialist registration on the GMC via the portfolio pathway or join the training programme.</p> <p>SAS doctors are also offered the opportunity to act up into consultant posts.</p>	<ol style="list-style-type: none"> 1. ELFT standard Induction 2. SAS and consultant peer groups and representatives 3. IMG may need additional support
<p>C. Trust Employee without standard BMA contract (Locally Employed Doctor):</p> <ol style="list-style-type: none"> 1. Advanced International Fellow 2. RCPsych Sponsored MTI <p>IMG ONLY route</p>	<p>ELFT or RCPsych will support the IMG through the recruitment, GMC registration and migration.</p> <p>Expectation to be at least equivalent to CT3 and is typically a 2 year fixed term contract working in a SAS doctor role.</p>	<ol style="list-style-type: none"> 1. ELFT Standard induction 2. IMG induction 3. Initial Shadowing 4. SAS peer groups, advocate and tutor. 5. MTI will have additional support from RCPsych

The Multi-disciplinary Team (MDT)



National Institute for Health and Care Excellence (NICE)



- NICE provides national guidance and advice to improve health and social care.
- NICE is an executive non-departmental public body, sponsored by the Department of Health and Social Care
- Guidance may be for clinical condition (CG) or for a specific treatment (TA) or technology

British National Formulary

- BNF Icon on your computer
- BNFc is the formulary for children
- Prescribing protocol
- Each medication is licensed for a condition in UK
- The dose is linked to the license
- ELFT then decides which medications are included in their formulary

[NICE](#) > BNF

▼ BNF

British National Formulary (BNF)

Key information on the selection, prescribing, dispensing and administration of medicines.

Last updated:
27 June 2024

[See what's changed](#)

Drugs

Drug monographs describe the uses, doses, safety issues, medicinal forms and other considerations involved in the use of a drug.

Browse drugs by A to Z

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Treatment summaries

Browse an A to Z list of treatment summaries covering:

- drug use related to a particular body system
- drug management or treatment of common conditions
- comparisons between groups of drugs.

[View treatment summaries A to Z](#)

Interactions

Check for drug interactions. Includes information on the severity of an interaction and the type of evidence to support it.

[View interactions A to Z](#)

Prescribing in ELFT

Electronic records- Inpatient services

Paper charts- Community services, mainly for depot

FP10- Community services



Safe Prescribing of Medicines
course-

<https://learningacademy.elft.nhs.uk/enrol/index.php?id=41>



FP 10 Prescription

- To supply during initiation or dose change while simultaneously writing to the GP to add to the patient's repeat medication list.
- Make a record of what you have prescribed (could scan and upload on the patient's record) and log in use of an FP10 in the team's prescription record.
- This green slip can be presented to any community pharmacy.

The diagram shows an FP10 Prescription form with the following labeled fields:

- White space at top of prescription
- Age, D.O.B
- Pharmacy stamp
- Title, forename, surname and address
- Endorsement column
- Right hand column
- Prescribed medication items
- Signature of prescriber
- Prescribed date
- Prescriber address

The form contains the following text:

Pharmacy Stamp

Age: 45y
D.O.B: 01/01/1971

Title, Forename, Surname & Address
MR A PATIENT
ANY STREET
ANY TOWN
ANY COUNTY
ANY REGION
AB1 2CD

NHS Number: 1234567890

Please don't stamp over age box
Number of days' treatment
N.B. Ensure dose is stated

Endorsements

Signature of Prescriber

For dispenser No. of Prescs. on form

Dr A DOCTOR 123456

ANY COST CENTRE NAME
ANY STREET
ANY TOWN, AB1 2CD
TEL. 0123 4567890
ANY CCG XXX

PRINTED SERIAL NUMBER FP10SS0608

A large blue diagonal watermark reading "SPEC" is overlaid on the form.

FP 10 Prescription(Continued)

What to include-

- Name and address of patient
- Age and Date of birth
- Number of days (not more than 28 days)
- In a legible hand, drug name, form, dosage and directions of use(eg Oral Tablet Mirtazapine 15mg Once at night)
- Name, Initials and GMC number of prescriber
- Signature of prescriber
- Team Details (usually pre- stamped, if not please write down)
- Controlled drugs additionally- Total quantity of drug in words, Total quantity of drugs in numbers (For Ex. Oral tablet Pregabalin 150mg Twice daily. Please supply Twenty eight (28) tablets)

Controlled Drugs(CD) in the UK(prescribing)

- Controlled under the misuse of Drugs legislation
- In mental health we would deal with-
- Schedule 2 & Schedule 3- Special prescription rules
- Schedule 4 part 1

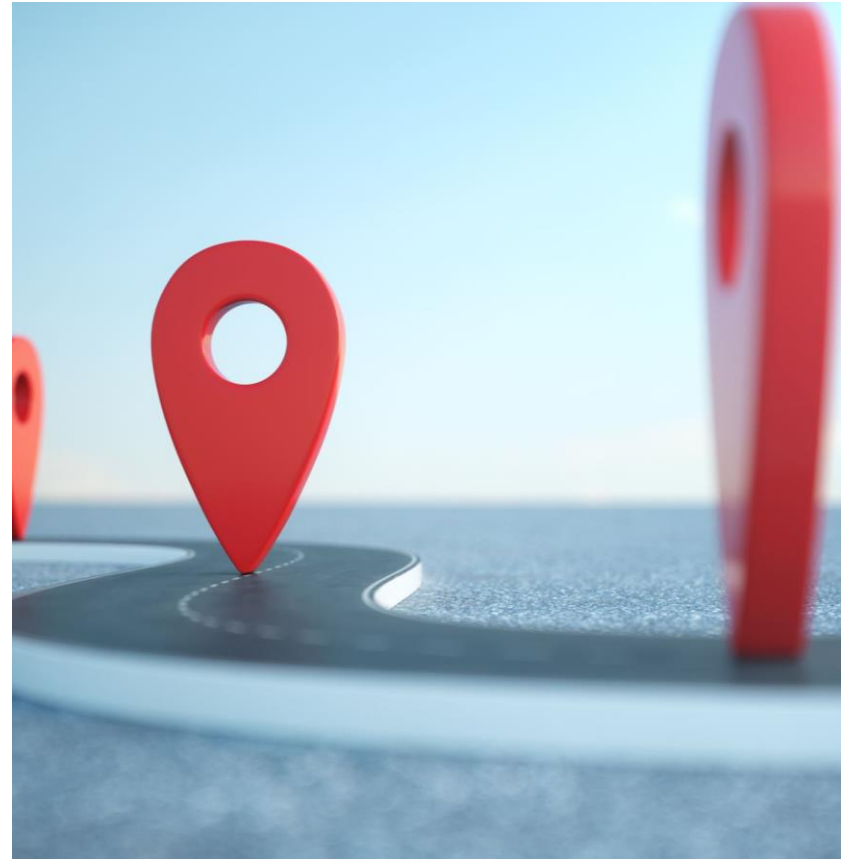
Schedule (refers to schedules of the Misuse of Drugs Regulations)	Schedule 2 <i>Includes – Opioids (e.g. diamorphine, morphine, methadone), major stimulants (e.g. Amphetamines - lisdexamphetamine), remifentanyl, secobarbital</i>	Schedule 3 <i>Includes minor stimulants, temazepam, tramadol, diethylpropion, buprenorphine, lunitrazepam, Barbiturates (Except Secobarbital)</i>	Schedule 4, Part I <i>Includes benzodiazepines, zopiclone, zaleplon</i>	Schedule 4, Part II <i>Includes anabolic steroids, clenbuterol, growth hormones</i>	Schedule 5 <i>Includes low strength opioids</i>
Designation	CD POM	CD No Reg	CD Benz	CD Anab	CD Inv
Safe custody	Yes, except quinalbarbitone	Yes, with certain exemptions	No	No	No
Requisitions necessary?	Yes	Yes	No	No	No
Records to be kept in CD register?	Yes	No	No	No	No

Policy and Procedures

- You will find a large range of policies in the ELFT intranet page-
<https://www.elft.nhs.uk/information-about-elft/trust-policies-procedures>



- Rapid Tranquilization policy – https://www.elft.nhs.uk/sites/default/files/2022-05/foi_da4024_appendix_2.pdf https://www.elft.nhs.uk/sites/default/files/2022-01/camhs_rapid_tranquillisation_guidelines_9.0.pdf
- High Dose Antipsychotic Treatment (HDAT) – https://www.elft.nhs.uk/information-about-elft/trust-policies-procedureshttps://www.elft.nhs.uk/sites/default/files/2022-01/hdat_policy_update_september_2020_8th_edition.pdf
- Clozapine- https://www.elft.nhs.uk/sites/default/files/2022-01/clozapine_policy_6.0.pdf
- Physical healthcare-
<https://www.elft.nhs.uk/sites/default/files/Physical%20Healthcare%20Policy%202014.1.pdf>



Mental Health Act (1983 Amended in 2007)

- Main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
- Code of Practice is a helpful guide to the various sections in the Act.
- Training is offered during induction and can be accessed from the Elft Learning Academy
- Section 136, Section 17, Section 2 Section 3 Section 5(2)



Mental Capacity Act (2005)

- To protect and empower people who may lack the mental capacity to make their own decisions and applies to people aged 16 and over.
- It is decision specific and could be regarding the decision about one's finances or tenancy to care & treatment.
- Training is available in Elft via the ELFT Learning Academy and EDGE



Mental Capacity Act (MCA)
for Community Staff (e-
learning)



Mental Capacity Act (MCA)
for In-patient Staff (e-
learning)



Mental Capacity Act (E-
Learning)

Safeguarding

- All Staff have the responsibility to raise concerns when they become aware of abuse or neglect of vulnerable adults or children.
- Training for Safeguarding of Vulnerable adults and children is mandatory and available on ELFT Learning Academy



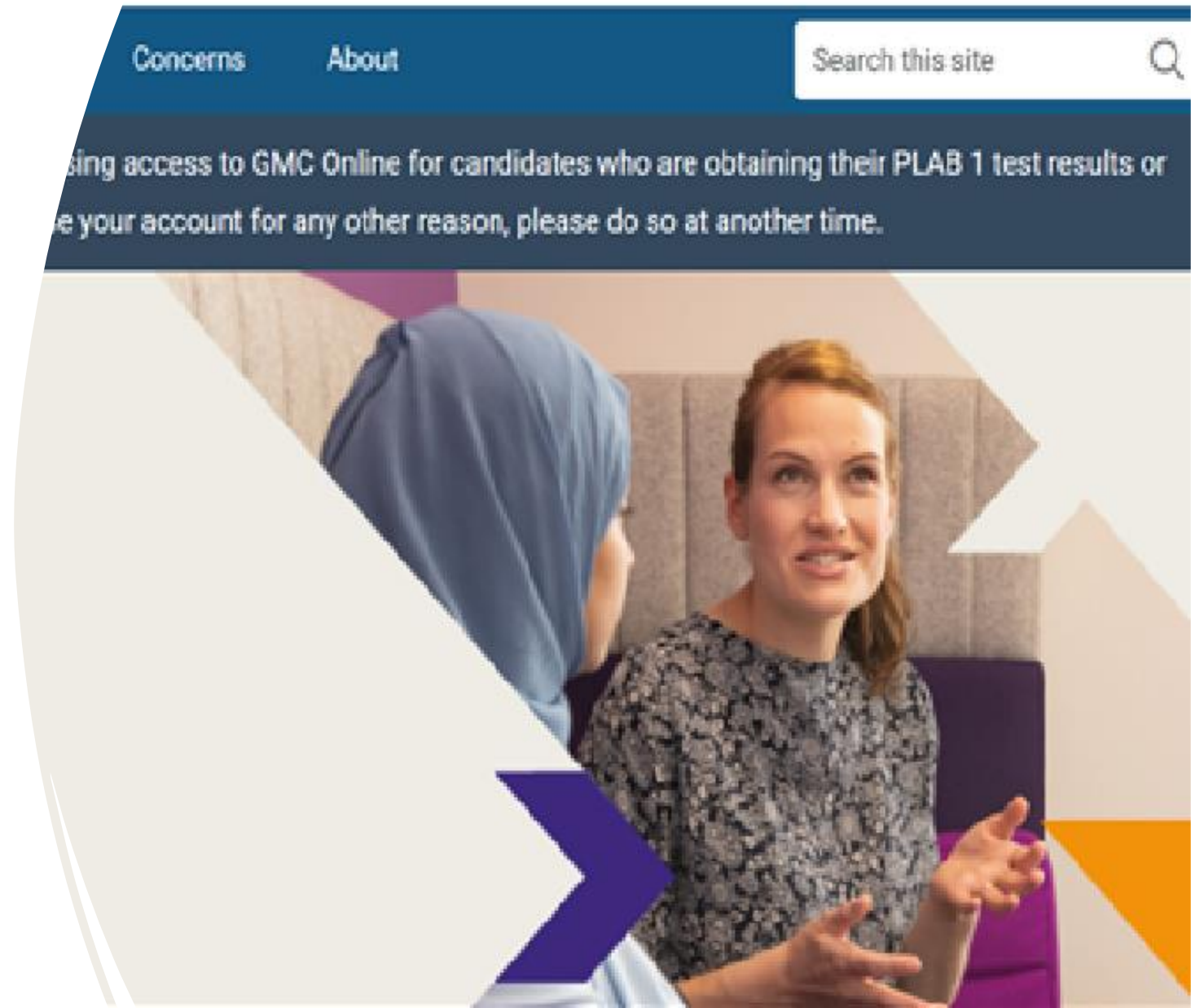
Incident Reporting by InPhase

- An incident is any event which gives rise to, or can produce unexpected or unwanted effects on safety of service users, staff or visitors on Trust premises as well as loss or damage to property, records or equipment of the Trust.
- This includes accidents, medication errors, deaths, security breaches and violence.
- All staff are responsible to report an incident when we become aware of it.
- At ELFT, we use InPhase and this link takes you through the process and further training-
https://www.elft.nhs.uk/sites/default/files/2023-09/training_sept_v1.pdf

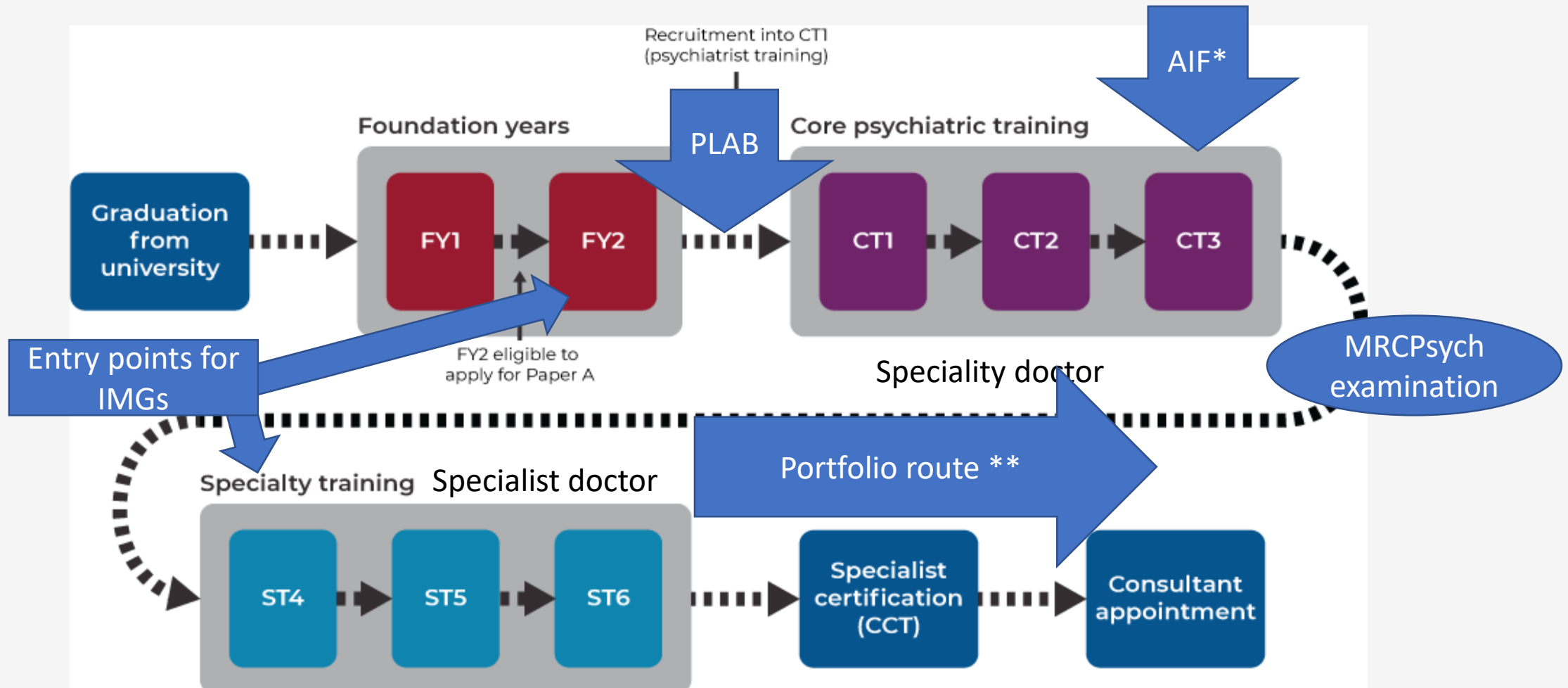


General Medical Council

- Maintains medical register and regulates doctors to support good, safe patient care.
- Revalidation – 5 year cycle linked to having regular appraisal.
- Set standards for doctors
- Addressing concerns – which also leads to review of a licensed practitioners right to remain on the register



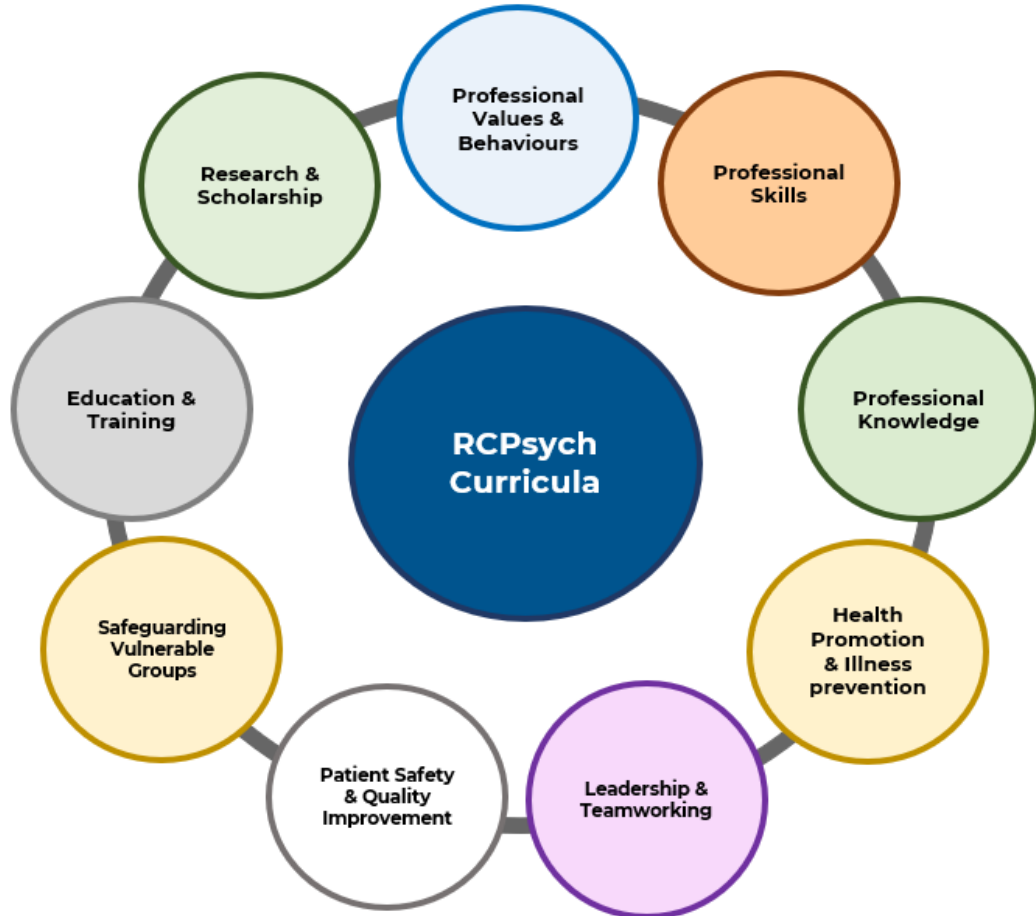
Career Progression in Psychiatry in UK



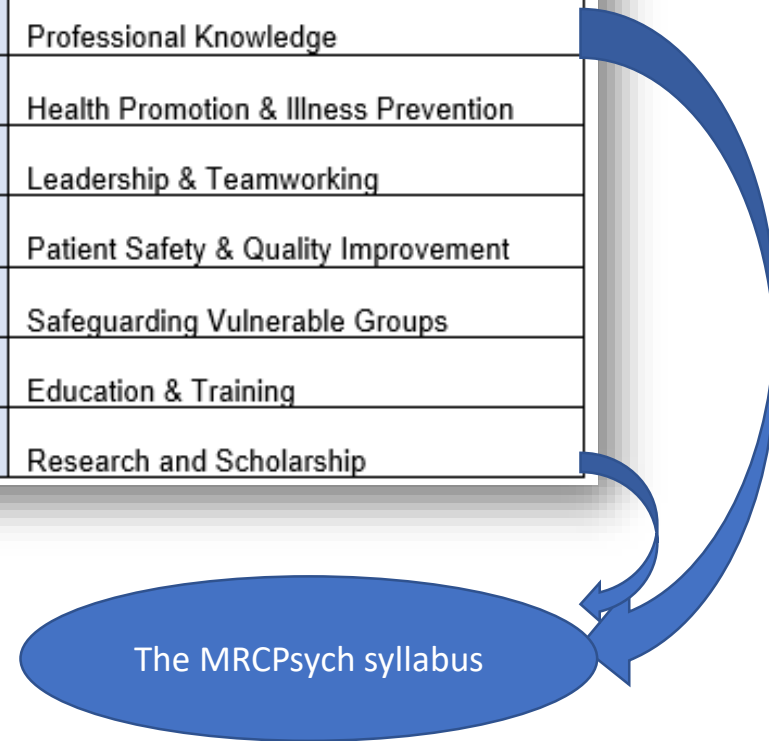
** Previously termed CESR

* Advanced International Fellow

Psychiatric Curricula



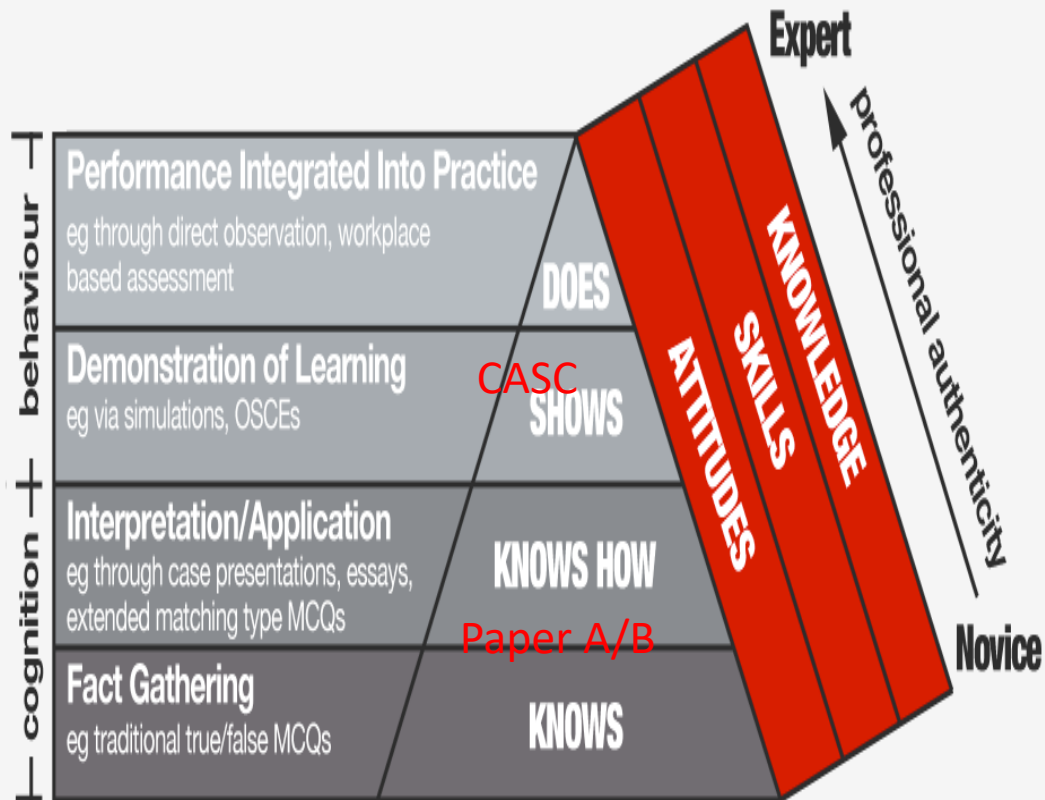
High Level Outcomes	
HLO 1	Professional Values and Behaviours
HLO 2	Professional Skills
HLO 3	Professional Knowledge
HLO 4	Health Promotion & Illness Prevention
HLO 5	Leadership & Teamworking
HLO 6	Patient Safety & Quality Improvement
HLO 7	Safeguarding Vulnerable Groups
HLO 8	Education & Training
HLO 9	Research and Scholarship



Medical Education in UK: Context

Regulator: GMC

Assessment



Training

Training Programme

MRCPsych

Supervision

Revision

Courses

Self-directed/group learning

Simulation

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Curriculum

Resources: HEE/NHSE

Appraisal

- Medical appraisal is undertaken annually at a meeting with a colleague, who is trained as an appraiser.
- You will be supported to open an account on SARD and allocated an appraiser.
- Discussion around –
 1. Continuing professional development
 2. Quality improvement activity
 3. Significant events
 4. Feedback from colleagues
 5. Feedback from patients
 6. Review of complaints & complements.

Welcome to SARD








Log In

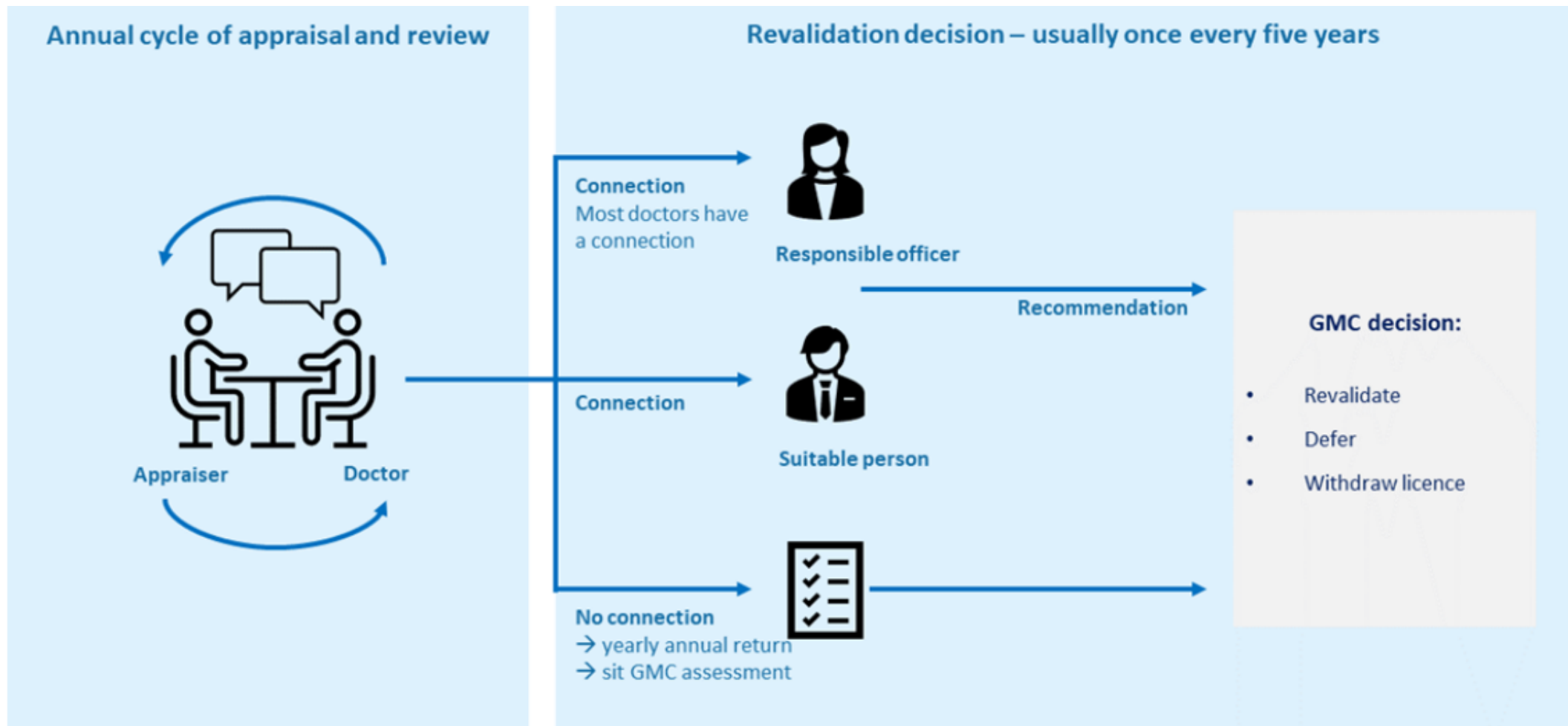
Didn't receive confirmation instructions? Didn't receive unlo

on only. If you believe that you require access then please contact one of your organisation's adminis

SARD Products

We offer a full range of workforce systems, click the links below for more information.

 MSF/360  Job Planning  eLeave  eRostering  Nurse Revalidation  Appraisal for All  ESR Wrapper



Appraisal & Revalidation

Continuing professional development (CPD)

The GMC states: *“There should be a discussion on CPD at each appraisal meeting”*

- Discussion will be along the lines of-
 1. How do you keep up to date?
 2. How do you identify what you need to learn?
 3. What have you reflected on in your learning this year?
 4. What are the main things you have learned this year?
 5. What changes have you made as a result of what you have learned?
 6. How have you shared your learning with others?
 7. How do you keep the recording of your CPD?



Reflective Practice

- The Gold Guide (guidance for postgraduate specialty training in the UK) suggests that ESs should assist in developing the skills of self-reflection and self-appraisal that will be needed throughout a professional career
- The GMC's Guidance on supporting information for appraisal and revalidation explains that reflection is a core requirement for revalidation. It describes how to reflect on learning and development as part of the annual whole practice appraisal (relevant for SAS, AIF)
- If you are in a training post self-reflective learning logs may be reviewed as part of the Annual Review of Competence Progression (ARCP) process.
- It is recommended that psychiatric trainees participate in reflective practice. (Silver Guide)
- This is usually facilitated through Balint Group for trainees and for their short and long case psychotherapy supervision (during core training – a requirement) and encouraged to continue through higher training

Ten key points on being a reflective practitioner:

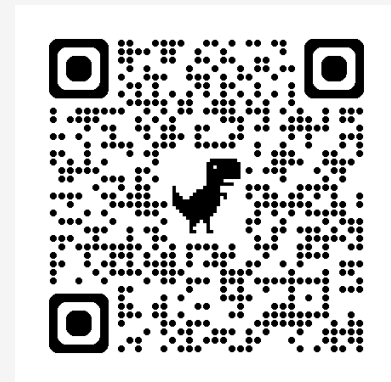
1. Reflection is personal and there is no one way to reflect. A variety of tools are available to support structured thinking that help to focus on the quality of reflections.
2. Having time to reflect on both positive and negative experiences – and being supported to reflect – is important for individual wellbeing and development.
3. Group reflection often leads to ideas or actions that can improve patient care.
4. The healthcare team should have opportunities to reflect and discuss openly and honestly what has happened when things go wrong.
5. A reflective note does not need to capture full details of an experience. It should capture learning outcomes and future plans.
6. Reflection should not substitute or override other processes that are necessary to record, escalate or discuss significant events and serious incidents.
7. When keeping a note, the information should be anonymised as far as possible.
- 8 **The GMC does not ask a doctor to provide their reflective notes in order to investigate a concern about them. They can choose to offer them as evidence of insight into their practice.**
9. Reflective notes can currently be required by a court. They should focus on the learning rather than a full discussion of the case or situation. Factual details should be recorded elsewhere.
10. Tutors, supervisors, appraisers and employers should support time and space for individual and group reflection.

Quality improvement activity (QI)

- The GMC states: *“Involvement in QIA is expected at least once every revalidation cycle; however, the extent and frequency will depend on the nature of the activity...you should discuss and agree the frequency of the QIA with your appraiser.”*
- Your Quality Improvement Activity (QIA) should be relevant to your work
 - QI Initiative / Project
 - Clinical audit
 - Review of clinical outcomes
 - Case review or discussion – shared with a colleague(s)
 - Audit and monitor the effectiveness of a teaching programme
 - Evaluate the impact and effectiveness of health policy

Get Started at -

<https://qi.elft.nhs.uk/>



Significant events

The GMC states: *“You should discuss significant events involving you at appraisal with a particular emphasis on those that have led to a specific change in practice or demonstrate learning”.*

- A GMC significant event is any “unintended or unexpected event, which could or did lead to harm of one or more patients”
- Please ensure you are familiar with your organisation's local processes and agreed thresholds for recording incidents
- All such significant events involving you should be discussed at appraisal - or a statement made that there have been none
- Other ‘significant events’ may be quality improvement activities



Complaints and Compliments

The GMC states: *“A complaint is a formal expression of dissatisfaction or grievance...You should discuss any change in your practice that you have made as a result of any complaints or compliments you have received since your last appraisal”.*

- Complaints and compliments should be seen as another type of feedback
- It is how you dealt with the complaint rather than the number that should be the focus of discussion in the appraisal
- You will be required to make a statement that there have been no complaints about you or your team in a given appraisal period if there have not been any.



Colleague and Patient feedback

The GMC states: *“Feedback should be formally sought at least once per revalidation cycle, normally every five-years.”*

- You should seek feedback from colleagues and patients and review and act upon that feedback where appropriate.
- Feedback will usually be collected using standard questionnaires that comply with GMC guidance
- The questionnaire must be administered independently of the doctor and the appraiser
- Discussion during the appraisal should highlight areas of good performance and identify areas for further development



Indemnity

- Indemnity is the protection a doctor receives when clinically negligence with their patient has been found.
- NHS doctors have state indemnity, so any claim against a doctor will usually be brought against the NHS body providing treatment.
- However, you are recommended to get additional indemnity from bodies such as Medical Protection Society(MPS), Medical Defence Union(MDU) or Medical & Dental Indemnity UK(MDDUS) to support you with handling a complaint, coroners' inquests, fatal accident inquiries or GMC investigations.



British Medical Association

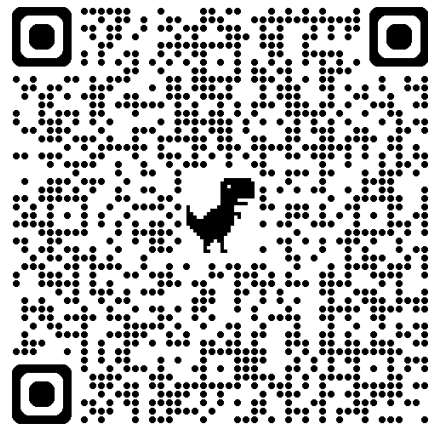
- They are the designated 'Trade Union' who support / protect individual members AND voice the collective interests of doctors in the workplace.
- They offer support in local negotiations, personal advice and assistance, and representation to and on behalf of members.
- **Free membership for IMGs in their first year and subsidised for year 2 and 3.**
- They publish research e.g. BMJ



The screenshot shows the BMA website's 'International doctors' page. At the top is a dark blue navigation bar with the BMA logo and links for 'Pay & contracts', 'Advice & support' (which is underlined), 'Our campaigns', 'What we do', 'Library & learning', 'News & opinion', and 'Events'. Below the navigation bar is a breadcrumb trail: 'Home > Advice and support >'. The main heading is 'International doctors' in a bold blue font. The text below reads: 'The BMA can help you as an International Medical graduate (IMG) or international medical student, from when you first arrive in the UK to supporting your career progression, BMA membership is here to support you every step of the way. Browse our key member services below.' There is a blue 'Join now' button and social media icons for Twitter, Facebook, LinkedIn, and Email. To the right of the text is a circular graphic with a light blue background and a dark blue outline, containing several white location pin icons scattered across it.

Settling into the UK- BMA resources

- The BMA has produced useful resources which cover most aspects of what an IMG might want to know such as setting up in the UK, communication & relationships with colleagues and patients.
- Support Toolkit- <https://www.bma.org.uk/advice-and-support/international-doctors/life-and-work-in-the-uk/toolkit-for-doctors-new-to-the-uk/setting-up-in-the-uk>



Sickness, Occupational Health, and Reasonable Adjustment

- There is clear and detailed guidance on leave including annual and sick leave which can be availed through the intranet (<https://www.elft.nhs.uk/intranet/documents/annual-and-special-leave-policy-63>)
- At ELFT we support all staff to undertake their role to the best of their ability. There are a number of policies to support this. The guidance however, is specific to the needs of disabled staff by providing workplace adjustment, which is an umbrella term that includes the legal duty to make 'reasonable adjustments'.
- Optima Health is the Trust's Occupational Health Service (formerly known as Team Prevent)
- Your supervisor or manager might refer you to occupational health in the context of health or absence issues
- In the event of a Sharps injury, staff members must contact the Trust's Occupational Health provider, Optima Health's Clinical Sharps Line during working hours (Mon-Fri, 08.30-16.30) on 01327 810 777 and on 0800 413 324 during out of hours to report injury



Freedom to Speak Up!

- Often you can raise and resolve concerns within seniors in a team, service or locality
- But sometimes this is not possible, which is why all NHS trusts have a Freedom to Speak Up Guardian with whom you can share your concern in confidence.
- <https://www.elft.nhs.uk/freedom-speak-raising-concerns> has more details on what the guardian does and how to contact them



- An IMG doctors Experience-
https://www.elft.nhs.uk/sites/default/files/2023-06/an_international_medical_doctors_experience.pdf





Wellbeing

- The Trust has a number of policies, benefits and schemes to help staff achieve a balance between home and work.
- Wellbeing resources including Employee Assistance Programme, staff benefits and discounts and support for parents and guardians (including maternity/paternity/adoption policies and help with childcare costs)
- <https://www.elft.nhs.uk/intranet/all-about-me/staff-wellbeing-benefits-discounts-and-schemes>



HELP

HELP | Employee Assistance



0800 030 4302

Payslips

- Check your payslip every month via ESR.

Juniors new payslip guide

ASSIGNMENT NUMBER	EMPLOYEE NAME		LOCATION	
DEPARTMENT	JOB TITLE		PAYSCALE DESCRIPTION	
	SAL/WAGE xx,xxx.xx	INC.DATE	STANDARD HRS 40	PT SAL/WAGE xx,xxx.xx
	TAX OFFICE NAME	TAX OFFICE REF	TAX CODE	NI NUMBER
PAY AND ALLOWANCES				
DESCRIPTION	WKD/EARNED	PAID/DUE	RATE	AMOUNT
Basic pay Additional rostered hours Night duty Weekend allowance Non-resident on-call Flexible pay premia Cash floor protection	Relevant information on hours worked, rates of pay, and what is being paid this month will be contained in these sections. NOTE not all doctors will receive all pay elements*.	*Same applies	*Same applies	xx,xxx.xx xxx.xx xxx.xx xxx.xx xxx.xx xxx.xx

Basic pay
The relevant nodal pay point for your grade, as set out in the NHSE pay circular, calculated on an average of 40 hours' work per week

Additional rostered hours
Any additional contracted hours over 40 (up to a maximum of 48 in total, or 56 for doctors who have opted out of the Working Time Regulations)

Night duty
Any hours receiving an enhanced rate of 37% of your hourly basic pay. There are: any hours between 21.00 and 07.00; any hours worked until 10.00 in shifts of 8 hours or longer which start between 20.00 and 23.59; the entirety of any shift which ends

Weekend allowance
An allowance set as a percentage of your basic salary for working 1 in 8, or more frequent, weekends. To find your allowance, see schedule 2 of the 2016 TCS, or the NHSE pay circular.

On-call availability allowance
An allowance of 8% of your basic salary to compensate for your availability while non-resident on-call, regardless of frequency.

Flexible pay premia
Any flexible pay premia that apply to you. These are currently for: General Practice, Psychiatry, Emergency Medicine, Histopathology, academia, Oral and Maxillo-Facial Surgery, and exceptional flexible pay premia. These

Cash floor protection
If you receive Section 1 transitional pay protection, this will show your protected cash floor amount. It's calculated as your basic salary the day before you transitioned onto the 2016 TCS, plus a banding supplement for the rota you



HMRC/TAX

PAYE- pay as you earn

Know your tax codes

Tax exemptions-

- Stethoscopes and any other professional equipment we have purchased which is necessary for our jobs.
- Professional fees which includes GMC fees, Indemnity insurance fees, BMA membership and RCPsych .
- Fees on exams/courses which were necessary to progress in your career as long as you have not claimed this from the Trust already.
- If you use a train/car to commute to do home visits/give exams.
- Accommodation expenses on courses/exams. - Didn't know this

NHS Pension Scheme

- Automatically enrolled.
- Fixed percentage (based on base salary) deducted from pre tax pay and the NHS contributes as well.
- You can opt out in the first two years and get your contributions back minus tax for that amount
- BMA has a Pension Team.



ELFT intranet resources

International Medical Graduates in the Trust

Here you will find Resources, Information and Support for International Medical Graduates (IMGs)

➔ [International Recruits webpage](#)



+ [Training and information for IMG \(introductory\) / Before starting:](#)

+ [Induction](#)

+ [Early days](#)

International Medical Graduates

This page is dedicated to international medical graduates and contains important information designed to support recruitment from overseas.



+ [Meet the team](#)

+ [Exams and support](#)

+ [Introduction to ELFT Advanced International Fellowship Scheme Prospectus](#)

We would like to thank our IMG Peer Leads:

Dr. B. Akshith Shetty and Dr Harleen Kaur Birgi, who have worked tirelessly to put together this summary document to help IMGs based on their own experience and journey as international medical graduates currently pursuing higher training in north east London scheme

Disclaimer- we have taken every effort to ensure the information is accurate at the time the document was created (August 2024); whilst we would continue to monitor and endeavour to update, we strongly recommend IMGs referring to this document to use this as a guide and whenever possible check the information is up to date with their supervisors, organisations and documents referred to here (e.g. the GMC website) and information on ELFT's intranet