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Career View

Role of an International General Practitioner in Post Covid-19 Britain

Abstract

The General Practitioner (GP) is the first line of contact for patients, providing continuity of care, and approaching the patient in a holistic manner taking into consideration the physical, emotional and social aspects. (1) This is extremely challenging, satisfying, and exciting because a GP comes across patients of all ages with diverse backgrounds. The opportunities for a GP in the UK are innumerable including GP with Special Interest (GPwSI), research and development, education, training, and occupational health services among other areas.1 This article focuses on the pathways an Internationally trained GP could choose so as to train and work as a GP in the UK and briefly throws light on the prospects of MRCGP (INT). It also highlights how the workforce could be increased to meet the demands of the post-COVID-19 pandemic.

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Full Text

An Internationally trained General Practitioner (iGP) could choose from one of the following routes to work or train as a GP in the United Kingdom (UK):

1. International GP recruitment scheme
2. Induction scheme
3. CEGPR (Certificate of Eligibility for GP Registration)
4. GP Speciality training

International GP recruitment scheme

This scheme was started to meet the shortages in the number of GPs. The General Practice Forward View (GPFV) published in April 2016 was to strengthen the workforce which includes recruiting suitably qualified overseas doctors from EU and Australia into general practice.(2) It gives the opportunity to practise in an area of England of one's choice, and to opt to be either a generalist or to develop skills in a specific area as a GP with a Special Interest.2 Although every year GP training positions are increasing and many GPs are returning to practice, it was observed that some practices were facing recruitment challenges. This was because more often than not newly qualified GPs prefer to work temporarily (known as locum) rather than taking up a permanent GP position. Furthermore, some older GPs were retiring from the profession early. This created a gap between the number of GPs that practices wanted, and the numbers they were able to successfully recruit and retain.(2) Hence, recruitment of overseas GPs was introduced.

Induction scheme

It aims to provide a safe, supported, and direct route for qualified GPs to join the UK National Health Service (NHS) general practice. The induction route is for a doctor who has never worked as an NHS GP. Additionally, a GP who has previously worked in the NHS but has been out of NHS general practice for more than two years and would like to return to work in UK can follow

the *refresher scheme*. The portfolio route is for a GP who has worked in the NHS but has been also been practising medicine abroad for less than 10 years.(3) The requirements for this scheme are a completed formal training as a general practitioner in the UK [CCT (Certificate of Completion of Training) or JCPTGP (Joint Committee on Postgraduate Training for General Practice)], approved European Union (EU) qualification or a CEGPR.(3)

CEGPR

This route is for doctors who have trained and worked as a general practitioner outside the UK and believe that their training, qualifications, and experience are equivalent to that of the UK general practice training. It requires a qualification in general practice or at least six months specific training in general practice from anywhere in the world.(4) This pathway involves robust documentation and is often viewed as a 'tedious' process. As a general rule, most applications contain 500-800 pages of evidence which equates to around 100 electronically uploaded documents, demonstrating that the UK curriculum capabilities have been achieved.(5) The RCGP (Royal College of General Practitioners) has also introduced a streamlined process for Australia, New Zealand, Canada and South Africa as the curriculum including the health care context, training and assessments from these countries were found to be similar in many aspects to the UK GP training programme. Hence, the amount of evidence required for the Streamlined CEGPR application is significantly less.(6)

GP Speciality Training

Another route would be to undergo three years of GP Specialty Training (GPST), which includes 18 months in an approved training practice and a further 18 months in approved hospital posts.(7) This pathway requires the individual to sit the Multi-Speciality Recruitment Assessment (MSRA). The General Practice National Recruitment Office (GPNRO) co-ordinates this program. Recruitment takes place three times a year, twice for August commencement and once for the February commencement. On successful completion of training, the doctor is awarded CCT. (8) Gaining MRCGP UK (Member of the Royal College of General Practitioners), is a pre-requisite for CCT, which comprises three components including an Applied Knowledge Test (AKT), a Clinical Skills Assessment (CSA) and Workplace Based Assessment (WPBA).

MRCGP [INT]

The MRCGP [INT] examination meets the rigorous standards, which are set and accredited by the RCGP. However, it does not confer holders of this qualification any right to practice as a GP in the UK. The curriculum on which the MRCGP [INT] examination is based is unique to the country it was developed for, and is therefore different from the MRCGP curriculum in the UK.[9] Each MRCGP[INT] examination is suitable for those candidates who plan to work in the country in which they sit the exam. They are locally developed and locally relevant, reflecting local epidemiology and medical practices.(9) This is because the practice of family medicine varies from region to region. Currently, the countries where one could sit for this exam are Cyprus, Dubai, Egypt, Kosovo, Kuwait, Malta, and South Asia. The MRCGP [INT] comprises of two exams including AKT and Objective Structured Clinical Examination (OSCE). On successful completion, one could become an International member of RCGP.

Post pandemic challenges

The Covid-19 pandemic has brought about several changes in the practice of a GP. One of the biggest changes has been the rise in telephone and video consultations. Surgeries are also using video calls to hold daily practice meetings with staff, and with local nursing homes. (10)

'Hot hubs' or red zones are being established. These are dedicated clinics to care for people with confirmed or suspected Covid-19 infection who also need treatment for other medical problems. In this way, they remain separated from non-Covid-19 patients in 'cold hubs' or green zones.(10) In some rare circumstances, a single 'hot room' within the practice has been set up which is decontaminated after use. Technology companies are providing video technology packages to GPs which can be used on personal mobile devices without exposing the clinicians' personal contact details. Several free

webinars and online learning courses have been introduced by RCGP to support all returning GPs and primary healthcare professionals in the response to Covid-19.(11) The burden of non-Covid-19 diseases could be expected to escalate post this unprecedented pandemic. This would include routine presentations, treatment of long-term conditions, routine health checks, vaccinations, and cancer screening. Many health issues have been ignored by patients who have willingly delayed it due to the fear of either contracting the disease or causing a spread by being asymptomatic carriers. As the lockdown eases and the panic of Covid-19 lowers, there could be an exponential rise in health seeking.

In the next several years the health system could be expected to see a surge in the complications causally related to Covid-19 as well as long term sequalae, to be followed up and reviewed by the GP. The primary care and community health services will have to meet the immediate and long-term care needs of patients discharged following an acute episode of Covid-19.[12] Patients with pre-existing health conditions may require immediate or long-term changes to the management of those conditions as a result of their Covid-19 episode.

Some of the long term sequalae of Covid-19 include lung fibrosis, thromboembolism, acute myocardial injury, heart failure, peripheral arterial disease, acute kidney injury, hospital acquired muscle weakness, chronic fatigue, and neurocognitive disorders. Furthermore, there could be psychological issues presenting as post-traumatic stress disorder, depression, anxiety disorders, psychosis, recurrence of longstanding mental health problems and insomnia, to name a few. There have also been reports of post-intensive care syndrome (PICS). (12)(13)

PICS refers to the health problems that persist after critical illness. They are present when the patient is in the ICU and may persist after the patient returns home. These problems can involve the patients physical self, thoughts, feelings, or mind and may affect the entire family as well. PICS may present as drawn-out muscle weakness (ICU-acquired weakness); as problems with thinking and judgment (cognitive dysfunction); and as other mental health problems. (13)

Besides the above-mentioned complications, dealing with situations of bereavement, financial, and job losses could have an impact on mental health. The stress of social distancing, shielding, having to self- isolate, staying away from family members, working from home, home schooling and changes from the normal routines might take a toll on the psychological wellbeing of an individual. These issues would be required to be dealt by the GP and be duly referred in some circumstances.

A potential second wave or local peaks of Covid-19 is being expected. With winter in a few months, it would only add up to the challenge. Winter is always a busy time for general practice, as it is across the NHS, because GPs deal with many patients suffering from flu and other common winter illnesses in the community.(14) A lot more research would be required to unfold the unknown facts of Covid-19 as it is still being considered a young disease. In such a situation the demand for a GP could escalate and primary care would definitely benefit if the workforce is expanded.

Contribution of an International GP

In my view, the scope for a non-training job in general practice similar to that of other specialities, which currently does not exist could be a possible solution. The target doctors could be Internationally qualified GPs irrespective of their nationality. This coupled with adequate induction and supervision from an experienced GP, would be an excellent option to deal with the crisis. It would address the shortages in primary care, and also decrease the stress and burden on the NHS. It could prevent GP burnout considerably. Such a post would attract more International GPs both internationally and nationally (those who are already residing in the UK and do not qualify for the above-mentioned routes or have not opted to go through CEGPR), eventually increasing the GP workforce. This is a possible area where Internationally trained GPs could contribute effectively. IMGs (International Medical Graduates) have always been shown to be resilient, as they adapt to a new country, different policies and rules, the entire system, and the variegated culture and climate. The degree of resilience coupled with the skills of being bilingual or multilingual is an added

advantage which could be used to deal with the diverse UK population.

Another contemplation could be to make use of the skills of MRCGP [INT] holders. They could possibly be considered for the Induction scheme. Alternatively, a new scheme could be created to bridge the gaps in training in order to match the UK perspective. Assessment examinations could be introduced and on successful completion of this, they could be enrolled in to a targeted training program prior to working as an independent general practitioner. Certainly, the expertise, knowledge, and experience of Internationally qualified GPs (irrespective of their country of origin and MRCGP [INT] holders), could be utilized to benefit the NHS, during these trying times. With the ongoing estimations of a second wave of Covid-19 this winter and with the ease of lockdown, it would be extremely advantageous to be prepared with an excellent workforce to combat the situation.

Conclusion

Extraordinary times require extraordinary measures. Careful planning and usage of the proficiencies and experiences of extraordinary Internationally trained GPs would definitely benefit the population in this hour of need.

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Conflict of Interest
None declared