



Supporting the next generation of GPs



Planning your GP career

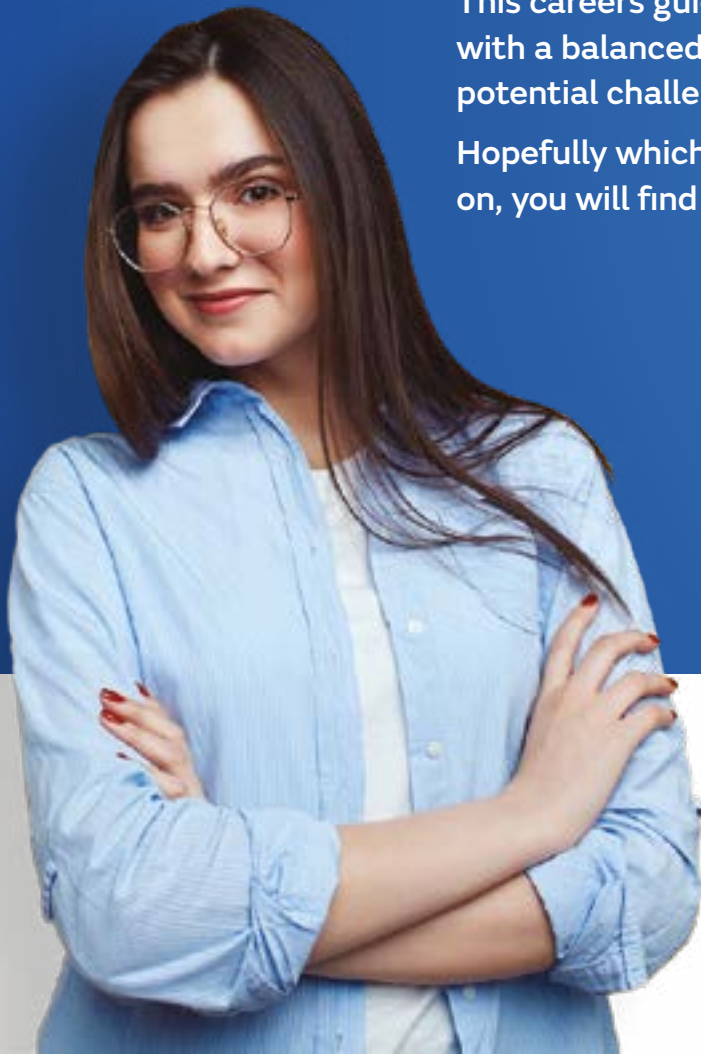
I am a GP

**I am with
Medical Protection**

GP career options post CCT

This careers guide covers some of these options, with a balanced overview of the benefits and potential challenges of each one.

Hopefully whichever career path you find yourself on, you will find it a fulfilling and rewarding one.



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Conventional GP careers

The conventional options open to a qualified GP are to work as a freelance GP (locum), to take up a salaried job, to seek a partnership or to work out-of-hours (OOH). Increasingly, many GPs have a conventional role as a base, and have additional roles as part of a portfolio career.



Freelance/locum GP

This is a common starting point for most newly qualified GPs, and many doctors have a successful career working as a freelance GP.

Advantages

Flexibility

As a freelance GP, you can have more control over where and when you work. If you wish to take holidays during school holidays, or go for an extended trip, you are free to do so without needing authorisation from anyone else. If you wish to spend six months working just a few sessions a week, you can. If you need extra money for a specific purpose, you could increase your working week temporarily or if you do not feel you fit well with a particular practice, you can choose not to book any more shifts there.

Being self-employed

As a locum, you are your own boss. You can set your own rates, and most locums can earn more per day than most salaried GPs. As a self-employed contractor, rather than an employee, you are also able to claim many more expenses against your tax bill, further increasing your take-home pay.

A change is as good as a rest

Sometimes working in different environments, and being able to go in, deal with the patients then leave, without getting involved in internal politics or bureaucracy can be very refreshing. It also gives you a chance to see different ways of working, to take examples of good practice from different places, and also to see what does not work well. Working several sessions as a locum can give you a really good understanding of whether a practice would be a good place to work long term before committing to a salaried position.

Income

As a locum, you can realistically make a £100,000+ a year working full-time if you are willing to be flexible about where and when you cover sessions. You could still earn over £75,000 per year working less than full-time.

Working 24 hours per week at an average rate of £75 per hour (this is a modest rate for most parts of the UK, although there is a lot of variation between areas) with six weeks leave, two weeks bank holidays and two weeks study/CPD time (total ten weeks without any earnings) gives an income of £75,600.

Some locums that put in 40+ hours per week, including a mix of longer shifts at walk-in centres, urgent care or additional portfolio roles, earn more than £150,000 per year.

Disadvantages

Uncertainty

One of the big drawbacks of working as a locum is living with uncertainty. There is no guarantee that you will be able to work as many sessions as you would like, or that practices will be willing to pay the rates that you had hoped to charge. In some areas there are many trained GPs fighting for both salaried posts and locum sessions, while in others there is no shortage of work.

Agency locum rates have gone down in the last year in some regions, and with lower demand due to the coronavirus pandemic, there are some locums that had so little work that they needed to claim unemployment benefits. You may not know exactly how much you will earn from month to month, or exactly *where* you will work from day to day. For some people this is not really a big issue, but others find it difficult to cope with a variable income when they have large fixed costs to deal with

each month (eg paying the rent/mortgage, bills, childcare, schooling costs etc.) Some locums will, over time, get most of their work from a few regular practices, so you might have a fairly fixed amount of your income, with the variation limited to the number of additional sessions that are available each month.

Isolation

Being a locum can be very lonely. In many practices, you will arrive for your session, be shown to your room by the practice manager or a receptionist, see 18 patients in 3 hours, then leave, without seeing or talking to any other colleagues. This can be a bit of a shock to newly qualified GPs who have had the regular contact that comes with being in a training practice, as well as the pastoral benefits of being in a VTS group.

If you are doing the odd sessions in many different practices, it can be difficult to build relationships with the team.

No employment rights

As a locum, you are a self-employed contractor, so you do not have any of the rights that a salaried employee would have. This means no paid holidays, no paid study leave, no sick pay, no automatic increase in pay and no job guarantee or entitlement to redundancy pay. Of course, you can take this all into account when setting your rates and calculating how much you will have to work in order to make enough to meet all your expenses and still have a reasonable amount of time for holidays and study leave.

You will also need to make provisions to cover your expenses if you are off sick or unable to find work for some time.

CPD/revalidation

Working as a locum GP can make it more difficult to engage in CPD. For example, you may not have the opportunity to attend weekly clinical meetings.

This means that you need to plan ahead and ensure that you make time for CPD, and find ways to be involved in quality improvement projects, as taking part in a complete audit cycle may be difficult if you are not working regularly in any one practice.

Travelling

In some areas, you may find that you need to be willing to travel quite large distances to ensure that you have enough work. This can lead to increased expenses and increased tiredness and stress if you have to travel in peak times.

Salaried GP

Advantages

Stability

As a salaried GP, you will have a stable work environment and be able to develop a working relationship with members of the team.

You will be able to plan your finances as you will have a fixed monthly income. You should have a structured working week, making it easier to plan social engagements, childcare etc.

Having a regular workplace also makes it easier to access CPD and to take part in audit and significant event analysis which are likely to be part of the new revalidation process.

Employment rights

As an employee, you have significant rights. First, you have entitlement to sick pay, a minimum amount of paid annual leave, paternity/maternity pay and leave, and unpaid time off for compassionate leave.

After working for two years in the same employment, you also gain full employment rights including the right to redundancy pay. Usually, your past NHS service would be recognised towards this as long as you have not had a break in service.

Employment rights are one of the biggest advantages of being an employee.

Fixed commitment

As a salaried GP, you should have a job plan outlining your duties, and your work time commitment *should* be fixed. If the practice suddenly needs extra cover, while your employer can *request* that you do an extra shift, you do not have to accept, and they cannot demand that you provide the extra cover.

Your main commitment will be to clinical work, and many doctors prefer this – managing other employees, dealing with the upkeep of the building, keeping an eye on the accounts will not be your responsibility. You will need to do admin related to the patients you have seen, as well take part in practice meetings, and also have work related to quality and outcomes framework (QOF), but time should be allocated for this as part of your job plan.

Disadvantages

Pay

Salaried GP pay is very variable throughout the UK, and even between practices within the same region. The review body recommended range for salaried GP pay for full-time doctors (working nine sessions) is currently between £58,808 and £88,744. These figures apply to doctors working for General Medical Services (GMS) practices, Personal Medical Services (PMS) practices since 2015, or for PCOs directly. Alternative Provider Medical Services (APMS) practices are free to offer any salary they wish. The average pay for salaried GPs in the UK, working in either GMS or PMS practices in the last tax year with available figures, was £58,400. This figure includes those GPs working less than full-time (ie less than nine sessions), which make up a large proportion of salaried GPs.

Another way to look at pay is per annual session – this can vary from as low as £7,500 per session per year to over £10,000 per session per year. Unlike in training, pay as a salaried GP is not on a fixed pay scale, and there is no automatic increment each year – pay is open to negotiation.

In some cases, if there is a shortage of applicants, or if you are taking a salaried role with additional responsibilities, pay can be much higher, or include an incentive to take a post in a specific area.

In the current climate of GP shortages though, you may be able to negotiate a good overall package, especially if you have additional skills that can bring the practice extra income (such as fitting coils and implants, offering joint injections etc.) In many cases, actual take-home pay for a full-time salaried GP may be similar to a full-time partner in a practice with below-average profits once you take into account deductions for NHS pensions and indemnity.

Lack of control

As a salaried GP, you will have less control on the direction of the practice or the services offered. You may also have less flexibility in terms of how much leave you have or when you take it, compared to working as a locum or a partner. Over time, some doctors find that the workload expected of them can creep up, with additional time and responsibilities expected that are not always reflected in additional income.

GP partnerships

Advantages

Control

As a partner, you are responsible for running your own business, and as such, have a large degree of control in how the practice is run. You can (in conjunction with the other partners if there are any) decide who to hire, which new services you wish to offer and have a say in how things are organised and run day to day. This can be very satisfying, although it can be a burden as well – the buck stops with you.

Income

GP partners can be well paid to reflect the extra responsibility. The latest figures available from tax records showed the average income for a full-time GP partner in the UK was approximately £109,000 a year, although there is a significant difference in different regions and according to contract type.

The average income before tax for GP partners by country was:

- £113K in England
- £100K in Wales
- £93K in Northern Ireland
- £93K in Scotland.

These figures include both PMS and GMS, and dispensing doctors – on average, partners in a PMS practice earn about £7.5k a year more than GMS, and those in a dispensing practice about £12k a year more than non-dispensing.

Stability

Most partnerships are long term commitments, with many being “a job for life”. Being established in one practice for a long time allows you to shape the identity of the practice, to help develop the practice team, and to have continuity of care with patients. It can also make it much easier to plan family commitments, schooling and property purchasing.

Disadvantages of taking up a GP partnership

Commitment

Becoming a partner means making a large commitment – both in terms of amount of time per week (partners often work 10-15 hours per week more than a salaried GP), expected length of time with the practice and often also financially. Where the building is owned by the partnership, buying in can cost hundreds of thousands of pounds. This can be a daunting prospect, especially in the current climate, where there is no guarantee of a reasonable return on the property part of the investment. This can also make it much more difficult to leave the partnership or move away if your circumstances change.

Parity

In most partnerships there will be a time period to build up new partners to full parity. A few partnerships will offer full parity straight after a short mutual evaluation period, but there are still partnerships with a two or even three-year build-up to full parity. This is something that you need to look at in detail before committing.

Employer’s responsibilities

As a partner, you will also become an employer, being responsible for the practice team working for you. This can be a cause of stress for many doctors, especially if you have previously only been an employee.

The biggest stress occurs when there is a problem – for example, having to dismiss a member of staff or a dispute within the practice team. Getting to grips with your responsibilities can be a steep learning curve, and your practice manager and the senior partners should be able to help you understand the basics.

Partnership agreements

Something to remember when you take a partnership is that you are running your own business and are **not** an employee. You have no automatic right to sick pay, holiday pay, study leave, paid maternity leave etc. except whatever is agreed amongst the partners.

Each partnership can set their own rules – in some practices, for example, short periods of sickness will be deducted from your annual leave entitlement. Some practices will offer women a set period of paid maternity leave, while others offer none, with the partner having to fund their own locum to cover them during this period.

It is important that you make sure that you have a partnership agreement and that you understand and agree to it. Partnership disputes and dissolutions can be *very stressful and costly*.

Liability

Partners have personal liability for the business. If a practice cannot recruit doctors and the workload becomes unmanageable, in some cases they may have to give up the contract. This may mean making all the staff redundant and giving them redundancy pay. If several partners leave at short notice, it can leave the last one or two with a large amount to pay out, and the liability for this is not limited, so in some cases, partners have had to use their savings, or even sell their assets to cover all the costs.

Out of hours GP (OOH GP)

Advantages

Money

Working full-time as an OOH GP can be very lucrative, with some jobs working 40 hours a week paying as much as £130k with good benefits.

Flexibility

Many doctors do some OOH work to top up their salary, with the flexibility to do a few extra shifts in busy periods to get some extra income.

Job satisfaction

Dealing with acute primary care problems can be satisfying. Although there is a lot of routine work that comes through to the OOH centre, successfully treating sick patients on a home visit can be very rewarding.

A lot of doctors also enjoy the chance to focus on clinical work, and not deal with the QOF and the extra bureaucracy that often comes with routine daytime GP work.

Disadvantages

Unsocial hours

By the nature of OOH work, you will be working a lot of unsocial hours – evenings, weekends, nights. If you are working OOH full-time, this can mean that you are working when your family, friends and colleagues might be free. If you are working a lot of overnight shifts, this can be very tiring and affect your body clock.

Higher risk of litigation

Several studies have shown that patients are more likely to sue a doctor other than their usual GP. This means that you are more likely to have to deal with a complaint as an OOH GP.

Deskilling

Working full-time OOH means that there are some illnesses and conditions that you are unlikely to deal with – chronic disease management, for example. Over time this can lead to deskilling and make it more difficult for you to start back in routine daytime practice.



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Portfolio GP careers

You may have heard the term “portfolio GP” more frequently over the last few years. This is an umbrella term used to describe a GP that has multiple jobs or that does multiple types of work within their working week. Most portfolio GPs have a primary job – this could be as a GP partner, a part-time salaried position or being a locum (freelance) GP, with one or more additional jobs in their portfolio.



Many GPs develop a portfolio over time almost by accident – what starts as a one-off extra session working in a prison, for example, can become an interesting part of the regular working week.

The range of additional jobs that you might develop an interest in as part of your portfolio is huge – from developing a specialist interest, to taking on a management role as part of the CCG or Health Board. Here are some of the options open to you:

- Medical Education
- Forensic Medical Examiner
- Prison GP
- GP with Specialist Interest (GPSI)
- Telehealth – remote consulting
- PCO management or clinical lead work
- GP appraiser

Let's look at some of these options in a bit more detail:

Medical education

There are various ways to become involved in medical education, from the occasional teaching and supervision of medical students on placement at the practice to becoming a GP trainer or Training Programme Director. Teaching can be very rewarding, as well as acting as a stimulus to refresh your own knowledge and to keep up to date.

Teaching medical students and foundation trainees

Most medical schools require doctors that will be teaching students on placement to attend a short training course (often over one or two days), and then to attend annual training days. Beyond this, you will not need to have any formal medical education qualifications. For teaching foundation trainees, most deaneries require a similar amount of training.

Clinical tutor

Many medical schools recruit qualified GPs to become clinical tutors to facilitate small group teaching or to teach clinical and communication skills for undergraduates at the medical school.

Having experience in teaching will make you a more attractive candidate, and medical schools often offer further in-house training, as well as support to complete a postgraduate certificate or diploma in medical education. Time requirements are usually 1-2 sessions a week.

GP trainer

The requirements to become a GP trainer vary by deanery, although there are some requirements that are fairly common throughout:

- MRCGP – either by examination or via portfolio.
- Training in teaching – either a trainers' course or a postgraduate certificate or diploma in medical education.
- Experience – the minimum post CCT experience varies from two years to five years.

There are also requirements that need to be met in relation to the training practice. A trainer would usually need to put aside the equivalent of two sessions a week to allow time for supervision, tutorials and ongoing workshops for trainers.

Training Programme Director

Programme Directors (formerly known as VTS Course Organisers) are responsible for organising the regular teaching for Speciality Training schemes, as well as supporting trainers. Programme Directors are usually appointed via deaneries, and again requirements vary across the county, although most require experience of teaching and a formal postgraduate qualification in medical education at diploma or masters level.

Many Programme Directors are experienced trainers. The time commitment required is usually equivalent to two sessions a week or more. In many areas with larger training schemes, there are multiple Programme Directors for the same area.

Prison GP

Working as a GP in secure environments may seem daunting, however, it can have many benefits. There is currently a huge shortage of GPs in the prison service, so the rates paid are usually very good.

The work includes GP-style clinics and ward rounds for inmates – you will usually be well supported with an experienced nursing team, and guards are nearby (they can be in the room on request in some cases). As well as acute illness and ongoing management of chronic disease, there is a high proportion of patients with mental health issues and drug misuse problems.

Undertaking the RCGP Drug Misuse certificate can be useful to give you more confidence in dealing with this aspect of the work. If you are not sure if this is for you, contact your local prison and talk to the lead clinician – in most cases, they will be happy to show you around the unit and offer some induction and training. There is also usually some need for on-call cover, although this varies at different units.

Forensic Medical Examiner

Forensic Medical Examiners (formerly Police Surgeons) work with police forces to provide assessment and treatment to victims of crime and persons in custody. Many FMEs are GPs that work with the police as an additional role.

The work can be interesting and varied, and will include assessment and treatment of injuries, minor illness, sudden illness in custody, and assessment of victims of sexual assault. Most FMEs work as part of a group of doctors that provide cover for one or more police stations day and night. A lot of the time you may be able to be on call from home, with extra fees payable for each visit to the station. Another aspect of the work of an FME involves giving evidence in court.

GP with Specialist Interest (GPSI, GPwSI or GP with Extended Role)

A GPSI (also known as a GP with Specialist Interest) is a GP that has gained additional skills and qualifications allowing them to offer services that have traditionally been offered in secondary care and that are not usually done in everyday general practice. Popular examples include ENT, minor surgery, dermatology, sexual health and musculoskeletal medicine, but there are many more possibilities.

Usually, there is a process of accreditation that will require relevant additional qualifications and experience, and then getting signed off by a consultant to state that the practitioner is capable of independent practice. Once accredited, a practice may be able to bid for work from a CCG that will allow them to accept referrals from other practices within the area. Having a special interest can make you more attractive to a practice, and a practice offering a successful GPSI service can bring in valuable extra income.

Telehealth – remote consulting

There have been many companies offering remote access to GP consultations through an app or video calling service. Some of the more well-known ones include Babylon, Doctor Care Anywhere, Pushdoctor, and Livi.

Pay rates tend to be lower than regular locum work, and due to the medicolegal risk, your indemnity rates may increase (some companies contribute towards this or cover it for you), however, the work is flexible and could be carried out anywhere private with a good internet connection (either through a laptop/desktop, tablet or sometimes even a phone).

There is also no time lost commuting and there is the flexibility of working at a time and place that is convenient to you.

PCO management or clinical lead work

Primary care organisations (eg CCG, health board, local health board) often have opportunities for GPs to be involved in clinical lead or management roles at various levels. This may be an opportunity to develop your leadership and management skills further in a different

role, or to use expertise in a specific clinical area of interest to help develop services for your local area. It can also allow you to work with doctors from different practices or to collaborate with public health colleagues.

GP appraiser

We all need to keep up to date with CPD and undergo annual appraisal as part of revalidation. You may consider becoming an appraiser to see this process from a different perspective. Most areas recruit new appraisers periodically. It can be interesting to meet GP colleagues from different practices and doing different roles.

The actual appraisal usually lasts a few hours, but you will need to allow time to look through the evidence of CPD and other materials before the meeting. There is also a requirement for appraisers to attend updates and ongoing training when changes are made to the requirements for appraisal. Typically, the payment for each completed appraisal is around £500.

Variety is the spice of life

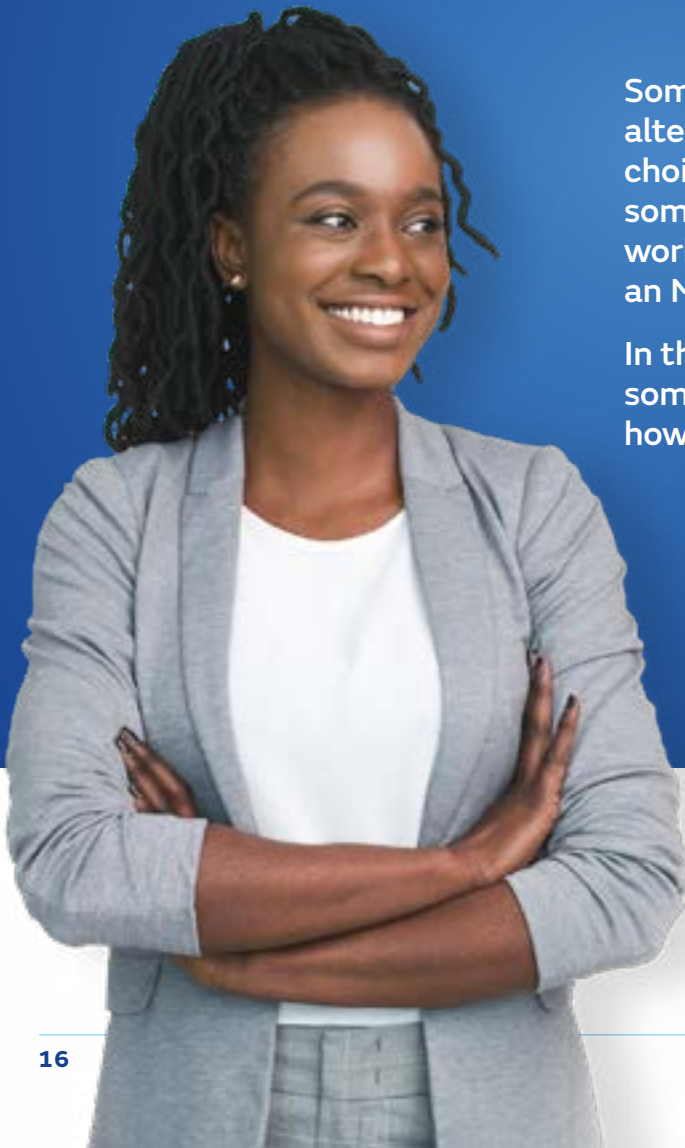
These are just a few examples of some of the options you might build into your career as a portfolio GP. There are GPs that work as civilian medical practitioners on military bases, team doctors for sporting clubs, are involved with the air ambulance or emergency services and some that do regular humanitarian work.

One of the great things about being a portfolio GP is that working in different roles can help keep you stimulated and reduce the chances of burnout. I find that for me, it really is true that “a change is as good as a rest.”

Alternative GP careers

Some doctors choose to pursue an alternative GP job – either as a career choice or as a temporary post to experience something different. This can include working as a cruise ship doctor, working as an MOD doctor, or international work.

In this section, we will have a brief look at some of these options, what they entail, and how to go about pursuing them.



Cruise ship doctor

This is definitely not a career choice for everyone, but for the right person, it can offer an opportunity to see the world and to have a varied and challenging workload while offering good support for CPD. All cruise ships *must* have a medical team on board, with most ships carrying two doctors (some larger vessels have more) as well as a team of nurses.

The work is a mixture of general practice and emergency work, with most ships having a well kitted out medical centre – ultrasound, X-ray, lab investigations, defibrillators and in-patient treatment beds and rooms available.

You do need to be able to make decisions quickly, sometimes with the responsibility of having to turn the ship around to go back to the last port if someone needs emergency treatment beyond what can be offered onboard.

A qualified GP would also need to have up to date qualifications in ALS and having paediatric life support certification (APLS) as well would be a great help.

P&O Princess is the biggest employer, covering some of the major cruise ships operated by P&O, Cunard, Ocean Village and Princess Cruises.

Work patterns can vary, but usually you would have two or more surgeries a day (a bit like in a GP surgery), with on-call commitments for the rest of the time. Where there are two doctors on board, this would usually be shared, with you doing a 24-hour on-call shift on a 1 in 2 basis, either as first or second on call. Responsibilities include looking after the health of all staff on board as well as the passengers.

The minimum commitment required is usually for two tours lasting four months each. You would then usually have between 4-8 weeks holiday in between each tour. This type of work is especially suitable for single doctors as you will be away for long periods at a time. After the first two months, it may be possible to get family to come on board at a discounted price to visit.

The work is reasonably well paid – currently P&O Princess pay the gross equivalent of about £67-70k for 243 days worked, leaving you with about 17 weeks annual leave. While aboard, you have minimal expenses – your food, accommodation and uniform are all paid for by the cruise company. On top of this, in the UK, if you are at sea for more than 183 days a year, you can receive your salary tax-free.

Drawbacks to being a ships doctor can include long periods aboard without being able to go ashore (as you may be on-call). Isolation from family and friends means you may well miss important events and anniversaries – there is no option to “have a weekend off” during your tour. Finally, not everyone is suited to life on the sea, and if you suffer badly from seasickness, this is probably not the job for you!

Ministry of Defence doctor

All three main branches of the military in the UK are actively recruiting GPs. There are two main ways to work within this field: as a medical officer or as a civilian medical practitioner. If you choose to enter as a medical officer, then you can expect to undergo basic officer training lasting from several weeks to a few months – the exact length will depend on whether you are joining the Army, the Royal Navy or the Royal Air Force (if you want to join the Royal Marines, then it is even longer).

Joining as a medical officer usually means making a minimum commitment of three years. As a civilian medical practitioner, you do not need to sign up for a minimum commitment period.

For those that are happy to work in a highly disciplined and regimented environment, the training offered and benefits are excellent. Pay is better than most top-end salaried GP posts, although perhaps not as high as some of the best performing partnerships, currently ranging from about £80-120k per year depending on which service, and your level of experience.

Support for CPD and ongoing training is excellent, with much larger study budgets than you would be offered in most salaried posts. As an officer, you are also eligible to access the benefits of the Officer's Mess – which can include very high standards of food and access to excellent sporting and social facilities.

You may be posted abroad as part of your duties, and this may involve being away from home for long periods. Many see this opportunity to work overseas as a benefit.

The downsides are that you will have to be willing to wear a uniform if you go in as an officer, and as you will be seeing a very skewed population (largely young, fit patients), you may become deskilled in dealing with paediatrics, and some of the issues more commonly seen in older patients.

International work

Working overseas for a period has been an attractive option to many doctors wishing to combine work with a chance to travel. With the current difficulty in securing full-time work, many newly qualified GPs are considering going to work abroad for a few years or even permanently.

Working in a different healthcare system can help you to gain new skills, and to see different ways of working. Having a UK CCT and MRCPGP will be a significant benefit in terms of working as a GP abroad. The most common locations for UK trained GPs to work overseas at the moment are Australia, New Zealand, Canada and the Middle East. While most doctors that go to work abroad do so with a view to earning a reasonable income as well as learning new skills, some choose to do humanitarian work.

Many doctors want to travel but are limited by the amount of time off available in many standard salaried positions. Working abroad *after* gaining a few years post-CCT experience can allow you to spend time travelling while earning a wage. Once you have a CCT and MRCPGP, many countries will allow you to work without taking any further examinations – although you will have to register with the appropriate national medical council.

The pay is variable depending on which country you work in – it can range from a little less than an average salaried GP in the UK to similar or even a little higher. Where the nominal salary is lower, the benefits package may be greater – for example, salaries in the Middle East depend on the country and range from about £50k - £100k+, but are usually paid tax-free, with furnished accommodation of a high standard provided, as well as a car allowance and private school fees paid for children. Popular locations for UK graduates moving to work in the region include Dubai,

Qatar, and Saudi Arabia. Most contracts also include a tax-free bonus for every full year worked.

In Australia and New Zealand, the pay is often a mixture of a fixed basic pay with extra payment for each patient seen or on a fee for service basis (ie the more you do, the more you get paid). Many GPs also cover local hospitals on an on-call rota as a *Visiting Medical Officer*, and this attracts an extra fee. Pay rates vary depending on where the practice is, the workload and your additional skills, but many jobs pay between \$300k - \$350k+ Australian per year (£165k - £190k+ with exchange rate as of July 2020). Many of these jobs include airfare and accommodation provided.

In Canada, there are various provinces that each have their own licensing procedures. Many have a large shortage of available GPs, including British Columbia, Alberta and Manitoba. Pay for a GP is based on a basic pay + fee for service model, and vary hugely with area and workload – if you can offer cover for emergency services or obstetrics you will be able to earn significantly more. Income, depending on the amount of fee-for-service work you can or wish to do, can range between \$250-350k Canadian. This is around £145-200k with exchange rates as of October 2020.

Completing all the paperwork needed to take up a paid position overseas can be quite time consuming, and usually you will need to make a minimum time commitment of between six months and a year.

The exact requirements for different countries vary greatly, and is beyond the scope of this guide, but you can contact the relevant licensing body to get detailed information for a specific country.

Humanitarian work

For those doctors looking to put their medical skills to use overseas in the developing world, there are opportunities to spend time working in areas of need. The nature of the work can range from manning makeshift health camps and clinics in refugee camps, to helping train local healthcare workers to working with communities with coping with the effects of HIV/AIDS. You could be working in any continent – from an inner-city posting in India to a rural village in Ghana.

Undertaking this type of work can help you share your skills and knowledge, allow you to gain management experience and see a different spectrum of illness than you might be used to in the UK, as well as make friendships that will last a lifetime.

There are various organisations that may be able to offer posts for trained GPs, with two of the most popular and well-known being **Médecins Sans Frontières (MSF)**, and **Voluntary Service Overseas (VSO)**. Once a suitable placement is found, the organisation will help in completing the necessary paperwork to allow you to travel and work. Both MSF and VSO will pay for travel and accommodation and offer a small stipend to cover living and other expenses abroad. MSF postings usually require you to be away for between nine and twelve months. VSO usually require a minimum commitment of one year, with many postings being of two years duration. In some cases, shorter postings may be available for emergency deployments.

If you are interested in doing humanitarian work but cannot commit to this kind of timescale, then you may be able to help by volunteering on a project with Doctors Worldwide (DWW). DWW has a need for volunteers for ongoing projects all over the world, as well as short term help for relief operations after natural disasters. The minimum time spent on a project can be as short as two weeks. Volunteers pay for their own travel expenses with DWW but living expenses and food once on site are provided. There is no stipend paid by DWW.

Further details:

Médecins Sans Frontières

msf.org

Voluntary Service Overseas

vso.org

Doctors Worldwide

doctorsworldwide.org

Summary

I hope this has been a useful overview of some of the GP career options open to you – there are so many, as being a GP is not just one job, but hundreds of possibilities that you can choose to shape your own career. One of the key things to remember is that no specific job option is better or worse than another – they are just different options, and what suits one doctor may not suit another. You may also find that what is important to you when you are newly qualified may be different to what motivates you 5, 10, or 15 years later. You are unique, and finding your own path is part of the fun – I wish you every success in your own GP career journey.

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About the author



Dr Mahibur Rahman is a portfolio GP, with clinical roles including working as a partner in a private practice, a locum in various NHS practices, resident GP in a secure unit for women with severe mental health illness, and community drug and alcohol detox.

He has also worked as a prison GP, a civilian medical practitioner for the Royal Army, and has taken part in humanitarian medicine deployments in Sri Lanka, Pakistan, Greece, and Bangladesh. His non-clinical roles include being the medical director of Emedica (teaching medical students, GP trainees preparing for MRCGP AKT/CSA, and qualified GPs), an OSCE examiner for medical finals, author for the prescribing safety assessment (PSA) and a consultant in medical education. He teaches a popular course covering key skills for qualified GPs which has been running for over 13 years and runs the GP Training Support Facebook group – the largest and most active group for doctors interested in GP training, with over 20,500 members.

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CCT+: Key Skills For Qualified GPs

Locum GP / Salaried GP / GP Partner
Portfolio GP Career Options
GP with Specialist Interest
Alternative GP Careers
International GP
Private GP

Interview Skills
Comparing Job Offers
Negotiating Your Contract

"Eye opening course to the realities post-CCT. Good insight into varying options including travelling abroad, locum vs salaried vs partnerships. Excellent section on negotiating contracts. Covered areas I wouldn't have immediately thought about, an Excellent course."

"The course really was immeasurably useful! I think every ST3 ought to come!"



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How to find / secure the right GP job for you

How to negotiate your salaried GP contract

How to set terms and conditions / rates as a locum

How to evaluate a GP partnership / accounts / agreements

How to compare offers and understand GP finances

How to maximise your income / take home pay

How to develop a portfolio GP career

How to develop a specialist interest

How to get started as a private GP

How to land a job as a GP overseas



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