## Supplementary Guidance on Recognition of Overseas Experience for Incremental Credit

With reference to:

* 1981 (PCS) 35: Pay and Conditions of Service for Hospital Medical and Dental Staff
* PCS (GPR) 2011 1 GUIDANCE ON THE OPERATION OF THE GP GPST SCHEME IN SCOTLAND – PAY, ACCOMMODATION, REMOVAL AND ASSOCIATED EXPENSES OF GP SPECIALTY GPSTS IN GENERAL PRACTICE – CHANGE OF EMPLOYER RESPONSIBILITY

Purpose of review of overseas experience is to ascertain if experience overseas is as extensive as time spent in hospital in the United Kingdom and as such should be recognised for incremental credit.

**1981 Circular, General Principles:**

1. Service outside NHS hospitals as a locum cannot be counted.
2. Full details of dates and nature of previous service is required and must be verified by NES. The following documentation must be provided in support of your application for consideration of overseas experience:

* Completed application form (Appendix 1)
* A copy of contract of employment for each post being considered (incl. dates, grade and duties)

1. NES needs to be satisfied that there has been an increase in **responsibility and status** before equating service to higher levels for incremental credit purposes. It is the responsibility of the doctor requesting recognition of overseas experience to provide the required evidence that:

* Shows how experience is as extensive as in UK.
* Demonstrates increase in responsibility and status.
* Clarification around level of teaching provided within that environment that provides status as a teaching hospital.

1. The criteria applied by GP Directors in reviewing overseas experience are as follows:

* Less than 6 months in a single specialty will not be counted
* Specialty should be relevant to the Specialist training being pursued.
* Where the GP Directors do not agree with the period of time being sought for incremental credit, justification and rationale will be provided.

**Appendix 1: Request for Recognition of Overseas Service for Incremental Credit**

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| Full Name: |
| Address: |
| Contact email address: |
| Contact telephone number: |

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| What year did you qualify? |

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| * I confirm that the information provided in this form is accurate and that I understand that any falsification of information will be reported to Counter Fraud Services. * I will provide any additional information required by NES to inform the decision regarding incremental credit for overseas experience. * I have enclosed the requested information for each overseas post. * I understand that the purpose of this information is to give me the opportunity to present my case, in order to: * show how my overseas experience is as extensive as in UK, * demonstrate increase in responsibility and status, and * clarify the level of teaching provided within that environment that provides status as a teaching hospital. * I have advised any individuals that I have named as contacts that they will be requested to verify my overseas experience.   SIGNED: DATE: |

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| **Office Use only**  Experience to be recognised for incremental credit?  How much TOTAL experience to be recognised?  Rationale:  Signed:  Date: |

Please complete this for each post.

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| **Specialty:** |
| **Address of post:** |
| **Start date:**  **End date:**  **Period of time for which credit is being sought:** |
| **Was this part of a training programme?** |
| **Description of post, duties, education and assessment. Please provide a statement of evidence to support level of experience and demonstration of any increase/ progression in status and responsibility:**  (please continue onto separate sheet and attach if required) |
| **How was this post relevant to General Practice Specialty Training?**  (please continue onto separate sheet and attach if required) |
| **What was your starting grade?**  Please provide evidence of this (e.g. salary slip/ contract).  **How does this equate to the UK grading system?** |
| **If not a teaching hospital, please describe the hospital:** |
| Please provide a name and contact details in order for us to verify this information.  **Full Name:**  **Designation:**  **Address:**  **Contact email address:**  **Contact telephone number:** |
| **Office Use only**  Experience to be recognised for incremental credit?  How much experience to be recognised? |

**Please return this form with any evidence to** [**GPTraining.HR@nes.scot.nhs.uk**](mailto:GPTraining.HR@nes.scot.nhs.uk)