"... stop excluding experienced GPs from returning from other first world health economies on the basis of what appears to be grossly inadequate data."

Stop penalising UK GPs returning from abroad

I am a UK GP working in general practice and emergency medicine in a remote part of Australia and have been out of the UK for 6 months. I am learning more than I have ever learned before and my clinical skills have improved out of all recognition. As the situation stands, however, should I wish to return to the UK in another 18 months I will be subject to the same blanket requirements for formal re-testing; a lengthy, bureaucratic, and costly process, as an individual who has not worked in clinical medicine at all for this period. Despite repeated private and public requests to clarify their position, the recent data from Morison *et al* and their colleagues at the Committee of General Practice Education Directors (COGPED) still fails to stratify those returning to general practice in the UK after an absence of more than 2 years.[1] They refer to 'the assessment of those returning to UK general practice after a period away from clinical practice' and do not tell us how their extremely limited data can be stratified according to those who have been working as GPs (even though abroad) and those who have not been working at all. No one will contest that individuals out of clinical practice completely for an extended period require assessment and likely a period of refreshment before returning. Some may not be suitable to return at all.

However, they apply the 2-year criterion to anyone out of UK general practice, not just out of general practice. This is clearly absurd: just look at my case. What possible purpose will be served by making me take a basic written exam, then a clinical skills OSCE, and forcing me to do an unpaid clinical attachment of indeterminate length? Morison knows well cases such as that of a returning GP who had been working a few days longer than 2 years in Australia as a full-time GP and was required to undergo formal assessment on their return to the UK, a process that lasted more than 4 months in that case. There are many others.

I have previously asked Morison and Irish to divulge the recipe of the 'special super secret sauce' in UK general practice, the knowledge of which apparently deteriorates over time, and means a GP working as a GP in countries such as Australia, New Zealand, or Canada loses basic clinical competence after 2 years and then becomes unsafe to work in the UK. No such recipe has ever been forthcoming. As a GP working currently in Australia, it is clear that the standard of care and level of competence here are in many cases higher than in the UK. If the 'special super secret sauce' of UK general practice relates to knowledge about the QOF, CCGs, and other particularities pertinent only to the UK, then this could easily be dealt with by a short refresher course on UK procedures on top of a clinical interview and the taking up of references. It does not require pointless basic clinical reassessment lasting many months, costing large amounts of money, and delivering high levels of anguish to the individuals concerned.

Morison and his colleagues should wake up to the magnitude of the UK's current and worsening GP recruitment crisis and stop excluding experienced GPs from returning from other first world health economies on the basis of what appears to be grossly inadequate data (both in terms of numbers and quality), underpinned by a parochialism surprising in this day and age. Until they present clear data of high quality that shows that UK-trained GPs in current general practice overseas in the developed world are failing basic clinical assessments when returning to the UK and are therefore unsafe to practise, then their position and that of the COGPED will continue to lack credibility among the profession.

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