



Royal College  
of Physicians

# **Educational and career support**

for locally employed  
doctors (LEDs) and  
international medical  
graduates (IMGs)

**Guidance for doctors  
and employers**

**August 2024**

### Foreword

As senior censor and vice president for education and training, I am delighted to welcome the launch of this new educational and career support guidance for locally employed doctors (LEDs) and international medical graduates (IMGs).

This is very timely given the significant increase in IMGs and LEDs in our NHS workforce over recent years. It is imperative that all doctors, irrespective of their background or training pathway, should have equity of access to educational opportunities, career support and supervision.

I fully support the recommendations within this document and will strongly advocate for employers to support and value the personal growth and professional development of these doctors. Thank you to Partha, Naeem, Emma and the team for your hard work and support in developing this guidance.

#### **Dr Mumtaz Patel**

Acting as RCP president (senior censor and vice president for education and training)

Over the past few years, the number of LEDs has risen sharply and is on the way to becoming the largest group of doctors in the NHS. Yet the recruitment of these doctors has not been matched by system efforts to support and develop them.

With this new guidance, the Royal College of Physicians (RCP) has outlined the key issues facing LEDs, alongside a set of recommendations to help them develop and flourish in the NHS with appropriate career opportunities, pastoral support and supervision.

One of the basic principles is that **all doctors are in training** – whether that be in a national training programme, or indeed, as part of locally employed structures. If we adopt this underlying philosophy – that educational supervision and protected time for career development are crucial for all doctors – then this guidance should not come as any surprise. Entwined with this is also the fact that the vast majority of LEDs are IMGs. The RCP owes much of its history to colleagues from across the globe – and to those who have come to the UK to work alongside us in the NHS. In fact, the asks are simple. The NHS must offer appropriate induction and support for IMGs – many of whom are away from their friends, family and support networks. Like all doctors, IMGs deserve career progression.

And on a personal level? As an IMG myself, I have been fortunate to receive plenty of support, advice and kindness from the system – and I hope that this guidance helps others to benefit too.

#### **Professor Partha Kar**

RCP elected councillor

**The RCP is a home for all physicians, whatever training path they choose.**

### Introduction

LEDs now comprise almost one quarter (24%) of the total doctor workforce on the GMC medical register. The number of LEDs, along with specialty, associate specialist and specialist doctors, increased by 46% between 2018 and 2022.

There are multiple job titles in the LED workforce, including ‘clinical fellow’, ‘senior clinical fellow’, ‘teaching fellow’ or ‘trust doctor’, to name but a few. While most LEDs are also IMGs, increasing numbers of UK graduates are also choosing non-traditional postgraduate career pathways, perhaps to develop a portfolio career, ensure a better work–life balance, or explore other specialties. It is crucial that we support all these doctors to fulfil their potential.

Educational and career support guidance for SAS doctors was published by the RCP in June 2024. Now we hope that this guidance will encourage NHS organisations to support the educational and career development of LEDs and maximise their contribution to patient care and the NHS.

#### **Dr Naeem Aziz**

RCP SAS lead

#### **Dr Emma Mitchell**

RCP associate global director for IMGs

### Five things to remember

**This is a rapidly growing group of people:** LEDs are among the fastest growing part of the NHS medical workforce but they lack standardised educational support and career development.

**There is no such thing as a ‘non-training’ doctor:** All doctors working in the NHS should have access to high-quality education, training and leadership opportunities.

**Employers must do more to support LEDs:** Employers should improve the LED experience with clear job descriptions, fair pay, supervision, and access to training and development opportunities.

**IMGs new to the NHS need extra support:** Employers should put in place additional support for IMGs, including bespoke induction, local orientation and focused supervision.

**The RCP is committed to supporting SAS, LED and IMG physicians:** We will continue to produce educational resources, advocate on your behalf, and showcase best practice.

### Who are LEDs?

LEDs have varied postgraduate skills and experience. They are employed according to local need and eligibility criteria can vary – anything from a locum consultant post to a foundation year 3 doctor – and they have no nationally recognised career, pay progression or terms and conditions.

There is an increasing trend among UK medical graduates to take a break from training and take up LED posts. Worryingly, [analysis of the results of the GMC Barometer survey 2022](#) shows that these doctors feel less supported and find themselves in posts with minimal training content or opportunities. There is an increasing tendency among UK-qualified LEDs to leave the NHS and move abroad.

For IMGs joining the NHS, taking up an LED post is the first natural step for many. In addition, NHS organisations may undertake international recruitment to LED posts. Working as an LED provides a pathway to learn about NHS systems, build a portfolio, obtain certificate of readiness to enter specialty training (known as CREST) sign off and enter UK specialty training.

LEDs are employed by NHS trusts and health boards on local terms and conditions. There is no stipulated national pay scale for LEDs, except for annual pay circulars issued by NHS Employers, which recommend pay rates for local/locum and substantive posts for all doctors in the NHS. LED contracts may not include study leave or study budget and there is no guarantee that they will have access to teaching or educational supervision.

**Early career LEDs should not be penalised or put at a disadvantage because they are not on a national training programme – there is no such thing as a ‘non-training’ doctor.**

### Why is this important?

The RCP believes that all doctors working in the NHS should have access to high-quality education, training and leadership opportunities.

While LEDs may not be part of a national training scheme, it is still crucial to support and enable their professional development through structured supervision, teaching and training, just as it would be for doctors in national training programmes. This approach supports and develops the individual doctor while maximising their contribution to the NHS and supporting the delivery of effective and high-quality patient care.

A consistent and proactive approach to supporting internationally qualified LEDs new to the NHS is also required. Statistically, IMG doctors are more likely to be referred to the GMC, which is often partly due to a lack of tailored support for people who are new to the NHS.

Systemic racism and biases need to be better recognised and addressed to help foster a productive and inclusive working environment and culture that enables NHS staff to provide high-quality patient care for the diverse communities that we serve.

### Recommendations to support LEDs

#### Becoming an LED

- 1 Employers should clearly identify the level and responsibility of an LED role with a salary that reflects the duties and responsibilities and is in line with national terms and conditions for the equivalent career grade of a doctor in a national training programme.
- 2 If an LED will be required to cross cover with other specialties, this must be clear in the job description.
- 3 All LE jobs should be advertised with open and fair competition. The salary offered should reflect the duties the doctor will be undertaking and be in line with national terms and conditions for similar posts.
- 4 IMGs starting their first job in the NHS should be offered paid induction. Local departmental induction should be followed by a period of shadowing on the wards to allow doctors to familiarise themselves with the processes and clinical pathways in their areas of work.
- 5 Employers should ensure that supervisors are given adequate time and remuneration in their job plans for supervising LEDs and that trained appraisers are available to carry out annual appraisals with their LE and early career specialty doctors.
- 6 All LEDs employed for more than 2 years in the same specialty with one NHS employer should be automatically offered the opportunity to transfer to the appropriate SAS contract.

**Every doctor should have the time and support to continuously learn and develop throughout their career.**

#### Supervision and professional development

All LE and early career specialty doctors should:

- 7 have a nominated clinical supervisor (CS) and educational supervisor (ES) with regular, scheduled supervision meetings. This should be appropriately job planned for supervisors
- 8 have regular supervised programmed activities enabling them to collect evidence to allow them to progress
- 9 have the same access to local teaching and educational opportunities as doctors in national training programmes
- 10 have the same access to study leave and budget as doctors in national training programmes
- 11 be supported by their employer to attend courses, conferences, taster days, clinics etc to facilitate career progression
- 12 be supported to pass postgraduate examinations with study leave, access to regional and national examination courses, and PACES practice sessions
- 13 be supported to work flexibly or less than full time if they would like to do so.

**Many LEDs still face difficulties accessing education, CPD and teaching opportunities.**

### Recommendations to support IMGs

In addition to the guidance laid out in this document for LEDs, the RCP recommends additional support be put in place for IMGs new to the NHS. We support the recommendations in [Welcoming and valuing international medical graduates: a guide to induction for IMGs recruited to the NHS](#).

In particular, the RCP recommends:

- delivery of a bespoke induction (including the GMC [Welcome to UK practice](#) module)
- support with local orientation, including registering with a GP, setting up a bank account, local transport networks, accommodation, setting up utilities and local childcare options
- regular supervision, especially in the first weeks and months of post, with focused support and guidance on use of the [ePortfolio](#)
- ensuring that supervisors are provided with regular training relating to supervising IMGs
- consideration of the appointment of an IMG champion or lead, who oversees support and ensures representation for IMGs working within an NHS organisation
- trusts and health boards put robust systems in place to support IMGs who report bullying and harassment
- provision of a shadowing/supernumerary period for a minimum period of 4 weeks
- consideration of peer support networks and mentoring frameworks/buddy systems
- consideration of additional training on topics such as: communication, reflective practice, simulation, human factors, NHS ethics, palliative care and prescribing
- access to pastoral support and wellbeing resources (suggest that this is automatically offered for doctors from countries in conflict/refugee doctors rather than self-referral)
- supporting professional integration by introduction to relevant professional societies and organisations.

**IMG doctors bring diverse skills and experience to the NHS. We need to get better at developing and valuing our IMG colleagues and integrating them into our teams and organisations.**

### Further reading

[A UK guide to job planning for specialty doctors and associate specialists](#) (BMA, 2012)

[SAS doctor development guide](#) (NHS Employers, 2020)

[SAS – a viable career choice](#) (Academy of Medical Royal Colleges, 2021)

[SAS advocate guidance](#) (BMA and NHS Employers, 2021)

[RCP SAS doctor strategy 2022–24](#) (RCP, 2022)

[A positive career choice: supporting SAS doctors in Wales](#) (RCP, 2022)

[The widest possible pool of talent](#) (RCP, 2023)

[A charter for SAS doctors](#) (BMA, 2023)

[Resources for SAS doctors](#) (Academy of Medical Royal Colleges, 2023)

[Becoming a member of the RCP](#)

[NHS Long Term Workforce Plan](#) (NHS England, 2023)

[Strengthening the SAS workforce](#) (Academy of Medical Royal Colleges, 2023)

[SAS and LEDs deserve more support and respect](#) (BMJ, 2024)

# Educating, improving, influencing

Through our work with patients and doctors, the RCP is working to achieve real change across the health and social care sector. As the membership body for physicians, we represent over 40,000 fellows and members in the UK and worldwide across 30 medical specialties, diagnosing and treating millions of patients every year. We campaign for improvements to healthcare, medical education, and public health.

The RCP global and education teams are committed to supporting IMGs and LEDs with educational resources and career development opportunities. We continue to explore ways to promote the contributions of this group through our activities, events and conference schedule. LEDs who would like a career in the physicianly specialties should consider becoming an [associate member](#) of the RCP, which would allow them access to a CPD diary with an online app.

We want to showcase good practice in your specialty, hospital or local area. Please contact [policy@rcp.ac.uk](mailto:policy@rcp.ac.uk) to tell us more about how you are supporting LEDs and IMGs.

This guidance has been developed by college officers, including an elected councillor, the RCP global associate director for IMGs and the RCP SAS lead. It was approved by senior college officers.

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