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Health Education and
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INDUCTION BEST PRACTICE GUIDE

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Best Practice Guide Development

*This guide, produced by Health Education and Improvement Wales, aims to support your team in delivering safe and effective induction programmes for new doctors within your department. It provides an overview of the purpose of induction, who needs induction, practical considerations for delivering induction, and a time-based checklist to help in structuring induction processes. **Based on feedback, we have updated this guide to include support for all tiers of induction, including employer, health board, hospital, departmental and team inductions. We have also included specific guidance on induction for International Medical Graduates.***

This guide is based on evidence and experience from a variety of methodologies: review of current published literature surrounding induction delivery, identification of departments with good practice, exploration of experience of delivering induction across Wales, and essential feedback from clinicians. Thank you to those health boards, hospitals and departments who have shared their experience of delivering induction with us to inform the production of this guide.

Please note that although this guide has been created in the context of doctors in training, the principles of induction outlined in this document are applicable to any new doctor starting in a new health board, hospital, secondary care department or within General Practice and does not solely apply to doctors in secondary care training programmes.

A special thank you to those individuals across Wales who have shared their experiences of delivering induction, without whom this guide would not have been possible.

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PART 1: THE WHO, WHAT, WHY OF INDUCTION

What is an induction and who needs one?

- Induction is an opportunity for a health board, hospital, department or GP practice to welcome new doctors, help them settle in and ensure they have the knowledge and support to perform safely and effectively in their new role.
- It is generally a structured programme of activity which covers an introduction to a health board and hospital or GP practice, as well as key organisational structures, processes and aspects of the role. However, induction can be considered more than just ‘day one’, it is a transition period which doctors undertake to ensure that they feel confident and supported in undertaking their role.
- All new starters require an induction, including doctors in training programmes, locally employed doctors, and locum doctors.

Why is induction important?

You will no doubt be familiar with the idea that induction is an important part of welcoming new starters to an organisation. However, in a medical education and training context it is particularly important. A safe and effective induction:

- Safeguards educators, employers, clinicians and our patients.
- Ensures that doctors have everything they need to integrate into the role efficiently.
- Welcomes frequently rotating doctors and helps them to feel valued and improve their training experience.
- Is an integral component of optimising the learning and working environment, to ensure clinicians are engaged and supported in their lives at work to provide the best patient care.

There are several drivers for delivering a safe and effective induction, which have been explored by GMC-commissioned national research in 2019-2020¹. Key drivers and barriers to delivering a departmental induction were identified (see Figure 1 and Figure 2).

¹ General Medical Council (2020). Understanding the Nature and Scale of the Issues Associated with Doctors’ Induction (including those Returning to Practice). Available at: <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/understanding-the-nature-and-scale-of-the-issues-associated-with-doctors-induction>



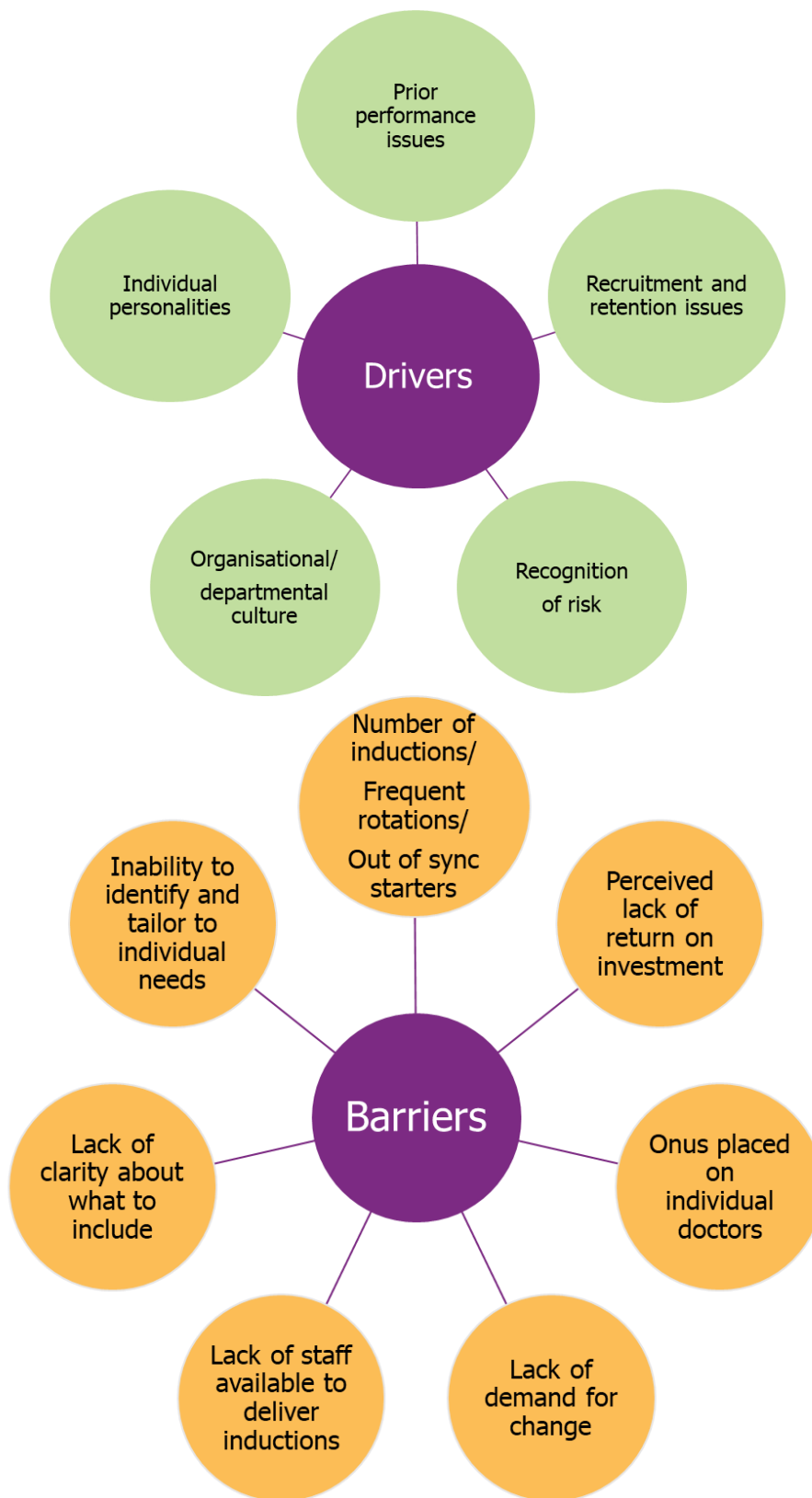
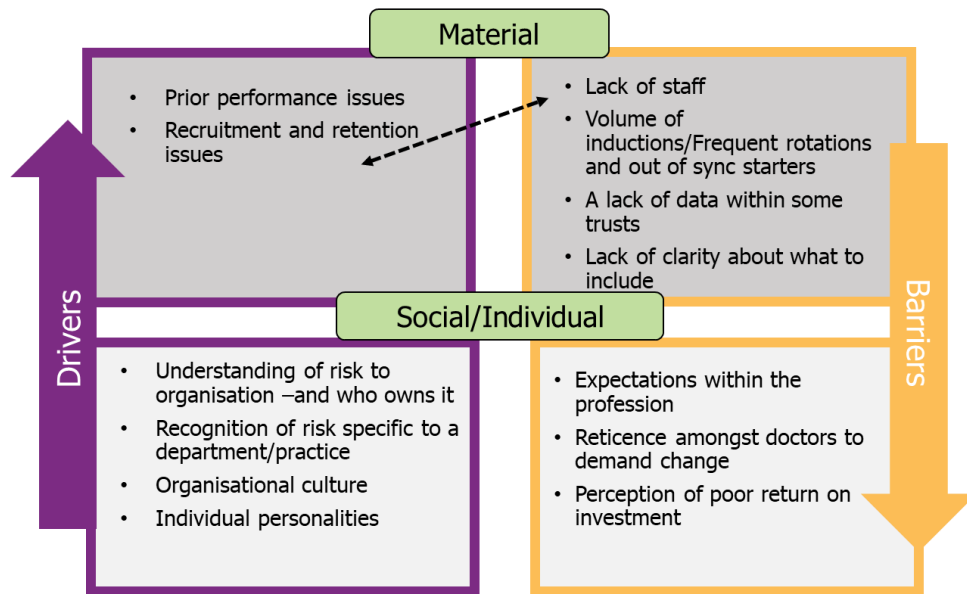


Figure 1: Drivers and barriers to delivering a safe and effective induction for doctors¹.



Material factors – these can be described as those in the environment or wider world which constrain behaviours, including 'hard' infrastructures, technologies and regulations, as well as 'softer' influences such as time and resources



Social/Individual factors – these include an individual's values, attitudes and skills, as well as the calculations he/she makes before acting, including personal evaluation of costs and benefits. The social context includes the factors that exist beyond the individual in the social realm yet shape his or her behaviours –so called social norms

Figure 2: Drivers and barriers in the context of the Individual, Social and Material (ISM) behavioural insight tool¹.

What are the potential impacts of a poor induction?

There are numerous potentially significant impacts of poor induction delivery which have been identified by the GMC-commissioned research¹, including:

- **Impact on the doctor**
 - Increased levels of stress and anxiety due to feelings of unpreparedness
 - Organisational inefficiency as doctors not familiar with local processes
 - A sense of being under-valued by the organisation
- **Impacts on the patient**
 - Delays in patient care due to doctor unfamiliarity with local policies
 - Potentially unsafe practice of doctors unfamiliar with escalation procedures, including how to respond to a crash call
 - Increased stress and anxiety could result in doctors making error
- **Impacts on the profession**
 - Increased stress and anxiety coupled with feelings of not being valued could lead to doctors questioning their decision to practice medicine.

Why have we created this Best Practice Guide?

- The GMC National Training Survey² has consistently identified that induction processes could be improved in many health boards in Wales.

² General Medical Council (2023). National Training Survey. Available at: <https://www.gmc-uk.org/education/how-we-quality-assure-medical-education-and-training/evidence-data-and-intelligence/national-training-surveys>



- There is significant variation in the quality of departmental induction being delivered across Wales.
- Overall trainee satisfaction: Mean 76.2% (42.5% - 95.0%)²
- The GMC^{3,4} and BMA⁵ recognise that providing high quality induction is a core component of ensuring that doctors are able to work safely in a new place of work.
- Thomson et al.⁶ recommended that departmental inductions follow a standardised format containing a minimum level of detail; that the standard and content of inductions are monitored; and that doctors are involved in determining the content of the inductions.
- We hope that this Best Practice Guide offers a wealth of information to support health boards, hospitals and departments in delivering a safe and effective induction programme for new doctors. It is important to stress that changes to induction require time and input from a variety of individuals – it is a changing process that adapts and evolves over time to meet the induction needs of new doctors.

Tiers of Induction: What are they and what do they mean for doctors?

Doctors undertake a variety of inductions at different ‘levels’ of the organisation:

1. Employer Induction (NWSSP)

- a. This specifically relates to Doctors in Training who are employed by their Lead Employer NHS Wales Shared Services Partnership (NWSSP)
- b. Should cover any statutory and mandatory training and employment-related induction
- c. For Locally Employed Doctors, their employer induction is delivered by their local employing health board

2. Health Board Induction

- a. For doctors working in any hospital within the health board
- b. Should cover any health board-level information relevant to the hospitals across multiple sites

3. Hospital Induction or GP Practice Induction

- a. For doctors working in any department within a specific hospital site or GP practice
- b. Should cover any information relevant to that hospital or GP practice

4. Departmental induction

- a. For doctors working in a specific department within a specific hospital site
- b. Should cover any information relevant to that department

5. Team Induction

- a. For doctors working in specific ‘Teams’ within Departments
- b. For example: Surgical Department is split into different ‘Teams’ – Upper GI Surgery, Lower GI Surgery, Vascular Surgery, Urology, ENT etc

³ General Medical Council (no date). Effective departmental inductions for doctors in training. Available at: <https://www.gmc-uk.org/education/hidden-documents/sharing-good-practice/effective-departmental-inductions-for-doctors-in-training>

⁴ General Medical Council (2015). Promoting Excellence: Standards for Medical Education and Training. Available at: https://www.gmc-uk.org/-/media/documents/promoting-excellence-standards-for-medical-education-and-training-2109_pdf-61939165.pdf

⁵ British Medical Association (2021). Induction for Junior Doctors. Available at: <https://www.bma.org.uk/advice-and-support/career-progression/training/induction-for-junior-doctors>

⁶ Thomson, H., Collins, J. and Baker, P. (2014) ‘Effective Foundation trainee local inductions: Room for improvement?’, *The Clinical Teacher*, 11(3), pp. 193–197.



- c. Should cover information relating to working within that Department
- d. Doctors may belong to more than one 'Team' and thus require more than one 'Team' induction.
 - i. This is particularly relevant for those doctors who contribute to out-of-hours cross cover within multiple specialties, or those who contribute to acute specialty rotas, such as the Acute Medicine rota.

As an example, at Princess of Wales Hospital, Bridgend (part of Cwm Taf Morgannwg UHB), a 'tier' system is used to describe the different levels of induction that doctors engage with. By explicitly describing each induction tier, it is clear to everyone involved (including doctors attending induction) what is expected at each level, and importantly who is responsible for designing, organising and delivering each tier of induction. See Figure 3 for details.

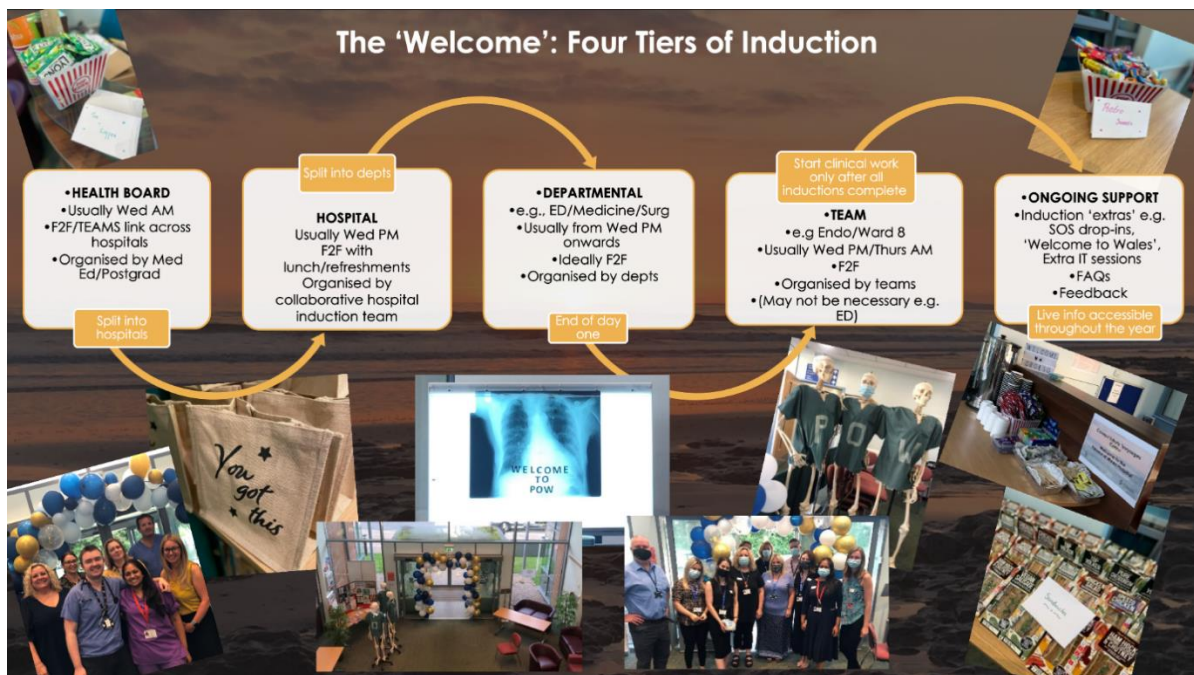


Figure 3: Organisation of levels of induction delivered for doctors at Princess of Wales Hospital, CTM UHB. Shared with permission from author Dr Madhumadhi Kannan, Consultant in Acute Medicine.

It is important to recognise that there are different induction requirements at each 'level' or 'tier'. It is vital that individuals organising the different 'levels' or 'tiers' of induction work together to ensure doctors have time to attend ALL aspects of their induction.





PART 2: PREPARATION AND ACCOUNTABILITY

Maintaining Responsibility and Accountability

- We recognise that delivering a safe and effective induction at all ‘tiers’ is a challenge. It is important to recognise and designate roles and responsibilities to those involved in designing, organising and delivering inductions.
- At each ‘tier’, we recommend that an ‘Induction Lead’ and ‘Induction Team’ are created who take overall responsibility for delivering their induction ‘tier’. These individuals should be visible to those involved in other ‘tiers’, and work together to ensure doctors can attend all ‘tiers’ of induction. Whilst a singular person can be useful, a team set up is more sustainable for continuity. Those in leadership roles related to induction do not need to be individuals already working in named roles e.g. AMDs or Faculty Leads – anyone with a passion and drive for delivering safe and effective inductions could be a perfect Lead.
- **At a health board level:**
 - Health board induction typically includes doctors working across multiple sites across a geographical area. By having an individual who maintains oversight over the multiple sites, they can liaise with those delivering hospital and departmental inductions to ensure complementary programmes of activity.
 - Individuals who may be a suitable ‘Health Board Induction Lead’ include: Associate Medical Director for Education (or their Deputy), a Faculty Lead, a Medical Education Manager, or any other individual who has some oversight over the multiple sites.
- **At a hospital level:**
 - This typically includes doctors working across multiple departments but based within the same hospital site.
 - Individuals who may be a suitable ‘Hospital Induction Lead’ include: Faculty Lead, Medical Education Manager, or any other individual who has good links with the Postgraduate Medical Education Department, and can liaise with the other ‘tiers’ of induction.
- **At a departmental level:**
 - Individuals who may be a suitable ‘Departmental Induction Lead’ include anyone who is passionate about induction. It does not need to explicitly be a Consultant; non-Consultant Senior Doctors or other members of the departmental team may be a suitable candidate to oversee departmental induction.
 - If no ‘Induction Lead’ role is created, the Clinical Director is de facto responsible.
 - The departmental induction team is likely to include doctors in training, senior clinicians, rota coordinators, departmental managers, Clinical Leads/Clinical Directors, College Tutors, relevant administrative staff, HR/Medical Staffing, any other members of the department who show motivation to deliver induction, and the Induction Lead.
- Clear accountability with allocation of roles and responsibilities is vital to ensure induction is delivered effectively at all ‘tiers’. It also allows for self-rostering 3-6 months in advance to ensure cancellation of clinical commitments e.g. clinics or operating lists for those involved in delivering induction.





Clinical Governance Requirements

- All information regarding induction is subject to clinical governance requirements, as it forms a core component of maintaining safe patient care.
- A database of shared induction resources, including simulation cases, PowerPoints, checklists etc. ensures consistency, reduces burden of work, and allows for review and update with previous versions archived for clinical governance requirements.

Meeting the Needs of Specific Groups

- Consider whether different inductions are required for different groups of doctors rotating at the same time e.g. FY2 vs ST6.
- Individuals across all ‘tiers’ of induction must work together with departmental rota coordinators to ensure that all new starters can attend induction, and that clinical commitments are covered by other members of the clinical team.
- Consider specific induction sessions for doctors with additional needs. Examples of these groups include doctors returning to clinical practice, doctors new to Wales, new International Medical Graduates (IMGs), as well as other groups with additional needs. These doctors may require additional support, on top of what is already delivered as part of the usual induction programme. Signposted resources can be found at the end of this guide to help you to support these specific groups of doctors.

Out of Sync Starters

- Induction Leads in liaison with HR must consider induction for out of sync new starters.
- Asynchronous modalities can be helpful to deliver key content which is available all the time.
- There must be alternative options for doctors that are unable to start on those specific dates, and a system in place to ensure they receive an equitable induction.
 - Requires having a person responsible for induction, knowing when new starters are arriving, and ensuring someone is allocated to meet them on day 1 to undertake an induction with them.


Doctors starting on Out-of-Hours Shifts

- New starters should not be rostered to be working clinically until they have received an induction (all tiers, not merely a departmental induction), especially those expected to work out-of-hours shifts.
- Consideration must be given to how their clinical commitments can be covered by those already working within the department to ensure new starters can attend induction.
- If there is no alternative, consideration must be given for how to provide an induction, and what additional support might need to be put in place for their initial shifts (for example, ‘buddy’ working, or on-job training).

International Medical Graduates

Every year, significant numbers of International Medical Graduates (IMGs) start working in NHS Wales. This group includes doctors who have obtained their primary medical qualification outside of the UK, and may be from anywhere in the world, including European Economic Area (EEA) Countries. Many of these doctors are new to UK practice, and are likely to be unfamiliar with how the NHS is structured, and the day-to-day roles and responsibilities of a doctor and other health professionals working in the NHS. This can lead to a number of increased risks, including increased risk of clinical error and miscommunication, leading to incident reports,





complaints and disciplinary procedures. It is essential that IMGs are welcomed into their new role in the NHS and are supported in their transition to UK practice to settle in quickly, integrate into their clinical team, and deliver excellent clinical care.

Differential attainment at a postgraduate level is a recognised phenomenon in the UK, and exists between between UK graduates and IMGs, as well as other doctor groups. It describes the gap in professional performance between different groups of doctors and is seen at both undergraduate and postgraduate levels within medical education⁷. There are multiple contributory factors, including bias affecting relationship with seniors, willingness to seek support, unfamiliarity with the UK healthcare system, unfamiliarity with UK culture, isolation from support systems leading to increased anxiety, stress or burnout⁸.

There are many aspects to tackling differential attainment at a postgraduate level. The GMC has recognised a need to support IMGs by the delivery of a variety of improvements across the health system, including explicit recommendations that IMGs must receive an enhanced induction before engaging in any clinical work⁹. It is strongly recommended that health boards consider what formal support can be offered to aid IMGs in this transition. This may be at a health board, hospital/GP practice, departmental or team level and include many aspects of working in the NHS and living in Wales.

Supporting the transition to live in Wales

There are many aspects of daily life (both inside and outside the working environment) that UK graduates may take for granted, and that may cause additional pressure and stress on an IMG new to the NHS. This may be related to understanding of the work environment, roles and responsibilities, or perhaps to life outside of work as they settle into life in a new country.

There are numerous factors to consider when we plan how we can support the transition to life in Wales, and these can be split broadly into a ‘work’ perspective and ‘life’ perspective. A varied approach is likely to be needed to support across both work and life transitions.

The Royal College of Physicians (RCP) has recently set out specific recommendations with regards to induction for IMGs¹⁰. They recommend a number of interventions to support transition, including:

- A bespoke induction package including a shadowing/supernumerary period of at least 4 weeks duration
- Orientation to the local area, including registration with GP, setting up a bank account, public transport, accommodation, childcare etc.
- Regular supervision from trained supervisors who have received additional guidance in how to support IMGs
- Consideration of peer support networks

⁷ General Medical Council (no date). Tackling differential attainment. Available at: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/tackling-differential-attainment>

⁸ Woolf, K. et al. (2016) ‘Perceived causes of differential attainment in UK postgraduate medical training: A national qualitative study’, *BMJ Open*, 6(11).

⁹ General Medical Council (2024). Equality, diversity and inclusion: Targets, progress and priorities for 2024. Available at: https://www.gmc-uk.org/-/media/documents/equality-diversity-and-inclusion---targets-progress-and-priorities-for-2024_pdf-108776261.pdf

¹⁰ Royal College of Physicians (2024). Educational and career support for locally employed doctors (LEDs) and international medical graduates (IMGs). Available at: <https://www.rcp.ac.uk/media/05yhev5b/educational-and-career-support-for-leds-and-imgs.pdf>



- Consideration of additional training in certain topics such as communication, simulation, human factors or NHS ethics, amongst others.
- A nominated lead for IMG induction and support

Enhanced induction programmes for IMGs new to the UK are already being delivered, including local, regional and national programmes. NWSSP shares a practical handbook for IMGs as part of their pre-employment process (see Appendix 4 for a copy of this handbook). There are also UK-wide activities, such as the GMC-delivered ‘Welcome to UK Practice’ Course. Early intervention and comprehensive induction programmes appear to have a positive impact on confidence and preparedness for work by targeting a variety of aspects of working life^{11,12,13,14}. Support for day-to-day life is also considered by IMGs to be an important part of an induction; accommodation, shops & restaurants, utilities, accessing healthcare/GP, bank accounts, tax and transport were consistently rated as high importance in a survey¹⁵.

Planning an enhanced IMG Induction: Aspects to consider

- An **enhanced shadowing period**, or gradual increase in responsibility, may be required for some IMGs new to the NHS. For example, ensuring that they are comfortable with the ‘daytime’ job before starting out-of-hours shifts where they may have less access to support from senior members of the team. By providing this additional support in the early stages, IMGs can familiarise themselves with their new working environment and allow them to work effectively, efficiently and safely to provide excellent patient care.
- Providing **information about working in the NHS**:
 - Structure of the NHS, NHS Wales and the health board
 - Professional requirements of a doctor working in the UK including NHS employment rules, appraisal, GMC regulations, medical indemnity requirements
 - Clinical governance, patient safety, quality improvement and audit
 - UK Medical hierarchy and roles within the Multi-Disciplinary Team
 - Career planning (including training and non-training roles)
 - Cultural differences in UK practice and common language used by patients in the local area/community. Remember that there are lots of regional dialects and different terminology used across the UK, and this is something that many IMGs may be unfamiliar with. Providing some guidance for understanding local dialects or colloquialisms can be helpful to facilitate communication
 - Personal and professional resilience
 - Common assessment techniques in the UK e.g. Workplace-Based Assessments and OSCEs
 - Support networks
- Providing information about **living in the UK**
 - Introduction to the local area

¹¹ Kehoe, A. et al. (2016) ‘Supporting International Medical Graduates’ transition to their host-country: Realist synthesis’, *Medical Education*, 50(10), pp. 1015–1032.


¹² Gambhir, N., Gangadharan, A. and Pope, L. (2024) ‘Knowing me, knowing you: Evaluation of the impact of trainer involvement at an Enhanced Induction Programme for International Medical Graduates (imsgs)’, *Education for Primary Care*, 35(1–2), pp. 46–51.

¹³ Moghrabi, S., Roy, S. and Matras, B. (2024) ‘Evaluation of the extended induction programme for International Medical Graduate Core Psychiatry trainees in CNWL’, *BJPsych Open*, 10(S1).

¹⁴ Lineberry, M. et al. (2015) ‘Educational interventions for international medical graduates: A review and agenda’, *Medical Education*, 49(9), pp. 863–879.

¹⁵ General Medical Council (2022). Welcoming and Valuing International Medical Graduates: Evaluation of the pilot of the induction guidance programme. Available at: <https://docs.google.com/document/d/1298N-7ua-JMZFfe02CD2woMGvksi-hCi/edit>



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- Guidance on core aspects of living in a new country e.g. how to find accommodation, how to enrol children in schools, how to open a bank account, public transport options, how to sort utilities, etc.
 - Visa requirements
 - Local community groups, places of worship, local shops or restaurants
 - Support networks
 - A **peer mentor or buddy scheme** may help to support new IMGs and provide a point of contact for new starters. Peer mentor schemes for IMGs have been running at multiple hospitals across Wales with great success to help support the transition to UK life.
 - There are also external resources and events available for supporting new IMGs which you can signpost during an induction:
 - GMC Welcome to UK Practice Course: <https://www.gmc-uk.org/about/what-we-do-and-why/learning-and-support/workshops-for-doctors/welcome-to-uk-practice>
 - Health Education e-Learning for Health IMG Induction module 'Working in the NHS': <https://portal.e-lfh.org.uk/Component/Details/640489> -
 - British Medical Association: <https://www.bma.org.uk/advice-and-support/international-doctors>
 - Road to UK Website: <https://roadtouk.com/>



Examples of IMG Induction Support across Wales: Sharing Best Practice

There is lots of excellent practice around IMG Induction already in place across Wales, including enhanced induction programmes and handbooks. We hope this provides some idea and inspiration for delivering equitable IMG inductions in your own organisation.

Please note that all handbooks provided within the appendices are given as examples of an IMG Induction Handbook to support Health Boards in delivering Induction across Wales. They must be viewed in the context of this Induction Best Practice Guide. They have been produced by the named health board and HEIW is not responsible for the accuracy of the content. The example handbooks are up to date as of November 2024.

Aneurin Bevan UHB

Aneurin Bevan UHB have produced a 'Welcome to ABUHB' handbook for IMGs with lots of useful information about working and living in Wales. This can be found in Appendix 3.

They also host an enhanced induction event for new IMGs to support new starters.

Hywel Dda UHB

At Hywel Dda UHB, an enhanced induction programme for Foundation Programme doctors was delivered for the first time in 2023. This included an extra 3 days of induction designed specifically for IMGs, although all new FY1s were invited to attend. This included a variety of clinical skills sessions, simulations and even a tour of the local area.

This was very well received by both IMGs and FY1s new to the local area. It has been developed further based on feedback and has been delivered again as part of the August 2024 intake.

Swansea Bay UHB

At Swansea Bay UHB, they have recently developed their induction programme for IMGs to include specific sessions delivered by the UHB and by the GMC.

They have produced IMG Handbooks distributed to all new IMGs. These contain information regarding life in Wales, and a detailed description of the structure of the NHS, including common roles, key responsibilities and hierarchies. This can be found in Appendix 3.

Cwm Taf Morgannwg UHB

At Cwm Taf Morgannwg UHB, a 'Welcome to Wales' session is held for all doctors new to NHS Wales (including IMGs and UK graduates who have not worked in Wales before) as part of the induction programme. You may want to consider an 'Introduction to NHS Wales' for individuals who are starting their first job in Wales (IMG or non-IMG).

There are many differences between NHS England, NHS Scotland and NHS Wales, and doctors who have worked in other parts of the UK may benefit from an orientation to the way things work in NHS Wales.



PART 3: DESIGNING AND DELIVERING INDUCTION

Modalities of Induction Delivery

- Induction can often be an overload of information – a balance of in-person, synchronous delivery and online, asynchronous delivery can help to prevent this.
- A mixture of modalities can be useful at all tiers of induction. By working with the individuals responsible for delivering the different tiers of induction, a balance can be achieved that suits the needs of the health board, hospital, department and clinical teams, and the doctors attending the induction.

Asynchronous Delivery

- Benefits - useful for information that does not change much over time; can be re-used multiple times for different inductions; avoids repetition for individuals delivering induction; offers resource bank for out of sync starters, and can be revisited if needed at a later date.
- These should be in a format accessible to doctors both at home and at their place of work (e.g. not on YouTube if this is not accessible on hospital computers).
- Consider the need for a live debriefing / Q&A opportunity for any asynchronous activity.
- Need to consider *when* to give access to asynchronous material.
 - Doctors should not be expected to access this prior to their first day. There should be protected time for this to be completed within working hours.
- Delivery Ideas:
 - Bitesize videos in a mini library
 - E-learning modules
 - Online interactive handbook / website with key information
 - Digital education-sharing platform, e.g. Padlet

Synchronous Delivery

- Benefits – opportunity for ‘meet & greet’, networking and live Q&A; useful for information that changes from induction to induction; can be tailored to each group of doctors e.g., FY induction vs higher trainee changeover.
- You may need to consider how to deliver any in-person sessions over multiple sites if there is cross-site working. Protected time is needed to ensure all can attend.
- Delivery options may include:
 - Live streaming
 - Delivering at one central location with all doctors attending in person
- Delivery ideas (a combination of these may be most effective):
 - Large group, lecture-based
 - Small group teaching, OSCE-style rotational stations
 - Simulation
 - Departmental tours / welcome lunch / meet the team
- Delivery is likely to be most effective when a mix of individuals are included e.g. Consultants, administrative staff, other healthcare professionals, and ideally their peers - it is important not to forget that current doctors working in the department could play a role – doctors in training, locally employed doctors or specialty doctors.





A Guide to Induction Content

Employer Induction

Doctors are required to engage with any Statutory and Mandatory Training as set by their employer. For Doctors in Training, this is managed by the Lead Employer NHS Wales Shared Services Partnership. For Locally Employed Doctors, this is managed directly by the employing Health Board.

Employer Inductions include:

- Statutory and Mandatory Training
 - For example - Manual Handling, Information Governance, Safeguarding, Life Support Training, Infection Prevention & Control, Counter Fraud awareness and many others.
 - Not all training will be required for all roles, and additional training beyond the 'basics' may be an essential component of a departmental induction.
 - It is strongly recommended that Health Boards, Hospitals, Departments and GP Practices allow time for doctors to complete this training as it is a requirement of their employment.
- Information regarding Statutory Leave (Annual Leave, Study Leave, Maternity/Paternity Leave, Shared Parental Leave etc.) should be provided.
- Doctors must be provided with information about how to access Less than Full Time working (this is in conjunction with HEIW)
- How to request expenses as a Doctor in Training

Health Board and Hospital Induction


Information on the following should be included at a health board or hospital level:

- Organisational structure e.g. which hospitals are part of the health board, any important service-level agreements, who the executive team are etc.
- Requesting expenses (if relevant)
- Parking permits, public transport options, bicycle parking, Cycle to Work scheme
- Map of hospital site and key locations
- Rest areas, how to access (including doctors' mess)
- Postgraduate Medical Education (PGME) Centres and library locations
- Health Board and Hospital-wide teaching opportunities
- How to get involved in extra-curricular activities, such as medical student teaching or research if there are specific linked universities/departments
- Health Board or Hospital forums for doctors, who relevant 'reps' are and how to contact
- Process for submission of a Datix or Greatix
- Accessing support from the HEIW Professional Support Unit (PSU)
 - The PSU Team are happy to be contacted for support with information to share at induction and welcome being directly involved in delivering a short session as part of a local health board, hospital or departmental induction.
- How to access diagnostic services such as Radiology or Pathology e.g. how to request imaging out of hours.

Departmental and Team Inductions

Induction content should be ideally guided by those receiving it i.e. the doctors working in the department, with input from other healthcare professionals, not only those within the Induction





Team. Induction content should undergo a process of regular evaluation to ensure it remains safe, effective and learner-centred. This will ensure that induction remains relevant and useful, and not merely a ‘tick box’ exercise.

An effective induction should incorporate a wide range of information, some of which is essential for patient safety, and other information which covers the practicalities of the role. It is appreciated that every department will need to tailor their induction to suit their needs. However, as discussed, hospitals or health boards may have ‘Key Aims’ for induction which can help to tailor a departmental induction programme.

Day-To-Day Clinical Work

- Chains of supervision/supervision structure and how to access
- Local referral pathways
- How to access clinical guidelines and local protocols, including emergency pathways such as Major Haemorrhage, or Peri-arrest situations – if these are in multiple locations, consider condensing for ease of access
- Management of common presentations – especially important in specialties with niche areas of practice
- Information required to support cross-covering of specialties out of hours. For example, a T&O doctor who has to cover ENT out of hours will have additional induction needs to include their out of hours clinical work
- Expectations of role and responsibilities within the wider team, including out of hours work
- Doctors working in individual clinical firms/teams may require an additional induction to their local ‘Team’ in addition to their departmental induction

Practical Aspects

- Departmental layout / tour / map
- Introduction to key personnel within the clinical team
- Departmental governance arrangements (including audit meetings, Morbidity & Mortality meetings etc.) and how to get involved as a training grade doctor
 - A trainee rep on a governance committee is a great way of keeping the department focussed on education and training and enables any issues to be promptly addressed
 - Dates for audit or M&M meetings should be published and all doctors invited
- How to raise concerns, including the ‘Speaking Up Safely’ process¹⁶
- Departmental teaching programme
- List of team members within the department and their roles/subspecialities e.g. list of Consultants and their core clinical work
 - For example, within a Radiology Department - who does Breast reporting, who does GI reporting, who does Interventional Radiology etc. Photos and a short biography can help to orientate
 - Opportunity to include new starters in this – either via medical illustration or requesting a photo from new starters
- How to access specific training opportunities e.g. Lumbar Puncture or Pleural Drain clinic that doctors can arrange to attend to meet their training requirements

¹⁶ Welsh Government (2023). Speaking up Safely. A Framework for the NHS in Wales. Available at: <https://www.gov.wales/sites/default/files/publications/2023-09/speaking-up-safely-framework.pdf>





Administrative Aspects

- IT access should be arranged in advance of day one – this should be tested on day one to ensure any problems can be resolved promptly
- How the rota works, who is the rota coordinator, how to apply for annual leave or study leave etc.
- Sick leave process – who to contact and when
- Allocation of Named Clinical Supervisor (NCS) +/- Educational Supervisor (ES) – including contact details

Evaluation and Feedback

- Evaluation of induction as part of quality assurance/improvement is a vital aspect of induction design and delivery
- This should be gathered at the end of every induction and reviewed to ensure any necessary changes/updates are made for the following induction
- It is important to gather further feedback once new starters have settled into their roles, so they can reflect on the usefulness of their induction, and identify any gaps or areas for improvement

Other Practical Considerations

- Production of an 'Induction Checklist' to ensure all induction-related tasks are completed efficiently and timely (see suggested example for Departmental Induction in Appendix 1)
- Welcome email from the Induction Lead/Departmental Lead with a package of information to be sent prior to start date
 - Rota to be distributed at least 6 weeks prior to start date. Ideally, induction packs should be sent alongside this.
 - Induction handbook/welcome pack or alternative
 - Information about requesting leave and rota coordinator
 - ES/NCS allocations and how to contact them
- Is there any opportunity for new starters to shadow?

Is there any support for all this work?

Your local Faculty Leads, Associate Medical Directors for Medical Education (AMDs/DMEs), and Medical Education Managers have a wealth of experience in this area. They can support you in this activity as well as gaining health board managerial level support and sharing examples of best practice from within your own health board.

You could also involve your doctors in training. For example, evaluation and improvement of your departmental induction would make an excellent quality improvement activity for your doctors in training.

In addition, you may want to consider linking with departments in other health boards from the same specialty to develop generic resources such as managing common presentations to help share the workload. Training Programme Directors can support with contact details to enable collaborative working.



PART 4: CONCLUSION

A safe and effective induction forms an essential part of a doctor's first few days in a new role. By getting the basics right, and delivering a safe and effective induction, we can safeguard the welfare of doctors and the safety of patients within our organisation.

In summary, an induction should be:

Tailored – to their individual circumstances, their specific needs and level of expertise.

Timely – that the physical induction is provided at the right time for them (with some information ideally provided in advance of starting).

Focussed – that is focussed on what they need to do the job and is expertly designed by people who understand their role (i.e. by both senior colleagues and by those who are currently doing the role or have done so recently).

Engaging – provides new information in an engaging, interactive way rather than duplicating.

Welcoming & inspiring – that it sets the tone for their future career and they understand the culture and ethos of the organisation and where they fit within it.

Evolving – that it isn't static but that the content changes to ensure that it is up-to-date and responsive to feedback.

Figure 4: Adapted from the GMC report - Understanding the Nature and Scale of the Issues Associated with Doctors' Induction (including those Returning to Practice)¹.



Additional Resources

GMC Good Practice Document	https://www.gmc-uk.org/education/hidden-documents/sharing-good-practice/effective-departmental-inductions-for-doctors-in-training
GMC Conference May 2022 Workshop on Induction	https://www.youtube.com/watch?v=SWNgEMUXwpk
GMC Induction Research	https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/understanding-the-nature-and-scale-of-the-issues-associated-with-doctors-induction
BMA Guidance on Induction	https://www.bma.org.uk/advice-and-support/career-progression/training/induction-for-junior-doctors
HEIW - Return To Training Guidance	https://heiw.nhs.wales/support/professional-support-unit-psu/return-to-training/
HEE – Welcoming and Valuing International Medical Graduates: A Guide to Induction for IMGs recruited to the NHS	https://www.e-lfh.org.uk/wp-content/uploads/2022/06/Welcoming-and-Valuing-International-Medical-Graduates-A-guide-to-induction-for-IMGs-WEB.pdf
Royal College of Physicians guidance on LEDs and IMGs	educational-and-career-support-for-leds-and-imgs.pdf (rcp.ac.uk)
HEIW – Professional Support Unit (PSU) webpage	https://heiw.nhs.wales/support/professional-support-unit/
HEIW - Colleague Health and Wellbeing	https://heiw.nhs.wales/support/colleague-health-and-wellbeing/



Appendix 1: Departmental Induction Checklist Template

This template checklist can act as a guide for planning and delivering departmental induction. It can be personalised to suit the needs of your specific department, as needed.

When	What	Who
<i>Deadline for action</i>	<i>Key elements to be completed at each timepoint</i>	<i>Responsible individual</i>
3-6 months before	<ul style="list-style-type: none"> Review feedback from last induction and make any changes Review induction content and ensure up to date Plan who will be delivering induction Ensure appropriate rooms have been booked (may need to be 12 months in advance) Ensure clinical commitments for those delivering induction are cancelled/reduced e.g. clinic lists or operating lists 	
8 weeks before	<ul style="list-style-type: none"> Rota coordinator and Induction lead to establish who needs to attend induction Arrange cover for clinical commitments of those needing to attend induction 	
6 weeks before	<ul style="list-style-type: none"> Rota sent out to new starters with information on how to request leave by rota coordinator Reminder sent out to all those delivering induction 	
4 weeks before	<ul style="list-style-type: none"> Welcome email from Induction Lead including a variety of relevant information <ul style="list-style-type: none"> IT details ID badge details ES/NCS allocations Parking permit details Departmental induction handbook 	
2 weeks before	<ul style="list-style-type: none"> Induction programme emailed to all new starters, including information on where to meet (map helpful!) 	
Induction Day	<ul style="list-style-type: none"> Induction delivered Gather immediate feedback from attendees Ensure all attendance is logged and attendance record and resources used are retained for governance Ensure arrangements made for asynchronous delivery for those unable to attend due to unforeseen events 	
4 weeks after	<ul style="list-style-type: none"> Gather delayed feedback – this can be helpful as any omissions usually identified once new starters have had a few weeks in the department 	



Appendix 2: Departmental Induction Case Study



Paediatrics and Neonates Glan Clwyd Hospital

The Aim: Deliver a safe and effective induction

The Challenges:

- Meeting induction needs across FY1, FY2, GP trainees and Paediatrics trainees
- Support for new ST4s stepping up to Tier 2 rota
- Separate clinical responsibilities for:
 - Neonates vs General Paediatrics
 - Tier 1 vs Tier 2 rota
- Community Paediatrics trainees covering Gen Paeds / Neonates out of hours only

The 'Before':

- Dedicated administrative support to arrange IT log ins, ID badges etc. in advance
- Structured planning with delivery teams and venues arranged months prior
- Rota coordinator and clinical services coordinator ensure clinical commitments are covered by alternative clinical staff – induction is mandatory for all new starters
- Facilitator checklists to ensure consistency across separate inductions
- Trainees sent a welcome email with lots of information two weeks before start date

The 'During':

- A structured 2.5 day induction programme with **simultaneous streams of tailored activity to meet specific learning needs of different groups of doctors**
 - Tier 1 General Paediatrics
 - Tier 1 Neonates
 - ST4
 - Tier 2 (ST5+)
 - Community Paediatrics
- Specific sessions are delivered to ensure that Community Paediatrics cross-covering the out-of-hours General Paediatrics/Neonates rota received a safe and effective induction – this is delivered in addition to their Community induction
- Specific sessions are delivered to support new ST4s stepping up to the Tier 2 rota for the first time
- A mixture of **synchronous and asynchronous delivery** gives opportunity for networking and welcoming trainees
- A variety of sessions including simulation, departmental tour, prescribing, IT systems training, and educational sessions ensure all learning objectives are achieved for all doctor groups
- A detailed handbook and SharePoint resource bank for asynchronous material is available – there is **protected time** scheduled during the induction for doctors to review this material



The 'During':

- This day 1 example timetable illustrates how an induction can be arranged to deliver simultaneous and complementary streams of induction activity across different groups of doctors to meet their specific induction needs


	Tier 1 - Neonates	Tier 1 – General Paediatrics	Tier 2 – ST4 only	Tier 2 – ST5+
09:00-09:40	Welcome and Rota			
09:40-10:40	Newborn examination and Postnatal / Transitional Care Issues	Paediatric Emergencies		General Paediatrics – Things you need to know.
10:40-11:00		Break		
11:00-11:15		Orientation to Paediatrics & e-Induction	Orientation to Paediatrics	Orientation to Paediatrics & e-Induction
11:15-11:30				Break
11:30-12:30	Neonatal Prescribing	Neonatal Prescribing		
12:30-13:00	Lunch	Lunch	Lunch	Lunch
13:00-13:15				
13:15-14:00	Tour of NNU & Maternity Unit	General Paediatrics - Things you need to know		Tour of NNU & Maternity Unit
14:00-14:30	Airway Tests x5	BFI e-learning and policies (protected time)	Tour of NNU & Maternity Unit	BFI e-learning and policies (protected time)
14:30-15:00				
15:00-15:15	BFI e-learning and policies (protected time)		Paediatrics e-Induction	WCP Training
15:15-16:00				
16:00-17:00	WCP Training			

The 'After':

- Feedback gathered at the end of each day for individual sessions
- Induction Leads take responsibility for review and update of induction, including inclusion of learning from critical incidents, and delivery of upcoming induction
- Induction content and delivery is updated in preparation for the following induction

Thank you to Dr Aradhana Ingley and Ruth Porter for sharing their valuable experience of delivering induction





Appendix 3: Aneurin Bevan UHB and Swansea Bay UHB IMG Induction Handbook Examples

Please note that all handbooks provided within the appendices are given as examples of an IMG Induction Handbook to support Health Boards in delivering Induction across Wales. They must be viewed in the context of this Induction Best Practice Guide.

They have been produced by the named health board and HEIW is not responsible for the accuracy of the content. The example handbooks are up to date as of November 2024.



WELCOME TO ANEURIN BEVAN UNIVERSITY HEALTH BOARD

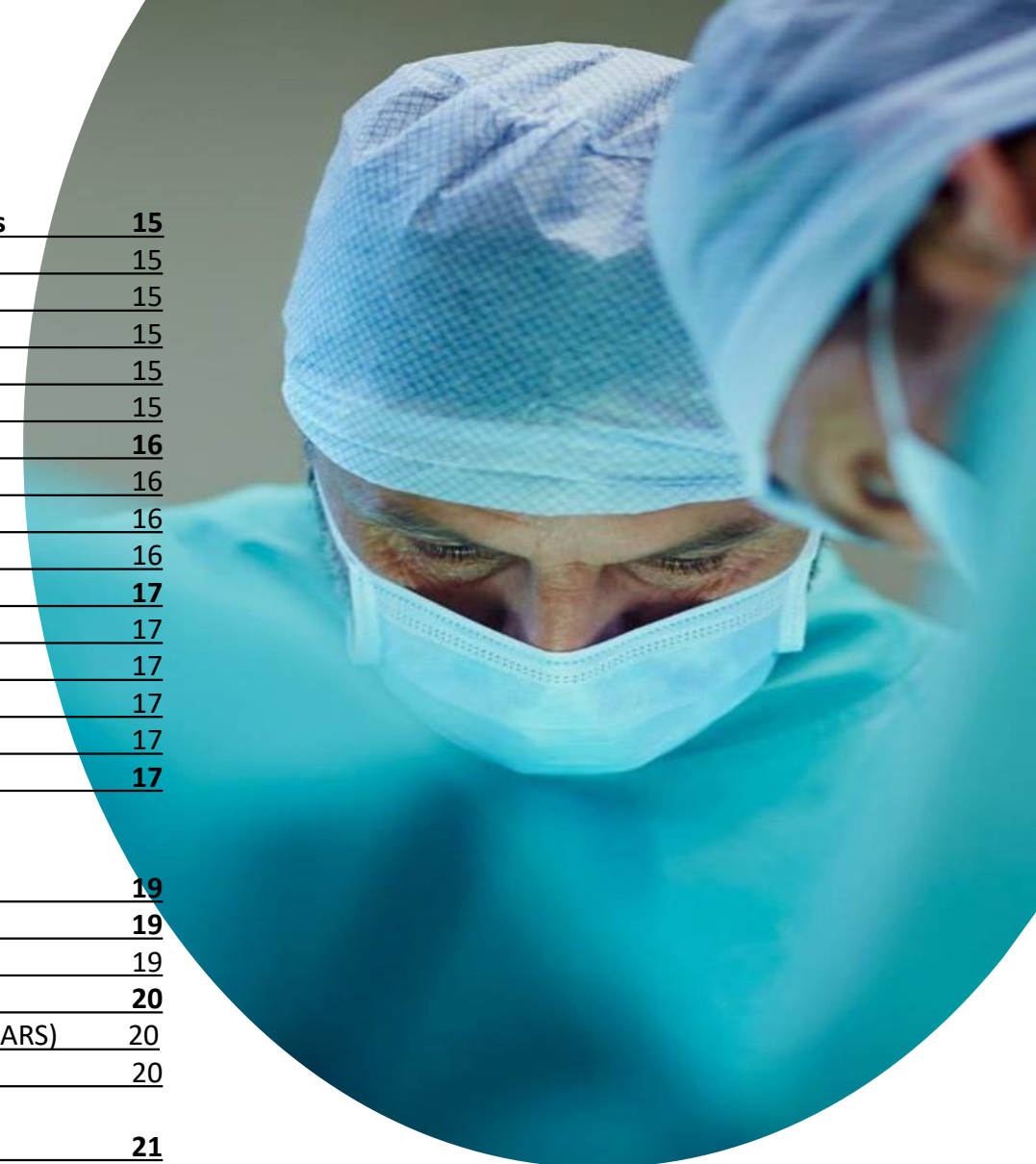


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

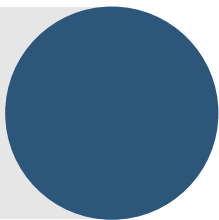
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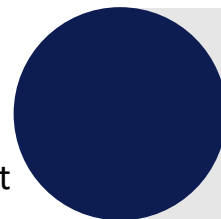
FOREWORD

ANEURIN BEVAN UNIVERSITY HEALTH BOARD IS A MULTI-AWARD WINNING NHS ORGANISATION WITH A PASSION FOR CARING PROVIDING EXCELLENT HEALTHCARE SERVICES TO A POPULATION OF AROUND 600,000 WITHIN GWENT IN SOUTH EAST WALES.



Bordered by England to the East, Cardiff and the Rhondda Valleys to the West, The Brecon Beacons to the North and the Severn Estuary to the South, Gwent is uniquely located to combine the beauty of rural living against a backdrop of Wales's industrial heritage. The cosmopolitan centre of Newport with its many restaurants, bars and shops, also gives simple and direct access to both Bristol and Cardiff by train, bus or road. The rural market towns of Chepstow, Monmouth, Usk and Abergavenny offer a quieter pace of life but with plentiful amenities and quick access to Newport and the M4.

At Aneurin Bevan University Health Board, we offer a fantastic benefits package and extensive training and development opportunities with paid mandatory training, excellent in-house programmes, opportunities to complete recognised qualifications and professional career pathways including a range of management development programmes. We offer flexible working and promote a healthy work life balance, provide occupational health support and an ambitious plan for a Wellbeing Centre of Excellence to support you at work.



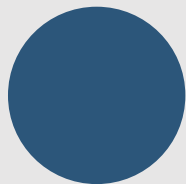
**DR JAMES CALVERT
MEDICAL DIRECTOR**

Our Clinical Futures strategy continues to enhance and promote care closer to home as well as high quality hospital care when needed. This includes the Grange University Hospital which provides specialist and critical care and is the newest addition to the clinical futures strategy which opened in November 2020. Join us on our journey to pioneer new ways of working and deliver a world-class healthcare service fit for the future.

We have put together this document to help you in planning your move to Gwent and look forward to welcoming you to our Health Board in person.



INTRODUCTION

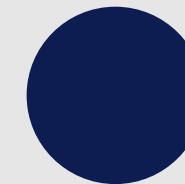


We've produced this guide to give a brief background, overview and insight into some essential information to prepare you in advance of starting a job at Aneurin Bevan University Health Board (ABUHB).

This may be your first placement in the UK, and we understand that moving to a new country and adapting to a different healthcare system can be challenging.

Every year healthcare professionals from all over the world come to the United Kingdom (UK) to work or train in the National Health Service (NHS).

The NHS has a long tradition of welcoming overseas doctors from all over the world, and the NHS continues to rely heavily on the skill and commitment of these healthcare professionals.



However, overseas doctors can find they are underprepared for some of the ethical standards, professional and regulatory differences they encounter that can be difficult to adjust to.

We appreciate that often there is very little opportunity for training before registration, with these differences only coming to light once they have started work.

As a valued member of our network, here at Aneurin Bevan we aim to support our medical colleagues with this transition.

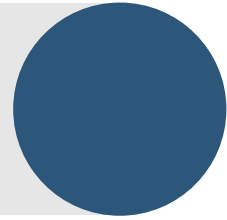
Within this short introduction to life as a doctor in the UK and at our hospital, we hope you will find this guide an informative although not exhaustive adjunct in your preparations, with much more information found on the websites listed throughout this guide.

COVID-19 RULES AND REGULATIONS



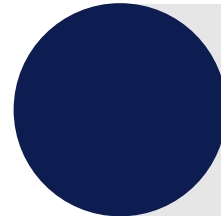
Flying to England (Heathrow / Gatwick etc)

<https://www.gov.uk/>



Travelling to England & Wales (Cardiff Airport, Bristol Airport, Heathrow Airport, Gatwick Airport etc).
The legislation is ever changing and you will need to be aware of all the current restrictions and laws in place before you come to the UK.

All doctors travelling into England/Wales from International Areas will need to keep up to date with all the requirements. Please visit the websites below for up-to-date information and also what is needed from you.



Flying to Wales (Cardiff Airport)

<https://www.wales.gov.uk/>





LIVING IN THE UK

AND LIVING IN WALES

GETTING YOUR BRP

How you get your Biometric Residence Permit (BRP) depends on where you made your visa or immigration application. More information is available from the UK border force at:

<https://www.Gov.Uk/government/organisations/border-force>

Collect your BRP once you're in the UK.

You must usually do this before the vignette sticker in your travel document expires or within 10 days of arriving in the UK, whichever is later.

The post office will keep your BRP for 60 days. Check your decision letter. It will tell you to collect your BRP from a named post office branch.

You must be over 18 to collect a BRP.

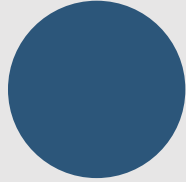
What you'll need:

Bring your passport or travel document with your vignette sticker in when you collect your BRP.

You'll get your vignette sticker when your visa application is approved. You have permission to come to the UK within 90 days of getting it.



GETTING A PROPERTY IN THE ANEURIN BEVAN AREA



HOSPITAL ACCOMMODATION

Hospital Accommodation is available at:
Royal Gwent Hospital, Newport –

There is limited hospital accommodation on site. Details of a number of private short term lettings for hospital employees is available from the Accommodation Officer. Applications for hospital accommodation can be made by emailing the Accommodation Officer:
Pat.kearns@wales.nhs.uk
01633 234656

Nevill Hall Hospital, Abergavenny –

Hospital accommodation is available on site and applications can be made by emailing the Accommodation Officer:
Nicola.hamer2@wales.nhs.uk
01873 732052

PLEASE BE AWARE: Hospital accommodation is for single person use only.

PRIVATE ACCOMMODATION

If you are looking to privately rent accommodation, there are a lot of local estate agents that advertise properties within the Gwent, Cardiff and Bristol areas. You can find these by searching individual Estate Agents on Google or 90% of estate agents now use “RightMove” which is a website that brings all the rental and for sale properties together in one place for easy searching.

Please use the link below to access RightMove:

<https://www.rightmove.co.uk/>

When you find a property you wish to rent, you are often asked to put down a holding deposit. This is to reserve the property while the landlord or letting agent carries out your tenancy check.

A holding deposit could be about a week’s rent. It is often paid back through a deduction from your rent payments. When the landlord or letting agent has confirmed that you can rent a property, you will be asked to provide a tenancy deposit. This is usually equivalent to four/six weeks’ rent.

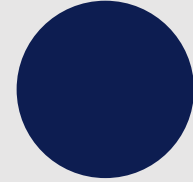
You will probably be asked to pay the first month’s rent.

TEMPORARY ACCOMMODATION

Hotels/Bed & Breakfast: Hotels can usually offer single, double or family rooms depending on your needs. There are a number of websites you can use to compare options and prices including:

[Hotels.com](https://www.hotels.com) [Booking.com](https://www.booking.com) [trivago](https://www.trivago.com) and [Expedia](https://www.expedia.com)

AirBnB/Homestay: [AirBnB](https://www.airbnb.com) allows hosts to accommodate guests in several property styles, including entire properties, private rooms, hotel rooms or shared rooms. You can rent a spare room through [Homestay](https://www.homestay.com).



BUYING A HOME

If you plan to live in the UK permanently or long term, you may wish to consider purchasing a property here. To purchase a property, you will typically need to provide a deposit in the region of 5 to 15% of the total property value. You may also need a mortgage. The amount you can borrow will be calculated based on your household income and credit score. Information on how to check your credit score and how you can improve it can be found at the [Money Advice Service](#).

The UK Government have also provided a helpful guide on [How to Buy a Home](#)

UTILITIES

There are standard payments required for different services when living in the UK which you may be required to pay when moving into longer term rental accommodation or when buying your own home.

Water

All properties in the UK need to pay water rates, based on property size or water usage. Your water supplier will be determined by where you live, visit <https://www.water.org.uk/> to find your local water supplier. By law, water companies must provide fresh water that is suitable for all domestic purposes, including drinking, cooking and washing. UK tap water is therefore safe to drink.

Council Tax

Council tax is payable monthly to your local authority (County Council) for services they provide such as rubbish collection and police and fire services. How much you pay will depend on the value of your house, how much your council charges and if you are eligible for a discount or exemptions. You can find your local council online.

Waste Management

General household waste, garden waste and recyclable waste collection are organised by your local council. The rules around separation of waste and recyclable materials varies between councils. Local recycling centres may accept other items such as electrical items, wood, non-recyclable waste, books, glass, clothes etc. in addition to routine items. You will also find recycling stations in public car parks or supermarkets. Unused, unopened and out of date medicines should be returned to pharmacies for disposal.

Mobile Phone Services

Before you arrive in the UK, consider if you will need access to a UK based mobile phone as soon as you arrive. If you bring a mobile phone with you, make sure it is unlocked so you can use it with one of the network providers available in the UK. You will need either a contract or a pay-as-you-go sim:

- **Contract:** you will pay a monthly fee and receive a set allowance of texts, calls and mobile data. You can search for the best deal based on your needs and the contract will usually last 24 months. To set up a contract you will need to provide proof of address, proof of identification and details of a bank account.
- **Pay-as-you-go sim:** You can top up the sim with credit and will be charged each time you make a call, send a message or use mobile data without being tied into a contract. Pay-as-you-go sims are usually free and you won't need to provide any evidence to get one.

Electricity & Gas

There are numerous gas and electricity suppliers in the UK and you can use a price comparison website to find the best deal. On the day you move in, you should check the gas and electricity meters and make a note of their readings. You will need this information to create an account with your new gas and electricity providers.

TV License

You must purchase a TV license to watch or record programmes as they are being shown on TV, watch or stream programmes on an online TV service and download or watch any BBC programmes on the BBC iPlayer. Only one TV license is required per household and can pay online.

Broadband & Internet

There are a range of Internet Service Providers in the UK who can provide internet services to your home. You can use comparison websites to find the best deal and compare internet speeds in your area.

Contents Insurance

You may want to get contents insurance to cover your possessions in the event of theft, loss or damage caused by accidents or events such as flood or fire. You can use price comparison websites to find the best deal based on your needs.

Buildings Insurance

If you own your own home, buildings insurance will cover your home from damage that might be caused by flood, fire, subsidence, storms or vandalism. This insurance will cover the structure of the building and its fittings (such as fitted kitchens, built in wardrobes and bathroom suites), but not your possessions. You can use price comparison websites to find the best deal based on your needs.

BANKS

There are a large selection of UK Banks you can choose, with many online options now available.

As soon as you arrive in the UK, it is sensible to open a British bank account. As a general rule, British banks offer current accounts (an account for day-to-day spending) free of charge. You will need a number of identity documents in order to

open a bank account.

You'll also need your mobile phone and a valid ID. The bank will accept your:

- Passport
- Driving licence (your provisional is fine)
- Biometric residency permit

The bank will also ask you for a residential address in the UK where they can send your card and this needs to be a permanent address or an address for more than 3 months.

Some of the main UK banking providers are listed below however other finance providers are available.

[Barclays](#)

[HSBC](#)

[Nat West](#)

[Lloyds](#)

NATIONAL INSURANCE

National Insurance (NI) is a tax on earnings and self-employed profits. By paying NI, it entitles you to state benefits, though these vary according to whether you are employed, self-employed or making voluntary contributions.

When employed, NI is automatically deducted from your monthly pay. If you're self-employed, you'll need to organise these contributions yourself.

Everyone who is eligible to work in the UK requires a National Insurance number which is a unique code specific to the individual. If you are moving to the UK, you may have your NI number printed on the back of your biometric residence permit (BRP).

You do not need to apply for a NI number if you already have one, or one is printed on your BRP. If you do not have a NI number, you must apply.

To apply, you can contact HMRC or apply online. It will be specified which documents are required to prove your identity.

Acceptable identification are normally a passport, residence permit, birth certificate, bank statements or utility bills (must be dated from the last three months).

For further information and contact details, you can visit the government's website by clicking the link below.

<https://www.gov.uk/apply-national-insurance-number>

GETTING PAID

As an Aneurin Bevan University Health Board employee, your salary will be paid monthly and paid directly into your nominated bank account. Payday is normally on the 23rd of each month; if this falls on a weekend or bank holiday, you will be paid on the last working day before. On your first month you may get paid later than this date.



CHILDCARE AND EDUCATION

If you are relocating with children you will need to consider education arrangements and may need to organise other forms of childcare.

Education across the UK is divided into five stages: Early Years, Primary, Secondary, Further Education and Higher Education.



Early Years	Primary Education	Secondary Education	Further Education	Higher Education
Nursery/Pre-school for ages 3 to 4. Reception for ages 4 to 5. Primary school for children aged 5 to 11, split into Key Stage 1 (years 1 and 2) and Key Stage 2 (years 3, 4, 5 and 6)	Primary school for children aged 5 to 11, split into Key Stage 1 (years 1 and 2) and Key Stage 2 (years 3, 4, 5 and 6)	Secondary school for children aged 11 to 16, split into Key Stage 3 (years 7, 8 and 9) and Key Stage 4 (years 11 and 12)	College or Sixth Form for students aged 16 to 18. Students study for A-levels or alternative qualifications	Universities charge over 18 year olds for higher education.

SCHOOLS IN GWENT

GWENT CONTAINS FIVE BOROUGH COUNCILS:

BLAENAU GWENT COUNTY BOROUGH COUNCIL

[HTTPS://WWW.BLAENAU-GWENT.GOV.UK/EN/RESIDENT/SCHOOLS-LEARNING/](https://www.blaenau-gwent.gov.uk/en/resident/schools-learning/)

CAERPHILLY COUNTY BOROUGH COUNCIL

[HTTPS://WWW.CAERPHILLY.GOV.UK/SERVICES/SCHOOLS-AND-LEARNING](https://www.caerphilly.gov.uk/services/schools-and-learning)

MONMOUTHSHIRE COUNTY COUNCIL

[HTTPS://WWW.MONMOUTHSHIRE.GOV.UK/EDUCATION-2/EARLY-YEARS-SCHOOLS-EDUCATION/](https://www.monmouthshire.gov.uk/education-2/early-years-schools-education/)

NEWPORT COUNTY BOROUGH COUNCIL

[HTTPS://WWW.NEWPORT.GOV.UK/EN/SCHOOLS-EDUCATION/SCHOOLS/SCHOOLS.ASPX](https://www.newport.gov.uk/en/schools-education/schools/schools.aspx)

TORFAEN COUNTY BOROUGH COUNCIL

[HTTPS://WWW.TORFAEN.GOV.UK/EN/EDUCATIONLEARNING/SCHOOLS/SCOLLEGES/SCHOOLS-AND-COLLEGES.ASPX](https://www.torfaen.gov.uk/en/educationlearning/schoolscolleges/schools-and-colleges.aspx)

EACH OF THESE HAVE RESPONSIBILITY FOR LOCAL SCHOOLS SO DEPENDING ON WHERE YOU INTEND TO LIVE, YOU SHOULD FIND THE APPROPRIATE INFORMATION ON SCHOOLING IN THAT AREA AT THE COUNCIL WEBSITES.

YOU MAY ALSO FIND FURTHER INFORMATION ON SCHOOLS IN YOUR AREA BY VISITING:

[HTTPS://WWW.SCHOOLGUIDE.CO.UK/](https://www.schoolguide.co.uk/)

INDEPENDENT PRIVATE SCHOOLS

THERE ARE ALSO TWO INDEPENDENT PRIVATE SCHOOLS IN GWENT

HABERDASHERS MONMOUTH SCHOOLS

[HTTPS://WWW.HABSMONMOUTH.ORG/](https://www.habsmouth.org/)

ROUGEMONT SCHOOL, LLANTARNAM

[HTTP://WWW.ROUGEMONTSCHOOL.CO.UK/](http://www.rougemontschool.co.uk/)



CHILDMINDERS

A childminder provides childcare for children, sometimes from their own home. You can find registered childminders here:

<https://www.childcare.co.uk/find/Childminders/CIW-Registered>

You may be entitled to help when paying for childcare.

Visit <https://gov.wales/childcare-offer-for-wales-campaign>

to explore your options.



ACCESSING HEALTHCARE & EMERGENCY SERVICES

Registering with a GP

Under current rules, anyone can register with a GP practice in Wales and receive free primary care. You must register with a GP before you can qualify for any free medical treatment, other than emergency treatment.

To find GP Services within ABUHB, follow the link below.

<https://www.wales.nhs.uk/ourservices/directory/aneurinbevanuniversityhealthboard/gps>

Hospital Treatment & Emergency Treatment

If you move to the UK permanently, you are entitled to free NHS hospital treatment. Like all UK residents, if there's a waiting list for the treatment you need, you'll have to join the waiting list. Regardless of your residential status or nationality, you're entitled to free emergency NHS treatment from an A&E department. Within ABUHB, the A&E Department is based in The Grange University Hospital with Minor Injury Units based in Nevill Hall Hospital, Royal Gwent Hospital and Ysbyty Ystrad Fawr.

Dentists & Opticians

Dental & Eye treatment is only given free to a limited range of people, such as those under 18, pregnant women and those in receipt of certain state benefits. For people who work, standard NHS charges are applicable.

For a list of Dentists, Opticians and Pharmacies within Gwent, please follow the link below:

<https://www.wales.nhs.uk/ourservices/directory/aneurinbevanuniversityhealthboard/>

Pharmacies

Pharmacies can be found on most UK high streets. They are staffed by fully qualified Pharmacists who can offer clinical advice and over the counter medicines for minor health problems. Pharmacies can also dispense NHS prescriptions.

**For all emergencies:
Police/Ambulance/Fire
DIAL: 999 from any phone**

**For Police Non-Emergencies, please
dial: 101**

NHS 111

This service is available 24 hours a day, 7 days a week and can help if you have an urgent medical problem and you're not sure what to do. The service can be accessed by dialling 111 from a telephone or online via <https://111.nhs.uk/>
Please visit <https://abuhb.nhs.wales/> to find out more about hospital treatment within ABUHB.

TRANSPORT

TRAVEL BY TRAIN

Newport is less than two hours from London by train, with services every 30 minutes.

Newport also has direct routes to Bristol, Bath, Birmingham, Manchester, Nottingham, and other main towns and cities. Newport station is conveniently located in the city centre, close to a number of hotels and the Royal Gwent Hospital.

For information on trains within Wales visit:

Transport for Wales at <https://tfw.Wales/>

For train travel to Wales from the rest of the UK, visit:

Great Western Railway: <https://www.Gwr.Com/>

Or

National Rail: <https://www.Nationalrail.Co.Uk/>

TRAVEL BY CAR

Newport and the rest of Gwent are easily accessible via the M4 motorway, which runs through the north of Newport, with central London only a 2 hour drive away.

From the midlands, the north of England and Scotland it is a straight forward drive via the M6, M5 and M50/M4.

From the South and South West of England the approach is by the M5 and M4. Access from West Wales is by the M4.

TRAVEL BY AIR

Cardiff airport and Bristol airports are within easy reach of Gwent, with London Heathrow and Birmingham both within 2 hours with excellent transport links via road or rail.

Bristol and Cardiff both offer direct flights to cities including Edinburgh, Belfast, Dublin, Paris, Amsterdam, Munich, Geneva, Barcelona, Milan, Venice, and Rome, as well as connecting routes to more than 900 destinations worldwide.

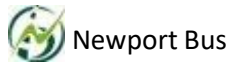


TRANSPORT

PUBLIC TRANSPORT IN GWENT

Buses

There are excellent bus links across the County with the majority of services covered by Newport Bus and Stagecoach. Please follow the links below for timetables and route planners.



<https://www.newportbus.co.uk/> <https://www.stagecoachbus.com/>

Trains

Transport for Wales Rail is the main provider of Local Train Transport. Please follow the link below to check timetables and route planners.

<https://tfw.wales/>

Taxi

There are many taxi firms across Gwent and the best way to find a local taxi provider is to check on Google. The Uber Network is also available in South Wales

<https://www.uber.com/gb/en/>

Fflecsi

Fflecsi is a different way to travel by bus and an exciting new service from Transport for Wales in partnership with your local bus operators.

Fflecsi buses can pick you up and drop you off in a service area and not just at a bus stop. You must book your ride via the app or phone, then a bus picks you up at your request, changing its route so that all passengers can get to where they need to go.

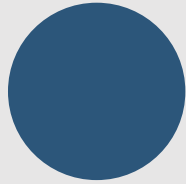
<https://www.fflecsi.wales/>





WORKING AS A DOCTOR IN THE UK

NHS WALES

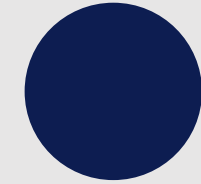


The [Welsh Government](#) is responsible for setting health policy for the NHS and for the funding of health services across Wales. Policies and strategies for health and social care in Wales are determined across several government departments.

[Public Health Wales](#) is the national public health agency, they work to protect and improve health and wellbeing and reduce health inequalities for the people of Wales. Each health board in Wales employs a director of public health, supported by Public Health Wales at a local and community level.

NHS Wales is the biggest employer in Wales and operates across seven Local Health Boards (LHB's) and three NHS trusts.

[Health Education and Improvement Wales](#) (HEIW) works to transform the workforce for a healthier Wales. They are a special health authority within NHS Wales and sit alongside health boards and trusts. HEIW brings together the Wales deanery, NHS Wales workforce education and development services (WEDS) and the Wales Centre for Pharmacy Professional Education (WCPPE).



The GMC

The [General Medical Council](#) (GMC) is an independent regulator for doctors in the UK. They work to protect patient safety and support medical education and practice across the UK. They do this by working with doctors, employers, educators, patients and other key stakeholders in the UK healthcare systems.

GMC Good Medical Practice

The GMC sets standards for professional values, knowledge, skills and behaviors of all doctors working in the UK. [Good Medical Practice](#) describes what is expected of all doctors registered with the GMC. It is your responsibility to be familiar with Good Medical Practice and the explanatory guidance which supports it and to follow the guidance they contain.

APPRAISAL & REVALIDATION

IN THE UK, ALL DOCTORS ARE REGULATED BY THE GENERAL MEDICAL COUNCIL (GMC). THE GMC REQUIRE EVERY DOCTOR TO TAKE PART IN ANNUAL APPRAISAL IN ORDER TO RETAIN THEIR LICENSE TO PRACTICE IN THE UK AND THE APPRAISAL IS USED TO INFORM A REVALIDATION RECOMMENDATION MADE BY YOUR RESPONSIBLE OFFICER.



It is essential that you establish a connection with ABUHB as your Designated Body and inform the GMC. The connection can be made through GMC Online at <https://www.gmc-uk.org/>

There will also be a form in your Recruitment Pack which will need to be completed with details of your previous Designated Body if applicable.

Medical Appraisal & Revalidation System (MARS)

All doctors in Aneurin Bevan University Health Board use the MARS system for appraisal and you will need to log on to the MARS website as soon as possible.

The address is <https://www.marswales.org/>. Once you have visited this site you can self register. The Revalidation Unit in Cardiff will then provide you with a password to access the site. Useful information to help navigate the system can be found at:

<https://marshelp.heiw.wales/assets/Uploads/MARS-Doctor-role-v2.pdf>

<https://marshelp.heiw.wales/videos/>

MARS is used as both an e-portfolio and also as a tool on which to arrange and record your appraisal. You will need to book your appraisal using the system and your appraisal summary will be stored on the system. We use this system to access your appraisal summary in order to inform the revalidation recommendation.

The GMC website is particularly useful in providing advice on what kind of evidence should be discussed at appraisal and the role appraisal and revalidation plays in the regulation of doctors. The GMC website can be found at:

<https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation>

If, during your current revalidation cycle, you have undertaken appraisals outside of Wales, please ensure that the summary information is sent to the Revalidation Team as soon as possible.

ABB.GMCDB@wales.nhs.uk

Orbit 360 Clinical

In addition, during the five year revalidation cycle, every doctor is required to undertake a multisource feedback (MSF) including colleague and patient feedback (where appropriate).

In Wales, this is provided by Orbit 360 Clinical as part of the MARS system. The MSF should ideally be undertaken during year 3 or 4 of the five year cycle. If you are already at this point of your revalidation cycle and have not yet completed your MSF, you will need to log on to Orbit 360 to self-register and begin the process.

<https://orbit360.heiw.wales/login>



YOUR COMPLETED MSF MUST BE TAKEN TO YOUR SUBSEQUENT APPRAISAL WHERE THE REPORT, OUTCOMES AND YOUR REFLECTIONS MUST BE DISCUSSED WITH YOUR APPRAISER IN ORDER FOR IT TO BE VALIDATED FOR REVALIDATION.

USEFUL CONTACTS & FURTHER INFORMATION

This booklet should be used in conjunction with other information available to you both from within ABUHB and also on the internet. We hope you have found it useful.

The following are contacts which may be useful to you:

Aneurin Bevan University Health Board

<https://abuhb.nhs.wales/>

Appraisal & Revalidation

ABB.GMCDB@wales.nhs.uk

Human Resources & Workforce

ABHB.Hrhelpdesk@wales.nhs.uk
01633 623920

Payroll, Pensions & Expenses

Payroll.Services2@wales.nhs.uk
02920 903908

General Medical Council

<https://www.gmc-uk.org/>

UK Government Information

<https://www.gov.uk/>

Wales Government

<https://www.gov.wales/>

Blaenau Gwent County Borough Council

<https://www.blaenau-gwent.gov.uk/>

Caerphilly County Borough Council

<https://www.Caerphilly.gov.uk/>

Monmouthshire County Borough Council

<https://www.monmouthshire.gov.uk>

Torfaen County Borough Council

<https://www.torfaen.gov.uk/>

Newport County Borough Council

<https://www.Newport.gov/>

ABUHB Webpage for International Medical Graduates

[IMG and CESR \(sharepoint.com\)](#)

Staff Discount

Apply for a Blue Light Card to get discounts online and on the high street. Visit www.bluelight.co.uk for more information.

You can also find further information relating to Employee Benefits on your staff intranet pages.



FURTHER SUPPORT AND GUIDANCE FOR OVERSEAS DOCTORS

At ABUHB we are extremely proud of our workforce, a large number of which are International Medical Graduates. The numbers continue to rise.

We recognise that IMG's are in a unique position and acknowledge that transitioning from another country and embracing a different healthcare system comes with many challenges.

Supporting our medical workforce is paramount at ABUHB and we have exciting plans, some of which are dedicated to specifically target the needs and concerns of an IMG.

We hope you find this introductory pack useful. Please make sure you access our dedicated IMG webpage on the staff intranet for more information on IMG related programmes and activities. These include details of a Mentor Group (see details below) as well as bespoke induction events. You may also be invited to become a part of an IMG Focus Group which is dedicated to shaping and influencing future programmes and tailored support initiatives.

So a very warm welcome to all doctors and we hope your time with us at ABUHB will be a meaningful and happy one.

Mentor Group

Support and Guidance for Overseas Doctors

An established group of Mentors is available to support and guide you throughout your career at Aneurin Bevan University Health Board.

Our aim is to provide continuous ongoing support for all Doctors new to Wales and the Aneurin Bevan area. Further information can be found on the IMG Webpage.



At Aneurin Bevan University Health Board we would like to welcome you as a valued international medical graduate.

This guide has been designed to give you some essential information to help ensure your arrival into the UK and Wales is as smooth as possible.

We hope you enjoy your time with us and have a pleasurable stay in Wales.

Introduction:

Welcome to Swansea!

Embarking on a journey to a new city is a significant step, and we understand the challenges it brings. Whether you're here alone or with family, we want to make this transition as smooth as possible. This guide aims to answer your questions, provide information, and extend a warm welcome to your new home.

To foster connection and support, we've created a WhatsApp group for new doctors/International Medical Graduates. Join, communicate openly, and let's build a community where everyone helps each other. We're thrilled to have you here and wish you a fulfilling and joyful experience in Swansea.

About Swansea:

Nestled along the stunning coastline of Wales, Swansea is a vibrant city that seamlessly blends natural beauty with urban charm. Renowned for its picturesque beaches, including the iconic Swansea Bay, the city offers a unique blend of coastal allure and cultural richness. Wander through the lush green spaces of Singleton Park or explore the Swansea Marina, where historic structures meet modern amenities.

Home to Swansea University, the city boasts a dynamic student population, contributing to a lively and diverse atmosphere. The thriving arts scene, showcased at venues like the Glynn Vivian Art Gallery, and a range of eclectic dining options add to Swansea's cultural tapestry.

Sports enthusiasts can revel in the fervor for rugby and football, as Swansea has a strong sporting heritage. The Mumbles, a quaint fishing village nearby, provides a serene escape with charming boutiques and seafront cafes. With a rich history, breathtaking landscapes, and a warm spirit, Swansea beckons all to explore its unique blend of tradition and modernity.

What to expect generally?

While the cost of living, transportation, and utilities in the area may be subjectively perceived as high, it is essential to note that they do not surpass the levels experienced in some major cities in the UK. I advise against converting GBP to your native currency, as

doing so will only add unnecessary stress. Your income will now be in pounds, and with decent financial management, you can navigate these expenses with confidence.

During the initial months of settling in, it is perfectly normal to incur additional expenses. I encourage you not to overly concern yourself with saving during your this period. Allow yourself the flexibility to address major expenditures first, and you will find a sense of relief once these initial challenges are overcome. Consider giving yourself a grace period of 3-4 months of settling in to work before contemplating taking up a locum shift (will be discussed later) for financial grace.

If you are internationally relocating for employment by SBUHB, please be aware that you are **eligible for a Relocation Claim** and that your **previous experience may be valid** here, allowing you better pay. If you're relocating from within the UK there is a different package offered.

Kindly liaise with your HR to facilitate the process and address any queries regarding this entitlement. For further details on this, kindly reach out to your HR.

On a practical note, it is worth mentioning that paper mail remains an integral part of communication in this region. Information, including important updates, is regularly posted through the postal service. Each residence, whether it be a house or apartment, is equipped with a letterbox utilized by delivery and mail personnel.

What to expect regarding the weather in Swansea?

As you acclimate to Swansea, we would like to offer some practical advice regarding weather-appropriate attire.

Considering the brisk winds in the region, a raincoat is advisable over an umbrella, as the latter may prove susceptible to wind-induced damage.

It's worth noting the distinction between waterproof and water-resistant garments while shopping. For brief exposure to light rain, water-resistant attire may suffice. However, for longer durations, such as a 30-minute walk, waterproof clothing will ensure you remain dry.

Additionally, for those sensitive to cooler temperatures, thermal inner wear is worth investing in. These fleece-lined undertops and underpants provide warmth throughout the day. While the hospital is equipped with heating facilities, it does get cold in the hallway due to open windows and doors.

In Swansea, the summers are comfortable; the winters are long, very cold, and wet; and it is windy and partly cloudy year round. Over the course of the year, the temperature typically varies from 3°C to 20°C and is rarely below -2°C or above 23°C.

June to September constitutes the warmer months, with July being the hottest, while November to March marks the cooler period, with February as the coldest.

Getting around in Swansea :

Bus:

Most commonly, the initial mode of transportation you will use is the bus.

There are many private companies of buses, but mostly people end up using “First Bus”

Bus number 4 is the one that connects Singleton, through the city and directly drops you off at the front door of Morriston Hospital.

Buses are usually every 15 to 20 minutes, but not strictly on time. They can run sometimes a little earlier, and sometimes a lot later.

After 4-4:30pm, the bus usually arrives every hour. So, for example, if you had just finished your day call, you will probably end up taking the 10 o'clock bus at night.

Taxi:

Swansea does not have an Uber service. However, they do have taxis. The largest private taxi company is Yellow Cabs and you can request a cab via the app or through phone call. (01792 644 446 or 10792 700 400)

Personal Car:

I personally advise to get a car when it is affordable as public transportation is not exactly cheap nor convenient. Depending on your country of origin, you may be able to drive with your existing license (or if you have an international driving license, you could rent a car, but the cost may not be reasonable).

Majority of the cars here are of manual transmission, and they are significantly cheaper to purchase.

Automatic transmission is considerably more expensive, but most convenient given the infrastructure of the city.

Do consider paying for hourly driving sessions as needed to familiarize yourself with the road and/or rules.

It is worthwhile considering before you purchase your first car on what fuel it runs (petrol/diesel/electricity/hybrid); if it is a low emission vehicle, or an ultra low emission vehicle [certain major cities like London will charge you extra per day (about 17 pounds) for use of the road if you are driving a regular emission car in an LEZ/ULEZ zone]

*LEZ = low emission zone

*ULEZ = ultra low emission zone

As of writing this document in March 2024, Petrol is cheaper than Diesel averaging around 130-150pence per litre.

Obtaining car insurance will be a significant initial expense given that you would be a new driver in this country. However, sometimes, depending on the duration of the license that you have held in your home country, you may be eligible for further discounts. Insurance depends on many factors like the car model, where you park, previous driving experience, anybody else who will drive the car, any driving certificate from UK etc

Different types of financing options are available, but it is difficult to secure a reasonable interest rate given the lack of credit scores (if you are new to UK or have been here less than three years).

Depending on your circumstance, you may opt for a used car with a private retailer/or go for an authorized preowned (personal preference - as if your car breaks down for any reason, you may end up paying a lot more to a private garage than you would have had by just getting a car from an authorized dealer with pending warranty) OR opt for a new car, in which case you may be eligible for NHS staff discount (Blue light discount).

Train:

Swansea train station is the only rail hub in the city. If you're going to be traveling by train it's a good idea to pay for a 16-25 or 26-30 Railcard, or whatever category you best fit under. This will get you a third off train fares all year. Even you take the train TWICE, it will be worth it. From Swansea, you can catch a train to Cardiff in just over an hour, and to London in three hours, as well as direct trains to Carmarthen, Manchester and Shrewsbury.

What is a credit score?

A credit score is a numerical representation of an individual's creditworthiness, indicating the likelihood of their ability to repay borrowed money. It is a standardized measure used by lenders, such as banks and credit card companies, to assess the risk of extending credit or a loan to an individual.

Credit scores are typically generated based on information from credit reports, which include details about a person's credit history, outstanding debts, payment history, types of credit accounts, and the length of their credit history. The most common credit scoring models range from 300 to 850, with higher scores indicating better creditworthiness.

Credit scores play a crucial role in financial transactions, influencing the interest rates offered on loans, credit card approvals, and other financial opportunities. Individuals with higher credit scores are generally considered lower risk by lenders, making them more likely to receive favorable terms and conditions on credit products. Regular monitoring of one's credit score and maintaining a positive credit history are essential for financial health and access to favorable credit terms.

Credit scores build over time during your stay in UK. You simply need to pay your rent, utilities on time, pay your credit card fees on time, pay your taxes on time etc to build your score. To start with, register on the Electoral Roll.

If you repeatedly delay any of your payments, overtime, it will reflect poorly on your credit score.

You will build a new **credit score** in UK. Credit scores are not transferable internationally.

Accommodation:

Both Morriston and Singleton Hospital have on site accommodation subject to availability. Some useful websites to look for accommodation around are listed below:

- [zoopla.co.uk](https://www.zoopla.co.uk)
- [rightmove.co.uk](https://www.rightmove.co.uk)
- [onthemarket.com](https://www.onthemarket.com)
- [spareroom.co.uk](https://www.spareroom.co.uk)

While looking for accommodation some factors to bear in mind that may help you decide on what's best for you:

- Distance from home to hospital
- Distance from home to the nearest bus stop
- Distance from home to gym
- Distance from home to swansea city centre
- Distance from home to the nearest supermarket
- Furnished vs Unfurnished
 - Furnished houses require a deposit of up to 1.5x the rent per month.
- Utilities included vs not

The nearest IKEA store is in Cardiff and they do deliver to Swansea!

Facebook Marketplace may also be a good website to find decent and loved pre-owned.

Houses in UK:

It may get confusing when you are looking for houses online to rent/purchase. In general, there are seven types of houses in UK. (<https://housebuyers4u.co.uk/blog/7-key-types-of-houses-uk/>)

Terraced houses:

A terraced house is defined as a house built as part of a continuous row where the attached homes share side walls.

End of terrace house

Although very similar to terraced houses, an end-of-terrace house is as it sounds - a home that sits at the end of a row of houses.

Semi detached houses

A semi-detached house is a house that is joined to another similar house but only on one side.

Detached houses

A detached house (sometimes called a single detached dwelling) is a stand-alone house usually set on its own lot – a house that is not joined to any other place.

Bungalows

A Bungalow is a type of house with only one level but sometimes upper rooms set in the roof, typically with dormer windows. It is essentially the same as a single-story, detached house.

Cottages

A Cottage can be defined as a small house, usually in the countryside, away from cities and towns.

Flats

It is the same as an apartment.

6)



Block of Flats

1)



Terraced House

2)



Semi-Detached Houses

3)



Detached Houses

4)



Bungalow

5)



Cottage

A studio flat has a single living space, with a separate bathroom, whereas a one bedroom flat has the bedroom in a separate room to the living area or lounge

Note:

It is also worthwhile familiarizing yourself with the EPC rating of the house.

An EPC, or Energy Performance Certificate, shows how energy efficient a property is. A higher rating means the energy bills for that house or flat are likely to be lower.

Score	Energy rating
92+	A
81-91	B
69-80	C
55-68	D
39-54	E
21-38	F
1-20	G

Council Tax:

Council Tax is a tax based on occupation and/or ownership of domestic property and in the Swansea area is levied and collected by Swansea City Council.

The tax is imposed on all domestic dwellings and assumes that 2 adults occupy each property. Council tax varies from area to area. Ask your agent/landlord what is the council tax for the property. They range from band A – band H

If you stay alone, you are eligible for discount on your tax. The council tax is divided over a period of ten months rather than 12, so it comes up to around 180 pounds a month (in addition to your rent).

If you are a student as well (for example, doing masters etc), you may be eligible for a further discount.

Get in touch with this Swansea Council. <https://www.swansea.gov.uk/contactcounciltax>

Road Tax:

Road tax, also known Vehicle Excised Duty (VED), is a mandatory tax that motorists in the UK must pay annually for using their vehicles on public roads. It is around 180-190 pounds, with zero fees for electric cars.

Vehicles with a list price of more than £40,000

You have to pay an extra £410 a year if you have a car or motorhome with a 'list price 'of more than £40,000. You only have to pay this rate for 5 years (from the second time the vehicle is taxed).

You must tax your vehicle even if you [do not have to pay anything](#), for example if [you're exempt because you're disabled](#).

<https://www.gov.uk/vehicle-tax-rate-tables>

Tax Relief:

You are entitled to claim tax relief on essential things for your job, this includes your GMC Registration, BMA subscription, indemnity insurance, and exams.

You can claim up to four previous tax years. Each tax year starts on the 6th April. Expenses should be claimed in the tax-year they are incurred (if you have paid in installments that span over two tax years, claim each installment in separate tax years' claim)

It is important to claim as the amount add ups. The tax relief depends on how much tax you pay based on your salary.

If your professional expenses exceed £2,500 in a tax year you cannot use the above method to claim tax relief for that year, instead you will need to complete a tax return under self-assessment.

Expenses you can claim tax relief on

- GMC fees (including any CCT fees)
- BMA membership fees
- Medical indemnity subscription (MDU/MPS etc.)
- Royal College membership fees
- Royal College examination fees (if you are on an approved training scheme which will, or has, led to a CCT in that specialty)
- You can also claim for re-sits
- You can claim for associated costs of the examination such as travel/accommodation required (but not revision courses)
- You may be able to claim "Mileage Allowance Relief" for journeys made in the performance of your duties, for example, home visits, or travel to another site for compulsory teaching (Note you cannot claim for ordinary commuting – travel between your home and permanent place of work)
- If your travel expenses are fully covered by your trust you cannot also claim tax relief on them – but if they cover the expense at a lower mileage rate than HMRC you can still claim a tax refund and the difference will be paid.

The approved mileage allowance rates are:

- Cars – 45p for the first 10,000 miles, 25p per mile thereafter
- Motorbikes – 24p per mile
- Pedal bikes – 20p per mile

The HMRC expect you to keep records of the dates and mileage of the journeys you claim for.

As of October 2024, the process has now switched to paper-based via P87 form that you need to send to HMRC via post with receipts attached.

You may find videos on YouTube to help with the steps.

<https://mindthebleep.com/claiming-tax-relief/>
[Claim tax relief for your job expenses: Overview - GOV.UK](https://www.gov.uk/guidance/claim-tax-relief-for-your-job-expenses)
<https://www.youtube.com/live/2qhZlpv6Hsl?feature=shared>

TV License:

You need to be covered by a TV License to watch TV channels live on any TV service or streaming service - such as ITVX, Channel 4, Amazon Prime Video, Now or Sky Go.

A colour license costs £159.

A black and white license costs £53.50. (not sure who is watching Black and White)

From 1 April 2024:

A colour license costs £169.50.

A black and white license costs £57.

You don't need a TV License if you only ever watch on demand programs on any TV service apart from BBC iPlayer*

(You don't need a TV license to just watch Netflix or YouTube)

Life with family in Swansea:

Swansea offers a family-friendly environment with a good balance of educational opportunities, recreational activities, and a supportive community, making it a great place for families to live.

The city is coastal location, and natural landscape provides opportunities for outdoor activities, like hiking, cycling and watersports. Families can enjoy beautiful beaches Caswell Bay, Rhossili Bay, Oxwich bay etc.

Swansea offers a range of housing options, from city center apartments to suburban family homes. Popular family-friendly neighborhoods include Sketty, Uplands, Mumbles, Llansamlet (to name a few). Compared to larger cities in the UK, Swansea has a relatively affordable cost of living, making it an attractive place for families.

Schools in Swansea:

List of English medium primary schools:

<https://www.swansea.gov.uk/primaryschools>

List of voluntary aided primary schools:

<https://www.swansea.gov.uk/voluntaryaidedprimaryschools>

List of English medium secondary schools:

<https://www.swansea.gov.uk/secondaryschools>

List of voluntary, aided secondary schools:

<https://www.swansea.gov.uk/voluntaryaidedsecondaryschools>

Nurseries in Swansea:

<https://www.childcareinformation.wales/fis/W06000011>

Food in Swansea:

The most economical (and delicious) option would be to cook your own food. When time does not allow for it, consider meal prepping.

Sainsbury's supermarket in city centre has a small halal section in the refrigerated section where they sell halal meat/chicken and some delicious microwavable meals (which will definitely save you in your first week) for about 3.50 pounds which is reasonable compared to ordering takeout or getting it delivered with additional delivery charges.

Halal meat can also be ordered online from Tariq Halal Meats, which is very convenient!

<https://www.tariqhalalmeats.com>

A surprisingly decent amount of halal restaurants are located in Swansea, a cluster of them can be found on St. Helen's Road. Always check the reviews before visiting.

Here are some places with decent reviews : Madbuns, Pepe's, Banana Leaf(Sri Lankan), Chopstix, Ali Baba, Al Basha (Iraqi), Shiraz (persian), etc

Plenty of other restaurants to try from, a quick google search away :

https://www.tripadvisor.co.uk/Restaurants-g186466-zfz10751-Swansea_Swansea_County_South_Wales_Wales.html

Supermarkets:

There are plenty of supermarkets around Swansea.

The cheapest items you will find in ALDI and LIDL.

Not one supermarket has every item under one roof so you may have to go to different places to get what you need if you're doing a big shopping list.

Most of the supermarkets usually close very early on Sundays so don't forget to get your groceries before that. Always carry a **pound** (for the trolley) and carry your **reusable bags** with you. I used to go to the supermarket with a suitcase to do bulk shopping and that was convenient for me.

Do register for membership in all the supermarkets that you go to, or any shop for that matter, as you'll be able to collect points, that may be worth some money in the long run.

- ALDI
- LIDL
- Sainsbury's
- Morrisons
- PoundLand
- B&M

You can find desi/Asian spices, Basmati rice, Indomie noodles in these convenience stores for decent price:

- Masala Bazaar SA1 4DQ
- Brother's Cash and Carry SA1 4AP
- Exotica World Foods SA1 4BE
- Stop and Shop SA5 9JL
- Medina Shop SA1 5SE
- SA1 Grocery SA1 1LF
- African Food and Spices SA1 5SF
- Oriental Express Asian Food Store SA1 4JG
- Family Choice Golden Asia SA1 2BQ

Places of Worship in Swansea:

Some notable places of worship in Swansea include:

Swansea Mosque:

- Location: 186 St Helen's Rd, Swansea SA1 4DG, United Kingdom.

St. Mary's Church:

- Location: St. Mary's Square, Swansea SA1 3LP, United Kingdom.
- St. Mary's is the parish church of Swansea and has a rich history, with parts of the building dating back to the 14th century.

Tabernacle Chapel:

- Location: Morrision, Swansea SA6 6JE, United Kingdom.
- Tabernacle Chapel is a historic Welsh chapel located in the Morrision area, reflecting the Nonconformist tradition.

Swansea Synagogue:

- Location: Ffynone, Swansea SA1 6BT, United Kingdom.
- Swansea Synagogue serves as a place of worship for the Jewish community in the city.

Sanatan Dharma Mandal & Hindu Community Centre:

- Location : Cardiff CF24 5EB

St. David's Priory Church:

- Location: St David's Place, Swansea SA1 3NG, United Kingdom.
- St. David's Priory Church is an Anglican church with a history dating back to the 12th century.

City Church Swansea:

- Location: Dyfatty St, Swansea SA1 1QQ, United Kingdom.
- City Church Swansea is a Christian church that welcomes people from various denominations.

Please note that if you plan to visit any specific place of worship, it's advisable to check for the latest information and opening hours as the information provided may be not always be accurate. There are plenty more that you will be able to find with a quick google search, the above list is not exhaustive.

Pets

A lot of people own pets here. You'll often find dogs happily exploring, tails wagging with excitement. They might come over for a friendly sniff and a wagging tail "hello." While most are accustomed to being off their leashes, we completely understand that not everyone may share the same comfort level around these four-legged companions.

If you ever find yourself in a situation where you'd prefer a bit of space, don't hesitate to speak up! Most of the community here will be respectful of how you feel.

Places to visit in Swansea:

Note:

- This by no means is an exhaustive list
 - I recommend you to always have company.
 - Do not take a bus far away without being sure about bus timings/without informing another person, as bus timings from google are not always reliable
-
- National Waterfront Museum
 - Singleton Park
 - Botanical Garden inside Singleton Park
 - Swansea Marina
 - Swansea Arena
 - Mumbles Pier
 - Plantasia
 - Swansea Indoor Market : Opens from Monday to Saturday with an eclectic range of stalls selling delicious food, locally grown produce, handmade gifts and antiques.
 - LC Leisure Centre
 - Hiking spots : Bracelet Bay, Llangland Bay, Caswell Bay, Killvey Hill, Penellergare Valley Woods, Lliw Reservoir etc Wales is surrounded by natural beauty
 - Public Library in Civic Centre. - good for studying

Events in Swansea:

<https://www.swansea.gov.uk/article/8781/Whats-on-in-Swansea>

Christmas Parade in November, Swansea Marathons, Sunday Market in Swansea city centre, Winter Wonderland in November, Wales Air show – to name a few.

Support

JOIN THE JCF/IMG SUPPORT GROUP HERE :
[HTTPS://CHAT.WHATSAPP.COM/LS5GHP5SWST903TL4ZBNYK](https://chat.whatsapp.com/LS5GHP5SWST903TL4ZBNYK)




References:

<https://www.swansea.gov.uk/keyfacts>

<https://housebuyers4u.co.uk/blog/7-key-types-of-houses-uk/>

<https://www.whatuni.com/advice/research-and-prep/student-city-guide-to-swansea/125076/>

*This document would not have been possible without key contributions from:
Baraa AlHamad, Sadiq Suhail, Nuha Mohammed Amri, Shankar Mani Saripella, Bromley
Kuruvilla, Branwen Cobley*



Appendix 4: NHS Wales Shared Services Partnership Overseas Trainees' Information Pack

Please note that the following information pack has been produced by NHS Wales Shared Services Partnership (NWSSP) and HEIW is not responsible for the accuracy of the content.

The information is up to date as of November 2024 and must be viewed in the context of this Induction Best Practice Guide.





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OVERSEAS TRAINEES' INFO PACK

A warm welcome from Single Lead Employer, NHS Wales Shared Services Partnership (NWSSP).

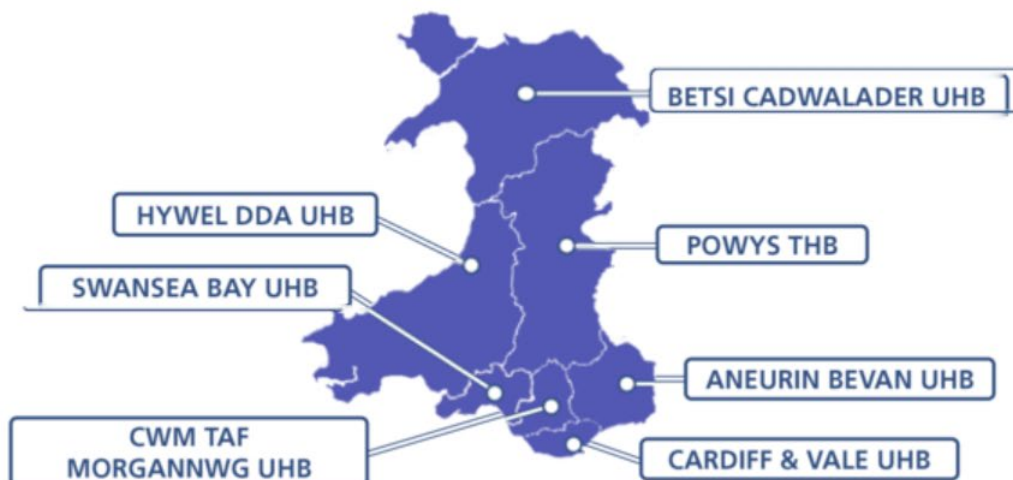
NWSSP will be your employer for the duration of your training which is part of the Single Lead Employer arrangement for all Medical & Dental Trainees and Trainee Pharmacists across Wales. During your training you will be employed by NWSSP and hosted by the local Welsh Health Boards and / or Practices/Pharmacies, within your specific scheme during your rotation. We hope that you find all your rotations both enjoyable and rewarding, and we want to ensure that the coming months, until your start date, go as smoothly as possible.

In this information pack you will find useful links on the local area you will be located within, as well handy FAQ's and main contacts.

Thank you for joining us and we hope you enjoy your experience with us in Wales.

Contents

- SLE Overview
- Welsh Health Board Information
- Helpful Information/ FAQ's
- Contact Information



Single Lead Employer

Who are we – SLE

SLE coordinate all employment issues, covering pre-employment checks, employment contracts (including banding confirmation), HR services, payroll, annual leave and occupational health.

SLE Model

The SLE model involves three organisations with one acting as the lead employer who has overall employment responsibility for trainees. The lead employer in NHS Wales is NHS Wales Shared Services Partnership (NWSSP) – on your payslip it will displayed as Velindre NHS Trust.

What are the benefits of the SLE model?

The benefits are that for the whole of the training scheme, the trainee will have one employer. This means that if you rotate into a different organisation you will remain employed by NWSSP and your employment checks will not generally require re- examination. It is anticipated that the model will cut down bureaucracy, provide greater equity and improve the working experience for trainees.

Prior to the new arrangements, each time a trainee moved from one health board or host organisation to another, they had to change employer. This was time-consuming and caused problems in areas such as mortgages, tax codes, access to employee service based entitlements (e.g. cycle to work, childcare vouchers). These problems will be removed by the new arrangements.

The table below details each organisation involved in the SLE model and their general roles and responsibilities in relation to your employment and training:

Lead Employer - NHS Wales Shared Services Partnership (NWSSP)	Host Organisation or Practice (E.g. Health Board, Trust, GP Practice, Dental Practice, Community Pharmacy)	Health Education and Improvement Wales (HEIW)
<ul style="list-style-type: none"> • contracts of employment • pre-employment checks inc. DBS & health checks • paying monthly salary • relocation and excess travel expenses • general expenses • study leave expenses • sick leave – in liaison with host organisation / practice • annual leave – in liaison with host organisation / practice • occupational health referrals • mandatory training • access to Electronic Staff Record (ESR) • NHS Email • Performance management in liaison with host organisation / practice 	<p>Also known as local education provider or provider of clinical placements.</p> <p>Provides day to day management and supervision of training by clinical & educational supervisors</p> <ul style="list-style-type: none"> • workplace induction • annual leave agreement and reporting to lead employer • approval of study leave and reporting to lead employer • sickness absence reporting to lead employer & HEIW • return to work • responsibility for trainee on rotation • designated education / training supervisor • reports fitness to practice concerns / issues to HEIW 	<p>Responsible Officer, supervision of training and progress in training.</p> <ul style="list-style-type: none"> • recruitment into training programmes • placements within training programmes • access to online training resources and materials • absence from training • fitness to practice • trainee performance / assessment • annual review of competence progression panels (ARCPs) • career advice • revalidation (exc Dental) • taking time out from training programme • methods of providing training • quality management of education and training • education and training programme concerns

<ul style="list-style-type: none"> • restrictions/exclusions and disciplinary matters in liaison with host organisation / practice • resignations 		
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Pre-Employment Checks

Pre-Employment Checks

Within the Single Lead Employer Team (SLE), we will be undertaking all pre-employment checks. An email will be sent to your personal email address, via our online 'Trac' recruiting system, in the coming weeks, confirming the recruitment process and the documentation required. You will be invited to undertake a pre-employment check; this should be completed as soon as possible. The purpose of the check will be to verify your original documents. If you are going out of the country for a while, you will need to ensure that you complete the pre-employment check prior to going, as any delay in your checks may result in you not commencing on your planned start date.

The documents required for checking include:

- Certificate of GMC / GDC Registration with a Licence to Practice
- Proof of Right to Work (*UK Passport, Biometric Residence Permit (Share Code), Proof of Settlement, etc.*) **Please let us know if you require a Certificate of Visa Sponsorship by emailing NWSSPSLE@wales.nhs.uk as soon as possible.**
- Proof of Photo Identification (*Driving License, etc.*) **N.B.** A Passport can be used as ID if not being used as Proof of Right to Work
- Valid Proof of Address (*Bank Statement, credit card statement or utility bill dated within the last 3 months / Council Tax Statement or Mortgage statement dated within the last 12 months*) **N.B.** this needs to be an original document; an online print out cannot be accepted
- Proof of Medical Qualification (*Original Degree Certificate, etc.*)
- **For GPST posts only** - Inclusion on the Medical Performers List – the Primary Care Team will email you an application during the next few weeks, please complete and return asap as you will need to be registered on the MPL prior to commencement in this post.
- Two passport photos in person, or a scan of a passport photo emailed to us.



- Satisfactory Reference(s); these are usually provided with your Oriol application; however we may need to check with you directly if we have not received these prior to your start date.
- DBS Certification: we can accept the below certificates but if a valid DBS certificate is not held, we can begin the process of applying for a new one.
 - DBS Certificate at Enhanced Level (with Child and Adult Barred Lists) issued by an NHS Wales organisation within the last 3 years.
 - Portable DBS Certificate at Enhanced Level (with Child and Adult Barred Lists) on the update service
- Certificate of Good Standing –Certificates must be provided for any country (excluding the UK) in which the trainee has resided in for 12 months or more (whether continuously or in total) in the last 10 years.
- Occupational Health (OH) clearance; **ALL** new trainees joining a training programme will need to attend an Occupational Health meeting and, dependent on your role, be fully EPP cleared. You will need to provide blood and the results usually take up to 72 hours – working days (please note this may take longer). Clearance is not given until the blood test results are received.

If you are due to be out of the country, please ensure you complete the OH form sent to you at the time of your pre-employment checks, send it to the email address as instructed and ensure you have booked an OH meeting, with consideration to the timeline of receiving the blood test results. **You cannot begin working onsite until you have been cleared Fit to Work by Occupational Health.**

As a reminder, we are not able to accept photocopies or printouts of any documents, including bank statements.



Welsh Health Boards Information

Aneurin Bevan University Health Board

General Information

The Health Board employs over 14,000 staff, two thirds of whom are involved in direct patient care. There are more than 250 consultants in a total of over 1000 hospital and general practice doctors, 6,000 nurses, midwives, allied professionals, and community workers.

The catchment area of the Health Board is bounded by the Brecon Beacons to the North, the Rhymney Valley to the West and the Wye Valley to the East. Newport is the main town in the South. There is one Specialist and Critical Care Centre and 3 enhanced Local General Hospitals. The Grange University Hospital, Llanfrechfa, Royal Gwent Hospital, Newport Nevill Hall Hospital, Abergavenny Ysbyty Ystrad Fawr, Caerphilly. In addition to these hospitals there are eighteen community hospitals in the area. There is also a range of specialist health centres, local clinics and

primary care facilities providing medical, dental, pharmacy and optometric services along with facilities providing mental health and learning disability services.

Accommodation

All Foundation Doctors in Wales are offered free hospital accommodation for the duration of their Foundation Year 1. In the unlikely event that there is no accommodation available, you will be able to claim expenses for this period instead.

Below we have briefly outlined the accommodation that is available within this Health Board:

Royal Gwent Hospital

Single accommodation is available at the hospital with shared facilities. FP1's need to be resident throughout the duration of their period of work.

Nevill Hall Hospital

Single accommodation is available at the hospital.

Contact the below for more information:

Sue Shorney: Royal Gwent 01633 238565 Sue.Shorney@wales.nhs.uk

Nicola Hamer: Nevill Hall 01873 732052 Nicola.Hamer2@wales.nhs.uk

Betsi Cadwaladr University Health Board

General Information

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, providing a full range of primary, community, mental health and acute hospital services for a population of around 678,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham).

There are three main hospitals: Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital.

Accommodation

Hospital accommodation is available at all 3 sites.

Contact the below for more information:

Sharon Valentine: Wrexham Maelor 01978 725406 Sharon.Valentine@wales.nhs.uk

Derek Blythin: Glan Clwyd Ysbyty & Gwynedd 01745 583910 Derek.Blythin@wales.nhs.uk

Contact bcu.accomodationenquiries@wales.nhs.uk for further information and advice.

Cardiff and Vale University Health Board

General Information

Cardiff and Vale University Health Board is one of the largest NHS organisations in Europe. They employ approximately 14,500 staff and spend around £1.4 billion every year on providing health and wellbeing services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan. They also serve a wider population across South and Mid Wales for a range of specialties.

Accommodation

This can be arranged with the accommodations team as they have accommodation available at the following sites:

- University Hospital of Wales (Pembroke House)
- University Hospital Llandough (Cwrt Llandough) Provided by External Company

For more information please visit:

[Accommodation - Cardiff and Vale University Health Board \(nhs.wales\)](#)

If you would like to apply for accommodation, please complete the application form on the link below and return it to the Residences Office either by e-mail to Residences.Admin.CAV@wales.nhs.uk or in the post to:

The Residences Office
2nd Floor Lakeside
University Hospital of Wales
Heath Park
Cardiff CF14 4XW

Tel: 029 2074 4924 /02920 743665

Cwm Taf Morgannwg University Health Board

General Information:

Cwm Taf Morgannwg University Health Board provides primary, community, hospital and mental health services to the 450,000 people living in three County Boroughs: Bridgend, Merthyr Tydfil and Rhondda Cynon Taf.

Cwm Taf Hospitals: Prince Charles Hospital is based in Merthyr Tydfil. The Royal Glamorgan Hospital is located in a semi-rural area, The Princess of Wales Hospital is based in Bridgend Town.

Accommodation

The Residences are situated within the grounds of Prince Charles Hospital. The complex accommodates 96 people in shared accommodation and there are 17 flats available for married people.

Ansari Court in the Royal Glamorgan Hospital offers modern, safe, energy efficient accommodation with the option of single or shared facilities in single rooms, study bedrooms, self-contained flats and three-bedroomed houses. The complex accommodates 156 people, is modern, centrally heated and double-glazed. It is situated adjacent to but separate from the hospital.

The Residences At Princess of Wales Hospital, there is accommodation on site comprising of houses, bungalows and flats. Accommodation is situated on site, which is perfect and convenient for our doctors especially after doing a night shift.

Contact the below for more information:

Ailie Williams: Royal Glamorgan Ailie.williams@serenliving.co.uk

Rebecca Maher: Royal Glamorgan Rebecca.maher@charterhousing.co.uk

Facilities Team: Prince Charles ctt_facilitiesadmin@wales.nhs.uk

Robert Smithson: Princess of Wales 01656 756553 Robert.smithson@wales.nhs.uk

Jacky Griffiths: Princess of Wales 01656 728805 Jacky.Griffiths@wales.nhs.uk

Swansea Bay University Health Board

General Information

Swansea Bay UHB covers a population of around 390,000 in the Neath Port Talbot and Swansea areas and we have a budget of around £1bn. The health board employs approximately 12,500 staff.

SBUHB has hospitals providing a range of services: Morriston and Singleton in Swansea, and Neath Port Talbot Hospital in Baglan, Port Talbot.

Accommodation

Contact the below for more information:

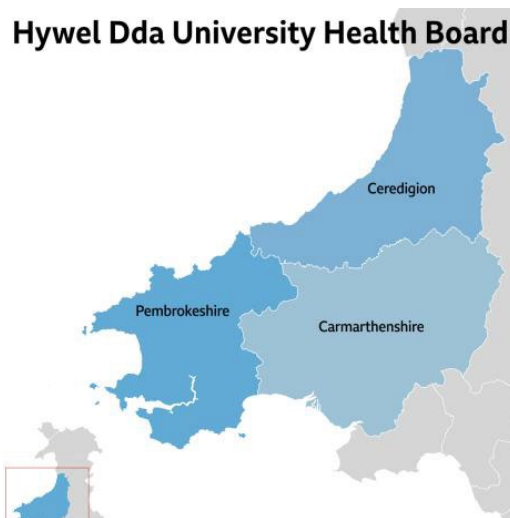
Dawn Morris: Morriston Dawn.Morris@wales.nhs.uk / SBUAccommodation@wales.nhs.uk

Claire Rozario: Singleton Claire.Rozario@wales.nhs.uk

Hywel Dda University Health Board

General Information

Hywel Dda University Health Board (HDUHB) provides primary and secondary care services for over 375,000 residents within its borders of the counties of Carmarthenshire, Pembrokeshire and Ceredigion. HDUHB also covers a quarter of the land mass in Wales and has over 10,000 staff ensuring the delivery of a high quality primary, community, mental health and secondary care services.



Accommodation

Hywel Dda have lots of helpful information on accommodation on the link below:

[Living in the Hywel Dda area - Hywel Dda University Health Board \(nhs.wales\)](#)

Accommodation is available onsite, and you can request this with Hotel Services. The cost and contact details are below:

Cost for single accommodation (shared facilities): £534.00

Bedsit: £617.00

Cost for 1 bedroom flat: £736.00

Cost for 2 bedroom flat: £859.00

Cost for 3 bedroom flat: £988.00

(Prices correct as of March 2023)

Bond details: cost of a month's accommodation

Location for key pick up: Switchboard situated at the Main Entrance (operating 24 hours)

Times for picking up keys: 3pm onwards

Contact the below for more information:

Sandra Gbel: Bronglais General 01970 635829 Sandra.I.gbel@wales.nhs.uk

Lukasz Gilewski: Bronglais General 01970 635913 Lukasz.Gilewski@wales.nhs.uk

Anne Rice: Glangwili General 01267 227855 Anne.Rice@wales.nhs.uk

Susan Davies: Prince Philip 01554 783576 Susan.Davies16af2e@wales.nhs.uk

Helen Harries: Witybush 01437 773435 Helen.Harries@wales.nhs.uk

POWYS Teaching Health Board

General Information

Each year POWYS receive a budget from Welsh Government to provide health services and improve health for 133,000 people living in Powys - a large rural county of 2000 square miles, approximately a quarter of the land mass of Wales.

The very rural nature of Powys means that the majority of local services are provided locally, through GPs and other primary care services, community hospitals and community services. But with such a sparsely populated area we do not have the critical mass of people locally to provide a District General Hospital within Powys. Therefore, Powys pay for Powys residents to receive specialist hospital services in hospitals outside of the county in both England and Wales

Accommodation

[Live Powys - Powys Teaching Health Board \(nhs.wales\)](https://nhs.wales)

Useful Resources/Information:

If you're currently overseas and are joining us in Wales, we have an amazing resource which has been created by Dr Jen Myo in partnership with Health Education and Innovation in Wales (HEIW) which aims to signpost you to important elements of starting your life here, please see link below.

[Welcome to Wales HEIW \(jointcm.wales\)](https://jointcm.wales)

BDI also have some helpful articles:

[What to do after arriving in the UK for IMGs | \(bdi-resourcing.com\)](https://bdi-resourcing.com)

[Temporary Accommodation for IMGs | \(bdi-resourcing.com\)](https://bdi-resourcing.com)

SLE

[Lead Employer - NHS Wales Shared Services Partnership](https://nhs.uk)



Finding somewhere to rent

Once you have your job offer and visa, you can start looking for somewhere to rent. You can search via google for property search websites, or for local estate agents in the area you will be living. You will then be able to view some properties. A couple of good websites to use are:

[14 Estate and Letting agents in Wales | allAgents](#)

www.justletpropertymanagement.com

[Rightmove - UK's number one property website for properties for sale and to rent](#)

To rent, you will need:

- A deposit - usually the cost of one to three months' rent
- Other admin fees - a breakdown of all fees should be clearly visible to you on the agent's website
- Proof of Identity and Employment status
- References
- Bank Account
- Credit History

Hospital Accommodation

Accommodation can be provided for Doctors in Wales. If you wish to take up this accommodation, please contact your employing Health Board to arrange this. We have attached a list of contacts for each hospital. For further details, please visit <http://www.nwssp.wales.nhs.uk/all-wales-relocation> where you will also find the relocation expenses policy. If you have any questions on this process, please contact NWSSP.JuniorDoctorsRelocation@wales.nhs.uk directly

Registering with a GP

Look online to find your local GP Practice and call them to register. To register they may ask for proof of address and your name and date of birth. The UK also offers NHS Dental Services, places do fill up quick for NHS Dental Services so we would suggest calling the Dental Practice if they are taking NHS Patients, if not Private Dental Services are available at a cost.

National Insurance

National Insurance (NI) is a tax on earnings and self-employed profits. By paying NI, it entitles you to state benefits, though these vary according to whether you are employed, self-employed or making voluntary contributions.

When employed, NI is automatically deducted from your monthly pay. Everyone who is eligible to work in the UK requires a NI number, which is a unique code specific to the individual. If you are

moving to the UK, you may have your NI number printed on the back of your biometric residence permit (BRP).

If you do not have a NI number you must apply, by contacting HMRC or applying online (please see link below). It will be specified which documents are required to prove your identity. Acceptable identification are normally a passport, residence permit, birth certificate, banks statements or utility bills (must be dated from the last three months).

For further information and contact details, you can visit the government's website:-

<https://www.gov.uk/apply-national-insurance-number>

Opening a Bank Account

There are many banks in the UK, you will firstly need to choose one and then open an account. To open an account, you may need the following documents:

- Proof of ID
- Proof of Salary
- Biometric Residence Permit
- Proof of Address

NWSSP FAQ's

Will I be provided with support with my immigration status

If you require a Tier 2 visa in order to take up your post, a Certificate of Sponsorship (COS) form will be completed by Single Lead Employer (SLE) and sent to the COS team, along with supporting documents (passport, medical degree, BRP) for further processing.

The team will then issue you with a Certificate of Sponsorship directly to your personal email address. Further information can be found on <https://nwssp.nhs.wales/ourservices/employment-services/skilled-worker-certificate-of-sponsorship/>

Whilst in the employment of NWSSP if you are applying for indefinite leave to remain the Medical Workforce Team will be able to provide you with the relevant references to assist with your application.

When should I aim to arrive in the UK

We strongly advise you arrange your arrival no later than 4 weeks prior to your planned start date. You will need to be in the UK to complete your checks as we will need a UK address for the DBS application to be processed. You will also need time to open a UK bank account for payment.

Contracts & Payroll Enrolment

Approximately 4 weeks prior to your start date, you will be emailed an Excel-format New Appointment Form (NAF) with instructions so we can get you enrolled on our Payroll System. The current pay date for NWSSP staff is the 21st of the month (pay for full month), or the last working day prior if the 21st falls on a weekend or bank holiday.

Please note, if an incremental credit application has been made, the NAF form may not hold the correct incremental point as the exact salary assessment may still be in process. Please be assured that any approved changes will be corrected and updated, but it is crucial that the NAF is submitted in a timely manner. The NAF form confirms your banks details and is required by Payroll by the 4th of the month to ensure salary is paid on 21st.

Contracts of Employment are issued once all pre-employment checks are satisfied and are provided on or before the first day of employment.

Incremental Credit

For service overseas and non-NHS service, an application form will need to be completed and returned with supporting evidence that consists of a full up to date CV, any certificates of service and employment references, confirming the dates employed and the role undertaken. Please email NWSSPSLE@wales.nhs.uk for an application form.

Please note: new applications for incremental credit from Trainees from overseas can only be considered if you are an overseas trained doctor, and this is your first application for incremental credit in the NHS.

Once the evidence has been submitted to the Single Lead Employer team an outcome is normally received within a 2-week time frame however this may be longer if the application is more complex. Please do not chase this within the initial 2-week period, an update will be provided as soon as confirmation has been received.

These documents must be submitted no later than 3 months after commencing your training scheme, via email, to NWSSPSLE@wales.nhs.uk for consideration.

VISA

UK VISA & IMMIGRATION SHARE CODE

All Non UK Passport Holders entering the UK to work will need to prove their right to work and reside in the UK.

The UK Home Office & Visa, Immigration department now requires all employees who are not a UK resident to provide a UK Immigration Share Code.

You will need the following information to input into the UK Gov Immigration portal.

- details of the identity document you used when you applied (your passport, national identity card, or bio-metric residence card or permit)

- your date of birth

- access to the mobile number or email address you used when you applied - you'll be sent a code for log-ging in

Click below to access the portal to provide a UK Immigration share code

[Prove your right to work to an employer: Overview - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/proof-your-right-to-work-to-an-employer)

Getting Paid

As a NWSSP employee, your salary will be paid monthly. Payday is normally the 21st of each month; if this falls on a weekend or a bank holiday, you will be paid on the last working day before. Should you have any queries then please contact payroll:

NWSSP.PayrollSharedServices@wales.nhs.uk /02920 903908 (quoting your employee number, found on your pay slip).

ESR – NHS Electronic Staff Record

To access Corporate E-learning, annual leave, payslips and P60s, employment details etc. The ESR learning pages should also contain a record of mandatory e-learning that you need to complete. Once this is completed a record will be kept on ESR.

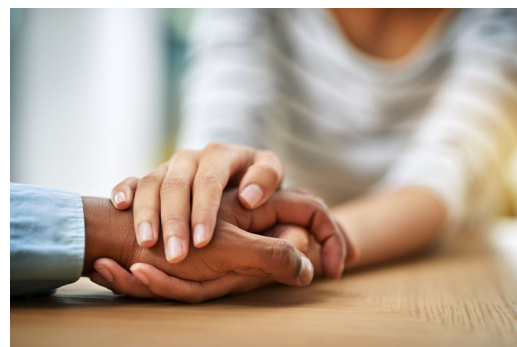
Contact details for ESR Self-Service Support Hub:

- Esrhub.wales@wales.nhs.uk
- Tel no: 02920 905400
- Access your ESR account via the Health Board IT system, via Informatics Portal/Access to Systems – ESR

Health and Well-Being

NWSSP takes the health and well-being of its staff seriously and as an organisation will always provide you with support, safety and comfort, that will allow you to nurture and be happy at your place of work- as well as at home.

We want you to feel supported but more importantly know what to do and how to get help if you are struggling with your well-being. We have lots of resources you can access, please look at the links below:



[Health and Wellbeing Services - NHS Wales Shared Services Partnership](#)

[Looking after your mental well-being - NHS Wales Shared Services Partnership](#)

Single Lead Employer Contact Information

Training Group	Contact Information
Single Lead Employer	01443 848533 / 01443 848602
SLE Generic	NWSSPSLE@wales.nhs.uk
GP Specialty Trainee (GPST 1 – 3)	NWSSPSLE.GPST@wales.nhs.uk
Foundation (FY1 & FY2)	NWSSPSLE.Foundation@wales.nhs.uk
Trainee Pharmacist	NWSSPSLE.Pharmacy@wales.nhs.uk
Dental Trainee (All grades)	NWSSPSLE.Dental@wales.nhs.uk
Children & Women (Paeds, Obs & Gynae, Sexual Health)	NWSSPSLE.CW@wales.nhs.uk
Clinical (All clinical specialties, radiology, psychiatry)	NWSSPSLE.Clinical@wales.nhs.uk
Medical (All medicine specialities, all grades)	NWSSPSLE.Medical@wales.nhs.uk
Anaesthetics (all grades)	NWSSPSLE.Anaesthetics@wales.nhs.uk
Surgical (All Surgical specialties, all grades)	NWSSPSLE.Surgical@wales.nhs.uk

ACCS (all grades)	NWSSPSLE.ACCS@wales.nhs.uk
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Other Contact Information

Phone Numbers	
Payroll / Expenses / Pension	02920 903908
ESR Hub	02920 905400
IT (NWIS)	03332008048
Emails	
Payroll	NWSSP.PayrollSharedServices@wales.nhs.uk
Expenses	NWSSP.TrainingGradeExpenses@wales.nhs.uk
Certificate of Sponsorship	NWSSP.CertificateofSponsorship@wales.nhs.uk
Pensions	Pensions.Department@wales.nhs.uk
Recruitment	Recruitment.ServiceSE@wales.nhs.uk
Welsh Translation	HWB.NWSSP@wales.nhs.uk
Primary Care Services	NWSSP-PrimaryCareServices@wales.nhs.uk
HEIW Groups	HEIW.GPTraining@wales.nhs.uk
	HEIW.FoundationSchool@wales.nhs.uk
	HEIW.Pharmacy@wales.nhs.uk
	HEIW.Dental@wales.nhs.uk
HEIW Generic	HEIW.Recruitment@wales.nhs.uk
HEIW (ESR Interface)	HEIW.Interface@wales.nhs.uk
HEIW (Intrepid)	HEIW.Intrepid@wales.nhs.uk
Health Board Medical Workforce Contacts	
Aneurin Bevan UHB	Emma.Cullen@wales.nhs.uk
	Angela.Walsh@wales.nhs.uk
	Alice.Gammon@wales.nhs.uk
Betsi Cadwaladr UHB (East)	BCU.MedicalWorkforceEast@wales.nhs.uk
	Joanne.Hughes5@wales.nhs.uk
Betsi Cadwaladr UHB (West)	BCU.MedicalWorkforceWest@wales.nhs.uk
	Janine.Anderson@wales.nhs.uk

Betsi Cadwaladr UHB (Central)	BCU.MedicalWorkforceCentral@wales.nhs.uk
	Jessica.Richards2@wales.nhs.uk
Cardiff & Vale UHB	Tina.Cook@wales.nhs.uk
	Richard.Mansell@wales.nhs.uk
Cwm Taf Morgannwg UHB	Carol.Miller@wales.nhs.uk
	Beverley.Todd@wales.nhs.uk
Hywel Dda UHB	Natalie.Thomas7@wales.nhs.uk
	Bethan.Griffiths101@wales.nhs.uk
Swansea Bay UHB	Branwen.Cobley@wales.nhs.uk
	Sarah.Shackell@wales.nhs.uk
Velindre UHB	Gaynor.Curtis@wales.nhs.uk
	Stacey.Rodd@wales.nhs.uk
Useful Links	
Single Lead Employer	Lead Employer - NHS Wales Shared Services Partnership
Employee Self Service (ESR) Guides	Employee Self Service (sharepoint.com)
Expenses Information	Expenses Information (sharepoint.com)
Salary Sacrifice / Staff Benefits	Staff Benefit Schemes (sharepoint.com)
Policies & Procedures	Policies, Procedures and Forms (sharepoint.com)
NWSSP Payroll	NHS Wales Shared Services Partnership (sharepoint.com)
Relocation Expenses	All Wales Relocation - NHS Wales Shared Services Partnership
Obtain Right to Work share code	Prove your right to work to an employer - GOV.UK (www.gov.uk)
Check Right to Work Share code	View a job applicant's right to work details - GOV.UK (www.gov.uk)
GMC Register	The medical register - GMC (gmc-uk.org)
DBS Update Service	DBS CRSC (crbonline.gov.uk)