***ANAESTHESIA CAREER***

***OUTSIDE INDIA***

In late 90s and during first decade of 2000, anesthetists showed strong inclination towards migration to western countries and Australian continent. Better working conditions, satisfactory economy and high professional status were some of the most logical reasons that can be speculated. However in second decade of 2000, flow and inclination towards migration has sharply declined. Improved economical conditions in India, and increasingly difficult job situation in the most attractive countries can be named as some of the logical reasons.

Career, by definition, can be stated as, natural course in the professional journey usually aimed at achieving traditionally set goals i.e. higher education, exposure to other working environment, higher economy etc. Goals achieved by the earlier generations become a standard of achievement for the next generation.

Working outside India, specially in developed countries, still is an attraction. Newly graduated and postgraduated doctors find it tempting to pursue this option. In some of the clinical branches, it has become mandatory to get few years of clinical experience in developed countries before starting professional career in India. The experience in anesthesiology in foreign country has certainly given advantage in getting an honorable position in India in last decade.

In anesthesiology, career outside India has been roughly seen as just working in the anesthesia department of any developed country. Lately the trend is changing. There has been strong inclination towards achieving accreditations, certifications, fellowships over and above the foreign experience.

MISACON 2016 is hosting a panel discussion of experienced postgraduate doctors currently working outside India.The aim of this discussion is to provide information to our anesthetist friends who aspire to pursue career outside India. This blog is made available on the website of PICEU foundation and on the FACEBOOK page MISACON2016AURANGABAD.

Every country has central control body for health care services, typically named as National Board of Health (NBH). The NBH has responsibility to provide safe health care to the citizens of that country by creating infrastructure, providing equipments and health care personnel. Some times due to change in generation or change in labor laws, a vacuum gets created in the health care personnel. This is to be filled up eithe locally or from other countries. European countries have suffered such shortage of doctors in the last decade of 1900 and first decade of 2000. During that time, they had shown strong willingness to accept Indian doctors.

The regulating body of the NHB has strict laws regarding the educational and training standard of the health care provider. Any health care provider from other country has to fit in to those requirements before getting permission to work in that particular country. This leads to achievement of the registration of the NHB / educational body of that country. In most of these countries, the NHB registration is linked with the language proficiency. So practically one has to be proficient in both local language as well as the subject at par with the local health care provider. This might need to proved by certain exams/interviews or courses.

To work in any country, the migration department must provide the work permit. This is dependent on individual rules and requirements of the particular country.

So in summery, if one wish to work in any other country, he or she has to go through three hurdles 1. Language 2.NHB registration / licensing 3. Visa / work permit.

Once these three hurdles are crossed, then one can search the job. During the period of need, these hurdles are either made very small or removed. Some times the hospital itself takes care of these hurdles.

One has to be lucky to be present at right place at right moment.

In the following section, we have gathered information regarding the recruitment process of some most sought countries. Along with that we have provided links and information regarding various fellowships, accreditations etc .

[***Australia***](#_Australia) **;** [*Canada*](#_Canada_Docotrs) **;** [*Denmark*](#_Denmark_Doctors) ;[*Germany*](#_Germany_-_Doctors) ***;*** [*New Zealand*](#_New_Zealand_–) ; [*Norway*](#_Norway_–_Doctors) ;[*Sweden*](#_Sweden) ***;*** [*UAE*](#_UAE_–_Doctors) ; [*UK*](#_UK_–_Doctors) ; [*USA*](#_USA_–_Doctors)

(Courtesy: Dr. Sanjay Deshpande, Dr.Avinash Ratnaparkhi, Dr.Shailendra Chaudhari, Dr.Girish Palnitkar, Dr.Madhuvanti Achval,Dr.Abhay Vaidya)

# Australia

The smallest continent but sixth largest country in the world is a true multi-cultural “melting pot”, and a popular destination for overseas-trained doctors. Australia’s healthcare system enjoys a very good reputation, and the life expectancy for the country’s over 23 million inhabitants is one of the highest on Earth. With most of the population living in the big cities and by the sea, there is a structural lack of doctors in rural and remote areas. Targeted policies and programms have therefore been developed to direct doctors into such regions, also known as “areas of need” or “districts of workforce shortage (DWS)”; this is also reflected in specific immigration and registration rules for doctors coming from abroad.

**English language proficiency** is of course mandatory and its proof is a prerequisite for medical registration of overseas-trained doctors. According to the [*Medical Board of Australia*](http://www.medicalboard.gov.au/)applicants for registration must demonstrate English language skills at [*IELTS*](http://www.ielts.org/) academic level 7 or the equivalent.

**How to start off as an overseas-trained doctor?**

The first point of contact for overseas-trained doctors (*international medical graduates – IMGs*) is the [*Australian Medical Council (AMC)*](http://www.amc.org.au/). The AMC coordinates the assessment of medical qualifications of IMGs seeking registration to practice in Australia.

There are three assessment pathways for IMGs:

**1. Competent Authority Pathway** – This “easiest” route is applicable, if you have acquired medical qualifications through an AMC-approved authority, i.e. currently: Medical councils in*Canada* (*LMCC*), *Ireland*, *New Zealand* (*NZREX*), *UK* (*GMC*) or the *Educational Commission for Foreign Medical Graduates of the United States* (*USMLE*). If this pathway applies, the AMC issues an *Advanced Standing Certificate*. It allows you to apply to the Medical Board of Australia for limited registration and complete one year supervised practice with an accredited provider. Subsequently, the AMC can issue an *AMC Certificate* for general registration.

**2. Standard Pathway (AMC examinations)** – This is the “normal” route for non-specialist IMGs, if the Competent Authority Pathway does not apply. In a first step you have to pass a*Multiple-Choice Question (MCQ) Examination*. It takes 3.5 hours and can be done in examination centres globally, e.g. in the EU in Athens, Frankfurt, London, Madrid and Paris. If you have passed this exam, there is another *Clinical Examination*. This is a 16-station assessment taking place in teaching hospitals in Australia. According to the AMC the success rates for both exams have been in the area of 50% in 2012. Upon successful completion the candidate receives an *AMC Certificate* for general registration with the Medical Board of Australia. The alternative *“workplace-based assessment”* is currently still of limited availability.

**3. Specialist Pathway** – This is mainly the route for overseas-trained specialists. Specialist recognition requires a successful *assessment of comparability*, otherwise further training or exams. In addition, this pathway is open for overseas *specialists-in-training* and specialists applying for an *area of need* position.

Detailed practical information on all these pathways can be found on the [AMC website](http://www.amc.org.au/) or in the [*AMC application guide for international medical graduates*](http://www.amc.org.au/index.php/pub/downloads/359-applying-to-amc)

**Further steps before work can commence**

* **Registration** – Once you’ve got your AMC certificate, you still have to apply for the applicable registration with the [*Medical Board of Australia*](http://www.medicalboard.gov.au/), which is supported by the[*Australian Health Practitioner Regulation Agency (AHPRA)*](http://www.ahpra.gov.au/) in the State or Territory where you intend to work.
* **Visa** – You also need to apply to the [*Australian Government – Department of Immigration and Border Protection*](http://www.immi.gov.au/Work/Pages/Work.aspx) – for visa with work rights. There are a number of[visa options](http://www.immi.gov.au/skilled/medical-practitioners/visa-options-doctors.htm) available for doctors.
* **Medicare Provider Number** – Once you’ve got your visa, you must apply to *Medicare Australia* for such a number if you will be working in general practice or prescribing drugs.

**Further info:**

* [*AMC application guide for international medical graduates*](http://www.amc.org.au/index.php/pub/downloads/359-applying-to-amc)
* [*DoctorConnect* website](http://www.doctorconnect.gov.au/)
* [*Rural Workforce Agencies (RWA)*](http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/findingAJob#RWAs) – for GPs (family physicians) interested in working in rural and remote areas of Australia.
* [*Australian Medical Association (AMA)*](https://ama.com.au/)
* [*The Medical Journal of Australia*](https://www.mja.com.au/)
* [*Recruitment and Consulting Services Association (RCSA) Australia & New Zealand*](http://www.rcsa.com.au/imis15/RCSAweb)– RCSA includes the [*Association of Medical Recruiters Australia & New Zealand (AMRANZ)*](http://www.slideshare.net/RCSA01/amranz).
* [*Australian Government – Department of Immigration and Border Protection*](http://www.immi.gov.au/Work/Pages/Work.aspx) – for detailed information on visas and other immigration issues.

# Canada

*The second-largest country on the globe is a popular workplace for physicians. Each year, thousands of international medical graduates (IMGs) apply to join the squad of currently over 72,000 practising doctors. The big cities such as Toronto (Ontario), Montreal (Québec) or Vancouver (British Columbia) are most attractive destinations. Yet, the hurdles for IMGs to obtain a licence to practice medicine in Canada are very high. With some exceptions, foreign specialty training is not recognized and thus needs to be redone. The medical registration system is resource-intensive and complex, with responsibilities spread across various authorities. Hence, foreign doctors wishing to work in Canada are advised to prepare for this step early in their career and understand the challenges.*

**Medical studies in Canada**

A medical doctor (MD) degree may be obtained from presently [17 Canadian faculties of medicine](http://www.afmc.ca/faculties-e.php)  during a program of normally 4 years (sometimes 3 years), which is taught in English or French. Frequently a Bachelor’s degree and successful completion of a [Medical College Admission Test (MCAT)](https://www.aamc.org/students/applying/mcat/) are prerequisites for access to the program. Foreigners wishing to study medicine in Canada are advised to enquire from the faculties of interest, whether this possibility exists, and should obtain the necessary student visa. Information on tuition fees and other admission requirements is collected and published annually by the[Association of Faculties of Medicine of Canada](http://www.afmc.ca/publications-admission-e.php).

**Hurdles to take for foreign medical graduates**

IMGs – i.e. graduates from a [FAIMER-recognized medical school](http://www.faimer.org/resources/imed.html)  outside Canada or the U.S. – wishing to work in Canada need to have their credentials checked and pass proficiency examinations run by the [Medical Council of Canada (MCC)](http://www.mcc.ca/). Since 2013 dealings with the MCC have been facilitated through the new centralized online portal <http://physiciansapply.ca/>.

**IMGs need to pass the following MCC exams:**

* *MCCEE*, the computer-based MCC Evaluating Examination. It assesses the IMG’s basic medical knowledge and can be taken in English or French in 500 locations globally.
* *MCCQE Part I*, the computer-based MCC Qualifying Examination. It assesses the IMG’s clinical medical knowledge and decision-making ability. It can be taken in Canada only.
* *MCCQE Part II*, the practical MCC Qualifying Examination, also to be done in Canada.

Upon successful completion of these steps the doctor receives the *Licentiate of the MCC (LMCC)* and is added to the *Canadian Medical Register* maintained by the MCC.

**Residency program**

As a next step, IMGs need to enter a *residency (training) program*, even if they have already completed specialty training abroad (see exceptions further below). To this end, they need to pass

* The *National Assessment Collaboration (NAC) examination*, a national clinical examination.

Applications for a residency position have to be made through the [Canadian Resident Matching Service (CaRMS)](https://www.carms.ca/). Getting one of the limited places in a residency program is arguably the biggest challenge for most IMGs. The number of places varies between the different provinces and territories, but the number of applicants is usually far higher. Many IMGs have to wait for years. Provinces may request additional assessments to evaluate the candidate’s suitability. Best prospects are often in typical shortage areas such as family medicine, oncology or geriatrics. The residency program takes between two (family medicine) and five (other specialties) years.

Once the residency program is completed, doctors still need to pass a

* *Certification examination*by the [Royal College of Physicians and Surgeons of Canada](http://www.royalcollege.ca/portal/page/portal/rc/public)

Medical specialists from certain “[accepted jurisdictions](http://www.royalcollege.ca/portal/page/portal/rc/common/documents/credentials/jurisdictions_e.html)”  in Australia, Hong Kong, Ireland, New Zealand, Singapore, South Africa, Switzerland and UK, which have been assessed as equivalent to the Canadian (and U.S.) system, may not have to redo their postgraduate training, but can have it assessed for equivalence by the Royal College of Physicians and Surgeons of Canada to be recognized and take the certification examinations directly. Thus specialists from e.g. Germany, Italy, Japan or Sweden are not amongst these privileged IMGs.

**Ready to go? Not quite…**

Since Canada has two official languages – English and French – proven proficiency of both may be required to communicate effectively with patients and colleagues.

The licence to practice medicine is finally awarded by the [medical regulatory authorities](http://mcc.ca/about/partner-organizations/) in the province or territory where the doctor is planning to work.

Residence and work permits also need to be obtained. The Canadian embassy provides further information on immigration to Canada.

All in all, IMGs need to invest a significant amount of time (at least 5-10 years to complete all steps outlined above) and money (for document checks, [examination fees](http://mcc.ca/examinations/examination-service-fees/#MCCEE), financing during study time, etc.) to be finally allowed to practice medicine independently in Canada.

**Further info**

* [MCC overview of licensure process for IMGs](http://mcc.ca/about/mcc-and-route-to-licensure/licensure-process-for-imgs/)
* [Working in Canada – Guide of the British Medical Association (BMA)](http://bma.org.uk/developing-your-career/career-progression/working-abroad/canada)
* [Info for IMGs on the website of the Royal College of Physicians and Surgeons of Canada](http://www.royalcollege.ca/portal/page/portal/rc/credentials/start/routes/international_medical_graduates)
* [Info for IMGs on the website of the College of Physicians and Surgeons of British Columbia](https://www.cpsbc.ca/for-physicians/registration-licensing/applying/imgs)
* [Info for IMGs on the website of the Collège des médecins du Québec (CMQ)](http://www.cmq.org/en/ObtenirPermis/DiplomesInternationaux.aspx)
* [Info for IMGs on the website of the College of Physicians and Surgeons of Ontario](http://www.cpso.on.ca/Registering-to-Practise-Medicine-in-Ontario/International-Medical-Graduates)
* [Centre for the Evaluation of Health Professionals Educated Abroad (CEHPEA)](http://www.cehpea.ca/)
* [Job portal managed by the Government of Canada](http://www.jobbank.gc.ca/home-eng.do?lang=eng)

# Denmark

Publichealthcare in Denmark is provided by general practitioners, practicing specialists and hospitals, which employ over two thirds of the country’s health professionals including more than 12,000 physicians. Since the country has been short of medical specialists, the government recently introduced rules to speed up the specialization of graduated doctors. There are many foreign doctors working in Denmark, especially from Germany. More qualified immigrants are welcome to join the Danish healthcare services, as evidenced by the comprehensive information for professionals from abroad provided on the website of the[*Danish Health and Medicines Authority*](http://www.sst.dk/English/Education_and_authorization.aspx).

**How to become a doctor**

Medical studies (6 years) are offered at the Universities of Southern Denmark (Odense), Copenhagen, Aarhus and Aalborg. Graduated doctors then do a basic clinical training (‘klinisk basis uddannelse’, ‘KBU’) of 12 months, which is a prerequisite for postgraduate medical specialist training (5-6 years). There are 38 different specialties to choose from. To fill the increasing gap of medical specialists, a recent legislative change forces young doctors to apply for specialist training in Denmark within four years from the start of KBU. Almost all medical doctors authorised to practice in Denmark are members of the Danish Medical Association.

**Hurdles to take for foreigners**

Danish language skills are necessary to practice medicine in the country. A list of language schools can be found [*here*](http://www.nyidanmark.dk/NR/rdonlyres/11D6EDB6-9F76-4EF3-B2B5-10C983BD16E3/0/alle_udbydere.pdf).Doctors with a foreign degree must obtain a Danish authorisation to be able to practise medicine in Denmark, Greenland, and the Faroe Islands. According to the [*Danish Health and Medicines Authority*](http://www.sst.dk/English.aspx)(previously known as the ‘National Board of Health’)*,*  which as the supreme authority in healthcare is in charge of authorisation of medical doctors in Denmark, applicants are divided in four groups:

1. Foreign trained doctors already holding Danish registration applying only for registration as a specialist (only specialist training from a Nordic or EU country) – To learn more, [*click here*](http://www.sst.dk/English/Education_and_authorization/Noedvendig_dokumentation_specialeanerkendelser.aspx).
2. Nordic doctors applying for Danish authorization, permission to work independently (and specialist title) – To learn more, [*click here*](http://www.sst.dk/English/Education_and_authorization/Medical_Doctor/Nordic%20doctors.aspx).
3. EU doctors applying for Danish authorization, permission to work independently (and specialist title). Medical degrees and specialist titles obtained in other EU countries are subject to automatic recognition under Directive 2005/36/EC. – To learn more, [*click here*](http://www.sst.dk/English/Education_and_authorization/Medical_Doctor/EU%20doctors.aspx).
4. Third country doctors (trained outside the EEA) – To learn more, [*click here*](http://www.sst.dk/English/Education_and_authorization/Medical_Doctor/The%20new%20registration%20procedure.aspx).

In order to apply for a residence permit, the [*Danish immigration Service (Udlændingestyrelsen)*](http://www.nyidanmark.dk/en-us/) or foreign Danish Embassy or Consulate should be contacted.

**Where to get further info / support**

* [*Danish Health and Medicines Authority*](http://www.sst.dk/English/Education_and_authorization/Medical_Doctor.aspx)
* [*Danish Medical Association (DMA)*](http://www.laeger.dk/portal/page/portal/LAEGERDK/Laegerdk/Servicemenu/ENGLISH)
* [*Job portal for the Danish healthcare sector*](http://laegejob.dk/)
* [*Ugeskrift for Læger – The Journal of the Danish Medical Association*](http://www.ugeskriftet.dk/portal/page/portal/LAEGERDK/UGESKRIFT_FOR_LAEGER/English)

# **Germany**

Healthcare is one of the most important economic sectors in Germany, employing roughly 11% of the country’s total workforce. Ca. 140 000 doctors work in more than 2 000 hospitals in Germany. Professional standards and pay for doctors are fairly high at the European scale, as is the workload. The increasing number of young female doctors demands for more family-friendly arrangements. For several years the country has been facing a shortage of doctors (Ärztemangel), which is expected to intensify in the near future due to demographic changes, unless appropriate countermeasures are taken. This applies in particular to rural areas and East Germany. According to the Marburger Bund (2010) there is a lack of 12 000 hospital doctors. Many clinics have been actively recruiting foreign doctors to fill vacancies – with Greece, Poland and Romania being important source countries – whereas the federal government has initiated regulatory changes to ease the immigration of non-EEA doctors. In 2011 the number of foreign doctors in Germany escalated by 12% to 28 355 (according to the German Medical Association), but appears to be neutralized by equally significant moves out of Germany.

**How to become a doctor**  
Basic medical training of at least 6 years is normally completed at universities. Hereafter the medical licence (Approbation) can be applied for and doctors can take a paid postgraduate training of up to 6 years in their desired specialty (Facharztausbildung). There are over 30 medical specialties. The writing of a dissertation allows to carry the title of “Dr. med.”. Hierarchy levels in hospitals include: assistant physician (Assistenzarzt), senior physician (Oberarzt) and chief physician (Chefarzt). For further details on how to become a doctor in Germany [click here](http://www.bundesaerztekammer.de/page.asp?his=4.3575).

**Hurdles to take for foreigners**  
Foreign doctors need to have sufficient German language skills. Most hospitals demand level “B2” (mid level) according to the [Common European Framework of Reference for Languages (CEFR)](http://www.coe.int/t/dg4/linguistic/Cadre1_en.asp). The required minimum skill level has been subject to ongoing discussions among various stakeholders and may eventually result in harmonized higher standards. A dedicated patient communication test developed in 2011 is already used at several university hospitals and appears to be gaining increasing popularity.

The recognition of foreign medical qualifications is administered at state (Länder) or regional level. The licence to practise medicine (Approbation) is granted by public authorities, whereas medical specialties are recognized by the 17 State Chambers of Physicians (Landesärztekammern). Membership in the latter is mandatory to practise as a medical doctor. Doctors with a qualification from another EEA Member State benefit from automatic recognition under EU Directive 2005/36/EC (with certain exceptions for Bulgaria and Romania until the end of 2013 at the latest). For non-EEA qualifications a case-by-case assessment is performed to determine equivalence. If needed, the doctor has to pass an additional medical examination and training to be allowed to practise.

For non-EEA citizens visa, work and residence permits involving the Federal Employment Agency are also necessary depending on the case. The introduction of a “blue card” – effective since 1 August 2012 – further facilitates employment in Germany. Citizenship is no longer a criterion for granting the medical licence.

Doctors may apply for work directly with hospitals or engage a recruitment agency. The main German [*online job portal*](http://www.aerzteblatt.de/aerztestellen)is maintained by the German Medical Journal (Deutsches Ärzteblatt).

**Where to get further info / support**  
• [German Medical Association](http://www.bundesaerztekammer.de/) and [State Chambers of Physicians](http://www.bundesaerztekammer.de/page.asp?his=0.8.5585)  
• [State health authorities](http://www.bundesaerztekammer.de/downloads/Approbationsbehoerden20100809.pdf)  
• [Marburger Bund](http://www.marburger-bund.de/)  
• [*Deutsches Ärzteblatt*](http://www.aerzteblatt.de/)  
• [*Federal Employment Agency*](http://www.arbeitsagentur.de/)•

# New Zealand

**A global medical community *down under***

Far away from the crowded centres of our civilization, New Zealand is fairly small in population (ca. 4.4 million), but blessed with a rich diversity in its nature and landscape, as well as a pleasant climate throughout the year. Combined with the praised serenity of the [*Kiwis*](http://en.wikipedia.org/wiki/Kiwi_(people))and the country’s modern economy, New Zealand is a popular destination not only for tourists, but also for immigrants. According to the [*Medical Council of New Zealand*](http://www.mcnz.org.nz/get-registered/)over 40 % of the more than 12 000 medical doctors have trained overseas; they come from over 100 countries.

**Registration with the Medical Council of New Zealand**

To practise medicine in New Zealand, doctors need to be registered with the country’s Medical Council. To this end the Medical Council checks the applicant’s fitness for practice.

**English language communication skills**are a major prerequisite for registration. The only accepted language test is [*IELTS*](http://www.ielts.org/) academic level with required minimum scores of 7.5 in each speaking and listening and 7.0 in each writing and reading. More details and acceptable alternative requirements to IELTS are laid down in the Medical Council’s [*Policy on English language requirements of October 2010*](http://www.mcnz.org.nz/get-registered/how-to-register/english-language-requirements/).

Further to this, there are different **pathways**to registration. They mainly depend on the doctor’s training institution and background, as well as work intentions. Doctors trained outside of New Zealand and Australia are normally first registered within a *provisional vocational*(specialist doctors) or *general* (non-specialist doctors) *scope of practice*, i.e. they have to work under supervision for at least 12 months. Generally speaking, registration is most straightforward for doctors trained in UK and Ireland (*Competent Authority* pathway), whereas doctors trained in countries considered as *“Comparable Health System”* – including many EU countries, Canada, USA, etc. – need to show several years of work experience. Other non-specialist doctors need to pass the *NZREX Clinical Exam* at the level of a recent New Zealand graduate.

A *special purpose* fixed-term registration is available for doctors coming to work in New Zealand temporarily, e.g. as *locum tenens* (specialist doctors) for up to 12 months or for a part of their post-graduate training (less than 2 years).

A very useful tool to check, which registration pathway may be applicable to you, can be found on the [*Medical Council’s website*](http://www.mcnz.org.nz/get-registered/registration-self-assessment-tool/). In addition, the Medical Council offers a service called *request for registration advice* for a reasonable fee, [*click* *here*](http://www.mcnz.org.nz/get-registered/fees-forms-and-checklists/).

**Immigration requirements**

Further to medical registration overseas-trained doctors normally need a work permit and – if the intention is to stay permanently – should gain residency. Further information is available from the [*Immigration New Zealand* website](http://www.immigration.govt.nz/).

**Further info:**

* [Medical Council of New Zealand](http://www.mcnz.org.nz/)
* [Self-assessment tool for medical registration in New Zealand](http://www.mcnz.org.nz/get-registered/registration-self-assessment-tool/)
* [New Zealand Medical Association](http://www.nzma.org.nz/about-nzma/information-for-foreign-doctors)
* [The New Zealand Medical Journal](http://journal.nzma.org.nz/journal/vacancies.html)
* [New Zealand Doctor](http://www.nzdoctor.co.nz/free-classifieds.aspx)
* [Immigration New Zealand website](http://www.immigration.govt.nz/)

# Norway

**State of play**

In Norway with its just over 5 million inhabitants some 18,000 physicians are presently practising medicine. Although not being an EU Member State and hence neither part of the Euro zone, the Scandinavian country applies central pieces of Union legislation – such as Directive 2005/36/EC on the recognition of professional qualifications – through its membership in the European Economic Area. Norway has been strongly reliant on foreign medical professionals for many years due to a structural shortage of doctors outside the few metropolitan areas, and whereas recent centralisation trends in the healthcare sector led to closures of some smaller hospitals, the need for doctors remains high due to demographic changes and medical innovations. Main pull factors for foreign physicians eager to move to Norway include: Attractive working conditions such as reasonable working hours, fairly good pay (but consider relatively higher costs and taxes also) and flat hierarchies; the beauty of the country’s nature with its fjords, mountains, northern lights, etc.; functioning infrastructures.

**How to become a doctor in Norway**

*Undergraduate medical education* at Norwegian faculties is six years long. Following university there is an 18-month supervised residency with a hospital (one year) and in primary health care (six months), as a prerequisite to obtain a full medical licence (or *licentia practicandi*). To qualify in one of the 44 recognized medical specialties, candidates then need to complete *graduate medical education*, which takes five to six years at the minimum. Specialist approval is required for appointment to a senior medical post.

*Authorisation* (providing full and permanent approval) and *licences* (limited approval) required for practising a regulated health care profession such as *Medical Practitioner* are granted by the [*Norwegian Registration Authority for Health Personnel (SAK)*](http://www.sak.no/sites/SAK/english/Sider/default.aspx) and lead to the inclusion in the national Health Personnel Register (Helsepersonellregisteret) kept by SAK. Ca. 97 % of all physicians in Norway are members of the [*Norwegian Medical Association (NMA)*](http://legeforeningen.no/english/), the professional associations and trade union for its members.

**Hurdles to take for foreign doctors**

Good Norwegian language skills – proven e.g. by the *“Bergenstesten”* or equivalent level – are normally indispensable for working as doctor in Norway. EEA/Swiss doctors with an EEA/Swiss qualification benefit from automatic recognition under EU Directive 2005/36/EC; applications are to be submitted to SAK for approval. For other foreign doctors SAK is assessing equivalence of the professional qualifications based on documentary evidence provided and additionally courses in Norwegian national subjects and clinical practice need to be completed, as well as a medical qualifying exam (*OSCE test*) in some instances.

**Where to get further info / support**

* [The Norwegian Registration Authority for Health Personnel (SAK)](http://www.sak.no/sites/SAK/english/Sider/default.aspx)
* [Norwegian Medical Association (NMA)](http://legeforeningen.no/english)
* [The official travel guide to Norway: Visitnorway.com](http://www.visitnorway.com/en/)
* [Job portal “Jobbnorge”](http://www.jobbnorge.no/search.aspx)

# **Sweden**

**Introduction**  
Healthcare constitutes a cornerstone of the Swedish welfare state and is the largest public sector. Public hospitals and health centres as the key providers for medical care are under the responsibility of the 18 county and 290 municipal councils. The private healthcare sector is still relatively small, but growing. Currently more than 30 000 doctors practice medicine in Sweden. The phenomenon of shortage of medical specialists is widespread, particularly in fields such as anaesthesiology, geriatrics, radiology, family medicine or psychiatry. Foreign doctors are welcome to fill the gap. The country is considered a popular destination by many of them. Doctors have been immigrating in particular from Denmark, Finland, Germany and Poland. Growing influx from South Europe is likely. Whereas general terms of employment are often governed by collective agreements, salaries are subject to individual negotiation.

**How to become a doctor**  
Undergraduate medical education at one of the six medical faculties takes five and a half years and is completed with the Medical Degree (Läkarexamen). Hereafter a preregistration training programme called ”allmäntjänstgöring (AT)” of at least 18 months needs to be successfully completed in order to obtain a registration licence (Läkarlegitimation) to be allowed to practice as a doctor. Doctors with a full registration may apply for residency (Specialisttjänstgöring – ST) in one of the recognized medical specialties, currently 57. Specialty training is paid, lasts for at least five years and is concluded with a final examination.

**Hurdles to take for foreigners**  
Foreign doctors need to have sufficient knowledge of the Swedish language. Membership with the Swedish Medical Association ”SMA” (Sveriges läkarförbund) is recommended. The recognition of foreign medical qualifications is administered by the National Board of Health and Welfare “NBHW” (Socialstyrelsen). The NBHW grants the required medical licence (Läkarlegitimation). The application is free of charge. The NBHW also issues certificates of specialist qualifications.

Doctors with a qualification from another EEA Member State benefit from automatic recognition under EU Directive 2005/36/EC. The respective doctor’s application must include an up-to-date certificate of good standing issued by the competent authority in the doctor’s home country. According to the SMA it usually takes 2-3 weeks to get the licence or specialist qualifications approved by the NBHW.

Doctors with non-EEA qualifications have to complete complementary training in order to obtain the medical licence; the NBHW conducts a case-by-case assessment to determine the applicant’s medical competence. As long as no medical licence is in place, a temporary appointment as a doctor by the NBHW together with a temporary work permit from the Migration Board may be provided.

Immigration laws also need to be respected. A residence permit is required, for EEA citizens however only if they wish to stay longer than three months. For non-EEA citizens a work permit is also necessary. Applications are submitted to the Swedish Embassy or Consulate in the doctor’s home country or the local police immigration department, and are handled by the Migration Board. Following reception of the residence permit a registration as a resident should be made with the local tax office.

Doctors may apply for work directly with hospitals or engage a recruitment agency. It is frequent to contact the employer before submitting a job application. Job ads may be found in the Swedish Medical Journal (Läkartidningen) or from the Swedish Public Employment Service (Arbetsförmedlingen).

**Where to get further info / support**  
• [*Swedish Medical Association (SMA)*](http://www.lakarforbundet.se/)  
•[*National Board of Health and Welfare*](http://www.socialstyrelsen.se/)  
•[*Swedish Medical Journal*](http://www.lakartidningen.se/)  
•[*Migration Board*](http://www.migrationsverket.se/info/start_en.html)  
•[*General info about Sweden*](http://www.sweden.se/)

# UAE

The United Arab Emirates (UAE), and in particular its booming metropolises Abu Dhabi and Dubai, have been attracting an increasing number of doctors from all over the world with tax free salaries, good living conditions and the possibility to practice medicine in English. In the recent past the Middle Eastern country has invested a lot in extending its healthcare services to improve medical treatment for its citizens and medical tourists. All of this has further enhanced the need to recruit foreign doctors.

Foreign doctors need to apply for a professional licence to practice with the competent authority in the respective Emirate, such as the [Health Authority Abu Dhabi (HAAD)](http://www.haad.ae/haad/tabid/688/Default.aspx) or the Health Regulation Department (HRD) at the [Dubai Health Authority (DHA)](http://www.dha.gov.ae/EN/SectorsDirectorates/Directorates/HealthRegulation/HealthProfessionals/Physicians/Pages/LicensingRequirements.aspx).

At the **Dubai** Health Authority the licensing procedure starts with a review of the applicant’s credentials (such as diplomas and specialist certificates) submitted via an online system called “Sheryan”. The applicant’s medical school should be listed either in the [International Medical Education Directory (IMED)](https://imed.faimer.org/) or the [Avicenna Directory for medicine](http://avicenna.ku.dk/database/medicine/). This credentialing step is followed by Primary Source Verification, i.e. a double check of the submitted credentials directly with the foreign issuing body.

The licensure requirements depend on the medic’s qualifications and experience – categories include Intern, Resident, General Practitioner, Specialist and Consultant. Medics with no relevant experience can obtain a Provisional License with limited scope. Furthermore, an assessment is conducted in English language, either as [Computer Based Testing (CBT)](https://www.prometric.com/en-us/clients/dha/Pages/landing.aspx) or orally, depending on the medic’s category / specialty. However, doctors trained or licensed to practise in Australia, Ireland, New Zealand, UK and USA are normally exempted from the assessment.

Finally, the applicant’s prospective employer needs to submit a job offer and evidence of malpractice insurance for the issuance of the licence. It should be noted that the licensing process is subject to various fees for the different procedural steps and the license is to be renewed annually in principle. Healthcare professionals within [Dubai Healthcare City](http://www.dhcc.ae/) need a special license from the [Center for Healthcare Planning and Quality (CPQ)](http://www.cpq.dhcc.ae/microsite-cpq.php?page_url=cpq).

The licensure process of the Health Authority **Abu Dhabi** is similar, but not identical.

If you consider working as a doctor in the UAE, you are advised to become familiar in advance with the country’s political system and its rules governing healthcare delivery. You may also want to get in touch with colleagues who have been working in the country, in order to get first-hand information about personal experiences and the working conditions.

*First hand information from Dr. Shailendra Chaudhari (Specialist Anaesthetist, Dubai)*

UAE has world class infrastructure. The economy of Dubai today is largely based on trading. The UAE’s multicultural schools offer a variety of curricula, including Indian, British, American, Australian as well as International Baccalaureate. Accommodation is expensive specially in Dubai and Abu Dhabi. Rare to get citizenship, no matter how many years you are resident of UAE. Weather in Dubai is warm and sunny. In winter average daytime temp is 250 c. In summers the temp reaches 40-500C. Rainfall is infrequent.

1.Dubai:

Dubai has evolved as a multicultural society over the last decade. The city has a well-established and well-functioning Marathi Mandal. Almost all Marathi festivals are celebrated by Marathi Mandal. Family members get resident visa for 2 years (can be renewed every 2 years) and parents get resident visa only for one year where medical insurance for is mandatory ( need to renew every year ). There is no pension for expats.

General eligibility criterion for Specialist position in Dubai for an Indian Anaesthetist:

1. More than 3 years of un interrupted experience after MD/DNB. (Below 3 yrs experience License will be Specialist under supervision / General practitioner Anaesthetist)
2. Good standing certificate (GFC) from Last Licensing Authority to apply for work permit/ License in UAE.
3. The applicant’s medical school should be listed either in the [International Medical Education Directory (IMED)](https://imed.faimer.org/) or the [Avicenna Directory for medicine](http://avicenna.ku.dk/database/medicine/)

Steps to get License to work in Dubai:

1. Open an account on Dubai Health Authority (DHA) website with [username and password](https://eservices.dha.gov.ae/DHAWeb/Account/UserRegistration.aspx).
2. DHA sends confirmation of account within 5 working days.
3. Apply for new professional license by uploading documents (degrees/diplomas). Fees of 200 dirhams is applicable.
4. Save your Application Reference Number in order to track your application.
5. HEALTH REGULATION DEPARTMENT (HRD) need to approve your application. DHA sends confirmation of receipt of documents within 5 working days. The confirmation gives possibility to apply for the Primary source verification (PSV).
6. Apply for PSV. A fees of up to 1500 dirhams is applicable.
7. Book and pay for exam. ([www.prometric.com/DHA)](http://www.prometric.com/DHA)). You can take exam while PSV is in process.
8. After passing the exam, applicant needs to be registered within a Healthcare facility (offer letter)
9. Issue Malpractice Insurance
10. Issue License
11. Prepare CV and attach License.
12. Apply for various jobs in Dubai.



More than 100 hospitals (Government or Private) you can apply for job. Knowing Arabic is not compulsory. Sometime you can apply for job, once shortlisted, your employer will help in applying for license.

2) HAAD ( Health Authority Abu Dhabi www.haad.ae)

Verify your documents by HAAD Dataflow

Computer based examination can apply from home country on line. Further information on www.pearsonvue.com, center are in major cities of India- Mumbai, Delhi, Hyderabad, Bangalore, Chennai. Oral Assessment will be conducted by three to four specialty expert covering basic sciences and clinical scenario.

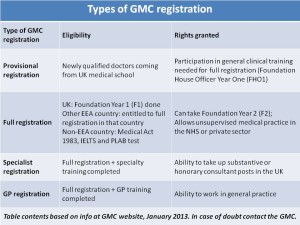
3) MOH (Ministry of Health [www.moh.gov.ae](http://www.moh.gov.ae) After online registration Oral Exam will be conducted in Ras Al Khaimah, sharjah etc.

**Further info:**

* [Dubai Health Authority](http://www.dha.gov.ae/EN/SectorsDirectorates/Directorates/HealthRegulation/HealthProfessionals/Physicians/Pages/LicensingRequirements.aspx)
* [Dubai Residency Program in orthopaedics and trauma surgery](http://www.bleedle.net/dubai-creates-residency-program-based-on-berlin-model/)
* [Health Authority Abu Dhabi](http://www.haad.ae/haad/tabid/688/Default.aspx)

# UK

**Introduction –**Public healthcare is provided under the responsibility of the National Health Service (NHS); the administrative set-up is slightly different in the four nations of the UK: England, Northern Ireland, Scotland and Wales. Most doctors in the UK practise in the NHS. The General Medical Council (GMC) is the regulatory and disciplinary authority for doctors; they need to be registered with the GMC and hold a ‘licence to practice’ issued by the GMC in case of first registration. Ca. 80 % of doctors working in the UK are members of the British Medical Association (BMA). The country has traditionally been a popular destination for foreign doctors from all over the world, in particular India, Pakistan and South Africa, and following the EU enlargement in 2004 and 2007 from Bulgaria, Poland and Romania. According to recent data from the GMC ca. 40% of all registered doctors were trained outside the UK. The NHS has been striving to reduce the reliance on non-UK doctors. Competition for training posts is reportedly fierce, but there is still demand for specialists in various fields and doctors in primary care.

**[](http://www.bleedle.net/wp-content/uploads/2013/03/Types-of-GMC-registration.jpg)**

**How to become a doctor –**Undergraduate education usually takes 5 years and is completed with a medical degree. Graduates are granted ‘provisional registration’ from the GMC to undertake postgraduate training. After successful completion of Foundation Year 1 (F1) ‘full registration’ is obtained from the GMC. Following Foundation Year 2 (F2) a specialty and general practice training between 3-8 years is completed to become a senior doctor, i.e. consultant or GP principal. There are around 60 different specialties and sub-specialties. Senior doctors are entitled to ‘specialist registration’ or ‘GP registration’ with the GMC. Continuing professional development is now formalized in the GMC’s new ‘revalidation’ (renewal) process.

**Hurdles to take for foreigners –**Registration requirements with the GMC apply just like for UK-qualified professionals. There is an initial fee for registration and an annual fee to remain on the register. For further information on the GMC registration process [*click here*](http://www.gmc-uk.org/doctors/index.asp). EEA-qualified doctors benefit from automatic recognition under Directive 2005/36/EC. Special arrangements still exist for doctors coming from Bulgaria and Romania. Qualifications not subject to automatic recognition, including those of non-EEA doctors (‘International Medical Graduates’, ‘IMGs’), are assessed by the GMC on a case-by-case basis.

Foreign doctors need to have sufficient English language skills. IMGs need to demonstrate such skills in order to be registered with the GMC, usually by passing the IELTS test (International English Testing System) with a satisfactory score (currently: 7.5) and subsequently the PLAB test (Professional and Linguistic Assessment Board), which assesses basic medical competence as well as ability to communicate in English for working purposes. Since June 2014 the GMC may also ask EEA/Swiss doctors to pass an IELTS test (minimum score: 7.5) within 90 days, if there is a concern about their language skills (see [*bleedle article of 5 July 2014*](http://www.bleedle.net/uk-new-language-controls-for-foreign-doctors-in-force/)).

Furthermore non-EEA doctors need to satisfy UK immigration requirements. Detailed advice should be sought from the UK Border Agency (UKBA) or from an authorised immigration adviser.

**Latest information for overseas doctors to work in the UK (Courtesy Dr.Sanjay Deshpande)**

All doctors must have registration with a license to legally practice medicine and undertake activities restricted by law to doctors, such as writing prescriptions and signing death certificates.

The license to practice is issued by the [General Medical Council (GMC)](http://www.gmc-uk.org/) and applies to all doctors in the UK regardless of whether they are working in the NHS or independent sector, either on a full or part time, permanent or locum basis.

It also applies to all levels of registration, whether provisional, full or on the specialist or general practitioner (GP) register.

**Registration**

All doctors intending to practice medicine in the UK are required to be registered with the GMC, follow the [GMC’s good medical practice guidance](http://www.gmc-uk.org/guidance/) and be subject to the GMC Fitness to Practice actions. Doctors who hold registration but not a license may be working as an academic or outside the UK. They cannot undertake any of the activities - clinical work - for which UK law requires them to hold a license to practice.

Doctors who have never been registered with the GMC will have to apply for registration with a license to practice. They will not be able to apply for registration without a license.

The requirements for registration in the UK will depend on a number of factors:

1. Your nationality
2. The country in which you gained your primary medical qualification
3. The type of work you want to do
4. Whether or not you have completed a period of post-graduate training or an internship

First you should check that you possess an acceptable primary medical qualification to apply for registration. If you are in any doubt you should check your qualifications status with the GMC.

In addition, international medical graduates (IMGs) will be required to demonstrate their medical knowledge and skills, and all applicants may have to demonstrate they are competent in using the English language before they are registered. [NHS Employers has published a helpful guide for IMGs on its website.](http://www.nhsemployers.org/case-studies-and-resources/2014/08/working-and-training-in-the-nhs-a-guide-for-international-medical-graduates)

Being registered with the GMC does not guarantee that you will find employment within the UK

### Professional and Linguistic Assessments Board (PLAB) test

The PLAB test is the main route by which International Medical Graduates (IMGs) demonstrate that they have the necessary skills and knowledge to practice medicine in the UK.

**Medical Training Initiative (MTI)**

The Royal College of Anaesthetists (RCoA) has rebranded the Overseas Doctors Training Scheme (ODTS) to reflect its International Programme. The spirit and intention of the International Programme is to foster and develop links with overseas organisations. Under the umbrella of the International Programme is the Medical Training Initiative (MTI).

MTI is a national scheme designed to allow a limited number of doctors to enter the UK from overseas to benefit from the opportunities to work within the NHS, before returning to their home countries. It applies only to doctors who have qualified outside the UK or European Union, who want to come to the UK for a limited period of specialised training in anaesthesia.  MTI sponsorship will assist overseas doctors with:

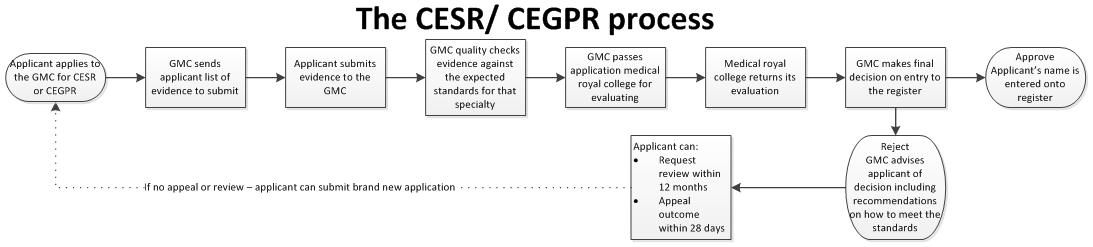
1. GMC registration (please note that offers of sponsorship as a Route to GMC registration are based upon the GMC's decision and approval and are only valid once this has been granted).
2. Facilitating Tier 5 visa application.
3. Eligibility to sit the FRCA examinations.

**CESR and Equivalence**

**What is the Equivalence process?**

Equivalence describes the process of assessing an applicant’s training and experience against the current training programme requirements, as set out in The CCT in Anaesthetics, in order to gain a Certificate of Eligibility for Specialist Registration (CESR) for the Specialist Register held by the [General Medical Council](http://www.gmc-uk.org/education/index.asp). The process involves submitting a body of evidence of training and/or competence, skills and knowledge to the GMC.  The RCoA will assess the application against the relevant Curriculum before providing a recommendation to the GMC, who will then make a decision.

Please note that Equivalence procedures are the responsibility of the GMC. Applications are made through their Certification Department and initial enquiries should be directed there.



**Supply/demand imbalance in the NHS**

Currently the UK is experiencing shortage of doctors in most specialties.

The UK government has recently relaxed the entry rules for overseas doctors and also considering lifting the restriction limits after entry to the UK. These rules could stay for a while.

I am enclosing an example of certain trusts coming to India and recruiting in bigger cities.

**NHS hires up to 3,000 foreign-trained doctors in a year to plug staff shortage**

Prominent national job portals include [*BMJ Careers*](http://www.careers.bmj.com/careers/hospital-medical-healthcare-doctors-jobs.html), the [*Lancet*](http://www.thelancet.com/home)and the [*NHS Jobs website*](http://www.jobs.nhs.uk/index.html) .

**Where to get further info / support**

* [*General Medical Council*](http://www.gmc-uk.org/)
* [*British Medical Association*](http://bma.org.uk/)
* [*British Medical Journal*](http://www.bmj.com/)
* [*National Health Service*](http://www.nhs.uk/Pages/HomePage.aspx)(NHS)
* [*UK Border Agency*](http://www.ukba.homeoffice.gov.uk/)

# USA

The bar is high for physicians trained abroad who wish to practise medicine in the USA. Medical graduates are competing fiercely for residency posts, especially in popular and well paying medical specialties. Good test scores are important to get straight to the next level of education or desired training. With approximately 25% the proportion of foreign physicians working in the USA is fairly high. And the need for doctors in primary care in the U.S. is expected to increase significantly under President Obama’s new health care law (“[*Obamacare*](http://en.wikipedia.org/wiki/Patient_Protection_and_Affordable_Care_Act)”), which provides access to medical services for millions of Americans then insured from 2014. As a consequence the policy discussion about the pros and cons of lowering the barriers for International Medical Graduates (IMGs) has come to life again, especially the requirement to redo specialty training already completed abroad.

**Medical education in the USA**

If you want to study and train in the USA to become a doctor, you have to complete the following steps: **(1)** College (4 years); **(2)** Medical School (4 years), comprising USMLE Step 1 and 2 exams; graduates obtain the title of *Medical Doctor* (*M.D.*); **(3)** a *Residency Program* to specialize (ca. 3-8 years depending on the medical specialty); **(4)** potentially a *Fellowship* for further specialisation (1-2 years). To qualify for independent practice doctors finally need to pass USMLE Step 3.

**“Survival kit” for doctors trained outside USA and Canada**

If you plan on working as medical doctor in the USA, you are strongly advised to make yourself familiar early with the various prerequisites and timelines. You will encounter a myriad of acronyms, which you should understand to navigate through the maze of organisations, tools and requirements. Important ones are given hereafter together with links to their homepage:

* [***AAMC****– Association of American Medical Colleges*](https://www.aamc.org/)
* [***ACGME****– Accreditation Council for Graduate Medical Education*](http://www.acgme.org/acgmeweb/)
* [***AMA****– American Medical Association*](http://www.ama-assn.org/ama)
* ***CK****– Clinical Knowledge* requirements part of the USMLE exams
* ***CS****– Clinical Skills* requirements part of the USMLE exams
* ***CSEC****– Clinical Skills Evaluation Collaboration*: Centers in the USA to pass USMLE Step 2 CS
* [***ECFMG****– Educational Commission for Foreign Medical Graduates*](http://www.ecfmg.org/), the first point of contact for IMGs
* [***ERAS****– Electronic Residency Application Service*](https://www.aamc.org/services/eras/)
* [***FAIMER****– Foundation for Advancement of International Medical Education and Research*](http://www.faimer.org/)
* [***FREIDA****– Fellowship and Residency Electronic Interactive Database Access System*](http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page)
* [***FSMB****– Federation of State Medical Boards*](http://www.fsmb.org/)
* ***GME****– Graduate Medical Education*
* [***GMED****– Graduate Medical Education Directory (the “Green Book”)*](https://commerce.ama-assn.org/store/catalog/productDetail.jsp?product_id=prod1230073&navAction=push)
* [***IMED****– International Medical Education Directory*](http://www.faimer.org/resources/imed.html)
* ***IMG****– International Medical Graduate*, from medical schools outside of the U.S. and Canada
* [***J-1*** – Most common (temporary) visa for participation in GME](http://j1visa.state.gov/)
* ***LoR****– Letter of Recommendation for an application for a residency program*
* [***NBME*** *– National Board of Medical Examiners*](http://www.nbme.org/)
* [***NRMP***– *National Resident Matching Program (“the Match”)*](http://www.nrmp.org/)
* [***PTC****– Prometric Test Centers* around the world to pass USMLE exam steps 1 and 2 CK](https://www.prometric.com/en-us/for-test-takers/pages/locate-a-test-center.aspx?Type=locate)
* [***ROL****– Rank Order List*](http://www.nrmp.org/match-process/about-rol/), the preference list compiled by residency applicants and hospitals
* [***USMLE****– United States Medical Licensing Examination*](http://www.usmle.org/), consisting of three steps

**Hurdles for IMGs to practice medicine in the USA**

There are four main requirements for doctors who obtained their medical qualifications outside the USA and Canada:

**(1) Get *Standard ECFMG Certificate*:**This includes a thorough check of your foreign medical degree – which needs to be listed in the [*IMED*](https://imed.faimer.org/) – with your home university, and USMLE examinations Step 1 and Step 2, including tests of your clinical knowledge (CK) and clinical skills (CS). Beware of maximum timeframes to complete all these steps.

**(2) Complete a Residency Program of Graduate Medical Education (GME):** This is considered the biggest challenge for many IMGs. It applies even if you have obtained a specialist qualification from your country of origin (!), with the exception of Canada. Recognition is thus not possible. IMGs wishing to apply for a US residency program are advised to first review the Green Book (GMED) and [*FREIDA online*](http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page). Once you have chosen your preferred program(s), you should register with [*the Match*](http://www.nrmp.org/) at a given time indicating your program preference list (Rank Order List or “ROL”), which will be automatically checked against an applicant ROL submitted by the training hospitals in order to “be matched”. Hospitals compile their ROLs based on interviews with the applicants. If you are not matched to any residency program, you may apply to remaining open slots right away after annual publication of *the Match* on the NRMP website (so-called “Scramble”).

**(3) Obtain a state medical licence:** Successful completion of USMLE Steps 1 and 2 allows granting of an initial license to practise medicine and patient care under supervision. After passing the final Step 3 of the USMLE exam, which can be taken after a certain time of postgraduate training under the GME scheme, doctors may obtain the unrestricted license to practice medicine.  For most accurate information about the licensing requirements it is advised to contact the competent state authority or the FSMB ([usmle@fsmb.org](mailto:usmle@fsmb.org)).

**(4) Visa:** In order to get J-1, you need to show among other things your valid *Standard ECFMG Certificate* and acceptance for the residency program. After completion of your US residency, you need to return to your home country for two years (!) – unless you can claim a “waiver” – before you can come back to work in the US with a new visa type, e.g. an immigrant visa (“green card” or permanent resident status). For the exact visa requirements, options and home residence waiver possibilities please consult the US embassy in your home country (<http://www.usembassy.gov/>).

**Further information**

* [Download the latest annual ECFMG *Information Booklet*](http://www.ecfmg.org/resources/publications.html)
* [Download the latest annual USMLE *Bulletin*](http://www.usmle.org/bulletin/)
* [*Americal Medical Association –*with a number of practical recommendations and publications for IMGs](http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/international-medical-graduates.page?)
* [New York Times article of 11 August 2013](http://www.nytimes.com/2013/08/12/business/economy/long-slog-for-foreign-doctors-to-practice-in-us.html?pagewanted=all&_r=0)

# Fellowships

[Australia Fellowships](#_Australia_Fellowships)

[CANADA Fellowships](http://www.cas.ca/English/Page/Files/91_ACUDA-Fellowship-list-revMay2016.pdf)

Cardio-Thoracic/ Vascular Anesthesia Fellowship

[EACTA fellowships](http://www.eacta.org/education/fellowship-in-ctva/)

[Cambridge fellowships](http://www.cuh.org.uk/resources/pdf/add/services/clinical/anaesthesia/survival_guide_for_international_fellows.pdf)

[WFSA Fellowship Programmes](http://www.wfsahq.org/training-programs/50-wfsa-fellowship-training-programs)

[ESPA Paediatric anaesthesia fellowship](http://www.dasaim.dk/wp-content/uploads/2014/10/ESPA-Fellowship-concept.pdf)

[Israel Fellowships](http://www.bidmc.org/Medical-Education/Departments/Anesthesia-Critical-Care-and-Pain-Medicine/Anesthesia-Fellowships.aspx)

# EXAMS and Accreditations

[EDRA](http://esraeurope.org/education/esra-diploma/)

[EDIC](http://www.esicm.org/education)

[EDEC](http://www.esicm.org/education/edec)

[TEE](https://www.escardio.org/Education/Career-Development/Certification/Adult-Transesophageal-Echo/Adult-Transesophageal-Echocardiography-TEE)

TTE

[SSAI](http://www.ssai.info/education/intensive-care/)

[European emergency medicin board exam](http://www.eusem.org/EBEEM/)

# Recruitment agencies

<http://www.imsrecruitment.com/index.html>

<http://www.imrmedical.com/>

<http://www.doctorsindubai.ae/>

<http://ochrerecruitment.com/doctors/doctors-from-overseas/>

<http://www.doctorsabroad.hu/english%20index.html>

<http://www.medrecruit.com/>

<http://www.globalmedics.com/>

# Masters programms

<https://www.ucl.ac.uk/anaesthesia/education/perioperativemedicine>

<http://www.birmingham.ac.uk/postgraduate/courses/research/med/anaesthetics-intensive-care.aspx>

<http://www.dundee.ac.uk/study/pg/medical-education-parttime-distancelearning/>

# Australia Fellowships ( Courtesy : Dr. Swaroop Margale ,FANZCA ,Brisbane ,Australia)

Anaesthesia fellowship centres

1. The Royal Melbourne Hospital:

Web link: <http://www.anaesthesia.mh.org.au/training-at-rmh-provisional-fellowship/w1/i1015860/>

2. Royal Prince Alfred Hospital, Sydney

<http://www.slhd.nsw.gov.au/rpa/anaesthetics/pf.html>

3. Alfred Hospital ,Melbourne

<https://www.alfredhealth.org.au/careers/medical-careers/registrars-advanced-trainees-fellows>

4. Westmead Hospital, Sydney

<http://www.westmeadanaesthesia.org/fellowships.html>

5. St.Vincent Hospital, Melbourne

<http://anaesthesia.org.au/web/>

6. Royal CHILDREN hospital, Melbourne,

<http://www.rch.org.au/anaes/teaching_training_employment/Teaching_Training_Employment_Anaesthesia_Pain_Management/>

6. **Anaesthesia Fellowships in Western Australia**

<http://www.anaesthesiawa.org/Fellowships.html>

**FIONA STANLEY HOSPITAL** ([www.fsh.health.wa.gov.au](http://www.fsh.health.wa.gov.au))

|  |  |
| --- | --- |
| Airway Fellowship | [Click here for further information](http://www.anaesthesiawa.org/Airway%20Fellow%20L12-13%20%20FSH%20JDF%20v1.1.doc) |
| Cardiothoracic Anaesthesia Fellowship | [Click here for further information](http://www.anaesthesiawa.org/Cardiothoracic%20Anaesthesia%20Fellow%20JDF%20v1.1.doc) |
| Obstetric Anaesthesia Fellowship | [Click here for further information](http://www.anaesthesiawa.org/Obstetric%20Anaesthesia%20Fellow%20L12-13%20FSH%20JDF%20v1.1.doc) |
| General Fellowship | [Click here for further information](http://www.anaesthesiawa.org/General%20Fellow%20L12-13%20FSH%20JDF%20v1.1.doc) |
| Research Fellowship | [Click here for further information](http://www.anaesthesiawa.org/Research%20Fellow%20L12-13%20510486%20JDF%20v1.1.doc) |
| Simulation Fellowship | [Click here for further information](http://www.anaesthesiawa.org/Simulation%20Fellow%20L12-13%20510487%20JDF%20v1.1.doc) |

ROYAL PERTH HOSPITAL ([www.rph.health.wa.gov.au](http://www.rph.health.wa.gov.au))

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| Simulation Fellowship | [2016 RPH Sim Fellowship.pdf](http://www.anaesthesiawa.org/2016%20RPH%20Sim%20Fellowship.pdf)[http://www.anaesthesiawa.org/2015 RPH Simulation fellowship advertisement.doc](http://www.anaesthesiawa.org/2015%20RPH%20Simulation%20fellowship%20advertisement.doc) |
| Malignant Hyperthermia Fellowship | [Click here for further information](http://www.anaesthesiawa.org/2015%20MALIGNANT%20HYPERTHERMIA%20FELLOW.doc)[http://www.anaesthesiawa.org/Airway Fellow L12-13 FSH JDF v1.1.doc](http://www.anaesthesiawa.org/Airway%20Fellow%20L12-13%20%20FSH%20JDF%20v1.1.doc) |

#### ****University of Melbourne Echocardiography Education****

<http://www.heartweb.com.au/>

Ultrasound education group, University of Melbourne is leading educator for online clinical ultrasound courses and point of care workshops.

## Graduate Certificate in Clinical Ultrasound

The Graduate Certificate course has a focus on basic transthoracic echocardiography and surface ultrasound uses such as vascular access, nerve blocks and trauma ultrasound.

## Graduate Diploma in Clinical Ultrasound

The Diploma course provides a diagnostic level knowledge base in valve assessment, complex cardiovascular pathology, comprehensive reporting and a greater focus on transoesophageal echocardiography (TOE). It is essential for full diagnostic reporting of echocardiography.

## Master of Clinical Ultrasound

The Master course will extend your advanced knowledge-base in echocardiography and will focus on 3-D Echocardiography and new technologies congenital, research methods, ultrasound literature, obstetrics, medical conditions and advanced case studies practicum.

## Simulator Courses – Focused Ultrasound Simulation Education (FUSE)

The FUSE Program includes ultrasound training courses using high fidelity ultrasound simulators and e-Learning.The courses provide a comprehensive knowledge-base reinforced with learning practical skills performing and interpreting echocardiography with realistic ultrasound simulators.

## Basic TTE Course

The Basic TTE Education Course has been designed to provide a thorough knowledge base in Basic Transthoracic Echocardiography.

## Master of Medicine

## Weblink : <https://master.periopmedicine.org.au/index.php/about-course/about-the-course>

**Pain medicine fellowship in Australia**

<http://fpm.anzca.edu.au/training/fellowship>