Royal College of General Practitioners

BMA

NHS

NHS England
Health Education England

Building the Workforce – the New Deal for General Practice

The GP Induction & Refresher Scheme 2015-2018

Building the Workforce – the New Deal for General Practice
GP Induction & Refresher Scheme 2015-2018

Version number: 1

First published: 25 March 2015

Prepared by: Salman Waqar, Rachel Snow-Miller, Richard Weaver

Table of Contents

Annex

1. Overview

1.1 The Induction and Refresher Scheme (I&R Scheme) in England provides an opportunity for general practitioners (GPs) who have previously been on the General Medical Council's (GMC) GP Register and on the NHS England National Performers List (NPL), to safely return to general practice, following a career break or time spent working abroad.

1.2 It also supports the safe introduction of overseas GPs who have qualified outside the UK and have no previous NHS GP experience. These doctors require a Certificate of Eligibility for GP Registration (CEGPR) as well as a licence to practise from the GMC before they can legally enter UK general practice: http://www.gmc-uk.org/

2. Background and Purpose

2.1 Across the country there has been wide variation in the processes which enable GPs to return to work in England or for those starting work as a GP in England from overseas. Health Education England (HEE) and NHS England acknowledge that the systems currently in place do not provide adequate remuneration and are complex and bureaucratic.

2.2 Applicants have reported that the barriers were:

- Lack of funding for candidates who applied to the scheme
- Lack of information regarding the scheme and the process of the scheme
- Different Local Education and Training Boards (LETBs) and NHS England Responsible Officers had different funding and schemes in place, which meant that some candidates received a bursary, some areas did not have a scheme at all, some insisted on a 6 month placement, and some did not.

2.3 The 10 Point Plan to build the workforce for general practice called for a fresh look at the I&R Scheme. A revised, funded, national I&R Scheme, coordinated by the GP National Recruitment Office, will launch at the end of March 2015 and run initially for three years. The programme aims to safely and quickly introduce experienced GPs into the workforce. It will standardise the pre-existing schemes in England. It is designed specifically to enable qualified doctors with GMC registration and who hold a recognised specialism in general practice to begin or return to practise as a GP in England.

2.4 Under the new, more proportionate scheme, participants will be given a supervised placement of up to a maximum of six months full time equivalent (FTE) in general practice. Placements are tailored to the needs

of doctors to ensure they have the confidence and knowledge to leverage the broad GP skillset.

2.5 Anyone who wishes to practise as a GP in England and who has not practised as such within the past 24 months will need to contact the GP National Recruitment Office (NRO) in the first instance to register their interest in practising - http://gprecruitment.hee.nhs.uk.

Successful candidates onto the scheme will receive funding support including a monthly bursary and reimbursement (for one successful attempt) for the learning needs assessment.

2.6 Any doctor wishing to work as an independent and unsupervised GP in the UK is required to:

- be on the GMC GP Register, and;
- hold a GMC licence to practise, and;
- be on the NPL.

2.7 Published evidence indicates that after two years out of practice a significant percentage of doctors fall below the necessary standard for independent practise[1]. For this reason, any practitioner wishing to practise, having had two or more years out of practice, will be asked to partake in an educational and learning needs review. This is the consensus of best practice amongst the different branches of the medical profession[2].

2.8 NHS England Medical Directors within regional teams will take the final decision to support any application to enter/return to practice, or to refer for assessment and possible refresher training via Health Education England LETBs.

3. The Induction and Refresher Scheme

3.1 The scheme is designed to support GPs who have previously been in practice to return to work in England and to induct GPs to the workforce in England. It is based on the existing GP training curriculum from the Royal College of General Practitioners (RCGP), and follows best practice in relation to ensuring patient safety. The educational provision is grounded in accordance with the nine GMC domains that also underpin the quality of speciality training[3]:

3.1.1 Patient safety
3.1.2 Quality assurance, review and evaluation
3.1.3 Equality, diversity and opportunity
3.1.4 Recruitment, selection and appointment

[1] Not just another primary care workforce crisis, Morison, J.; Irish, B.; Main, P.; British Journal of General Practice Feb 2013, 63(607)72
[2] GMC: PLAB Review - http://www.gmc-uk.org/PLAB_review_final.pdf_57946943.pdf
[3] GMC: The Trainee Doctor - http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf

3.1.5 Delivery of the curriculum including assessment
3.1.6 Support and development of trainees, trainers and local faculty
3.1.7 Management of education and training
3.1.8 Educational resources and capacity
3.1.9 Outcomes

3.2 The NRO will direct the practitioner to the appropriate process for their needs. The following are possible outcomes of that contact with the NRO:

- Recommendation to the appropriate NHS England regional medical director (MD) for direct entry to the NPL; or
- Consideration for entry to the I&R Scheme

4. Entry to the NPL

4.1 To practise as a GP in England it is a requirement to be registered with the GMC and on the NPL. The NRO will therefore direct the applicant to the relevant NHS England team, based on where the doctor wishes to practise (Table 1).

4.2 All overseas applicants will be directed through the NRO to the NHS England London team.

Table 1 - Details of which NHS England Team to contact

GMC registered address is in:	Medical Director
Scotland	Cumbria and North East
North Wales	North Midlands
South Wales	West Midlands
Channel Islands	Wessex
Northern Ireland	Cheshire and Merseyside
Isle of Man	Cheshire and Merseyside
Elsewhere outside the UK	**London**
Elsewhere in England	**Local**

4.3 The medical director within that NHS England team will review the application in line with the Standard Operating Procedures[4]. This will include evidence of recent appraisal and continuing professional development (CPD).

4.4 E-learning resources will be available through the NRO for applicants to familiarise or re-orientate themselves with updates in UK general practice.

4.5 For doctors who cannot evidence recent relevant experience in the NHS in England, the MD may make a recommendation for the applicant to engage with further educational assessment to support their application via their LETB. The MD will refer the applicant to the LETB and applicants will be invited to an interview and educational assessment by the local I&R lead.

[4] http://www.england.nhs.uk/wp-content/uploads/2014/08/sop-med-perf.pdf

4.6 This structured interview forms an educational assessment which may be sufficient to be considered by NHS England in its processes to assess whether one is eligible to join the NPL without need for further assessment or training.

4.7 Acceptance on to the NPL with or without conditions is a decision of the MD within the NHS England team, supported by both Performance Advisory Group and Performers Lists Decision Making Panel (PLDP).

4.8 Work is ongoing to consider portfolio routes for people with previous UK experience who can evidence current clinical practice with equivalence to English general practice and NHS contextual CPD learning.

5. Entry into the I&R Scheme

5.1 If the outcome of the structured interview is a recommendation for an educational placement, this will be delivered through the I&R scheme. The applicant will need to undertake a more formalised assessment through validated multiple choice question (MCQ) papers which assess knowledge and values. This will be delivered through the NRO.

5.2 The aim of the I&R scheme is to provide a period of supervised practise that seeks to support applicants and bridge any gaps in their knowledge or skills relating to general practice in England. Depending on the outcome of their MCQ scores, applicants are stratified into bands. The banding helps determine the structure and duration of the educational placement required for each individual to ensure safe practice in England.

These are annotated on the I&R Scheme pathway graphic in Annex B2:

Those scoring **Band 5 demonstrate a very good level of knowledge**. Applicants complete a short placement of 1-2 weeks and a Short Report will be provided by their supervising practice (See Annex A) – Route E5

Those scoring **Band 4 demonstrate a good level of knowledge**, but require an additional assessment of their consultation skills. They will be invited to sit a Simulated Surgery assessment.

This assessment will determine the nature and period of a funded placement (up to three months, FTE) which will be reviewed through workplace based assessments (WBA). WBAs will be assessed by the I&R lead at the LETB and a recommendation made to the MD.

The MD may, on recommendation from the I&R lead, reduce or extend the period of supervised practise so that the maximum time spent by the doctor in supervised practice would be six months FTE (all six months will be funded if this is required) – Route E4

Those scoring **Band 3 demonstrate an adequate level of knowledge**, but require an additional assessment of their consultation skills. They will be invited to sit a Simulated Surgery assessment.

This assessment will determine the nature and period of a funded placement (up to six months FTE) which will be reviewed through WBAs. WBAs will be assessed by the LETB and a recommendation made to the MD.

The MD may, on recommendation from I&R lead, reduce or extend the period of supervised practise so that this lasts up to a maximum of six months FTE (all six months will be funded, if this is required) – Route E3.

Those scoring **Band 2 demonstrate a poor level of knowledge**, and have not attained the standard required for the scheme. They are close to the minimum level required, and are eligible to retake the MCQ a total of four attempts.

They are offered an outcome review by the I&R lead and pre-application advice before being retaking the MCQ up to four times in total – Route E2.

Those scoring **Band 1 have demonstrated a very poor level of knowledge** and are well below the standard required. They are very unlikely to be able to achieve a safe standard with six months FTE of supervised practise.

They will be offered an outcome review by the I&R lead and advice on personal development. They are eligible to retake the MCQ up to four times in total – Route E1.

5.3 Overseas applicants may have the option of conducting their initial interview through video-conferencing facilities, and be able to sit the MCQ in validated test centres abroad, subject to necessary identity checks.

5.4 Costs of the MCQ and Simulated Surgery will be borne by the applicant. However, subject to successful completion of the I&R Scheme and evidence of working within the NHS, the cost of one attempt at the MCQ and Simulated Surgery assessment, (where relevant) will be reimbursed.

5.5 The decision to place an applicant on the NPL lies with the MD within the NHS England team along with the PLDP.

5.6 In order to undertake a WBA, the doctor will need to be registered on the NPL. The doctor's registration will be subject to conditions, imposed by the PLDP, informed by the outcome of the I&R assessment process.

5.7 Once the doctor has successfully completed the scheme, a decision will be taken by the MD and PLDP regarding the decision to remove any conditions relating to I&R.

5.8 The WBA will inform the recommendation by the LETB to NHS England local regional team MD about the applicant's clinical ability which will inform NHS England's decision regarding inclusion on the NPL.

5.9 All GPs who have undergone I&R will be recommended to have their first appraisal within six months of entry to the NPL.

6. Assessments

6.1 Assessments enable LETBs to:

6.1.1 Identify those GPs who could benefit from the scheme and successfully contribute to general practice in England.

6.1.2 Decide on the length of workplace experience and clinical supervision required on the scheme, from a short induction up to a maximum of six months full time equivalent.

6.1.3 Identify those GPs where six months of full time equivalent clinical experience on the scheme would be insufficient for them to work as an independent practitioner in the UK; for example, those with poor language skills or doctors who may not embrace the values of the NHS. Four attempts at the knowledge assessment are permitted.

6.2 **Multiple Choice Questions**: The Clinical Problem Solving (CPS) and Situational Judgement Test (SJT) form the two parts of this exam. There are four sittings per year in agreed venues across the UK and in approved sites worldwide. The schedule of sittings in the UK is published on the NRO website.

6.3 **Simulated Surgery**: This includes contextualised linguistic assessment and formal feedback if English is not the applicant's first language. Simulated surgeries are held quarterly at the RCGP examination centre in London. The schedule of assessments is published on the NRO website.

6.4 **Workplace Based Assessments (WBA)**: Regular WBAs are undertaken and recorded in the NHS Induction Logbook (Annex C) during placements. These assessments include assessments of clinical skills, communication skills, teamwork, etc. and are based around observed consultations, case based discussions and observations of clinical procedures. 360 degree feedback from patients and colleagues is also collated.

7. Placements

7.1 Placements will be in a GMC approved training practice that has been specifically reviewed by the LETB as suitable for I&R placements.

7.2 Practices will be paid an agreed fee for the supervision of doctors on the I&R Scheme which will include the completion of an educational supervisory report.

7.3 Each placement will have a named GP Educational Supervisor (usually a trainer) and will be for an agreed period.

7.4 The nature of I&R placements will vary based on the educational needs of each individual and the local availability of training places.

7.5 Over time we intend to develop the number of practices which are able to take on I&R doctors and in particular will look at areas which are challenged in terms of GP recruitment.

8. Bursaries and Incentives

8.1 Doctors on the I&R Scheme will be eligible to claim back from the NRO a bursary for the period of time which they are working under supervision in a GP practice. Details can be found in Annex D.

8.2 A doctor who has completed the I&R Scheme will be eligible to claim back via the NRO the costs of one attempt at the MCQ and Simulated Surgery assessments (where relevant).

9. Identity Checks

9.1 Formal identify checks will be undertaken (using passports and original documentation) at the following stages:

- Registration with the GMC
- Application to go onto the NPL (through Primary Care Support Services)
- At interview and educational review at the LETB
- At all NRO assessment centres

10. Complaints and Appeals

10.1 HEE is responsible through the LETBs for the delivery of the educational assessment and the provision of the I&R Scheme, which is run through the NRO. Applicants who wish to complain or appeal against the outcome of any I&R Scheme assessment or recommendation would do so through an appeal process with the NRO.

10.2 Admission to the NPL is the decision of NHS England which is discharged through its teams. A decision to refuse an application or to apply

conditions on a registration is taken by the PLDP. An appeal regarding the outcome of the NHS England decision is through the first tier tribunal[5].

11. Review

11.1 This scheme will be reviewed in 2016 - 2017.

[5] http://www.england.nhs.uk/wp-content/uploads/2014/08/Performer-list-frmwrk.pdf

Annex A

I&R structured short report

The qualified doctor to whom this report refers has been attached to your practice for a short Induction or Refresher Programme into General Practice and we would be grateful if you could provide us with the information required below.

This professional report should verify factual information and comment on the strengths and weaknesses of the candidate as an indicator of his/her suitability. This is not a personal testimonial but an objective assessment of competencies based on the GP training person specification.

This report form has been developed with the General Medical Council publication "Good Medical Practice" in mind. Your attention is drawn to the following paragraph:

"You must be honest and objective when writing reports, and when appraising or assessing the performance of colleagues, including locums and students. Reports must include all information relevant to your colleagues' competence, performance and conduct.' (See paragraph 41)

(GMC Good Medical Practice, April 2014 – http://www.gmc-uk.org/guidance/good_medical_practice.asp .)

LETB:			
Applicant Name:			
Applicant GMC No:		**Applicant Ref No:**	

Please state the dates the applicant worked with you:			
Date started:		Date finished:	
Position held:			
Location:			

Was the applicant subject to any disciplinary procedure, formal or otherwise, during their time with you?
YES ☐ NO ☐ If Yes, please give details:

This post is exempt from the provision of section 4 (2) of the Rehabilitation of Offenders Act 1974 (exceptions order 1975). Under this order are you aware of any criminal convictions or cautions which may affect the applicant's suitability for the post?*
YES ☐ NO ☐ If Yes, please give details:
**It is contrary to the Act for referees not to reveal any information they may have, concerning convictions which may otherwise be considered "spent" in relation to this application which you consider relevant to the applicant's suitability for employment*

Please give your opinion regarding the returner's present knowledge, skills and personal attributes by ticking the appropriate boxes on the next three pages. Statements are provided to give examples of behaviours that would constitute different levels of performance, though this is not intended to be an exhaustive list. Please use the space provided to give examples of the candidate's behaviour that support the rating you have given them in each area, this is **essential if you have given a rating of 1 or 2**.

Clinical Expertise: Capacity to apply sound clinical knowledge and awareness to full investigation of problems. Makes clear, sound and proactive decisions, reflecting good clinical *judgement*.			
1☐	**2**☐	**3**☐	**4**☐
Cause for concern	Weak	Satisfactory	Good to excellent
Comments/evidence:			

Verbal Communication - Understanding: Capacity to understand spoken language as appropriate to needs of differing situations. Actively and clearly understands patient (and colleagues).			
1☐	**2**☐	**3**☐	**4**☐
Poor comprehension of even simple sentences, unable to follow a conversation, no understanding of medical terminology and abbreviations	Limited comprehension of English, can follow a conversation, but has significant misunderstandings of medical terminology and abbreviations	Good comprehension of English, can follow a conversation, few misunderstandings, understands most medical terminology and abbreviations	Can understand all that is said, can cope with "difficult" accents
Comments/evidence:			

Verbal Communication – Being Understood: Capacity to adjust behaviour and language as appropriate to needs of differing situations. Actively and clearly engages patient (and colleagues) in equal/open dialogue.			
1☐	**2**☐	**3**☐	**4**☐
Uses technical language or speaks in a manner that patients are unable to understand. Unable to construct	Can be lacking in clarity and coherence in use of language when speaking to patients	Often uses lay language to help patients understand. Has a good command of spoken English, may have some accent, can use	Always speaks clearly, gives patients time and checks that they understand

sentences. Liable to be misunderstood		appropriate medical terminology	
Comments/evidence:			
Written Communication - Comprehension: Capacity to understand written communication as appropriate to needs of differing situations.			
1☐	**2☐**	**3☐**	**4☐**
Cannot understand a simple typed medical letter. Frequent misunderstandings	Some understanding of a typed medical letter. Some misunderstandings	Can read typed letters, can mostly understand written notes of others, may have some difficulty with doctors handwriting	Can easily comprehend both typed and hand written text
Comments/evidence:			
Written Communication – Being Understood: Capacity to produce written communication as appropriate to needs of differing clinical needs and situations.			
1☐	**2☐**	**3☐**	**4☐**
Cannot dictate or write a simple letter, cannot make suitable records that are understandable. Misuses medical terminology. Illegible	Can be lacking in clarity and has difficulty dictating or writing clear letters, and notes in records	Can dictate or write clear letters, notes in records understandable. Legible. Uses appropriate medical terminology.	Always speaks clearly, gives patients time and checks that they understand
Comments/evidence:			
Empathy and sensitivity: Capacity and motivation to take in patient/colleague perspective, and sense associated feelings. Generates safe/understanding atmosphere. The understanding approach.			
1☐	**2☐**	**3☐**	**4☐**
Is not sensitive to the feelings of patients and treats them in an impersonal manner	Shows some interest in the individual and occasionally reassures patients	Usually demonstrates empathy towards patients	Always shows empathy and sensitivity, gives reassurance to the patient

Comments/evidence:

Professional integrity: Capacity and motivation to take responsibility for own actions (and thus mistakes). Respects/defends contribution and needs of all. (Respect for "position, patients and protocol").			
1☐	**2☐**	**3☐**	**4☐**
Does not take responsibility for their actions or show enthusiasm for job	Sometimes seeks to blame others for their actions	Often shows respect to patients and enthusiasm for their job	Puts patients needs before their own and takes full responsibility for their own actions
Comments/evidence:			

Problem-solving skills: Capacity to think/see beyond the obvious, analytical but flexible mind. Maximises information and time efficiently, and creatively.			
1☐	**2☐**	**3☐**	**4☐**
Misses minimal cues and symptoms, lets assumptions guide diagnosis	Often relies on surface information and doesn't probe deeper	Usually thinks beyond surface information, picks up on cues/minimal symptoms	Thinks beyond surface information and gets to the root cause
Comments/evidence:			

Organisation and planning: Capacity to organise information in a structured and planned manner, thinks ahead, prioritises conflicting demands, and builds contingencies. Delivers on time.			
1☐	**2☐**	**3☐**	**4☐**
Is always late for meetings/deadlines and unable to prioritise tasks	Is often late for meetings and deadlines and disorganised with paperwork etc.	Usually able to prioritise tasks and organise paperwork	Excellent at managing time and prioritising tasks
Comments/evidence:			

Learning and Development: Ability to identify own learning and development needs, commits time and resources to appropriate training and development activities.			
1☐	**2☐**	**3☐**	**4☐**
Reacts badly to constructive criticism or feedback, not interested own development	Needs assistance in identifying own training needs/developing personal targets	Often learns from experience, generally reacts well to constructive criticism	Actively seeks out and welcomes constructive criticism/feedback
Comments/evidence:			

Team involvement: Collaborative style, works with colleagues in partnership, able to compromise. Assumes role of leader when necessary, provides support, views self as part of larger organisation.			
1☐	**2☐**	**3☐**	**4☐**
Sticks rigidly to their own agenda and doesn't negotiate	Tends to take a 'back seat' rather than participating	Good at negotiating and usually able to compromise	Is excellent at supporting and motivating others and at negotiating
Comments/evidence:			

Ability to deal with pressure**:** Capacity to put difficulties into perspective, retaining control over events. Aware of own strengths/limitations, able to "share the load*".*			
1☐	**2☐**	**3☐**	**4☐**
Loses temper easily and refuses to share workload	Finds it difficult to share workload with others or to switch off after work	Often recognises when to share workload with others, usually remains calm under pressure	Remains calm under pressure at all times, recognises when to share workload
Comments/evidence:			

Was their attendance/timekeeping satisfactory?
YES ☐ NO ☐ If No, please give details

Are you aware of any health issues which may affect the candidates' ability ?

YES ☐ NO ☐ If Yes, please give details:

If you have any other comments regarding this applicant, please give details here:

Would you be happy to work with this doctor again?	YES ☐ NO ☐

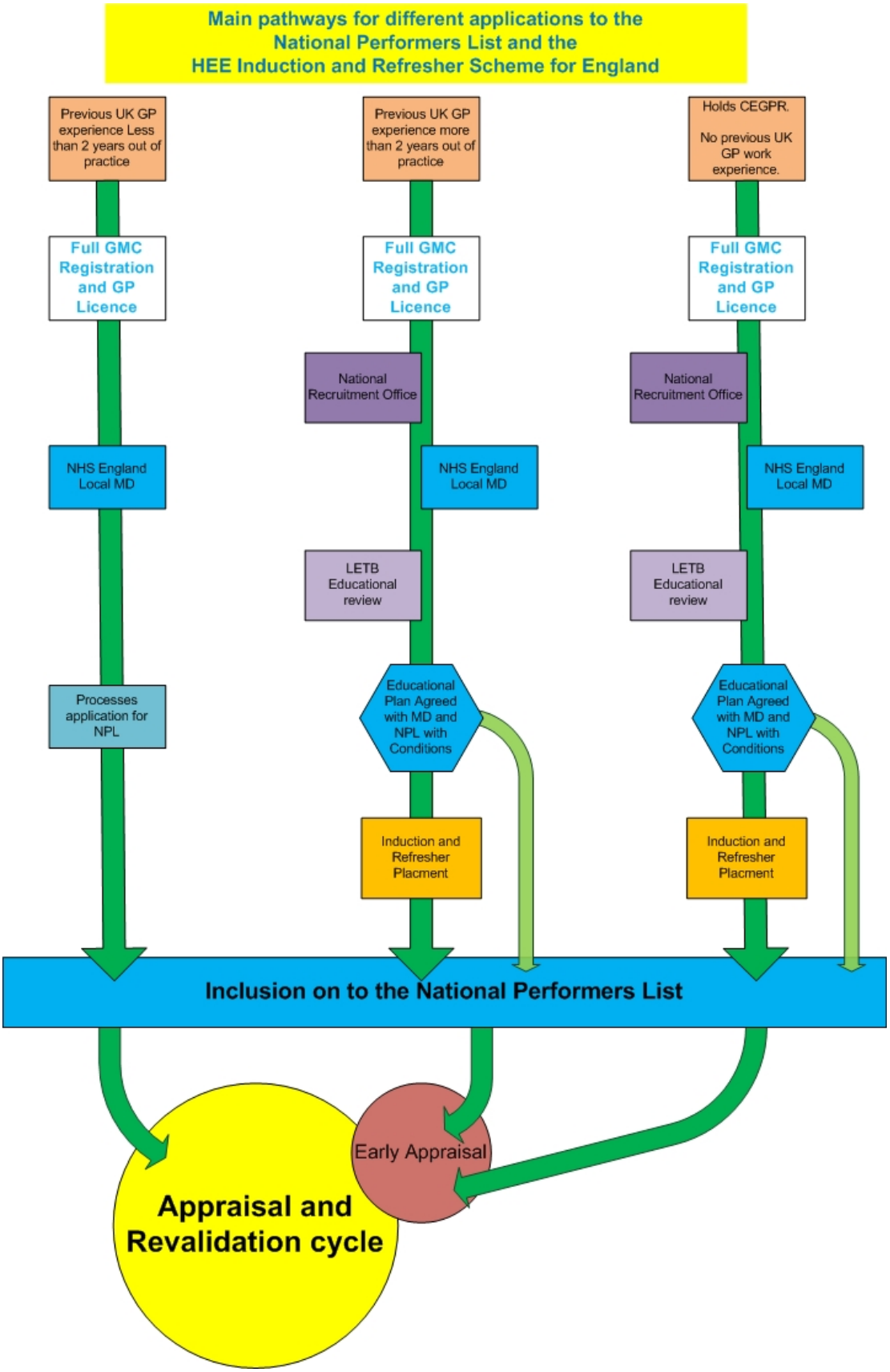
This report is based upon:		Recommendation of candidate for full NPL inclusion:	
General Impression	☐ a	Strongly without reservation	☐ 1
Close observation	☐ b	Could recommend as competent	☐ 2
Collective opinion of colleagues	☐ c	Would have some reservations	☐ 3
Employers views	☐ d	Could not recommend	☐ 4

Signature:		**Name** (print in block capitals):	
Position held:		**Contact telephone number:.**	
Name of training practice:		**Date** (dd/mm/yyyy):	

It is **essential** that this form is stamped with **an official practice stamp**. If no stamp is available, please attach a compliment slip signed by the practitioner providing the report. Forms received without a stamp or a signed compliment slip will be returned.	
Official practice stamp	Thank you for completing this report. This form should be returned to the address given on the accompanying e-mail or handed back to the applicant in a sealed envelope. If you have returned the completed form by e-mail, please ensure that a paper copy is returned by post.

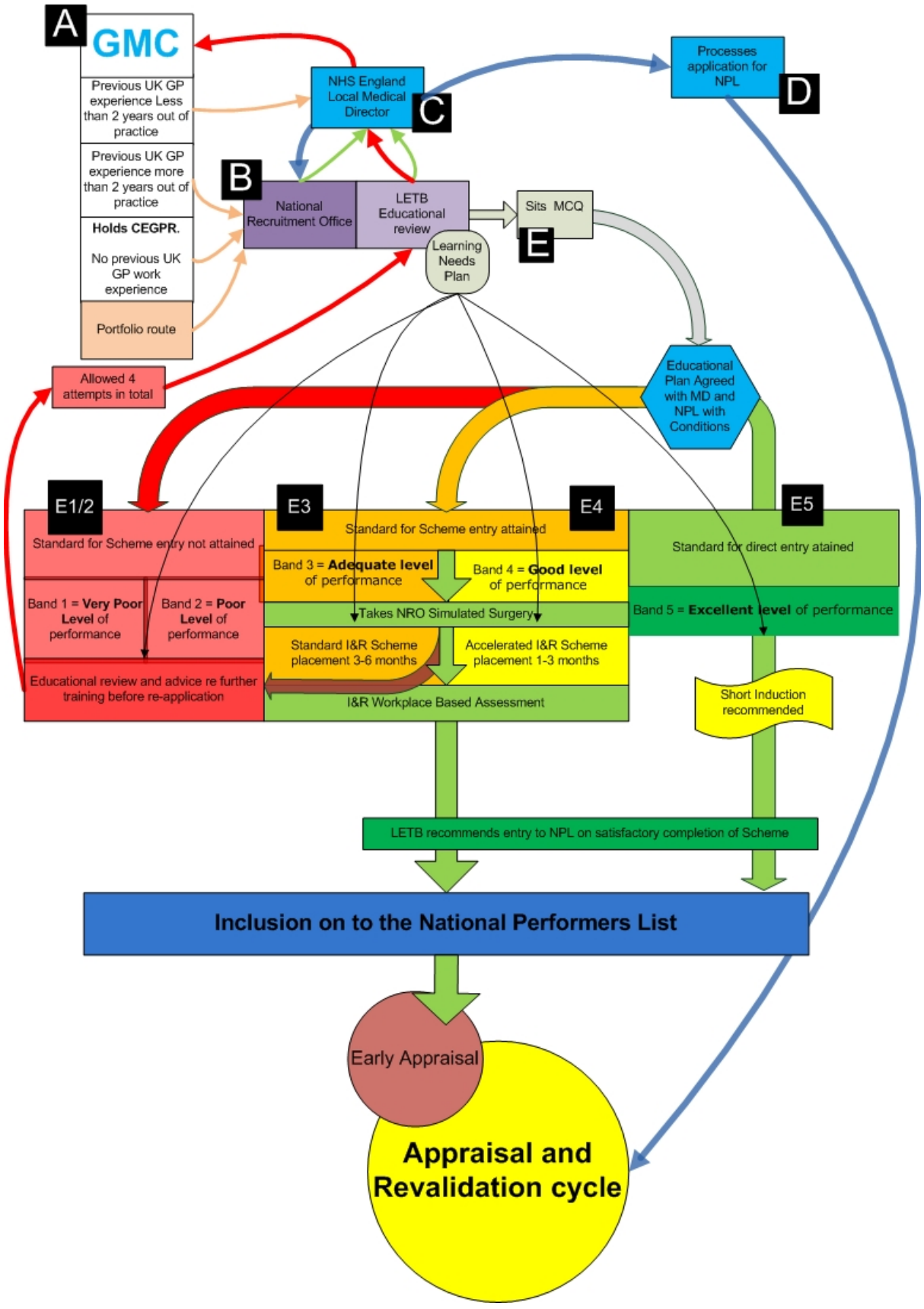
Annex B1

Simple graphic of I&R pathways



Annex B2

All pathways in I&R Scheme



Annex C

I&R logbook – from HE Wessex LETB

NHS Induction and Refresher GP Programme

LOGBOOK

Name of Doctor:	
Name of Supervisor:	

Aims of this Logbook

To help doctors who have not worked in NHS GP posts for 2 or more years or who have started to work in the UK, and have no previous experience of working in NHS GP posts, but have acquired rights to practice and wish to identify areas of their work that could be improved.

Peer Rating Scale

Review Date:	Completed by:

Developed from the 9 Point Rating Scale, it incorporates the GMC's 14 "Duties of a Doctor"

1	History taking and examination							
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
Incomplete, inaccurate, confusing history taking, cannot get patient co-operation for examination, technique poor		Clear history taking, appreciates the importance of clinical, psychological and social factors, performs adequate and appropriate examinations					Accomplished and concise history taker; including clinical , psychological and social factors. Skilled examination technique, effective listener	

Date	Score	Comments

2	Investigations							
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
Inappropriate, random, unnecessary investigations, no thought given. Often fails to perform investigations requested		Investigates appropriately, ensures all investigations requested by the team are completed, knows what to do with abnormal results					Arranges, completes and acts on investigations intelligently, economically and diligently	

Date	Score	Comments

3	Record Keeping							
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
Poor, confusing records. Inadequate, illegible		Clear records made in notes, medico-legally sound, others are able to understand					Records his/her information accurately and efficiently. Easy for others to follow	

Date	Score	Comments

4	Problem solving / making a diagnosis							
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
Unable to make decisions, or even make a working diagnosis. Fails to involve patients in decision making. Unaware of own limits		Can make a sound diagnosis, and produce safe, appropriate management plans. Involves patients in decision making. Good recognition of own limits					Plus – shows intelligent interpretation of available data to form an effective hypothesis, understands the importance of probability in diagnosis	

Date	Score	Comments

5	Emergency care							
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
Does not respond to emergency calls, chaos and panic in emergency situations		Responds quickly to emergency calls, works well within team, appropriate management of situation					Shows ability in evaluating the emergency situation calmly and intelligently, establishes priorities correctly, organises assistance an treatment promptly.	

Date	Score	Comments

6	Attitude to and relationship with patients							
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
Discourteous, inconsiderate of patients views, dignity & privacy. Unable to reassure, subject of repeated complaints		Courteous & polite, communicates well with patients, shows appropriate level of emotional involvement in the patient and family. Respects privacy & dignity					Excellent bedside manner, able to anticipate patients' emotional and physical needs and plans to meet them. Explains clearly and checks understanding.	

Date	Score	Comments

7	Team working / relationship with colleagues							
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
Unable / refuses to communicate with colleagues. Can't work to common goal, selfish, inflexible		Listens to colleagues – accepts the views of others. Flexible – ability to change in the face of valid argument					Able to bring together views for a common goal. Team goal is put before personal agenda	

Date	Score	Comments

8	Lifelong learning / Involvement in Teaching							
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
Does not see the need for learning, does not learn from mistakes. Fixed blinkered approach, poor attendance at teaching sessions		Positive approach to learning, participated in teaching, learns from mistakes, > 50% attendance at teaching sessions					Enthusiastic approach to learning, reports own errors unhesitatingly and shows ability to learn from the experience, good attendance (> 75%)	

Date	Score	Comments

9	Has a responsible and professional attitude and approach to their work, in the following areas:-

- Manners
- Dress code
- Time management
- Punctuality
- Safeguarding (Children and Vulnerable Adults)
- Ethics
- Honesty
- Trustworthiness
- Confidentiality

1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
Poor attitude/ approach in above areas, possible concerns. Fails to make care of patient first concern, own beliefs prejudice care, abuses position as a doctor		Reasonable attitude/ approach in above areas, a good doctor					Excellent attitude / approach in above areas, a credit to the profes Patient care is the priority	

Date	Score	Comments

10	Verbal Communication - Understanding							
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*

Poor comprehension of even simple sentences, unable to follow a conversation, no understanding of medical terminology and abbreviations	Good comprehension of English, can follow a conversation, few misunderstandings, understands most medical terminology and abbreviations	Can understand all that is said, can cope with “difficult” accents

Date	Score	Comments

11	Verbal Communication – Being Understood							
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
Such a difficult accent that patients are unable to understand. Unable to construct sentences. Liable to be misunderstood		Has a good command of spoken English, may have some accent, can use appropriate medical terminology					Clear speech, little or no accent, n misunderstandings	

Date	Score	Comments

12	Written Communication - Comprehension							
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
Cannot understand a simple typed medical letter. Frequent misunderstandings		Can read typed letters, can mostly understand written notes of others, may have some difficulty with doctors’ handwriting!					Can easily comprehend both type hand written text	

Date	Score	Comments

13	Written Communication – Being Understood							
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*

Cannot dictate or write a simple letter, cannot make suitable records that are understandable. Misuses medical terminology. Illegible	Can dictate or write clear letters, notes in records understandable. Legible. Uses appropriate medical terminology.	Good clear letters, able to deliver complex messages

Date	Score	Comments

14 Social Integration and/or Adjustment

For this section a score was felt to be inappropriate, a simple discussion on how the doctor and family are settling in to;

a. their new life (e.g. making friends, accommodation, children's schooling etc.) or
b. coping with their return to clinical work

Date	Comments

15 Integration/Re-Integration with the National Health Service

1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
No awareness of the NHS systems, unable to adapt to new ways of working		Coping well with the NHS systems, can overcome teething problems and is learning the new ways of working					Working well within the confines of the NHS, aware and correct use of its systems. Good awareness on professional etiquette	

Date	Score	Comments

16 Case-based discussion (CBD)

Please refer to the relevant CBD form for detailed feedback as no specific tool is mandatory

1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*

Significant concerns/learning needs identified	Some concerns/learning needs noted	Good reflection, no concerns no

Date	Comments

17 Consultation Observation Tool (COT)

This may be done either by video or sitting in. Please refer to the relevant COT form for detailed feedback as no specific tool is mandatory

1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
Significant concerns/learning needs identified		Some concerns/learning needs noted					No concerns noted	

Date	Comments

18 Multi-source feedback (MSF)

Please use a recommended tool for detailed feedback as no specific tool is mandatory. Expectation is one per six month placement (i.e. if part-time over 12 months then two MSFs expected)

1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
Significant concerns/learning needs identified		Some concerns/learning needs noted					No concerns noted	

Date	Comments

19 Patient satisfaction questionnaire (PSQ)

Please use a recommended tool for detailed feedback as no specific tool is mandatory. Expectation is one per six month placement (i.e. if part-time over 12 months then two PSQs expected)

1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*

Significant concerns/learning needs identified	Some concerns/learning needs noted	No concerns noted

Date	Comments

20	Out-of-hours Experience (OOH)
This is an optional field only to be completed at the direction of the Deanery	

Date	Comments

COMMENTS/ LEARNING OBJECTIVES AFTER FIRST REVIEW

Signed:	Date:

COMMENTS/ LEARNING OBJECTIVES AFTER SECOND REVIEW

Signed:	Date:

COMMENTS/ LEARNING OBJECTIVES AFTER THIRD REVIEW

Signed:	Date:

COMMENTS/ LEARNING OBJECTIVES AFTER FOURTH REVIEW

Signed:	Date:

Practice Address	Educational Supervisor
	Name:..... GMC Number:..... Signed:…… …… Date:……

Further comments may be added or enclosed with report.

❑ **Report Approved** ❑ **Report Not Approved**	Signed:…… …… Date:…… . Head of School of General Practice

Annex D

Funding details

A bursary will be made available via the GP National Recruitment Office. The bursary will only be available to doctors who require more than two weeks supervised practise.

Doctors on the I&R Scheme who are in supervised practise for more than two weeks will be able to claim a bursary for the time in which they in placement.

I&R doctors will also be eligible to claim back (from the NRO) the cost of **one** MCQ and **one** Simulated Surgery assessment after successfully completing the scheme, provided they can demonstrate subsequent employment in the NHS.

Doctors on the I&R Scheme will receive a bursary of £2,300 full time equivalent, on a monthly pro rata basis.

Full time for the purpose of this scheme is 9 sessions per week (37.5 hours).

Annex E

Roles of parties to this scheme

Health Education England (HEE) has a mandate from the UK government to support efforts to improve recruitment and retention of staff; and to support 'return to practice' initiatives, with a specific emphasis on general practice [6].

HEE Local Education and Training Boards (LETBs) are responsible for the training and education of NHS staff, both clinical and non-clinical, within their area. The LETBs are committees of HEE which lead and improve the quality of local healthcare education and training, to meet the needs of patients, the public and service providers in their areas.

The GP National Recruitment Office (NRO) was set up by the Committee of General Practice Education Directors (COGPED), and is the administrative body responsible for co-ordinating the nationally agreed and quality assured process for recruitment to general practice. One of its main roles is to help the LETBs deliver a standard and robust recruitment and selection process that is reliable, valid and fair.

NHS England is required to assure itself that any doctor on the NPL:

- has a working knowledge of the NHS;
- is both clinically safe and practises in accordance with the values of the NHS;
- is comfortable managing English patients' expectations across the broad curriculum of general practice;
- and in addition, in the case of doctors where English is not their first language, to ensure they have a level of linguistic competency compatible with safe practise.

This duty is discharged through the NHS England Regional Teams.

[6] Health Education England Mandate: April 2014 to March 2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310170/DH_HEE_Mandate.pdf