

Building the Workforce – the New Deal for General Practice

The GP Induction & Refresher Scheme 2015-2018

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

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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 practising¹.

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 practise². 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 profession³.
- 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 training⁴:

- 3.1.1 Patient safety
- 3.1.2 Quality assurance, review and evaluation
- 3.1.3 Equality, diversity and opportunity

¹ I&R Registration Form –<http://gprecruitment.hee.nhs.uk/Induction-Refresher/How-to-apply>

² Not just another primary care workforce crisis, Morison, J.; Irish, B.; Main, P.; British Journal of General Practice Feb 2013, 63(607)72

³ GMC: PLAB Review - http://www.gmc-uk.org/PLAB_review_final.pdf_57946943.pdf

⁴ GMC: The Trainee Doctor - http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf

- 3.1.4 Recruitment, selection and appointment
 - 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 Procedures⁵. 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

⁵ <http://www.england.nhs.uk/wp-content/uploads/2014/08/sop-med-perf.pdf>

will be invited to an interview and educational assessment by the local I&R lead.

- 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. Details of what will be asked at interview can be found on the NRO website⁶.
- 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 A2:

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 practice⁷ – [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

⁶ I&R Structured Interview Form – <http://gprecruitment.hee.nhs.uk/Induction-Refresher>

⁷ I&R Short Report – <http://gprecruitment.hee.nhs.uk/Induction-Refresher>

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 during placements⁸. 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 report⁹.
- 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 B.
- 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

⁸ Induction Logbook – <http://gprecruitment.hee.nhs.uk/Induction-Refresher>

⁹ I&R Structured Report – <http://gprecruitment.hee.nhs.uk/Induction-Refresher>

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 tribunal¹⁰.

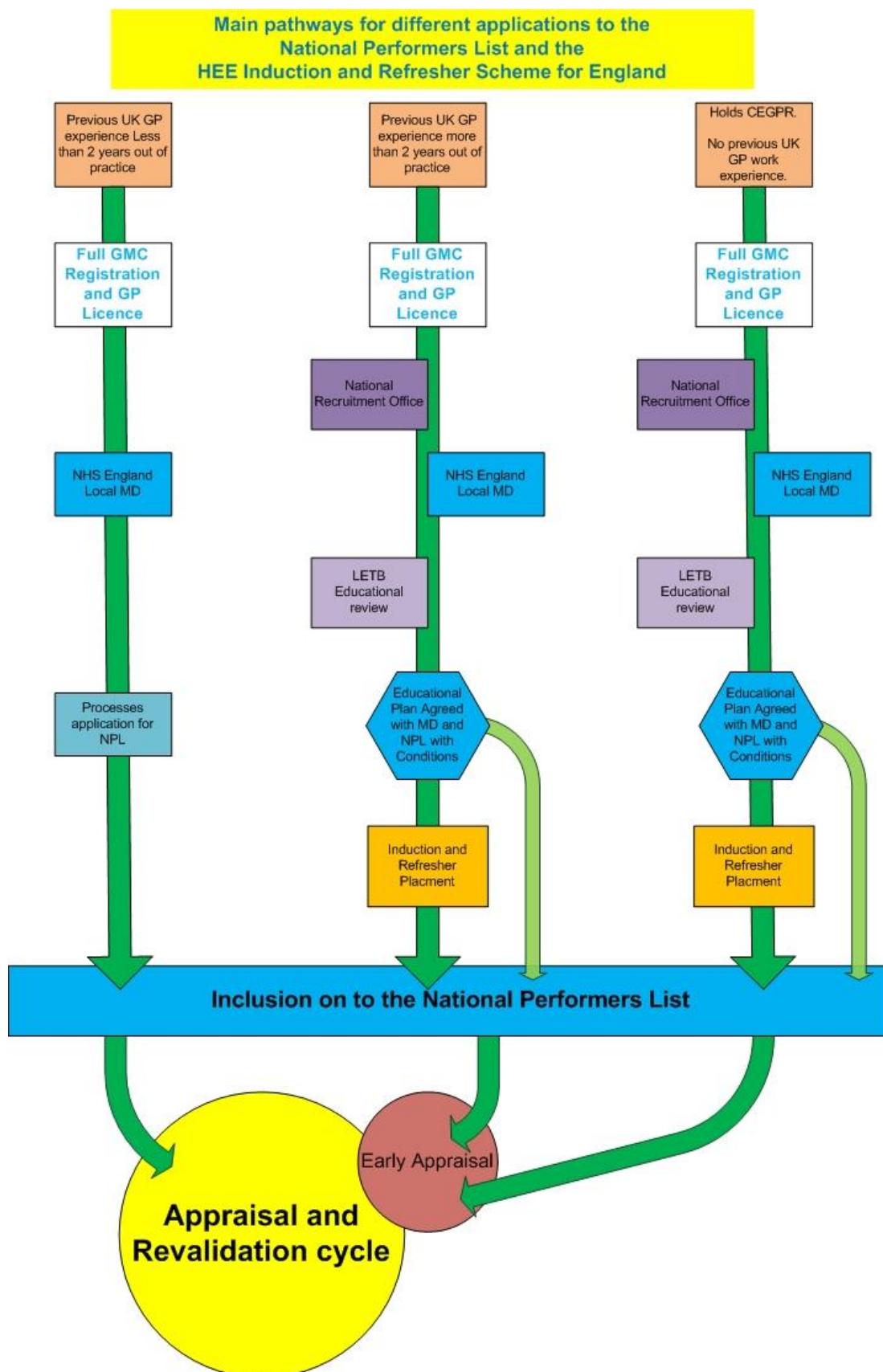
11. Review

- 11.1 This scheme will be reviewed in 2016 - 2017.

¹⁰ <http://www.england.nhs.uk/wp-content/uploads/2014/08/Performer-list-frmwrk.pdf>

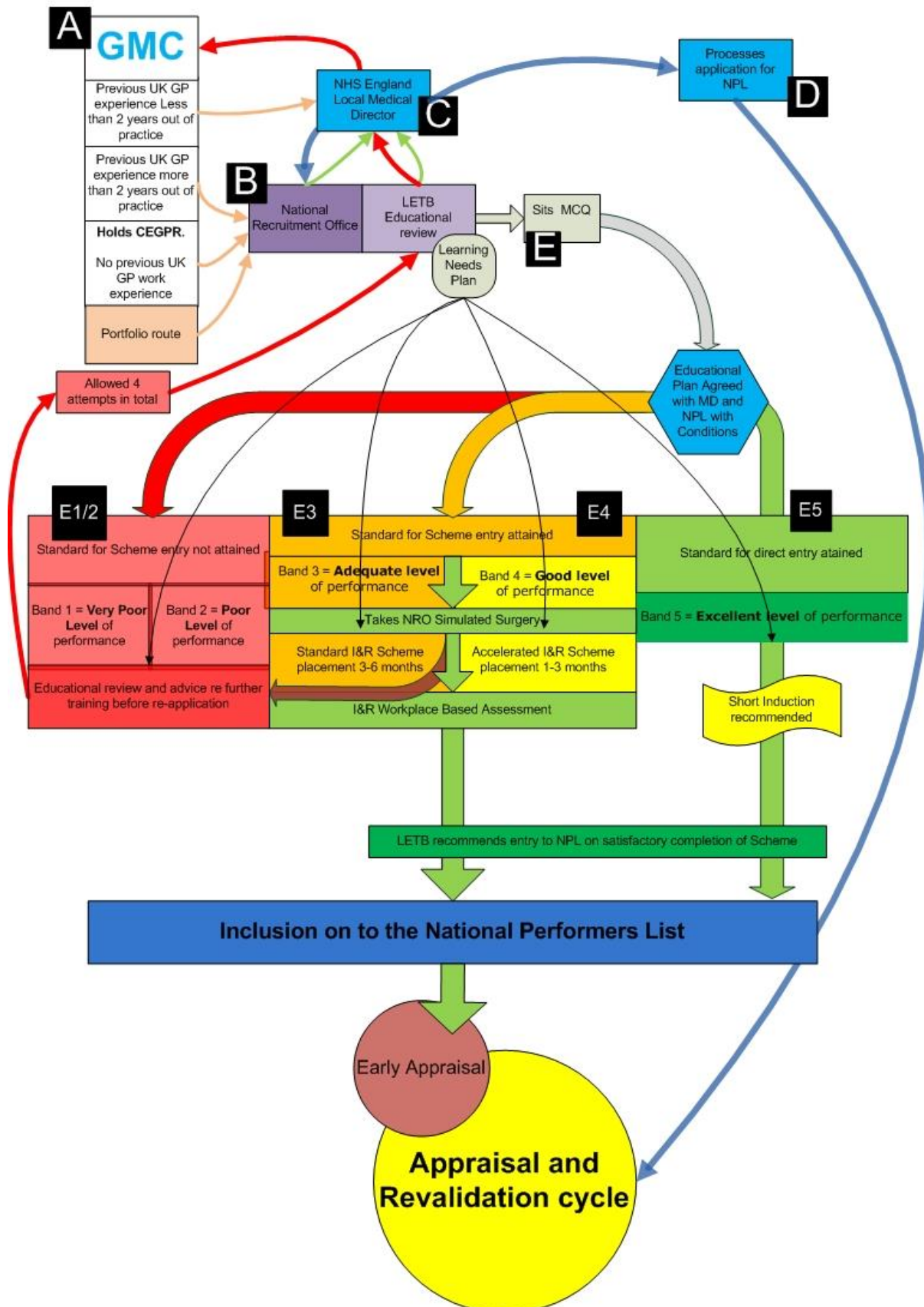
Annex A1

Simple graphic of I&R pathways



Annex A2

All pathways in I&R Scheme



Annex B

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 C

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 ¹¹.

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.

¹¹Health Education England Mandate: April 2014 to March 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310170/DH_HEE_Mandate.pdf