# The Scotland Deanery

The Scotland GP Returner Programme
Updated April 2021

# The Scotland GP Returner Programme

## *Context*

The Scotland GP Returner Programme is for GPs who have worked in NHS General Practice but have been out of clinical General Practice in the UK for more than two years and wish to **return to work** in NHS General Practice in Scotland. This might include GPs who are returning from a career break or those returning from working outside the UK. This programme is funded by Scottish Government and operated by NHS Education for Scotland, providing applicants with a salary to support them whilst on the programme.

Details and frequently asked questions in relation to the Scotland GP Returner Programme can be found at: https://www.scotlanddeanery.nhs.scot/your-development/gp-induction-and-returner-programmes/

This programme provides a route to return safely to General Practice in a supported way. The programme will be tailored around you following an individual learning needs assessment. You will be allocated a practice-based supervisor who will provide feedback to support your integration as an independent general medical practitioner in the NHS in Scotland.

An interview with a GP Advisor from NHS Education Scotland (NES) will establish eligibility and suitability for the programme. A suitable placement in an approved GP training practice for an attachment of **up to** six months will be sought. Placements are not guaranteed.

Formative assessments, during the placement, will include a video analysis of consultation skills, a test of knowledge (RCGP PEP) and workplace-based assessments. At the end of the programme, the supervisor will make a summative recommendation in relation to suitability for independent practice and unrestricted inclusion on the Scottish Performers' List.

## *Aims*

The aims of the Returner Programme are to:

1. Provide a supportive and clinically relevant educational environment in which GPs can refresh and update their knowledge and clinical skills

2. Provide formative assessments for the GP during the practice attachment

3. Provide a clinical reference through an Educational Supervisors Report (ESR) supported by evidence to those managing the Performer List

4. Enable GPs who are committed to live and work in Scotland, to return to the GP work force.

## *Eligibility Criteria*

To be eligible for the programme, the following criteria must be met:

1. Certification of completion of GP Training or equivalent in the UK by a competent authority

2. On the GMC GP Register, without GMC conditions or undertakings (except those relating solely to health matters) and hold a current licence to practice as a GP

3. Previously worked in NHS GP providing a full range of primary care services.

4. Applicant has not been working in clinical general practice in the UK for the preceding two years or more.

5. Eligible to be included on the Performers' List on completion of the programme as confirmed by the Health Board.

6. Eligibility for Medical Defence Organisation membership on completion of the programme.

7. Committed to live and work in NHS General Practice in Scotland.

8. Has not already undertaken, commenced or been unsuccessful in similar programmes elsewhere in the UK or unsuccessful in the national I&R MCQ or simulated surgery as part of an application elsewhere in the UK.

9. The programme can be undertaken at less than full time with the minimum being 50%.

## *Process*

How to Apply for the Scotland GP Returner Programme

- If you wish to practice as a GP in Scotland, have worked previously in NHS GP but have not done any clinical general practice in the UK NHS for two years or longer, you should **register your interest in the programme through accessing the website** http://www.scotlanddeanery.nhs.scot/your-development/gp-induction-and-returner-programmes/

- Arrangements will be made for you to meet with an advisor for the GP Returner Programme in the region where you wish to work. This will include a review of your previous training and experience and advice on next steps. You are required to provide an up to date CV to inform this meeting. In some instances, you may be able to return to active clinical general practice without going through the GP Returner programme.

- If you wish to proceed, you first need to apply to be considered for inclusion on the Performers List by the Scottish Health Board area in which you will be primarily working. A list of Health Board Performers' List administrators is listed here (accurate at April 21).

**Health Board Performers List Administrators**

| | | |
|---|---|---|
| Ayrshire & Arran | Karien Foote | Karien.Foote@aapct.scot.nhs.uk |
| Dumfries & Galloway | Shiona Burns | dg.pcd@nhs.scot |
| Fife | Linda Neave | Linda.Neave@nhs.scot |
| Forth Valley | Kirsty Blair | kirsty.blair@nhs.scot |
| Grampian | Debbie Gordon | gram.primarycarecontracts@nhs.scot |
| Greater Glasgow & Clyde | Sandra Hendren | gp.pcs@ggc.scot.nhs.uk |
| Highland (North)<br>Highland (A&B) | Claire Piper<br>Elizabeth Hutcheson | claire.piper@nhs.scot<br>elizabeth.hutcheson@nhs.scot |
| Lanarkshire | Lea Ann Tannock | Lea.Tannock@lanarkshire.scot.nhs.uk |
| Lothian & Borders | Danielle Swanson | Danielle.Swanson@nhslothian.scot.nhs.uk |
| Orkney | Arlene Tait | arlene.tait@nhs.scot |
| Shetland | Maureen Stewart | maureen.stewart4@nhs.scot |
| Tayside | Clodagh Wright | clodagh.wright@nhs.scot |
| Western Isles | Chrisann Mackenzie | chrisann.mackenzie@nhs.scot |

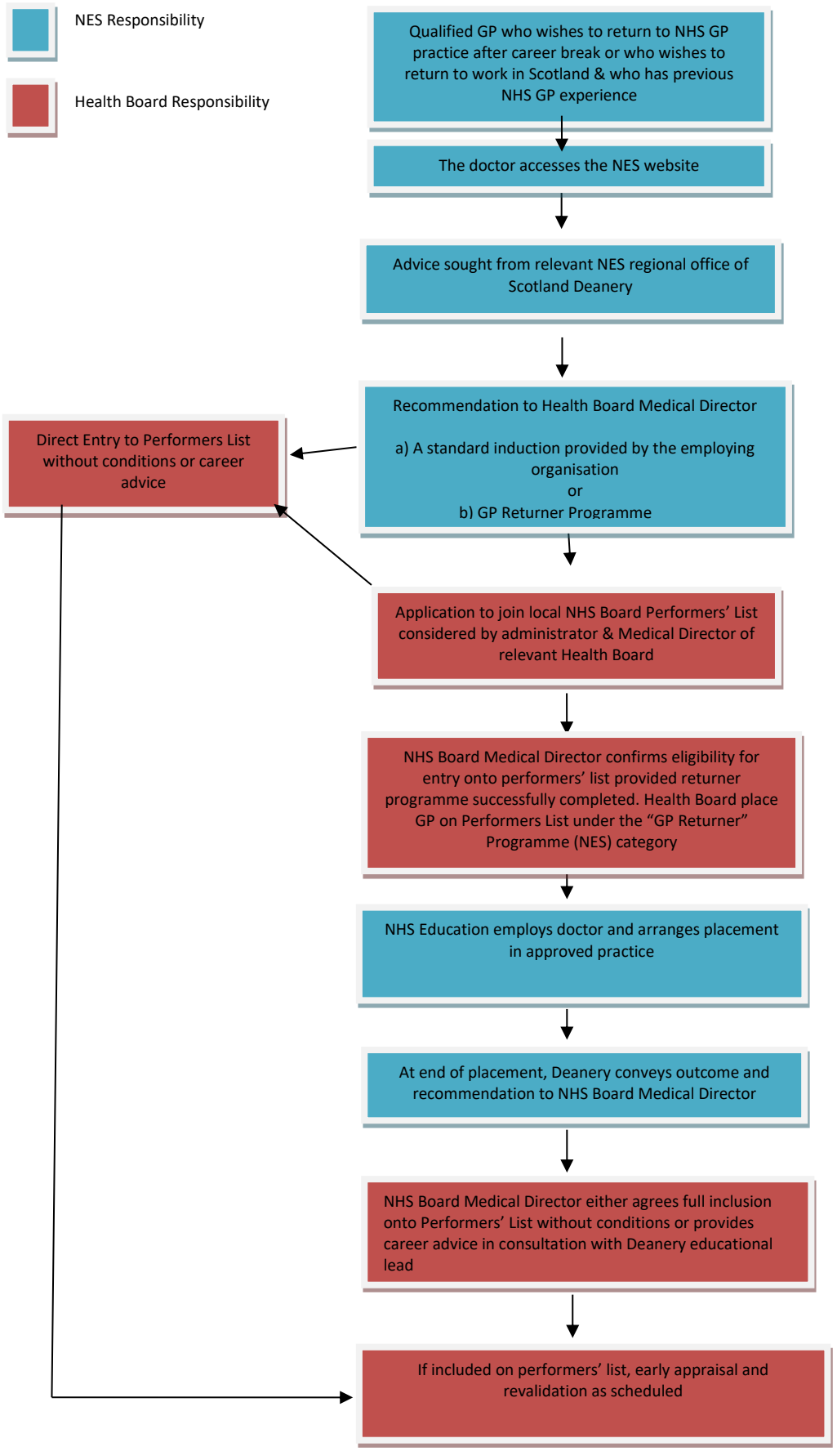
- The administrator will send you an application pack which you should complete and return including all the documents requested. Your application to join the Performers' List will be considered by the Health Board Medical Director who will decide whether you can have entry to the Performers' List and will act as your initial gateway board.

- If the decision is to include you unconditionally on the Performers' List, then you may start work as an independent general practitioner. You should apply for GP posts which are normally advertised in the BMJ or on the https://gpjobs.scot/work-in-scotland/ website. You will be offered an early appraisal.

- If the appropriate route is the Scotland GP Returner Programme, then you will be included on the Performers' List as a GP Returner for a fixed duration equaling the duration of the programme (up to six months whole time equivalent) providing a practice placement can be identified by the NES GP Advisor. NES will become your gateway board for the duration of your programme. There is no guarantee of a placement.

- On successful completion of the programme you will need to contact the territorial Board where you wish to work as a GP. The end of placement Educational Supervisors Report will be shared with the Medical Director of such Board who will decide if your performers list status can be changed to unrestricted.

**Process for GPs returning to work in Scotland**



## *Teaching and learning*

The GP Returner will be supervised by a named Educational Supervisor (ES) who will have overarching clinical and educational responsibility for the doctor. The ES will:

- arrange a thorough induction to the practice and any recent changes to the NHS in Scotland before the GP Returner embarks on the formal agreed timetable.
- facilitate a learning needs assessment using self-rating scales such as the Lanarkshire checklist.
- learning needs will be discussed during the first mentoring session with the ES, and a plan designed to meet these needs will be agreed.
- tailor the weekly timetable to the learning needs of the Returner.
- provide an educational contract in the first week for mutual signature (modelled on the timetable suggested below)
- send a copy of the timetable to the Deanery Lead (who will be happy to advise re content and suitability), for approval.
- provide regular educational supervision meetings
- give regular formative feedback to the GP Returner with explicit documented comments about progress
- advise about PDP & evidence required for appraisal and revalidation

## *Suggested weekly timetable*

| Day | Morning | Afternoon |
|---|---|---|
| Monday | Surgery | Surgery |
| Tuesday | Surgery | Surgery |
| Wednesday | Surgery | A face to face session with the Educational Supervisor |
| Thursday | Surgery | Surgery |
| Friday | Surgery | Self-directed learning to address areas identified as weak in PEP, and through educational needs assessment<br>OR<br>Planned Educational Session as suggested by ES for example:<br>• combined surgery<br>• recorded surgery for submission to WoS<br>• appraisal preparation<br>• reflective log entries (see appendix 1)<br>• CDM Clinic with nurse |

- A session is defined as four hours
- A 'surgery' is to include direct patient contact, telephone advice, on-call responsibilities, home visits, and administration as timetabled by the practice.
- Initially each surgery will require close supervision appropriate to the experience, competence and confidence of the GP Returner.
- The consultation rate should be graduated so that by end of the attachment, the doctor has achieved the standard of an independent general practitioner with an average of 10-minute appointments to include documentation in line with other clinicians working in the practice.
- Combined surgeries should be offered on a regular basis to allow observation of an experienced practitioner's management of patients, time management and other strategies.
- We recommend a maximum of eight general surgeries per week but this should be negotiated in line with the educational needs of each GP Returner.
- The ES will be encouraged to contact the Deanery regional advisor for any advice needed or with any concerns at an early stage.
- There is no requirement for the GP Returner to work in Out of Hours (OOH) but if the GP Returner anticipates applying to do OOH sessions in the future, then this must be discussed at the placement interview with the GP AA. Provided the local OOH service can accommodate the request and once the ES is satisfied that he or she is ready to do this then if the GP Returner is able to do two sessions in OOH per month, a pay supplement will be available.

## *Assessment*

### *Minimum requirements:*

You will be required to do a specified number of formative assessments during your practice attachment.

- **RCGP GP Self-test** which should be completed within the first two weeks of attachment and, if the Returner's first Self-test score is below peer average score, also at the end of the attachment to demonstrate satisfactory progression.
  RCGP SelfTest
- **Work place based assessments** should be recorded in a logbook. These assessments include assessments of clinical skills, communication skills & teamwork and are based around observed consultations, case based discussions, 360 degree feedback from patients (Patient Satisfaction Questionnaire) and colleagues (Multisource Feedback MSF via SOAR) and observations of clinical procedures. PSQ and MSF can both be used towards appraisal and revalidation; it is thus in the GP Returner's interests to complete these during a stable funded post
  Normally this will be **at least** one Case Based Discussion (CBD) assessment per month (pro-rata). During your placement you will require confirmation that you are competent to carry out the 5 mandatory RCGP Clinical Examination and procedural Skills (male genital, prostate, breast, female bi-manual genital and digital rectal examination)
- External analysis of consultation skills reviewed through the CPD Connect peer review system (four consultations as a minimum). Consultation Peer Review. Feedback from this will be used by your Educational Supervisor to inform your final supervisors report.
- Reflective educational diary to be shared with the ES (see appendix 1)
- As part of the programme GP Returner doctors are allocated a £200 allowance towards educational activities available through CPD Connect https://www.cpdconnect.nhs.scot/

**NB** Costs incurred for external evaluations such as GP SelfTest are the responsibility of the GP Returner. GP SelfTest costs £30 for 6 months access for RCGP members and Returners are eligible for 1-year free RCGP Associate in Training (AiT) membership.

## *Review of progress*

There will be a review of progress at the beginning, midpoint and end of the attachment with a summative conclusion being reached at the end of the programme, using the Educational Supervisors Report (see Appendix 2). This will be shared with the GP Returner.

This should demonstrate satisfactory and incremental progress throughout the Programme and continuing ability to reflect and learn from the Returner's own and colleagues' practices.

The Associate Advisor will make contact at the midpoint of the attachment to help with any problems

1. The overall time allotted to the Returner Programme will not normally be extended.

2. A failure to progress in achieving the agreed objectives (reaching the standard of an independent General Practitioner) may result in non-inclusion in the Performers' List.

3. If a failure to progress raises concerns in relation to patient safety or professional probity, the Deanery Responsible Officer may make a referral to the GMC, after having discussed the situation with the Health Board's Medical Director.

4. If a failure to progress is related to sickness absence, it may be appropriate to defer the completion date of the Programme. The normal quota of annual leave may be taken during the attachment, and this should be pro-rata. Any period of sickness absence greater than that covered by self-certification must be supported by a doctor's certificate. A cumulative absence due to illness of more than four weeks in six months will trigger a referral to the Occupational Health Service unless seen as unnecessary in the opinion of the ES. Reasons for not making an OH referral will be given.

5. On completion of the programme, the ES will make an evidence-based recommendation on the basis of the ESR, and this will be made available to the Deanery. This is not subject to appeal.

6. The Deanery will provide a report to the Medical Director of the Performers' List with possible recommendations as follows:
    - No concerns
    - Needs further development

7. Further developments will be evidenced in the ESR. This document will be shared with the Medical Director of the territorial health Board where the successful returner wishes to apply for unrestricted performers lists status. This report should be considered equivalent to a recent, and detailed clinical reference, and a decision can be made by the Medical Director with responsibility for the Performer List whether to approve unrestricted inclusion on the list.

    NES is responsible through the Deanery for the delivery of the educational assessment and the provision of the Scotland GP Returner Programme. Applicants who wish to complain or appeal against the outcome of any assessment or recommendation would do so through an appeal process with NES. If the GP Returner feels that the GP Returner Programme has not been compliant with the terms of their educational contract, they will be expected to have registered their concerns contemporaneously with documented evidence during the course of their post rather than after receiving their educational supervisor's assessment. In the absence of valid grounds for appeal, the educational supervisor's assessment is final.

8. Unrestricted status on the Performers' List is the decision of the individual Health Board's Medical Director. A decision to refuse this or to apply conditions on a registration is taken by the Medical Director. Any appeal regarding the outcome of this decision should be made to the Health Board.

9. Revalidation recommendations will be deferred until a GP Returner doctor has successfully completed the programme, been approved as having unrestricted status on the performers list and had an early appraisal by the gateway territorial Board.

    Further details around terms & conditions can be found at: http://www.scotlanddeanery.nhs.scot/your-development/gp-induction-and-returner-programmes/

# Appendix 1

## *Example of a Reflective Educational Diary*

### For completion by GP Returner

*Specimen*

| *Date and activity* | *Learning points* | *Impact/change in practice* | *What further do I need to know?* |
|---|---|---|---|
| *01/01/2000*<br>***Directed reading following consultation with patient suffering from Heart failure*** | *-HF commonest cause of hospital admission >65yrs*<br>*-Average age diagnosis 76yrs and 2/3rds have IHD*<br>*-NYHA system based on symptoms and guides treatment not echo or Ix findings. ( NYHA1-4 see page 8 re treatments)* | *-Understand need for referral for urgent assessment*<br>*-Would now consider classification as guide to treatment*<br>*-High risk condition with very poor prognosis* | *- Clarification on lipid testing and when to fast*<br>*- Confirm target of BP treatment 140/90 in HF /IHD* |

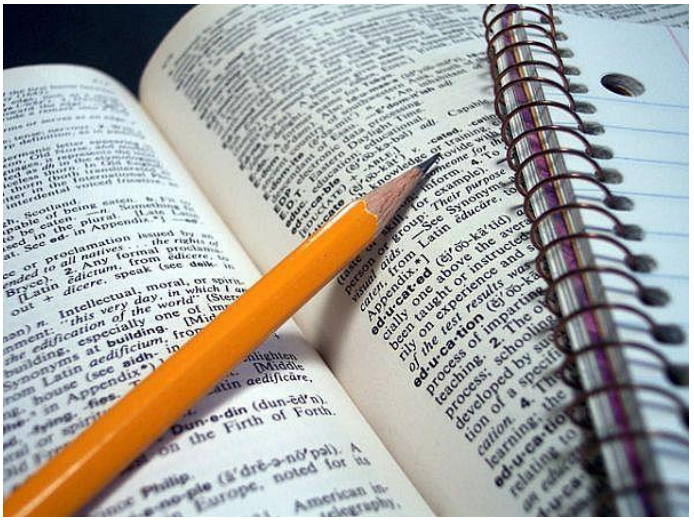
| Date and activity | Learning points | Impact/change in practice | What further do I need to know? |
|---|---|---|---|
| | | | |

**Add further rows as required**

Appendix 2

**NHS EDUCATION SCOTLAND**

# EDUCATIONAL SUPERVISORS REVIEW AND LOGBOOK



Name of Doctor:

Supervisor:

Acknowledgement: to North Western Deanery Department of Postgraduate General Practice and Dr Julian Page for developing the outline of this logbook.

*Evidence mapped to GMC Good Medical Practice*

# *Domain 1 – Knowledge, Skills and Performance*

| 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 | Comment |
|---|---|---|
| | | |
| | | |
| | | |

| 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 | Comment |
|---|---|---|
| | | |
| | | |
| | | |

| 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 can understand | | | | | Records his/her information accurately and efficiently. Easy for others to follow | |

| Date | Score | Comment |
|---|---|---|
| | | |
| | | |
| | | |

| 4 | Making diagnoses and Decisions | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 | Comment |
|---|---|---|
| | | |
| | | |
| | | |

| 5 | Managing Medical Complexity | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| Manages health problems separately, without considering implications of multimorbidity. Maintains positive approach to patient's health. | | Simultaneously manages both acute and chronic health problems. Can tolerate uncertainty, including that of the patient where appropriate. Communicates risk effectively to patients. Encourages patient involvement in health promotion and disease prevention. | | | | | Accepts a key role in co-ordination and management of acute and chronic problems. Anticipates and uses strategies to manage uncertainty. Co-ordinates team-based approach to health promotion, prevention, cure, care and palliation and rehabilitation. | |

| Date | Score | Comment |
|---|---|---|
| | | |
| | | |
| | | |

| 6 | 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 and treatment promptly. | |

| Date | Score | Comment |
|---|---|---|
| | | |
| | | |
| | | |

## *Domain 2 – Safety and Quality*

| 7 | 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 | Comment |
|---|---|---|
| | | |
| | | |
| | | |

| 8 | Integration/Re-Integrationwith 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 | Comment |
|---|---|---|
| | | |
| | | |
| | | |

## *Domain 3 – Communication, Partnership and Teamwork*

| 9 | 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 | Comment |
|---|---|---|
| | | |
| | | |
| | | |

| 10 | 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 | Comment |
|---|---|---|
| | | |
| | | |
| | | |

| 11 | 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, and may have some difficulty with doctors' handwriting. | | | | | Can easily comprehend both type hand written text | |

| Date | Score | Comment |
|---|---|---|
| | | |
| | | |
| | | |

| 12 | 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 | Comment |
|---|---|---|
| | | |
| | | |
| | | |

| 13 | 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 | Comment |
|---|---|---|
| | | |
| | | |
| | | |

| 14 | 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 | Comment |
|---|---|---|
| | | |
| | | |
| | | |

| 15 | **Has a responsible and professional attitude and approach to their work, in the following areas:-**<br>• **Manners**<br>• **Dress code**<br>• **Time management**<br>• **Punctuality**<br>• **Safeguarding (Children and Vulnerable Adults)**<br>• **Ethics**<br>• **Honesty**<br>• **Trustworthiness**<br>• **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 profession. Patient care is the priority | |

| Date | Score | Comment |
|---|---|---|
| | | |
| | | |
| | | |

| | |
|---|---|
| **16** | Social Integration and/or Adjustment<br>For this section a score was felt to be inappropriate, a simple discussion on how the doctor and family are settling in to;<br>a. their new life (e.g. making friends, accommodation, children's schooling etc.) or<br>b. coping with their return to clinical work |

| **Date** | **Comment** |
|---|---|
| | |
| | |
| | |

## *Workplace Based Assessments*

| **17** | **Case-based discussion (CBD)** | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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** | **Comment** |
|---|---|
| | |
| | |
| | |

| **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** | **Score** | **Comment** |
|---|---|---|
| | | |
| | | |
| | | |

| **19** | **Clinical Examination & Procedural Skills Assessment (CEP)** | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| Significant concerns/learning needs identified | | Some concerns/learning needs noted | | | | | No concerns noted | |

| **Date** | **Comment** | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | **Mandatory CEPS** | **Satisfactory** | **Unsatisfactory** |
| | Male genital | | |
| | Prostate | | |

| | | | |
|---|---|---|---|
| | Rectal | | |
| | Female genital + speculum | | |
| | Breast | | |

| 20 | 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 | Comment |
|---|---|
| | |
| | |

| 21 | Out-of-hours Experience (OOH) - This is an optional field only if OOH sessions have been included within the programme |
|---|---|

| Date | Comment |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

## COMMENTS/ LEARNING OBJECTIVES AFTER FIRST REVIEW

Date of **RCGP GP Self-Test**:
Result:
Comments including any recommendation to repeat:

Date:

Signed:

## COMMENTS/ LEARNING OBJECTIVES AFTER SECOND REVIEW

Date of submission of **peer review video of consultations**:
Date of feedback:
Date of discussion:
Comments:

Date:

Signed:

## COMMENTS/ LEARNING OBJECTIVES AFTER THIRD REVIEW

Date of feedback:
Date of discussion:
Comments:

Date:

Signed:

| 22 | Programme exit discussion must cover the following topics |
|---|---|

| Date | Topic | Confirm Discussed |
|---|---|---|
| | Performers List application | |
| | Appraisal and Revalidation Obligations | |
| | Medical Practice Indemnity | |
| | Resilience and Maintaining Health | |
| | Work plans on completion | |

| Practice Address | Educational Supervisor |
|---|---|
| | Name:<br><br>GMC Number:<br><br><br>Signed:<br><br><br>Date : |

| **Final Conclusion** (please tick as appropriate) | |
|---|---|
| No concerns | |
| Needs further development in areas identified above | |

| **Signed** |
|---|
| Director of Postgraduate GP Training or Nominated Deputy |
| Name: |
| Date: |

April 2021