The Scotland Deanery

The Scotland GP Enhanced Induction Programme
Updated January 23

The Scotland GP Enhanced Induction Programme

Context

The Scotland GP Enhanced Induction Programme is for GPs who have never worked as a United Kingdom NHS GP but who wish to live and work in NHS General Practice in Scotland. 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 Enhanced Induction Programme can be found at: http://www.scotlanddeanery.nhs.scot/your-development/gp-induction-and-returner-programmes/

Applicants must have a General Medical Council (GMC) recongnised post-graduate qualification to allow them to apply and be included on the GMC GP register.

This programme provides an induction to working in NHS 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 for Scotland (NES) will establish eligibility and suitability for the programme. A suitable placement in an approved GP practice for an attachment of **up to** six months will be sought. Placements are not guaranteed.

To be eligible for the programme, doctors must successfully sit the national MCQ/SJT and obtain a band 4 or 5 in the MCQ with a pass in professional dilemmas. Those with a band 1, 2 or 3 in the MCQ or who fail the professional dilemmas/SJT will require to re-sit the MCQ. A maximum of 4 attempts are permitted.

Special arrangements have been agreed for doctors with an appropriate GP qualification from Australia, New Zealand, South Africa and Canada, who can apply for a Certificate of Eligibility for GP Registration (CEGPR) via the streamlined process. Details of the Streamlined Processes can be found at: https://www.rcgp.org.uk/training-exams/discover-general-practice/qualifying-as-a-gp-in-the-nhs/certificate-of-eligibility-for-gp-registration-cegpr.aspx

Those who successfully apply for a CEGPR via the streamlined process are exempt from taking the national MCQ.

At the end of the programme, the supervisor will make a summative recommendation in relation to suitability for independent practice and inclusion on the Scottish General Practitioners Performers' List.

Aims

The aims of the GP Enhanced Induction Programme are to:

1. Provide a supportive and clinically relevant educational environment in which GPs can become familiar with patient expectations and NHS systems and organisation.

2. Provide a formative assessment 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 join the GP work force.

Eligibility Criteria

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

1. Certificate of Eligibility for GP Registration (CEGPR) issued by the GMC or equivalency

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

3. The doctor has never worked in NHS GP (for those who have but who have been out of clinical practice for more than 2 years, the GP Returner Programme may be suitable)

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

5. Have passed the national MCQ exam with a band 4 or 5 if required to be taken. The cost of the first two attempts of the MCQ is re-funded by the programme, with any subsequent attempts borne by the EI Doctor.

6. Eligibility for Medical Defence Organisation membership.

7. Committed to live and work in NHS General Practice in Scotland on completion of the programme.

8. Has not already undertaken, commenced or been unsuccessful in similar programmes elsewhere in the UK or unsuccessful in the national I&R MCQ 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%.

10. Those who may be commencing following a period of ill health must be deemed fit to work by an Occupational Health Physician and that joining the programme is sustainable and will not put their health at risk. The programme is solely to offer educational support and is not designed as a supported return to work from ill health.

Process

How to Apply to the Scotland GP Enhanced Induction programme

If you wish to practice as a GP in Scotland you should **register your interest in the programme through accessing the website** http://www.scotlanddeanery.nhs.scot/your-development/gp-induction-and-returner-programmes/

If you wish to proceed, arrangements will be made for you to meet with an advisor for the GP Enhanced Induction Programme in the region where you wish to work.

On satisfactory completion of National MCQ Assessment (if required) you then need to apply to be considered for inclusion on the Performers' List in Scotland. This application should be made through the territorial Health Board in the area where you will be working.

Health Board Performers List Administrators (correct as at April 21)

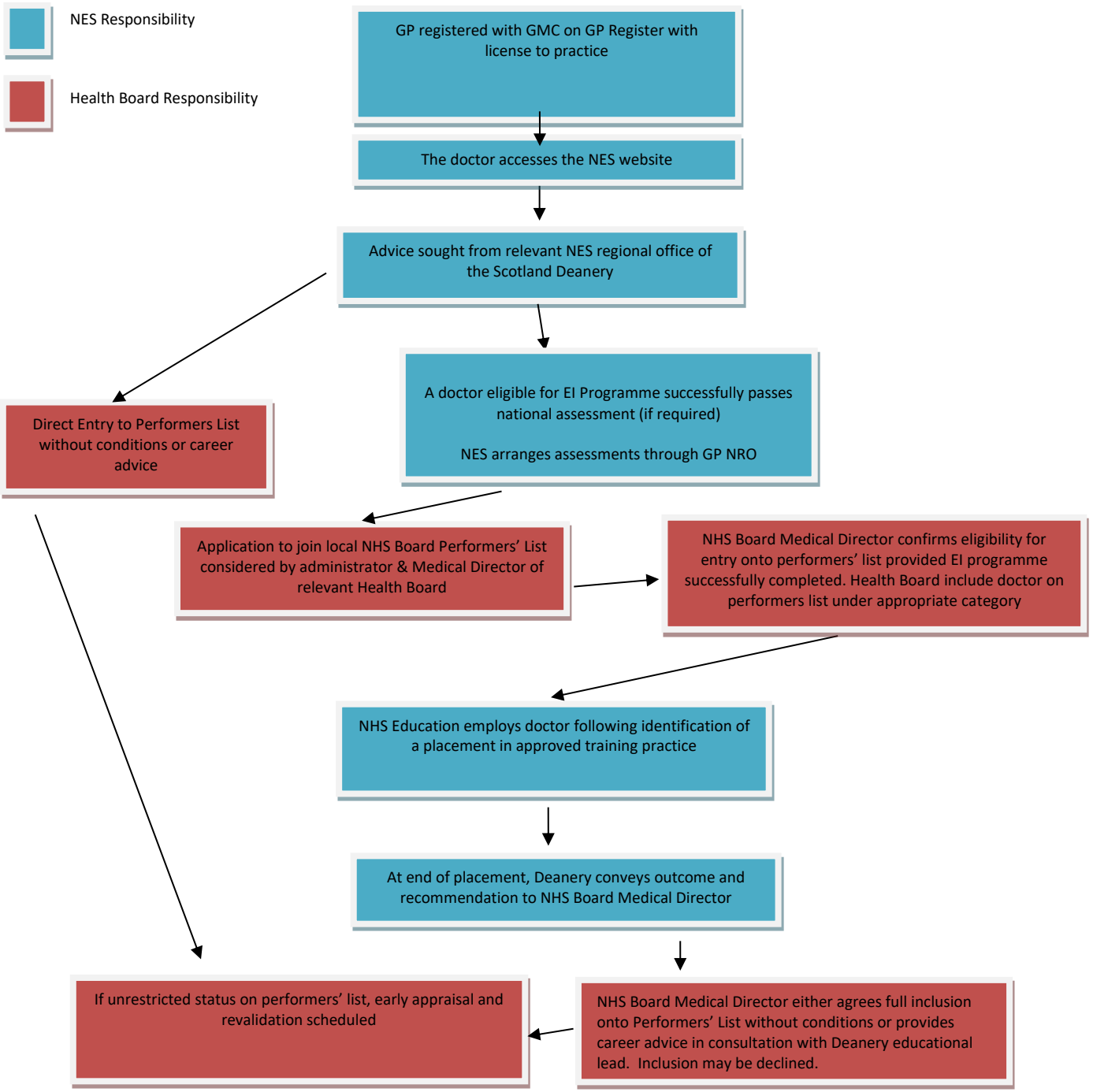
Ayrshire & Arran	Karien Foote	Karien.Foote@aapct.scot.nhs.uk
Dumfries & Galloway	Shiona Burns	dg.pcd@nhs.scot
Fife	Linda Neave	Linda.Neave@nhs.scot
Forth Valley	Kirsty Blair	kirsty.blair@nhs.scot
Grampian	Debbie Gordon	gram.primarycarecontracts@nhs.scot
Greater Glasgow & Clyde	Sandra Hendren	gp.pcs@ggc.scot.nhs.uk
Highland (North) Highland (A&B)	Claire Piper Elizabeth Hutcheson	claire.piper@nhs.scot 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 Medical Director of the gateway Health Board. The Performers' List administrator will contact the relevant NES GP Advisor on successful completion of your application.

If accepted on to the Scotland GP Enhanced Induction programme, then you will be included on the Performers' List as a GP Enhanced Induction doctor for a fixed duration, normally equaling the duration of the programme (up to six months) providing a practice placement can be identified by the NES GP Advisor.

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 Review Document will be shared with the Medical Director of such Board who will decide if your performers list status is to be changed to unrestricted.

The Scotland GP Enhanced Induction Programme Process



The EI GP 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 EI GP embarks on the formal agreed timetable.
- facilitate a learning needs assessment using educational tools 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 EI GP.
- Complete the agreed 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 EI GP with explicit documented comments about progress
- advise about PDP & evidence required for appraisal and revalidation
- Register with and regularly document progress and assessments in the 14Fish GPR-EI e-portfolio

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 through educational needs assessment OR Planned Educational Session as suggested by ES for example: • combined surgery • appraisal preparation • reflective log entries (see appendix 1) • CDM Clinic with nurse

- A session is defined as four hours

- A 'surgery' is to include direct patient contact, telephone/video consultations, 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.

- 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 EI GP.

- 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 EI GP to work in Out of Hours (OOH) but if the EI GP anticipates applying to do OOH sessions in the future, then this must be discussed at the placement interview with the GP Advisor. Provided the local OOH service can accommodate the request and once the ES is satisfied that he or she is ready to do this and the EI GP 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.

- **Work place based assessments** should be recorded using the 14 Fish e-portfolio. These 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 through SOAR) and observations of clinical procedures. PSQ and MSF can both be used towards appraisal and revalidation; it is thus in the EI GP's interests to complete these during a stable funded post.

  There should be a **minimum** of one Case Based Discussion (CBD) assessment per month (pro-rata) and one Consultation Observation Tool (COT) or audio-COT per month (pro-rata) with at least one audio-COT and one face to face CPT being completed. All 5 RCGP mandatory Clinical Exam & Procedural Skills (CEPS) satisfactorily observed by the end of the programme.

- Reflective educational diary to be shared with the ES via the e-portfolio.

- As part of the programme GP Enhanced Induction doctors are allocated a £200 allowance towards educational activities available through CPD Connect https://www.cpdconnect.nhs.scot/

- EI doctors 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 Review in the 14 Fish e-portfolio. This will be shared with the EI GP.

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

The Associate Advisor will make contact at the midpoint of the attachment to review progress.

1. The overall time allotted to the EI 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

    Further developments will be evidenced in the ESR. 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 Performers' 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 EI GP 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 EI GP feels that the GP Enhanced Induction 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.

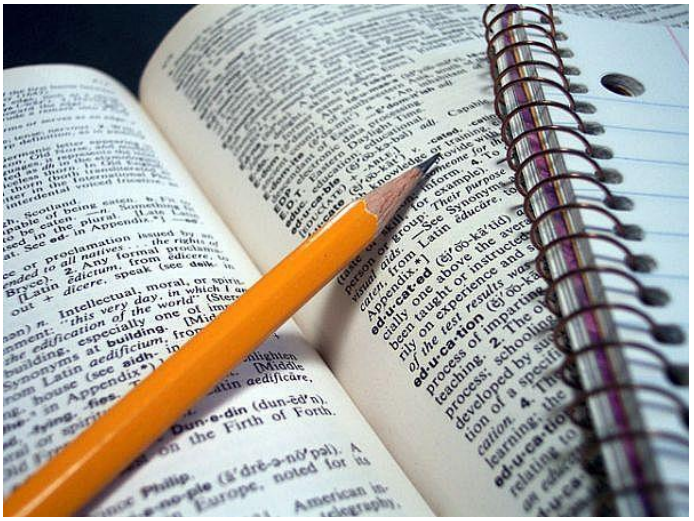
7. Admission to the Performers' List is the decision of the individual Health Board's Medical Director. A decision to refuse an application or to apply conditions on a registration is taken by the Medical Director. Any appeal regarding the outcome of this decision should be made to the Health Board.

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

Appendix 2

NHS EDUCATION SCOTLAND

EDUCATIONAL SUPERVISORS REPORT 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, can follow a conversation, few misunderstandings, understands most medical terminology and abbreviations					Can understand all that is said, can cope with regional accents.	

Date	Score	Comment

10	Verbal Communication – Being Understood							
1	2	3	4	5	6	7	8	9
Poor communication that patients are unable to understand. Unable to construct sentences. Liable to be misunderstood		Has a good command of spoken English and can use appropriate medical terminology					Clear spoken communication, no 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 handwritten 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:-** • **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 profession. Patient care is the priority	

Date	Score	Comment

16	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	**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: GMC Number: Signed: 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:

January 2023