KENT, SURREY & SUSSEX

Guide for Doctors wishing to return to General Practice within the NHS

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Dear Doctor

This booklet has been designed to offer advice to those who are eligible to work in the UK as a GP having trained abroad or those UK graduates returning to work in general practice. We recognise that each of you is an individual and will have differing levels of past experience in general practice and different aspirations for your return and as such standard information cannot give explicit answers but we hope it can serve as a guide.

The GMC guidance is that it is professionally expected that any doctor who has been absent from work for over 2 years should undertake refresher training. However there is no legal requirement to undertake such training. In the past doctors usually made informal arrangements to update their skills working with a practice that elected to support them. A more formal GP Returners scheme was developed in 2005, in collaboration between the Department of Health (who provided the funding) and the Deaneries who offer educational advice and support through the GP trainer network.

European Union trained GPs are eligible to work in the UK but with no experience of the UK NHS it is also recommended that such doctors do undertake induction training. In many cases a primary care Trust (PCT) will not register a EU doctor on the Performers List without this training. For GPs from outside the EU if the GMC has ruled you require no further GP training and have entered you on the GP Specialist Register a PCT may request Induction training before entry to the Performer List is granted. Where a GP from outside the EU has not been granted entry to the Specialist GP register such GPs may approach the Induction and Refresher scheme as a way of undertaking any required training but would need to ensure all steps have been taken to register on the standard GMC register.

Unfortunately there is no formal funding for doctors needing induction or refresher training. This decision is subject to lobbying from a variety of sources including the BMA and the General Practice Committee (GPC). Doctors can register with the BMC on how this decision has affected them.

In KSS we are hoping to be able to support a small number of GP Induction and Refresher doctors annually but we recognise that we may not be able to meet and support all requests. We hold a waiting list of doctors who would like to return to general practice through the KSS GP Induction and Refresher route and Sue Smith, our GP Induction and Refresher Scheme Administrator, will be keeping your details on file.

As any funding for the scheme is limited we would encourage doctors to explore firstly with a PCT whether or not they are eligible to work and be registered on the performers list. If this is the case a formal returner scheme may not be required. Also in some areas the PCTs work in partnership with KSS and can provide funding. Contact details of the PCTs in KSS can be found later in this booklet.

We are also aware some doctors may be able to explore a return to work other than using the GP Induction and Refresher scheme and we hope the information provided offers further explanation and guidance.

ELIGIBILITY TO WORK AS A GP IN THE UK

The GP Registers

In order to work in the UK as a GP principal a doctor must be registered on the GMC GP principal list. Details relating to registration can be found on the GMC website under GP register
• To register you must provide your GMC number and evidence of eligibility to work as an unrestricted principle by virtue of completing GP training and gaining JCPTGP certificate or by having a right of exemption, acquired rights or EU rights

• It is also required that a doctor working as a NHS GP in any capacity is registered on the performers list of a Primary Care Trust (PCT)

• Applications to this list are made via the local PCT

• The PCT will require your up to date GMC registration, evidence of your right to work as a GP, evidence of subscription to a defence organisation which will indemnify you to work in a GP setting and recent appropriate medical references. The PCT also undertakes a CRB check which can be a lengthy process

• The PCT makes a decision as to whether you can be registered on the performers list based on all the above

• PCTs have been advised by the BMA to consider each application on its merits and must have a valid and non-arbitrary reason for not including a doctor on the list

• PCTs can make a decision to accept a doctor onto this list with conditions but again they need to have valid and clear reasons for doing this

The problem faced by many potential Induction / Refresher doctors are that they find it difficult to provide relevant recent medical references and this is the most usual reason a PCT declines registration.

Please note:
It is illegal to work as a GP in the NHS without being registered on these two lists.

OVERVIEW OF THE REFRESHER SCHEME

Currently the career pathway to general practice is supported both clinically and educationally throughout the GP Specialty training schemes yet despite this, it is currently estimated that 50% of doctors completing a GP training programme are initially lost to the profession, although some later return. However if as a doctor you have been absent for some time returning can seem a daunting prospect. It is professionally recommended that doctors who have been absent from clinical practice as a general practitioner for two years or more should undertake such training. For doctors absent from general practice for between 1-2 years you may wish to discuss your plans to return with a member of our Deanery team.

The refresher scheme is appropriate for qualified GPs who may not currently be working in general practice.

These may be:

• Qualified GPs not working at all
• Qualified GPs who are working, but not in clinical setting of general practice

The scheme offers a supported return to general practice with the opportunity to refresh, consolidate and learn skills in a protected environment working with an established general practitioner who is part of the Deanery Training network.

The return to work can be on a full or part-time basis.

The doctor’s learning needs are assessed and a plan is developed by the Programme Director that will best address these issues. Refresher Training is for a period of not less than 3 months and lasts up to a maximum of 6 months full time or 12 months part time subject to GP Dean agreement. This period is based on learning needs but it is also important to note depends on
available funding and training placements. The doctor will receive educational support together with assistance in developing a career pathway on completion of the training.

THE ROLE OF KSS GP DEANERY

The GP Deanery is part of the KSS Postgraduate Medical and Dental Education. The prime function of the GP Deanery is the training of GP Registrars and the quality assurance of the GP trainer network. The Deanery is also involved in supporting employment opportunities for general practitioners such as the Retainer scheme. The role of the Deanery in the Induction and Refresher Scheme is in determining eligibility for doctors to enter the scheme, undertaking an educational needs assessment, arranging for a suitable placement (where the doctor is approved) within the training network and ensuring the educational contract is completed in terms of assessment. The Deanery is not the employer of doctors on the Scheme, nor responsible for the determination of salaries.

THE ROLE OF THE PCT

The PCT as described earlier maintains the GP Performer’s List and makes decisions as to whether a refresher doctor is eligible to be listed as an independent practitioner. A PCT may decide to support refresher doctors by providing financial support for the scheme. Where a PCT undertakes this support it works in partnership with KSS. A refresher supported by the PCT is required to undertake the same selection process (detailed below) as other refreshers, placements are with GP trainers and subject to availability and must undertake the same ongoing assessments.

CRITERIA FOR ENTRY TO THE SCHEME

1. The GP Refresher Scheme is limited to those doctors who are eligible to work as unrestricted GP principals in the UK
   - The doctor must have undertaken general practice training and be in possession of a JCPTGP certificate
   - The doctor has a certificate of acquired rights
   - The doctor has an exemption certificate

   The Deanery is happy to advise individual doctors if they are uncertain about their eligibility.

2. A doctor would not normally be offered refresher training if they had been working in a substantive NHS GP post during the previous 24 months. (There may be circumstances when refresher training is appropriate following shorter periods.)

3. The Refresher doctor should normally work at least half-time during the period of refresher training, including clinical and educational activities. (Five sessions)

4. It is not permitted to work as a GP locum during the period of refresher training.

5. Refreshers may work in another field of medicine or in a non-medical career at the discretion of the Programme Director while undergoing refresher training.

6. They should indicate their intention to work in a substantive NHS GP post for at least two years (or the equivalent part-time) following their refresher training. This may not necessarily all be completed immediately following refresher training e.g. maternity leave.

7. Approval to join the Induction and Refresher Scheme is subject to finding a suitable placement.

8. Approval is also subject to:
   - Acceptance on to the performers list of the appropriate PCT
   - Occupational health clearance
• Screening by the Disclosure Services of the Criminal Records Bureau.
• The returner doctor having no past present or pending performance issues in their role as a doctor

APPLYING TO THE SCHEME
The procedures outlined are common to every individual refresher. However, the nature of the scheme is that each doctor will have an individual period of refresher training that has been devised to meet their individual needs. The Scheme can be divided into the following

Application Process
The Refresher Training
Assessment of GP Refreshers
A planned Exit strategy

APPLICATION PROCESS
• We are happy to offer general advice to any doctor thinking of returning to general practice on an informal basis and potential applicants are advised to contact Sue Smith or Dr Hilary Diack
• Doctors wishing to be considered for the Scheme are required to complete an application form which can be obtained via the download section of the website or from Sue Smith, the GP Induction and Refresher Scheme Administrator, email ssmith@gpkss.ac.uk or Mrs S Smith, KSS GP Deanery 7 Bermondsey Street London SE1 2DD
• Where a refresher is in an area where PCTs may provide funding the refresher should also apply to the PCT
• A potential refresher is required to provide the following:
  o A current GMC certificate
  o CV
  o Proof of identity
  o JCPTGP certificate (or equivalent)
• The GP refresher scheme is not appropriate for doctors who have had performance issues and we therefore ask for a declaration that there are no past, present or pending cases related to poor performance by a PCT or the GMC and no current performance issues being investigated by a current employer (NHS Trust or alternative)
• Potential applicants would be expected to comply with the Deanery Occupational Health Policy and provide
• Two references are required. It would usually be expected that one of the referees was directly related to any current employment if working. If an applicant felt unable to offer such a reference the reason for this would need to be fully discussed with the programme director
• Potential applicants would need to give permission for their CV to be forwarded to the relevant NHS authority to obtain an assessment of salary
• The potential GP Refresher would then meet with the Programme Director to discuss their application
• Where a refresher is being funded by a PCT they would be required to be interviewed by the PCT
Recruitment to the GP refresher scheme is linked to the annual national recruitment process for GP Specialty training as placements for refreshers need to be coordinated with our commitments to training junior doctors.

GP refresher would be expected to undertake a selection process to ensure they have sufficient clinical knowledge and professional skills to consult safely with patients. The selection process includes:

- Two Multiple Choice papers
- Attendance at a simulated surgery

The multiple choice question papers (MCQ)

This tests basic medical knowledge and decision making. This exam is currently used to help in the selection process for doctors wishing to undertake training as a GP. The MCQs take place at least twice during each year and you will be given dates by Sue Smith the scheme administrator.

The paper consists of MCQ questions, which can be true/false variety or a number of questions of the extended matching variety. There may be questions of the single-best answer or multiple best answer type. The MCQ paper is not negatively marked and so candidates should attempt all the questions. The questions cover topics that a Foundation doctor could be expected to be able to answer and are aimed at just above Finals MB level. There are no questions requiring a specific knowledge of general practice. The questions are distributed across all specialties except for General Practice specifically

True/false questions consist of a statement or stem, followed by completions or items, any or all of which may be true or false. Questions will be presented thus:

The signs and symptoms of Parkinsonism:
1. Characteristically remain unilateral for years
2. Are a recognised side-effect of amitryptiline therapy
3. Are a recognised sequel to encephalitis
4. Characteristically include intention tremor

Extended matching questions typically consist of a scenario that has to be matched to the single most likely answer from a list of options. This is an example on the theme of reduced vision in the eye.

Option list:
A. Basilar migraine B. Cerebral tumour C. Cranial arteritis D. Macular degeneration E. Central retinal artery occlusion F. Central retinal vein occlusion G. Optic neuritis (dysmyelinating) H. Retinal detachment I. Tobacco optic neuropathy

For each patient with reduced vision, select the single most likely diagnosis. Each option can be used once, more than once or not at all.

1. A 75-year-old man, who is a heavy smoker, with a blood pressure of 170/105, complains of floaters in the left eye for many months and flashing lights in bright sunlight. He has now noticed a 'curtain' across his vision.

2. A 70-year-old woman complains of shadows that sometimes obscure her vision for a few minutes. She has felt unwell recently with loss of weight and face pain when chewing food.

3. A 45-year-old woman, who is a heavy smoker, with blood pressure of 170/110, complains of impaired vision in the right eye. She has difficulty discriminating colours and has noticed that her eye aches when looking to the side.

Potential applicants would be expected to meet the standard pass mark. Where an applicant does not meet the standard a work placement in general practice would be educationally inappropriate and an applicant would need to attend to their core medical knowledge through private study. Private study of this type is not funded by KSS GP Deanery. Applicants may be expected to meet any costs levied for taking the MCQ

Only TWO attempts are allowed at the MCQ
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**Simulated Surgery**

The applicant will also be asked to attend a simulated surgery after successfully passing the MCQ paper. The simulated surgery assesses clinical competencies including communications, history taking and clinical assessment. This simulated surgery is not primarily a test of knowledge but that of consulting and communication skills.

The simulated surgery is intended to be just like an everyday surgery in any general practice. It should be like a real morning or afternoon surgery. You will be given a consulting room and should remain there throughout the session. Refreshment will be provided halfway through the session. You will need to bring your own stethoscope, BP machine, otoscope and ophthalmoscope where possible.

**Paperwork**

- There will be a timetable showing the patients you will see during the surgery.
- You will be given written records for each case, which will provide some background information. We advise you to read these notes.
- You can make your notes on these records during or after the consultation for yourself. These notes will not be marked.
- Blood/XR forms, prescriptions and sickness certificates will be provided.

**The patients**

- You will have ten patients, each of whom is a role-player trained to present in a standard way.
- The cases are typical general practice problems.
- The role player will respond to your questions. They will tell you their story if you encourage them, not deliberately hiding information.

**Physical examination**

- If you decide that a physical examination forms an important part of your assessment of the case, you should examine the patient and your technique may be marked.
- The actors will not have abnormal physical signs, but you should do an appropriate examination based on the history. They may offer you a card with the findings on it.
- If a proposed examination is unnecessary, the role-player will refuse an examination.

**Timing**

- Consultations are limited to ten minutes; the start and end of the consultation will be signalled by a whistle.
- If you have not completed the consultation after ten minutes are up, you should allow the patient to leave.
- There will be a few minutes to look at the next patient’s notes before that consultation starts.

**Marking**

- An observer will accompany each role player and will play no part in the consultation.
- You should ignore the observer.
- The observer will be looking at your consulting skills and making observations on a schedule.
- Observations of the six areas of consulting skill are outlined below.
- You will receive personal feedback based on these areas after the surgery.

The areas of consulting skills tested are as follows:

a) Gathering medical information

- Making use of information from the records provided
- Taking a history that elicits relevant information and excludes any potentially serious conditions
- Appropriate physical examination

b) Welcome and courtesy

- Helping the patient to tell their story by using listening skills and non verbal cues
- Sensitivity to the patient’s feelings
- Discovering the patient’s concerns and expectations
- Respect for the patient’s wishes and confidentiality

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c) Explaining the diagnosis
   - Explaining your assessment of the problem
   - Explaining the choices for treatment
   - Involving the patient in the management plan
   - Checking the patient’s understanding

d) Managing the problem
   - Having a safe and effective management plan
   - Acceptable prescribing, investigation and referral
   - Appropriate use of time and resources

e) Closing the consultation
   - Making appropriate follow up arrangements
   - Thinking about health promotion and advice where appropriate

Again you will need to pass the simulated surgery in order to be considered for the refresher scheme. The assessments also help the Deanery to get an idea of the length of refresher training and provide useful feedback to your potential GP trainer.

Only **TWO** attempts are allowed at the simulated surgery and the cost of the second attempt is not currently supported financially by the Deanery. It is also recommended that where a candidate is unsuccessful a further application should not occur within the following 6 months – so that a candidate has adequate time to prepare for a second attempt.

- After selection placements are offered with an experienced GP trainer in KSS however, they are subject to availability and when more doctors wish to apply than we can accommodate there will be a process of competition based on performance in the MCQ / simulated surgery and review of the application form data.
- Where a GP refresher has PCT funding there may also be a waiting list for placement onto the scheme
- A GP refresher will be written to outlining the type and nature of refresher training required to be undertaken. The letter will outline the details of the educational contract that will be required in terms of duration of training and assessment criteria.
- Unfortunately for some doctors the outcome of the application process is that a doctor is refused for refresher training. Reasons for this could include for example, performance below the standard in the MCQ and simulated surgery or not having a clear intention to work in general practice at the end of the training. In the case of an application being refused you will be written to by the Programme Director with a clear explanation of why this decision was reached.

**THE REFRESHER TRAINING**

Placements are usually of 6 months full time but doctors may return on a part time basis but the minimum number of sessions is 5 sessions per week

Starting dates are usually expected to be in August. Where no placement is available the applicant would join the next phase of the KSS GP Deanery waiting list.

In determining the type and duration of refresher training, the following issues should be taken into account:

- Career intentions e.g. what sort of post do you wish to return to? GP principal, PMS salaried GP etc
- Length of period worked in general practice
- Length of period away from general practice
- Other work experience
- Performance in the MCQ
- Performance in the Assessment Centre
Refreshers accepted onto the scheme will need to be registered with the GMC GP register

Refreshers accepted onto the scheme will need to apply for conditional inclusion on a Primary Care Performer’s List. GP refreshers can be registered on the PCT list in the same capacity as a GP Registrar if they are enrolled in a Deanery supported Refresher programme

Potential refreshers will need to ensure they have followed all due Occupational Health processes

GP Induction and Refresher programmes will need to ensure they have re-activated medical indemnity cover. In the case of doctors who have been registered on the Primary performers List as a GP registrar they are advised to make the defence union aware of this. The fees charged are determined by the defence union and it is important that when a Induction and Refresher Doctor leaves the scheme they discuss with them the changed circumstances to ensure adequate cover.

**THE PRACTICE PLACEMENT**

The Programme Director will be responsible for identifying a suitable general practice placement. Placements will usually be in a training practice. The practice may also be involved in training GP registrars, Senior GP registrars and Retainee doctors.

Within a training practice one of the trainers will be the nominated trainer, although a refresher may as part of their plan receive input from other professionals. As far as possible the Programme Director will try to take account of your personnel and domestic circumstances when arranging the refresher training.

It is important to note that training places within practices are limited. At the KSS GP Deanery we feel it is important that as a GP refresher you should be placed in a learning environment which can respond to their needs and has sufficient training capacity to undertake the task. If a refresher has fixed circumstances which restrict the ability of the Programme Director to explore a wide variety of placements you may have to wait slightly longer period before a suitable placement is available.

The programme is based in general practice seeing patients and learning in a practice setting, not one of attending hospital lectures or courses where there is no practical application, although these can form a small part of a programme.

As general guidance it is expected that a refresher working full time which is 37.5 hours and equates to 9 sessions would be expected to undertake 6 clinical sessions in a surgery setting, one session related to the wider aspects of delivering primary care, undertake 1 session of private study and 1 session with the GP trainer engaged in educational activity such as tutorials, hot topic discussion, audit work. For those wishing to work part time a minimum number of 5 sessions is required. The composition of the sessions will be in the same proportions as the full time work schedule.

While refresher training often focuses on the doctor’s clinical needs, it should also cover, where appropriate, other forms of learning such as IT or management training. For example, if a refresher intends to take up a post as a GP principal, but has only ever worked in general practice as an assistant, they may benefit from staff management training. If a doctor has not worked in general practice for more than 5 years you may require IT training to familiarise yourself with current computer packages.

**GP Vocational Training Scheme Day or Half Day Release**

Each Vocational Training Scheme operates a day or half-day release scheme for GP Registrars. The half day release course will usually cover a different topic each week and many of the topics will be in areas that will be of interest to the refresher

We recommend that refreshers make contact with the local VTS Programme Directors upon appointment to obtain a copy of the timetable and to discuss their attendance. In some cases the Programme Directors may prefer that they attend all sessions to help with the group cohesiveness
GP Tutors
Refresher are encouraged to also make contact with their local GP tutor and PCT primary Care Tutors to find out about the educational Programmes on offer for qualified GPs. Details of the GP tutor in your area can be found on the KSS GP Deanery website:
http://kssdeanery.org/general-practice/c-p-d-gps/gp-tutor-network

Participation in Out of Hours work
A GP refresher is currently not routinely expected to work in an Out of Hours setting but must understand the context of health care delivery outside surgery hours and ideally has directly observed the care delivered in this context.

If a GP refresher is considering working out of hours after completion of training they must undertake sufficient supervised sessions to ensure they are competent in this field of work with a trained Out of Hours supervisor.

A GP refresher cannot be directly employed or work in the Out of Hours Service.

Appraisal
A GP refresher will need to update their knowledge of NHS appraisal and revalidation processes.

It is important to note that the duration of the training placement is dependent on the GP trainer through ongoing assessment, believing the Refresher will reach a level appropriate for independent practice within the time frame indicated. Where a trainer has concerns these will be raised with the Refresher and the Programme Director.

ASSESSMENT OF GP REFRESHERS DURING TRAINING
WORK PLACED BASED ASSESSMENT
Refresher will be expected to be assessed during their placement. A log book has been developed for use by trainers and refresher. Your trainer will undertake regular reviews against a series of competency areas and record your progress. In order to gather evidence to support their decisions trainers will use a series of tools which include:

- Case based discussions
- Observation of your practice either directly by “sitting in” or using video
- Multisource feedback
- Patient satisfaction questionnaires
- Direct observation of the mandatory skills required of a GP.

In some instances a refresher may be required to undertake a further simulated surgery.

APPLIED KNOWLEDGE TEST (AKT)
The national association of GP Deans and the RCGP have agreed a new strategy for the assessment of doctors on the scheme. It has been decided that the Applied Knowledge Test (AKT) currently used as part of the MRCGP exam will be used as part of the assessment strategy.

The AKT is a computer based multi-choice examination undertaken at Driving Test centres. It is a two hour exam with 200 questions based on core clinical medicine and its application to problem solving based on cases seen in primary care together with questions relating to critical appraisal and evidence based practice and organisation of primary care.

In order to help prepare the RCGP website has details of the AKT in the section nMRCGP which gives information relating to this exam. There is also a series of text book produced by the RCGP available through the publications section and the online bookstore which give guidance and practice questions.
There are two useful websites which can help in preparation:

Pastest at [www.pastest.co.uk](http://www.pastest.co.uk) has an online MCQ for nMRCGP preparation and [www.onexamination.com](http://www.onexamination.com)

To apply for the exam an **I and R** doctor will need to:

Apply online via the Royal College of General Practitioners’ website in the same way as MRCGP candidates ([https://integra.rcgp.org.uk/membersarea/multievents/layout4.asp](https://integra.rcgp.org.uk/membersarea/multievents/layout4.asp)

Once accessed the above web link and when answering the ‘What stage are you at in training?’ question box, you should tick ‘GP returner’ (rather than ST1, 2 or 3 etc).

A fee is payable to The Royal College of General Practitioners which will be met by the individual **I and R** doctor

The AKT is available four times during the year. It is advised that **I and R** doctors sit this exam towards the end of their placement

Dates and further advice pertaining to the AKT can be obtained from:

Anthony Joseph
Examinations Department
Royal College of General Practitioners
14 Princes Gate
Hyde Park
London SW7 1PU
Tel: 0207 344 3187 / 3212
E-mail: exams@rcgp.org.uk

The refresher / Induction doctor MUST communicate the result of the AKT to KSS Deanery as the Deanery is not routinely informed of the outcome of the assessment

**3. Repeat Simulated surgery**

**I and R** doctors will be required to undertake the Simulated Surgery as an exit assessment

**Results of Assessments**

In order to be signed off as having completed **I and R** training by KSS GP Deanery a doctor will be expected to have passed all components of the assessment strategy

A letter will be sent to individuals from KSS GP Deanery confirming that the **I and R** doctor has successfully undertaken training

Where a trainer is not satisfied an **I and R** doctor has reached a satisfactory level for independent practice through information gathered in the workplace based assessments this will be discussed with the Programme Director and a report will be produced for the Dean’s approval as to whether an extension of training up to a maximum of 3 months should be offered to the doctor. The doctor will be expected to continue to undertake workplace based assessments during extension if this is approved

Where an **I and R** doctor fails the AKT exam an extension of training may be granted with the approval of the Dean which will allow the individual to undertake the next AKT exam

Where an **I and R** doctor fails the exit simulated surgery an extension of training may be granted with the approval of the Dean which will allow the individual to undertake the next simulated surgery.

If an **I and R** doctor fails either the exit Simulated Surgery assessment and or the AKT examination for a second time no further extension of training will be offered. However individual cases will be
discussed with the Dean for final decision. The individual doctor may approach their PCT for consideration to be placed on a Performer’s List based on their log book achievements.

EMPLOYMENT ISSUES

The role of KSS GP Deanery is in developing the educational contract with the potential applicant and managing the application process not in dealing with contractual issues.

During the period of employment, the refresher will be employed by the practice where he/she is undertaking the training.

The contract of employment will normally be the Model salaried doctor contract

Salary

The salaries for GP Induction and Refresher Doctors are determined by PCTs and paid to the practice. It is important to note that pay on the refresher scheme does not relate to employment as a self-employed GP Principal or pay scales in the private sector or other non NHS work.

In order to ensure that both you and the practice receive formal notification of salary details it is ESSENTIAL you complete the Salary form which is sent to you. The practice need to complete the appropriate section and it is your responsibility to ensure this is done and the form returned to KSS GP deanery. Failure to do so will result in delays to gaining the accurate salary assessment and payment being received by the practice.

It is likely that for most refreshers there will be a fixed training salary

As the contract of employment is based on that of a salaried doctor a refresher / induction doctor is responsible for their own defence union costs and all fees related to remaining on the national GP registers.

Likewise a refresher / induction doctor is not eligible for grants and allowances for the use of their car to undertake visits. In the usual manner these costs would be offset against any personal tax liabilities.

Study Leave

Whilst it is expected that much of the learning will come from interactions with patients there may be specific needs which are best met by attendance at a specialist clinic. Decisions relating to time for personal study and placements outside the practice must be made in discussion with the Trainer and approved by the trainer.

Study leave should be negotiated with the trainer and relate to the specific meeting of identified learning needs. Where this need cannot be met within the practice or locally the trainer may request help and support from the Programme Director.

There is currently no budget to support the cost of courses undertaken by refresher / induction doctors

Indemnity Cover

GP Refreshers will need to ensure they have re-activated medical indemnity cover. In the case of doctors who have been registered on the Primary performers List as a GP registrar they are advised to make the defence union aware of this. The fees charged are determined by the defense union and it is important that when a refresher leaves the scheme they discuss with them the changed circumstances to ensure adequate cover.

PLANNED EXIT STRATEGY

Throughout refresher training the refresher will work with the trainer (and if needed the Programme Director) on a strategy for a continuing career as a general practitioner

Upon completion of the training the trainer will complete the final entry in the logbook. The logbook is returned to KSS GP Deanery but a refresher is advised to take a photocopy of it to keep as evidence for their ongoing NHS appraisal.
If a refresher has been deemed to have satisfactorily completed the programme a letter will be produced indicating this which can then be used by a refresher to obtain unrestricted registration on the Performers list.

Training programmes on the refresher scheme are not usually extended. Where a refresher has not met all the competencies – a summary of their performance and development needs will be produced. The decision on whether to fully register the doctor on the performers list then rests with a PCT.

If too long a gap exists after completion of refresher training and starting work occurs confidence can be eroded. Before completing refresher training it is important to meet with the GP trainer to discuss progress; obtaining their opinion may assist in the decision as to whether a refresher feels empowered and confident to re-enter general practice.

Once the period of refresher training is complete there are a variety of employment options open to GP refreshers. Whilst some refreshers may wish to consider the options of a substantive post as a full or part-time principal in general practice others may prefer to continue in the role of an employee in the NHS rather than a self-employed principal. These options include PMS posts, salaried posts or a period of part time working on the Retainer Scheme. It is important to be aware of all the options and talk through them either with your trainer or the Programme Director (or deputy).

CONTINUING PROFESSIONAL DEVELOPMENT

General practitioners are now expected to undertake an annual NHS appraisal. Appraisal is a structured process of facilitated self reflection: it allows individuals to review their professional activities comprehensively with a peer and to identify areas of real strength and need for development. It is also a formalised means of helping a professional move through the learning cycle. As part of the appraisal process general practitioners are expected to produce a portfolio of their work relating to the quality of clinical care they deliver, demonstrate how they keep up to date, the education they have undertaken and identify a Personal Development Plan (PDP) for the following year. The PDP is then reviewed the following year.

Annual appraisal is currently subject to change in terms of the support provided and further changes are likely to occur

Appraisal for principal and sessional doctors is arranged by the local PCT. Responsibility lies with the individual to ensure they are known to their PCT and wish to partake in the process.

Appraisal will form an important part of the revalidation process. Revalidation will be the responsibility of the individual and you would be advised to keep abreast of developments in this area.

The PDP is an essential part of your professional development, this guide is intended as a simple aide-memoir to steer you through the process.

1 What do you need to know to work successfully in your patch?

Simple review of the team in which you work – how many doctors and nurses, age /sex profile, special interests (e.g. schools / occupational health/nursing homes)
What feedback is there from patients, what needs to change? (Patient surveys/ patient participation groups)

2 How do you like to learn?

What are you good at – and not so good at? What sort of courses did you attend last year – and why?
Did you reflect on what you learned, and apply it to your practice (where practical)?
Possible use of confidence rating scales, self assessment questionnaires e.g. RCGP PEP programme
What stops you from doing what you want to do - and why? What went well, and what went not so well?

3 Identifying learning needs

There are many techniques, but you might consider some of these:
- critical event analysis; looking at what happens when things go wrong
- significant diagnosis review; e.g. new strokes / cancers – retrospective review, were appropriate measures taken e.g. BP well enough controlled in a hypertensive who has a stroke
- “PUNs and DENs”: patients unmet needs and doctors educational needs. Keep a notebook to record odd things you can’t answer to review later - helps identify areas that need attention
- referral letter review; how many are for second opinions that could be dealt with in primary care with the right knowledge
- appraisal; talking through issues with a colleague who knows you
- audit; look at performance on topics of interest

4 Planning for the year

Draw up a simple plan of action with 4 or 5 key issues that you have identified as needing attention. Try and prioritise and match with practice and PCT needs where possible. Examples:
1: Homeopathic prescribing- personal interest, patient request for availability
2: Computers and IT- lack skills, practice going paperless, will help audit
3: Teenage health care – large teenage population, worries re confidentiality and access, feedback from staff and patients
4: Hypertension and CHD prevention – practice audit shows failing to meet BHS targets for BP control
5: Diabetes – lack of confidence with new drugs, NSF target, PCT priority

Try and focus on areas of highest priority first; you cannot do everything at once!

5 Put into action

Meet with team / partners and look at plans. Perhaps cover some with in house meetings / invite consultants. Sitting in outpatient sessions, web based learning, local courses, reading. Ask PCT / GP tutor to arrange specific courses. Set yourself realistic targets and give yourself time to meet others and reflect on what you’ve done

6 Reflecting and planning for the future

Periodically review progress. Are you sticking to your intended targets- or have new priorities taken precedence? Are you learning things you already know? Reflection is the bit we all tend to do less well, and does take some time and thought. Write down a brief summary after each session of educational activity- this is much quicker than trying to do it all at the end of the year, and you will need this for your appraisal. Try and see what changes have been made, or need to be made, in your practice as a result. Finally – go back to step 1 and start the process again for the following year.

This is of necessity a very simple overview, but if in doubt talk to your local GP Tutor or Hilary Diack for further guidance or advice
Exploring options other than the GP Induction and Refresher Scheme

For doctors who are registered on the GMC and PCT lists

The GP Retainer Scheme
The retainer scheme is applicable for those looking for part time work up to 4 sessions per week. The retainer scheme provides a supported environment with the provision of a supervisor from the employing practice. Appointment to the scheme can be for a maximum of 5 years. There is scope for some outside work and Retainees are not usually expected to undertake out-of-hours work. Retainee doctors are employees and therefore entitled to the usual benefits this provides. They are also eligible for the NHS Pension and Superannuation scheme. The contract of employment is between the employing practice and the individual doctor. The Retainee has to undertake annual appraisal and be provided with a supervisor.

Practices are approved for hosting retainer doctors by KSS GP Deanery. As part of the inspection process the practice is visited to quality assure the working environment. The practice and supervisors are aware that a retainer doctor may need support in building their confidence or is in a position where they have other duties / roles to perform and can accommodate these.

The role of the GP Deanery is also in approving individuals as eligible for the scheme. Whilst the Deanery does not arrange placements with practices we can offer individuals advice concerning local retainer practices and applications to join the scheme are through KSS GP Deanery.

There is information on the KSS website at http://kssdeanery.org/general-practice/returning-work/gp-retainer-scheme about the retainer scheme.

Obtaining other sources of funding

Individuals are encouraged to approach a local PCT directly and explore the possibility of using the Primary Care Development Scheme to help to fund your refresher training. In some areas where there is a shortage of doctors a PCT may be prepared to consider this option. If funding can be secured for salary and the fees of a GP trainer we would be happy to discuss this pathway with all parties and help identify a suitable practice.

If funding is obtained and a post secured a doctor would need to collect evidence of practice during the refresher time to help to demonstrate competence to the PCT. This could include the educational events undertaken, patient survey and peer feedback data, audit or referrals, etc. An Induction and Refresher Doctor would then undertake regular annual NHS appraisal.

Undertaking Refresher training without receiving a salary

We are aware that because of the difficulties posed by withdrawal of funding some doctors desperate to return to work have approached practices and offered to work for nothing in order to obtain training. The BMA and GPC lawyers advise that under the National Minimum Wage Regulations 1999 that it is probably illegal for practices to employ you without payment. More details on this are available on the BMA website at www.bma.org.uk/ap.nsf/Content/gpreturners.

For doctors who find that a PCT will not register them

If a PCT is unwilling to fully include an individual on its Performers List, one option is to ask the PCT to give a “conditional inclusion” to allow a doctor to work in a supervised setting. The GPC has suggested that the returner seek a written agreement from the PCT as to when the conditional inclusion will be reviewed, with a view to the individual being fully included on the Performers List.

If conditionally included, a doctor could explore finding a practice that is willing to provide you with a supervised setting. This needs to be a suitable placement that will meet the learner’s needs.

The concern over adopting this approach is there is no quality assurance related to the refresher training received. The Deanery would be in a position to offer general guidance to PCTs about the type of training a GP Induction and Refresher might need but we would not be in a position to quality assure the training received.
OVERVIEW OF THE INDUCTION SCHEME

Doctors who have been trained as a GP in a country inside the European Economic Union can undertake work in the UK as a GP without undertaking further formal training. However, a doctor must be registered on the Performer’s List of a Primary Care Trust. Please refer to the section on Eligibility to work in the UK (The GP registers).

In many cases a PCT will not be willing to register a doctor from overseas as you have no experience of health care delivery in the NHS.

Firstly you will need to explore if you are eligible to work as a GP in the UK following the flow chart detailed below:
Flow Chart for Overseas GPs wishing to work in the UK

Dr applies to GMC for confirmation of their eligibility to work as a GP within the NHS

GMC confirm that applicant meets the criteria for exemption from further training

Letter issued by GMC stating legal right to work as a GP in UK

Dr can apply to join a PCTs Performers List

Either

- PCT has to be satisfied that the GP satisfies inclusion on the list
  - If accepted doctor can apply for a GP post
  - If not accepted doctor will need induction scheme

- Application to GMC with certificates issued by competent authority in own country stating completed GP training in that country or that doctor has an acquired right from an EEA member state

- Application to GMC for an independent assessment of the GP training. The Dr is advised in writing what further training is necessary in order to fulfill GP training requirements

Recognition of registration as a Dr (primary degree), in their own country
APPLICATION PROCESS FOR THE INDUCTION SCHEME

The procedures outlined are common to every individual induction doctor. However, the nature of the scheme is that each doctor will have an individual period of training that has been devised to meet their individual needs. The Scheme can be divided into the following

Application Process

The Refresher Training

Assessment of GP Refreshers

A planned Exit strategy

APPLICATION PROCESS

- We are happy to offer general advice to any doctor trained as a GP elsewhere and eligible to settle in the UK on an informal basis and potential applicants are advised to contact Sue Smith or Dr Hilary Diack

- Doctors wishing to be considered for the Induction Scheme are required to complete an application form which can be obtained via the download section of the website or from Sue Smith, the GP Induction and Refresher Scheme Administrator, email ssmith@gpkss.a.uk or Mrs Sue Smith KSS GP Deanery 7 Bermondsey Street London SE1 2DD.

- Where an Induction doctor is in an area where PCTs may provide funding the refresher should also apply to the PCT

- A potential induction doctor is required to provide the following:
  - Proof of their eligibility to work without requiring further training in the UK from the GMC
  - CV
  - Proof of identity

- The GP Induction scheme is not appropriate for doctors who have had performance issues and we therefore ask for a declaration that there are no past, present or pending cases related to poor performance either in the UK or abroad

- Potential applicants would be expected to comply with the Deanery Occupational Health Policy

- Two references are required. It would usually be expected that one of the referees was directly related to any current employment if working. If an applicant felt unable to offer such a reference the reason for this would need to be fully discussed with the programme director

- Potential applicants would need to give permission for their CV to be forwarded to the relevant NHS authority to obtain an assessment of salary

- The potential Induction doctor would then meet with the Programme Director to discuss their application

- Where an Induction doctor is being funded by a PCT they would be required to be interviewed by the PCT
• Recruitment to the GP Induction scheme is linked to the annual national recruitment process for GP Specialty training as placements for refreshers need to be coordinated with our commitments to training junior doctors.

• Induction doctors would be expected to undertake a selection process to ensure they have sufficient clinical knowledge and professional skills to consult safely with patients. The selection process includes:
  o Two Multiple Choice papers
  o Attendance at a simulated surgery

For more detail on the MCQ and simulated surgery please see the earlier section detailing these tests.

For doctors whose first language is not English at the simulated surgery consultations may be observed by a Language Consultant

THE INDUCTION TRAINING

Placements are usually of 6 months full time but doctors may return on a part time basis but the minimum number of sessions is 5 sessions per week

Starting dates are usually expected to be in August. Where no placement is available the applicant would join the next phase of the KSS GP Deanery waiting list.

Once offered a place on the GP Induction & Refreshment Scheme there are a number of tasks that must be completed and you cannot begin your placement unless these tasks are completed. It can take up to 3 months to complete the paperwork therefore it is very important that you complete these tasks as soon as possible. It may also be necessary to make a number of visits to the UK in order to ensure all paperwork is fully completed.

a) GMC Registration
All GPs must have full GMC TGP registration before they can legally work as a GP in the UK. The Deanery and the PCT must have a copy of your certificate.

b) Bank Account
In order for you to be salaried for your placement you must have a UK bank account. Banks may request proof of your placement; the Deanery can provide a letter to confirm your post should this be necessary. The PCT will require all of your bank details including you account number, sort code and branch details to be able to add you to the payroll.

c) National Insurance Number
Before you can begin in paid employment in the UK, you must have a National Insurance number to ensure you make National Insurance contributions.

Please visit www.dwp.gov.uk/lifeevent/benefits/ni_number.asp for guidance on how to obtain a National Insurance number. The Deanery and the PCT will need your National Insurance number to pay your salary and to process your Doctor grant.

d) Apply to Join the PCT Performer’s List
Once accepted on the Induction Scheme by the Deanery you will still need to register with the PCT. You will be granted provisional registration and will need to provide as well as the usual documents proof from the Deanery you are on the scheme. An important part of the registration process is:

e) Criminal Records Bureau (CRB)
All doctors must have a CRB check BEFORE starting in post and this is done by the PCT. This is the GP’s responsibility to ensure the appropriate paperwork is given to the PCT. This CRB
check takes approx two months for the PCT to receive clearance so that you can work with patients.

f) Medical Indemnity Insurance Cover
All GPs must have full medical insurance cover before a surgery can employ them. Your local PCT will be able to provide information on where you can obtain this. For more information on the Medical Protection Society please visit [www.mps.org.uk](http://www.mps.org.uk/) or call 0845 605 4000. For more information on the Medical Defence Union please visit [www.the-mdu.com](http://www.the-mdu.com) or call 020 7202 1500.

THE PRACTICE PLACEMENT
The Programme Director will be responsible for identifying a suitable general practice placement. Placements will usually be in a training practice. The practice may also be involved in training GP registrars, Senior GP registrars and Retainee doctors.

Within a training practice one of the trainers will be the nominated trainer, although an induction doctor may as part of their plan receive input from other professionals. As far as possible the Programme Director will try to take account of your personnel and domestic circumstances when arranging the training.

It is important to note that training places within practices are limited. At the KSS GP Deanery we feel it is important that as an induction doctor you should be placed in a learning environment which can respond to their needs and has sufficient training capacity to undertake the task. If you have fixed circumstances which restrict the ability of the Programme Director to explore a wide variety of placements you may have to wait slightly longer period before a suitable placement is available.

As general guidance it is expected that an induction doctor working full time which is 37.5 hours and equates to 9 sessions would be expected to undertake 6 clinical sessions in a surgery setting, one session related to the wider aspects of delivering primary care, undertake 1 session of private study and 1 session with the GP trainer engaged in educational activity such as tutorials, hot topic discussion, audit work. For those wishing to work part time a minimum number of 5 sessions is required. The composition of the sessions will be in the same proportions as the full time work schedule.

The overall aims of this Induction Programme are to prepare Doctors for working with primary care teams in UK general practice and to facilitate those who successfully complete the programme to apply for posts in local general practices. This includes:

- How patient services are organized
- How the primary health care team works
- How patients access community and hospital based services
- How patient access care out of hours
- The role of the UK GP in managing acute and chronic care
- UK pharmacology
- UK guidelines and pathways of care
- How a GP practice is run
- The use of computerized records
- How social and welfare systems interact with general practice eg certification
- How GPs undertake CPD and NHS appraisal

The programme is however, based in general practice seeing patients and learning in a practice setting, not one of attending hospital lectures or courses where there is no practical application, although these can form a small part of a programme.
GP Vocational Training Scheme Day or Half Day Release

Each Vocational Training Scheme operates a day or half-day release scheme for GP Registrars. The half day release course will usually cover a different topic each week and many of the topics will be in areas that will be of interest to an induction doctor.

We recommend that induction doctors make contact with the local VTS Programme Directors upon appointment to obtain a copy of the timetable and to discuss their attendance. In some cases the Programme Directors may prefer that they attend all sessions to help with the group cohesiveness.

GP Tutors

Induction doctors are encouraged to also make contact with their local GP tutor and PCT Primary Care Tutors to find out about the educational Programmes on offer for qualified GPs. Details of the GP tutor in your area can be found on the KSS GP Deanery website http://kssdeanery.org/general-practice/c-p-d-gps/gp-tutor-network

Participation in Out of Hours work

An induction doctor is currently not routinely expected to work in an Out of Hours setting but must understand the context of health care delivery outside surgery hours and ideally has directly observed the care delivered in this context.

If an induction doctor is considering working out of hours after completion of training they must undertake sufficient supervised sessions to ensure they are competent in this field of work with a trained Out of Hours supervisor.

Appraisal

As a doctor in the UK you will need to understand the process of NHS appraisal and future revalidation.

ASSESSMENT OF INDUCTION DOCTORS DURING TRAINING

WORK PLACE BASED ASSESSMENT

Induction doctors will be expected to be assessed during their placement. A log book has been developed for use by trainers and refreshers. Your trainer will undertake regular reviews against a series of competency areas and record your progress. In order to gather evidence to support their decisions trainers will use a series of tools which include:

- Case based discussions
- Observation of your practice either directly by “sitting in” or using video
- Multisource feedback
- Patient satisfaction questionnaires
- Direct observation of the mandatory skills required of a GP
- A further simulated surgery may be required

APPLIED KNOWLEDGE TEST (AKT)

The national association of GP Deans and the RCGP have agreed a new strategy for the assessment of doctors on the scheme. It has been decided that the Applied Knowledge Test (AKT) currently used as part of the MRCGP exam will be used as part of the assessment strategy.

The AKT is a computer based multi-choice examination undertaken at Driving Test centres. It is a two hour exam with 200 questions based on core clinical medicine and its application to
problem solving based on cases seen in primary care together with questions relating to critical appraisal and evidence based practice and organisation of primary care.

In order to help prepare the RCGP website has details of the AKT in the section MRCGP which gives information relating to this exam. There is also a series of text book produced by the RCGP available through the publications section and the online bookstore which give guidance and practice questions.

There are two useful websites which can help in preparation:

Pastest at www.pastest.co.uk has an online MCQ for MRCGP preparation and www.onexamination.com

To apply for the exam an I and R doctor will need to:

Apply online via the Royal College of General Practitioners’ website in the same way as MRCGP candidates integra.rcgp.org.uk/membersarea/multievents/layout4.asp

Once accessed the above web link and when answering the ‘What stage are you at in training?’ question box, you should tick ‘GP retumer’ (rather than ST1, 2 or 3 etc).

A fee is payable to The Royal College of General Practitioners which will be met by the individual I and R doctor

The AKT is available four times during the year. It is advised that I and R doctors sit this exam towards the end of their placement

Dates and further advice pertaining to the AKT can be obtained from:

Anthony Joseph
Examinations Department
Royal College of General Practitioners
14 Princes Gate
Hyde Park
London SW7 1PU
Tel: 0207 344 3187 / 3212
E-mail: exams@rcgp.org.uk

EMPLOYMENT ISSUES

The role of KSS GP Deanery is in developing the educational contract with the potential applicant and managing the application process not in dealing with contractual issues.

During the period of employment, the refresher will be employed by the practice where he/she is undertaking the training.

The contract of employment will normally be the Model salaried doctor contract

Salary

The salaries for GP Induction doctors are determined by PCTs and paid to the practice. It is important to note that pay on the refresher scheme does not relate to employment as a self-employed GP Principal or pay scales in the private sector or other non NHS work.

In order to ensure that both you and the practice receive formal notification of salary details it is ESSENTIAL you complete the Salary form which is sent to you. The practice need to complete the appropriate section and it is your responsibility to ensure this is done and the form returned
to KSS GP deanery. Failure to do so will result in delays to gaining the accurate salary assessment and payment being received by the practice.

It is likely that for most induction doctors there will be a fixed training salary

As the contract of employment is based on that of a salaried doctor a refresher / induction doctor is responsible for their own defence union costs and all fees related to remaining on the national GP registers.

Likewise a refresher / induction doctor is not eligible for grants and allowances for the use of their car to undertake visits. In the usual manner these costs would be offset against any personal tax liabilities.

**Study Leave**

Whilst it is expected that much of the learning will come from interactions with patients there may be specific needs which are best met by attendance at a specialist clinic. Decisions relating to time for personal study and placements outside the practice must be made in discussion with the Trainer and approved by the trainer.

Study leave should be negotiated with the trainer and relate to the specific meeting of identified learning needs. Where this need cannot be met within the practice or locally the trainer may request help and support from the Programme Director

There is currently no budget to support the cost of courses undertaken by refresher / induction doctors

**PLANNED EXIT STRATEGY**

Throughout training the induction doctor will work with the trainer (and if needed the Programme Director) on a strategy for a continuing career as a general practitioner

Upon completion of the training the trainer will complete the final entry in the logbook. The logbook is returned to KSS GP Deanery but you are advised to take a photocopy of it to keep as evidence for your ongoing NHS appraisal.

If an induction doctor has been deemed to have satisfactorily completed the programme a letter will be produced indicating this which can then be used by a refresher to obtain unrestricted registration on the Performers list.

Training programmes on the induction scheme are not usually extended. Where an induction doctor has not met all the competencies – a summary of their performance and development needs will be produced. The decision on whether to fully register the doctor on the performers list then rests with a PCT.

If too long a gap exists after completion of training and starting work occurs confidence can be eroded. Before completing training it is important to meet with the GP trainer to discuss progress.

Once the period of training is complete there are a variety of employment options open. Whilst you may wish to consider the options of a substantive post as a full or part-time principal in general practice others may prefer to continue in the role of an employee in the NHS rather than a self-employed principal. These options include PMS posts, salaried posts or a period of part time working on the Retainer Scheme. It is important to be aware of all the options and talk through them either with your trainer or the Programme Director (or deputy).