



NHS Education for Scotland

The Scotland GP Returner Programme
2017
Updated 2018

The Scotland GP Returner Programme

Context

The Scotland GP Returner Programme is for GPs who have worked in NHS GP but have been out of clinical General Practice 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.¹ 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: <http://www.scotlanddeanery.nhs.scot/your-development/gp-induction-and-returner-programmes/>

This programme provides a straightforward 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 identified.

Formative assessments, during this placement, will include a video analysis of consultation skills, a test of knowledge (RCGP PEP) and work place based assessments. At the end of the programme, the supervisor will make a summative recommendation to the Medical Director of the Health Board in relation to suitability for independent practice and inclusion on the Health Board's 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 clinical skills
2. Provide formative assessment for the GP during the practice attachment
3. Provide a clinical reference through an Educational Review Document (ERD) 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 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 for the preceding two years or more.
5. Eligible to be included on Performers' List on completion of the programme as confirmed by Health Board.
6. Eligibility for Medical Defence Organisation membership on completion of the programme.

¹ GPs who have been working within the last two years in health care systems similar to the NHS (e.g. Australia, New Zealand, Canada) will not normally require a returner programme but simply an induction provided by the GP Practice who intend employing them. Inclusion on the Performers' List is at the discretion of the Health Board Medical Director.

7. Committed to live and work in NHS General Practice in Scotland.
8. Has not been unsuccessful in the national I&R MCQ or simulated surgery as part of an application elsewhere in the UK.

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 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/>
- If you wish to proceed, you first need to apply to be considered for inclusion on the Performers List of the Scottish Health Board area in which you are or will be domiciled. A list of Health Board Performers' List administrators is attached here (accurate at July 18)

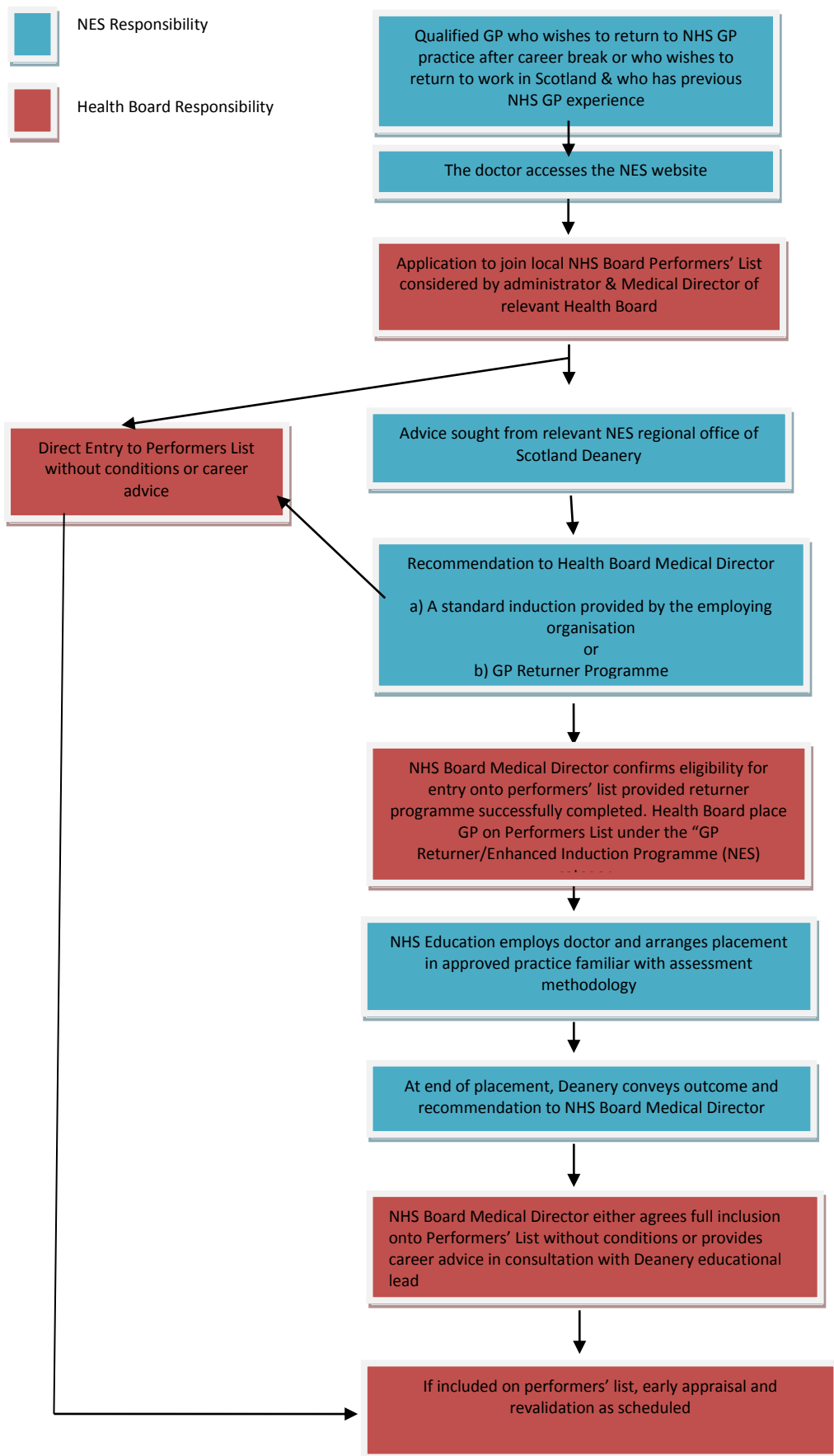
AREA CONTACTS FOR PERFORMERS LIST

Lothian & Borders	Susan Summers	Susan.Summers@nhslothian.scot.nhs.uk
Ayrshire & Arran	Karien Foote	karien.foote@aapct.scot.nhs.uk
Dumfries & Galloway	Shiona Burns	dumf-uhb.pcd@nhs.net
Fife	Linda Neave	lindaneave@nhs.net
Forth Valley	Jackie Lennox	jacqueline.lennox@nhs.net
Grampian	Debbie Gordon	grampian.primarycarecontracts@nhs.net
Greater Glasgow & Clyde	Marie Gallagher	Marie.Gallagher2@ggc.scot.nhs.uk
Highland	Melanie Meechan	claire.piper@nhs.net
Lanarkshire	Lee Tannock	Lea.Tannock@lanarkshire.scot.nhs.uk
Orkney	Arlene Tait	arlene.tait@nhs.net
Shetland	Liz Sutherland	e.sutherland@nhs.net
Tayside	Allison Rooney	allison.rooney@nhs.net
Western Isles	Chrisann Mackenzie	chrisann.mackenzie@nhs.net

- The administrator will send you an application pack by post 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 immediate and unconditional entry to the Performers' List.
- 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 SCOTS website. You will be offered an early appraisal.
- If the Medical Director believes you may be eligible and would benefit from the GP Returner Programme, then he/she will request advice from a NES GP Advisor.
- The Performers' List administrator will contact the relevant NES GP Advisor and request that they contact you.
- The NES GP Advisor will arrange an appointment to review your previous training and experience and advise on next steps. At that interview the Advisor will provide a recommendation to the Health Board Medical Director.
- This recommendation will be discussed with the Health Board Medical Director.

- If the appropriate programme is the Scotland GP Returner Programme, then you will be included on the Performers' List for the duration of the programme (up to six months). A practice placement will be identified by the NES GP Advisor.

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 scale 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 OR Planned Educational Session as suggested by ES for example: <ul style="list-style-type: none"> • combined surgery • recorded surgery for submission to WoS • 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 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 Lead 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 willing to do two sessions in OOH per month, then 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 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) 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. Details of all of these requirements can be found on the RCGP website [RCGPAppraisal](#) and through the Scottish Online Appraisal Resource [SOAR](#).

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 genital and digital rectal examination)

- External analysis of consultation skills reviewed through the West of Scotland (WoS) peer review system (four consultations as a minimum). [WoSPeerReview](#)
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 and WoS peer review 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 Review Document (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 Deanery Lead 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 Educational Review Document, 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 developments

Further developments will be evidenced in the Educational Review Document. 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 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.

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/>

Appendix 1

Example of a Reflective Educational Diary

For completion by GP Returner

Specimen

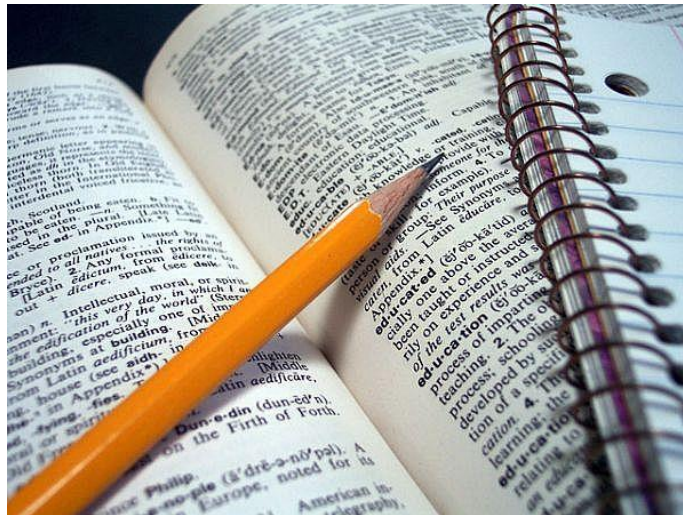
<i>Date and activity</i>	<i>Learning points</i>	<i>Impact/change in practice</i>	<i>What further do I need to know?</i>
<p>01/01/2000</p> <p>Directed reading following consultation with patient suffering from Heart failure</p>	<p>-HF commonest cause of hospital admission >65yrs</p> <p>-Average age diagnosis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

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

Add further rows as required

EDUCATIONAL REVIEW

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.

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

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

Date	Score	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 are able to understand					Records his/her information accurately and efficiently. Easy for others to follow	

Date	Score	Comment

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

Date	Score	Comment

5		Multimorbidity and medical complexity							8	9
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							8	9
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

7		Attitude to and relationship with patients							8	9
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

8		Team working / relationship with colleagues							8	9
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

9		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

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

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

Date	Score	Comment

11		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

12		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

13		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

14		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

15	<p>Social Integration and/or Adjustment</p> <p>For this section a score was felt to be inappropriate, a simple discussion on how the doctor and family are settling in to;</p> <ul style="list-style-type: none"> a. their new life (e.g. making friends, accommodation, children's schooling etc.) or b. coping with their return to clinical work
----	---

Date	Comment

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

Date	Score	Comment

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		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		

19		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

--	--	--

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:	
Signed:	Date

COMMENTS/ LEARNING OBJECTIVES AFTER SECOND REVIEW

Date of submission of **video of consultations** to WoS:
Date of feedback:
Date of discussion:
Comments:

--	--

Signed:

Date:

COMMENTS/ LEARNING OBJECTIVES AFTER THIRD REVIEW

Date of feedback:
Date of discussion:
Comments:

--	--

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	<input type="checkbox"/>
Needs further development in areas identified above	<input type="checkbox"/>

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

7th March 2017
Updated 20th September 2018