

**The Scotland Deanery**

The Scotland GP International Induction Programme

Updated March 2025**The Scotland GP International Induction Programme**

**Context**

The Scotland GP International Induction Programme (IIP) 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 International Induction Programme can be found at: <http://www.scotlanddeanery.nhs.scot/your-development/gp-induction-and-returner-programmes/>

Applicants must have successfully applied for inclusion on the General Medical Council (GMC) GP register. You can use the link below to help choose the correct pathway to apply for registration.

[Apply for registration and/or licensing with us - GMC](https://www.gmc-uk.org/registration-and-licensing/join-the-register/registration-applications/application-registration)

(See appendix 1 for further details on each of the pathways)

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 (Whole Time Equivalent) will be sought. Placements are not guaranteed.

Special arrangements have been agreed for doctors with an appropriate GP qualification from Australia, New Zealand and Canada, who can apply for a Recognised Specialist Qualification (RSQ).

[Recognised specialist qualifications list - GMC](https://www.gmc-uk.org/registration-and-licensing/join-the-register/registration-applications/recognised-specialist-qualifications-list)

Those applying via the Portfolio Pathway don’t necessarily require a formal qualification. Applicants are expected to demonstrate knowledge, skills and experience at the correct standard - the criteria include a minimum of 6 months of formal training.

Doctors who have obtained their primary medical qualification through the Relevant European Qualification (REQ) pathway must successfully sit the national Multi Choice Questionnaire (MCQ)/Situational Judgement Test (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.

Those who have been added to the GMC GP register either via the Portfolio Pathway or the RSQ pathway are not required to complete the MSQ/SJT.

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 International 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 formative assessments for the GP during the practice attachment.
3. Provide a clinical reference through an Educational Supervisors Report (ESR) supported by evidence to those managing the Performer List.
4. Enable GPs who are committed to live and work in Scotland, to join the GP work force.

**Eligibility Criteria**

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

1. On the GMC GP Register, via one of the pathways outlined above, without GMC [conditions or undertakings](http://www.gmc-uk.org/DC6535_Information_for_doctors_who_have_undertakings_or_conditions_that_affect_their_practice_58388105.pdf) (except those relating solely to health matters) and hold a current license to practice.
2. 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).
3. Eligible to be included on Performers’ List on completion of the programme as confirmed by the gateway Health Board.
4. 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 IIP Doctor.
5. Eligibility for Medical Defense Organisation membership on completion of the programme.
6. Committed to live and work in NHS General Practice in Scotland.
7. Has not already undertaken, commenced or been unsuccessful in similar programmes elsewhere in the UK or unsuccessful in the MCQ as part of an application elsewhere in the UK.
8. The programme can be undertaken at less than full time with the minimum being 50%.
9. 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 International 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 International 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 primarily working. A list of Health Board Performers’ List administrators can be accessed via this link

[Scotland GP Returner Programme](https://www.scotlanddeanery.nhs.scot/your-development/gp-induction-and-returner-programmes/scotland-gp-returner-programme/)

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.

**The Scotland GP International Induction Programme Process**

NES Responsibility

GP registered with GMC on GP Register with license to practice

Health Board Responsibility

The doctor accesses the NES website

Advice sought from relevant NES regional office of the Scotland Deanery

A doctor eligible for IIP successfully passes national assessment (if required)

NES arranges assessments through GP NRO

Direct Entry to Performers List without conditions or career advice

NHS Board Medical Director confirms eligibility for entry onto performers’ list provided IIP successfully completed. Health Board include doctor on performers list under appropriate category

Application to join local NHS Board Performers’ List considered by administrator & Medical Director of relevant Health Board

NHS Education employs doctor following identification of a placement in approved training practice

At end of placement, Deanery conveys outcome and recommendation to NHS Board Medical Director

If unrestricted status on performers’ list, early appraisal and revalidation scheduled

NHS Board Medical Director either agrees full inclusion onto Performers’ List without conditions or provides career advice in consultation with Deanery educational lead. Inclusion may be declined.

**Teaching and learning**

If accepted on to the Scotland GP International Induction Programme, then you will be included on the Performers’ List as a GP International 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, including a successful Educational Supervisors Report, you will need to contact the territorial Board where you wish to work as a GP. A completion letter will be shared with the Medical Director of said Board who will decide if your performers list status can be changed to unrestricted.

**Teaching and learning**

The IIP 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 IIP 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 IIP GP.
* Complete the agreed educational contract in the first week for mutual signature (modelled on the timetable suggested below).
* provide regular educational supervision meetings.
* give regular formative feedback to the IIP 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 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 * CDM Clinic with nurse |

* A session is defined as four hours and 10 minutes

* 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-to-15 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 IIP 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 IIP GP to work in Out of Hours (OOH) but if the IIP 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, 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.

* **Workplace based assessments** should be recorded using the 14Fish e-portfolio. These include assessments of clinical & communication skills and teamworking 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 IIP 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) being completed. During your placement you will require confirmation that you are competent to carry out the mandatory RCGP Clinical Examination and Procedural Skills.

* 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/>

**NB** Costs incurred for external evaluations such as GP Self-Test are the responsibility of the GP Returner. Returners are eligible for 1-year free RCGP 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 14Fish e-portfolio. This will be shared with the IIP GP.

This should demonstrate satisfactory and incremental progress throughout the programme and continuing ability to reflect and learn from the IIP 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 IIP 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 based on 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

1. 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 IIP 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 IIP GP feels that the GP International 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 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.

1. 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 1**

**Pathways to GP Registration**

[Pathways to GP registration in the UK](https://www.rcgp.org.uk/your-career/qualifying-as-a-gp)

**GP Speciality Training**

[General Practice Specialty Training Guidance](https://www.rcgp.org.uk/your-career/qualifying-as-a-gp/cct-guidance/training-guidance)

This is the only pathway to the GP Register which is a qualification.

Doctors awarded a Certificate of Completion of Training (CCT) are added to the GP Register on the date they complete their training.

There are 4 routes to gain CCT:

* **Standard programme** - three years spent in GMC approved GP specialty training.
* **Accreditation of Transferable Capabilities (ATC)** - combining other GMC approved specialty training (usually 6 months) with GP training (usually 30 months).
* **Combined Programme UK (CPUK)** - combining previous non training UK experience (usually 6 months) with GP training (usually 30 months).
* **Combined Programme Overseas (CPO)** - combining previous overseas training and/or experience (usually 6 months) with GP training (usually 30 months).

**Portfolio Pathway**

[The Portfolio Pathway (formerly CEGPR route)](https://www.rcgp.org.uk/your-career/qualifying-as-a-gp/cegpr)

This is only for those with 6 months formal training and/or a qualification in family medicine and was previously called CEGPR.

A portfolio of evidence is submitted to the GMC which must demonstrate knowledge, skills and experience required for independent practice in the UK.

The application can take up to 6 months for the GMC to process.

The RCGP evaluates applications on behalf of the GMC which takes around two months.

**The Recognised Specialist Qualification (RSQ) Pathway**

[The Recognised Specialist Qualification (RSQ) Pathway](https://www.rcgp.org.uk/your-career/qualifying-as-a-gp/rsq-pathway)

This was introduced in May 2024.

Doctors whose qualification from outside Europe is included in the GMC's list can apply for direct entry to the GP Register by submitting a small number of documents.

The RCGP has no role in evaluating these applications.

There are five qualifications on the list from Australia, New Zealand and Canada, based on eligibility for previous Streamlined CEGPR applications.

**The Relevant European Qualification (REQ) Pathway**

[European qualifications in GP or family medicine](https://www.rcgp.org.uk/your-career/qualifying-as-a-gp/european-qualifications)

The GMC continues to automatically recognise qualifications awarded in the European Economic Area (EEA).

Doctors whose qualification is included in the GMC's list can apply for direct entry to the GP Register by submitting a small number of documents.

The RCGP has no role in evaluating these applications.