

Practice Placements

Introduction

Assessment of the doctor through workplace-based assessments (WPBAs) carried out by supervisors during a practice placement is the method for ensuring that the doctor is ready to enter (or re-enter) independent professional practice as a GP in the NHS.

For definitions & description of the Educational Supervisor and Clinical Supervisor roles, please go to the following [LINK](#)

These placements (**Clinical placements**) take place once the doctor has been included on the GMC Register with a Licence to Practice (LtP) and subsequently admitted to the NHS England Medical Performers List (with conditions or voluntary undertakings), and the doctor is allowed to consult independently, and be supervised at a level considered most appropriate by their supervisor.

However, some doctors may wish to undertake an unpaid **observation placement** in a practice prior to them taking the assessments (MCQ and Simulated Surgery), and therefore prior to them being granted admission to the Medical Performers List (MPL). This observation placement allows for a more extended induction process covering the contextual aspects of UK primary care, as well as introducing them to their future clinical and non-clinical roles.

Observation Placement

During the **induction period** at the start of the Observation placement clinical activity will be restricted to those **under direct supervision and observation**. This will allow the doctor to better understand local practice and the supervising GP to:

- Assess clinical method and competency.
- Assess use of IT systems and understanding of the internal workings of the practice, including management systems, team structures and wider NHS requirements.
- Demonstrate prescribing, referrals and use of Choose and Book or other on-line appointment systems (including Two Week Wait processes).
- Assess the doctor's approach to appropriate use of resources within and external to the practice.
- Assess the doctor's communication and consultation skills in general and their ability to manage expectations (examples would be in how to deal with requests for inappropriate medication, sick notes and letters of support).
- Involve the doctor in planning patient care and use of supporting evidence, but not necessarily defining NICE and other guidance.
- Discuss other local primary care providers and their interface with the practice, and the place of the practice in the local health system.
- Discuss the nature of NHS appraisals, revalidation and continuing professional development in practice, including local sources of educational support.

While most of this induction period will be under the scrutiny of the supervising GP **direct observation can be agreed with other clinical staff**. This will allow the doctor to fully understand the roles of all clinical staff in the context of UK general practice.

Supervised Clinical Consultations in the Observation Placement

As the doctor's directly observed clinical skills evolve the ES/CS will agree with the doctor when it is safe and appropriate for them to start to undertake **individual independent clinical activities while remaining under direct supervision**. At this stage they are not on the MPL and cannot request investigations or prescribe treatment.

This will normally allow the doctor to spend up to 20 minutes independently consulting with the patient and then, the ES/CS will join the consultation to review with the doctor and the patient the history, confirm as appropriate the findings of any examination, the proposed treatment and/or investigation plan and follow up arrangements.

The above phasing and clinical practice is standard HEE policy with GPRs and Foundation Year 2 Trainees, medical & nursing students who after a period of direct observation of them consulting and where it has been assessed that they are competent and safe, are allowed to take histories and appropriate examinations on a one to one basis.

Each doctor's level of competence and, the safety of the patient, will have been judged appropriate before allowing them to move on to this stage of more independent practice and where each case is checked and then **signed off with the patient present** by the ES/CS.

The ES/CS must assess after each case to agree the actions, diagnosis and arrange any treatment required themselves: in other words they will be checking and managing every case - the doctor is not permitted to undertake any unsupervised clinical decisions at any time.

Clinical Placement

Following satisfactory inclusion on to the GMC register with a Licence to Practice and MPL (with conditions or voluntary undertakings), and after the doctor has taken and passed the appropriate Learning Needs Assessments (MCQ papers and Simulated Surgery if required), the doctor will be allowed greater clinical opportunities and allowed to book and see patients independently, initially under **Close Supervision**. They will have the ability to request investigations and prescribe, which will be regularly monitored and reviewed by the ES/CS.

Fourteen Fish e-portfolio

There is an e-portfolio for doctors on the scheme on Fourteen Fish, and doctors are encouraged to record their learning on this. This is reviewed by the HEE lead and **forms part of the final assessment report (WPBA) submitted to NHSE&I to allow final sign off from the programme and full inclusion on the MPL**. This will also enable all of their learning activities during the placement to be considered as part of their portfolio for their next NHS appraisal, which is likely to take place between 3 and 6 months after completing the scheme. Doctors should use the e-portfolio for:

- Documenting learning from tutorials and from any meetings, courses, or conferences they attend.
- Completing and reflecting on e-learning modules
- Reflections on clinical encounters, significant events, complaints etc.

Length of placement

Duration – With the exception of doctors following the Portfolio Route (who have a one month placement) and those following the Streamlined CEGPR process (who have a three month placement), the duration of the placement is guided by the educational needs assessment that has taken place (structured interview, MCQ and simulated surgery). The Clinical Problem Solving part of the MCQ is particularly helpful in informing the duration (3 months WTE for band 4 outcomes, 6 months WTE for band 3 outcomes). If the candidate has achieved a band 5 result, only a short (one month WTE) placement will be required. There is usually the option of undertaking the placement less than full time (LTFT) over a longer period. Any particular educational needs that have been identified in the simulated surgery will be drawn to the attention of the ES/CS by the local scheme lead, should be discussed with the doctor when they start at the practice, and will form part of the educational plan for their placement.

Timetable, Full Time (FT) and Less Than Full Time (LTFT) placements

With the agreement of the practice, placements can be undertaken FT or LTFT. FT is considered to be 37.5 hours/week, usually worked over 4 or 5 days. The minimum LTFT is usually 50%, but occasionally there are good reasons why less than this is needed, in which case it the agreement of the local HEE I&R lead should be sought.

For doctors working FT, there should be a weekly in-practice education session (tutorial) and one session for external or private study, with these allocations pro-rata for LTFT.

Starting at the practice

The doctor's first few days at the practice will take the form of an induction during which they will need to familiarise themselves with how the practice operates (appointments systems, on call rotas, the policy on home visiting, repeat prescribing, how referrals are arranged etc.), the computer system (usually EMIS, TPP SystemOne, or INPS Vision), and the medical geography (where local community and secondary care services are located and how they can be contacted). It would also be appropriate to do some "sitting in" observing other doctors (and practice nurses) in consultations, and attend practice meetings – all of which will help them to understand the practice ethos and understand the role and responsibility of other NHS team members in the practice.

Work place based assessments and reporting during the clinical placement

The Workplace Based Assessments will inform the final recommendation by the local scheme lead at HEE to NHS England about the doctor's clinical ability, and this will inform NHS England's decision regarding inclusion on the Performers List. Gathering information for this needs to be planned from the outset, and discussing the contents of the end of placement report would be a useful topic for discussion between the doctor and their supervisor in the first few days of the placement.

The doctor is required to demonstrate their competence under a range of headings:

1. Clinical expertise

- 1.1. History and examination
- 1.2. Clinical management
- 1.3. Investigations
- 1.4. Urgent care
2. Communication and teamwork
 - 2.1. Consultation and communication skills
 - 2.2. Teamworking skills
3. Professionalism
 - 3.1. Professional integrity
 - 3.2. Primary care administration and record keeping
 - 3.3. Understanding NHS systems and community orientation
 - 3.4. Organisation and planning
 - 3.5. Learning and development

The Clinical Supervisor (or Educational Supervisor if they are undertaking both roles) is asked to carry out workplace-based assessments and record these on Fourteen Fish, as well as completing interim competence reviews **each month** or more frequently as required in the doctor's Fourteen Fish portfolio so that they can provide evidence of the doctor making progress towards demonstrating their competence. The assessments are:

Multi-source feedback (MSF) – this is required once during the placement, unless the placement is of only one month. In some cases the local HEE lead will request that the MSF be repeated at the end of the placement (e.g. if an MSF was carried out part-way through the placement and the findings were unsatisfactory). The Fourteen Fish website have a suitable tool embedded in the e-portfolio, and either this or another approved tool should be used, so that the doctor can submit this for their appraisal and revalidation. When doctors create their survey, it is recommended that they invite at least 18 colleagues with good range of professionals, with 50% Non-clinical. 15 responses will be needed to satisfy requirements of most areas of NHS England and Designated Bodies. If doctors are not sure of the expectations for their Designated Body or if they have trouble collecting 15 responses it is recommended that they check with their local Appraisal Service and if necessary, speak to the survey provider (e.g. Fourteen Fish).

Patient satisfaction questionnaire (PSQ) – this is required once during the placement, unless the placement is of only one month. Again, a suitable tool is available on Fourteen Fish, but if this is not used another approved tool should be used, so that the doctor can submit this for their appraisal and revalidation. Fourteen Fish operate their surveys according to the same standard as the GMC, so the minimum number of responses is 34.

Consultation observation tool (COT) – several of the criteria relate to clinical and consultation skills and so this is one of the most useful tools. There is the facility to record the COT scoring on Fourteen Fish. Although no minimum number can be stipulated (there is no clear evidence from the literature that can be used to define a minimum number), it is recognised that good performance in one case doesn't necessarily predict a good performance in another case (Elstein & Shulman 1978), and so it is expected that the ES will observe and assess several consultations using this tool. It is also known that there are advantages to these assessments being carried out by different supervisors in order to

“triangulate” the overall assessment (Crossley et al, 2011). For doctors who have not been required to sit the Simulated Surgery prior to the placement (e.g. by achieving at least a band 4 score in the MCQ), there will be a particular need to assess their consulting skills (using the COT) early in the placement so that any difficulties in this area can be identified early. See also [Bradford VTS website](#)

Case-based discussion (CBD) – these can be useful for exploring the doctor’s decision-making for clinical issues, and are also useful for assessing the doctor against the various criteria for professionalism. Once again, there is the facility to record this assessment on Fourteen Fish.

In order to monitor progression, and specifically to support the judgements made in the monthly interim competence reviews, at least one assessment per month (either COT or CBD) should be recorded.

In the interim competence reviews, for each of the areas of competence the ES is asked to make a judgement as to whether the doctor is “Below expectation”, “Needs further development”, or “Competent”. There are word pictures provided to give examples of behaviours that would constitute different levels of performance, although these are not intended to be exhaustive. It is important to identify doctors who are failing to make adequate progress, and whom should therefore be discussed at an early stage with the local HEE scheme lead.

The Fourteen Fish e-portfolio includes an **end of placement report** which should be completed about two weeks before the placement is scheduled to end. The e-portfolio will collate all of the judgements made previously in the interim reviews.

It is important that supervisors only complete the final overall recommendation that the doctor is competent when they have confirmed competence in **all** the competencies in the report.

The completed report should be passed to the local HEE scheme lead for sign-off before submission to NHS England.

Extending or shortening the placement - it may well be that after a few weeks of the placement, the ES/CS agrees with the doctor that either the evidence collection for the final report has nearly been completed and the placement can be shortened, or that the evidence collection is going to take rather longer than was anticipated, and the placement needs to be extended. In these circumstances, the situation should be discussed with the local HEE scheme lead to seek their agreement, who will then approach NHSE for their agreement.

References

Crossley J et al Good questions, good answers: construct alignment improves the performance of workplace-based assessment scales, *Medical Education* 2011; 45: 560–569

Elstein A, Shulman L. *Medical Problem-Solving: An Analysis of Clinical Reasoning*. Cambridge, MA: Harvard University Press 1978;120.