

## Advice to GP Educational Supervisors overseeing and reporting on doctors on the Induction & Refresher Scheme

The qualified doctor to whom this report refers has been attached to your practice for a placement as part of the Induction and Refresher Scheme and you are asked to complete the [report](#) based on the assessments carried out by you and your colleagues, and by your observation of the doctor's work.

**Duration** – the duration of the placement is guided by the educational needs assessment that has taken place (structured interview, MCQ and simulated surgery). 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 two band 5 scores (or if the candidate has taken the [Portfolio Route](#)), only a short (4 week) [placement](#) will be required, and the I&R lead will discuss the exact requirements for this with you. There is likely to be 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 your attention by the I&R lead, should be discussed with the doctor when they start at your practice, and will form part of the educational plan for their placement.

### 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.

### During the placement

**The working week** – A week in a full time placement should comprise 9 sessions of 4 hours 10 minutes (37.5 hours total) and include:

- 7 sessions of clinical work (surgeries and visits)
- 1 session of in-practice education
- 1 session of self-directed learning out of the practice

In addition to clinical work, exposure to normal GP administrative tasks (processing incoming clinical mail and results, signing and re-authorisation of repeat prescriptions, completing reports etc.) is expected to be a part of the placement.

**Gathering data for the report** – The Workplace Based Assessments will inform the recommendation by the I&R Lead at the LETB to NHS England's Cheshire & Mersey team Medical Director 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 report (link) would be a useful discussion in their first few days.

**Recording their learning** – there is not yet a separate e-portfolio for I&R doctors, and so we encourage I&R doctors to record their learning on one of the online appraisal toolkits (e.g. Clarity, Fourteen Fish, or MAG MAF). This will 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. The main educational activities are likely to be:

- Observed consultations – either videoed or with you (the ES) sitting in; the RCGP Consultation Observation Tool is the simplest one to use for this (<http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba/~media/Files/GP-training-and-exams/WPBA/COT.ashx>). There is no set minimum number of COTs required for completion of the report, but instead you (as ES) are asked to use your discretion and experience, and to continue to collect information from COTs until you feel able to reach an opinion. For doctors who have not been required to sit the Simulated Surgery prior to the placement (e.g. by achieving 2 x band 4 scores or above 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.
- Patient and colleague feedback – these are not required if placement is 4 weeks (Band 5) or less; for placements longer than 4 weeks please ask the doctor to use one of the GMC recognised tools so that they can be used for revalidation purposes.
- 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.

This professional report should contain factual information and comment on the strengths and weaknesses of the candidate as an indicator of his/her suitability for work as a GP.

This report form has been developed with the General Medical Council publication “Good Medical Practice” in mind.

The front page includes the equivalent of the “Form R” which is completed for trainees, asking about any Serious Untoward Incidents or complaints that arose from the doctor’s work during the placement.

There are then listed a series of areas of professional practice (starting with “Clinical expertise”) in which you are 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. A rating of “Competent (3)” should only be awarded once you are happy that they have demonstrated all of the behaviours listed in the word pictures. There are suggestions of sources of evidence to help you reach the judgements. Please use the space provided to give

examples of the candidate’s behaviour that support the rating you have given them in each area; it is important to make it clear what evidence you have used to reach your judgement, for example:.

1.1 History & examination			Possible sources: COT, MSF, CBD
FINAL SCORE:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	Below expectation	Needs further development	Competent
	1. Incomplete, inaccurate, confusing history taking. 2. Fails to examine when the history suggests conditions that might be confirmed or excluded by examination. 3. Inappropriate over-examination. 4. Fails to obtain informed consent for the examination.	1. History sometimes unfocussed 2. Insufficient attention paid to the significance of psychological and social factors 3. Examination skills variable	1. Clear history taking 2. Takes into account social and psychological factors. 3. Able to examine competently, including obtaining informed consent (especially for intimate examinations) 4. Able to make appropriate choice of examination
Educational Supervisor	Date:	Score:	Comments/evidence:
	6.4.17	2	Joint surgery: 3 consultations observed (see COTs); very lengthy rambling histories taken; did not consider psychosocial factors in two of them. Uncertain about examining a shoulder, although did gain consent for this.
	4.5.17	3	Video consultation: difficult consultation with febrile 3 year old and anxious father; explored social factors well, and carried out appropriately thorough assessment for sepsis.
	18.5.17	3	Senior practice nurse had chaperoned vaginal examination and reported clear informed consent being gained, excellent manner with patient, and skilled examination
		etc	

You could also use the comments boxes to make dated notes throughout the placement which may help you to log the doctor’s progress during their time with you. This might also help you to identify doctors who are failing to make adequate progress, and whom you should therefore discuss (as soon as you have identified a concern) with your LETB’s I&R Lead. You are welcome to add more lines to enable you to record additional assessments and evidence if you need to. However, if after the first assessments that you complete you are satisfied that there is clear evidence that the doctor is “Competent (3)” then there is no continue carrying out and recording assessments for that area.

The doctor may need to be reassured that a rating of “Needs further development (2)” early in the placement could be considered entirely normal and consistent with them ultimately reaching a competent grading, subject to them taking on board the advice that you offer, and improving their practice.

On the back page you are asked to confirm that the doctor has supplied evidence of competence at Level 3 for Safeguarding for Children (they should have completed the e-LfH module), and that there have been no concerns about attendance/timekeeping and health.

You are then asked for your opinion about their suitability for full inclusion in the NPL without conditions. If you select the option “Have some reservations, so could not recommend”, then you must have made it clear in the body of the report what these reservations or concerns are, and these should already have been brought to the attention of the I&R Lead. In the absence of satisfactory completion of the placement, NHS England will review their inclusion on the MPL and may remove them from the list due to non-compliance with MPL conditions. They will not be able to work as an NHS GP outside the supervised placement .

Conversely, the other boxes (“Could recommend as competent” or “strongly without reservations”) must not be selected unless **all** of the competencies have been marked 3 (“Competent”).

The report should then be passed to the I&R 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, you agree 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 I&R lead to seek their agreement.