GP Returner and International Induction Programme (for Primary Care Appraisers)

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Aims of the session:

- An overview of the different routes to GP registration in the UK
- An understanding of the R&IIP scheme and how doctors are supported through these programmes
- The role of appraisers in supporting doctors returning to practice, including practical scenarios and tips
- Guidance for appraisers on navigating these transitions, from a primary care perspective

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Routes to GP Registration

Pathways to GP registration in the UK

- **GP Specialty Training**
- **Portfolio Pathway**
- **The Recognised Specialist Qualification (RSQ) Pathway**
- **The Relevant European Qualification (REQ) Pathway**

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Understanding the R&IIP

Return to general practice | NHSScotland Careers

Eligible doctors:

UK-qualified GPs absent from practice for 2+ years
Doctors with equivalent GP qualifications who have never worked as a GP in the UK

Support includes assessment, induction, supervision and evidence gathering.

A suitable placement in an approved GP training practice for an attachment of **up to** six months (Whole Time Equivalent) is sought. Placements are not guaranteed.

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100% of registered R&IIP doctors, who have completed the scheme since 1st April 2024, are on a Scottish Performer List

Cohort Summary

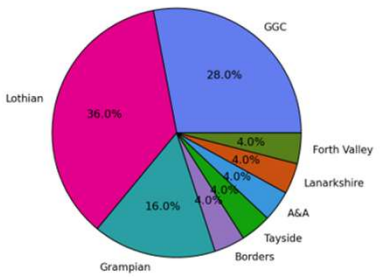
Total doctors: 27

Registered doctors: 25

Doctors on Scottish Performer Lists: 25 (92.6% of total cohort; 100% of registered doctors)

Performer List Distribution

Distribution of Doctors Across Scottish Performer Lists (Revised)



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Assessment

Minimum requirements:

R&IIP doctors are required to do a specified number of formative assessments during their practice attachment.

- **RCGP GP Self-test** which should be completed within the first two weeks of attachment and, if the R&IIP doctor's first Self-test score is below peer average score, also at the end of the attachment to demonstrate satisfactory progression.
- **Workplace based assessments** should be recorded in the e-portfolio. These assessments include those of clinical & communication skills and teamworking. They are based on observed consultations (COTs), case-based discussions (CBDs), PSQs, MSF and observations of clinical procedures. PSQ and MSF can both be used towards appraisal and revalidation.
- Reflective educational diary to be shared with the ES in the GP Returner e-portfolio.

As part of the programme GP Returner doctors are also allocated a £200 allowance towards educational activities.

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The Appraiser Role

Dr A
- UK GP graduate
- Family doctor in Australia for 15 years
- Returning to Scotland

In the word cloud:
What do you think some of the considerations/discussions should be if you were conducting this appraisal 6 months after an appraisee had completed the R&IIP?

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Key Areas for Appraisers to explore

The transition back to UK practice

Questions to explore

What aspects of UK general practice were most challenging?
What surprised them on returning?
How have they adapted to changes in

- Triage systems
- Multidisciplinary working
- Prescribing
- Guidance
- Digital consultations
- Workload intensity

What support was most valuable during the programme?

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Key Areas for Appraisers to explore

Reflection on the R&IIP Experience

Look for evidence the doctor has reflected on

- Educational Supervisor feedback
- Workplace-based assessments
- Learning Needs identified at programme entry
- Areas where confidence has improved
- Areas that still require development

An appraiser may wish to ask:

"What did you learn about yourself as a GP during the programme?"

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Key Areas for Appraisers to explore

Clinical Governance

This can potentially be one of the highest yield discussions – explore understanding of

- Scottish prescribing systems
- NHS Scotland clinical governance arrangements
- SEA
- Duty of candour
- Safeguarding processes
- Information governance
- QI

The appraisal should confirm that governance knowledge has become embedded into daily practice rather than remaining a theoretical understanding.

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Key Areas for Appraisers to explore

Revalidation considerations

Many doctors entering R&IIP have complex revalidation histories which may need to be discussed with your local appraisal lead +/- RO As an appraiser, it is helpful to understand

- Whether the doctor maintained a license whilst overseas
- Whether appraisals took place outside the UK
- Any periods of non-clinical work
- Any periods without a designated body

The focus should be on ensuring the doctor has a clear plan for ongoing participation in appraisal and revalidation now they have re-entered NHS practice

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Let's go back to Dr A....

Appraisal discussion reveals
- Extensive clinical experience
- Strong patient feedback
- Excellent engagement with R&IIP
- Positive ES report

Areas for exploration
- Reduced confidence managing safeguarding concerns
- Limited experience of current Scottish prescribing systems
- Uncertainty regarding appraisal and revalidation requirements
- Anxiety about moving from supervised to fully independent practice

Possible PDP outcomes
- Complete safeguarding update and reflection
- Participate in a prescribing focused educational session
- Join a local GP peer learning group
- Undertake a QIA in practice
- Review revalidation requirements with local appraisal team

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In summary –

It is helpful to remember this is not simply a doctor returning to practice. It is often an experienced GP transitioning between healthcare systems.

An appraisal should therefore focus on
- adaptation
- integration
- governance
- professional confidence
- future development

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Thank you ☺

Any questions??