Health Education England

International GP Recruitment (IGPR) Checklist

Key principles for supervision

The IGPR Programme Director (PD), Clinical Supervisor/Educational Supervisor (CS/ES) and Practice Manager to understand and ensure:

- there is no compromise to patient safety;
- doctors on the IGPR scheme are supervised such that they are afforded the maximum support and appropriate levels of supervision so that their own safety is maintained;
- practices employing IGPR doctors understand and adhere to the national guidance of the IGPR scheme;
- there is sharing of learning specifically in relation to the IGPR Scheme across the systems and organizations involved in its delivery.

Prior to Observation Preparatory placement:

Share practice pack V8 with practices and ensure there is acknowledgement/receipt and confirmation the documents have been read and understood.

- **Tripartite review of each placement:** with a face to face placement meeting with the IGPR Programme Director and IGPR Doctor.
- **Transition point meetings:** Moving from observation to clinical phase.
- Meet the supervisor and both parties together and again review all aspects of the programme including:
  - supervisory arrangements;
  - use of PDP and Fourteen Fish for both parties to ensure feedback is being regularly shared with the IGPR doctors.

1. Preparatory placement

- There will be a monthly follow up by IGPR PDs with clinical supervisors and IGPRs in the practices they are supporting.
- Review will include a review of educational activities on Fourteen Fish, and feedback
- Monthly learning sets

2. Permitted tasks during Preparatory Phase

- Observation of consultations and clinical procedures.
- Observation of on-call activities.
- Regular de-briefs.
- Opportunity to lead consultations under direct observation. **The supervising GP must always take clinical responsibility for the consultation.**
- Attendance at clinical and MDT meetings, in practice, locality and Training Hub.
- Self-directed study, with needs identified and documented with the Trainers Tool kit.
- Under supervision:
  - medication reviews – under direct supervision of CS;

  - opportunity to lead consultations under direct observation. The supervising GP must always take clinical responsibility for the consultation;
  - QOF activities;
  - audit activities;
  - note summarising;
  - checking clinical correspondence, filing and actioning as required under direct supervision of CS;
  - performing phlebotomy.
- Statutory and Mandatory training for example:
  - Safeguarding – Children and Adults;
  - Health and Safety;
  - Moving and Handling;
  - data awareness;
  - Conflicts of Interest.

3. Transition to I&R (IGPR) placement

Ensure the responsible IGPR PD arranges and leads a tripartite meeting ahead of the move to the I&R phase of the programme again covering:

- supervisory arrangements;
- use of PDP and Fourteen Fish for both parties to ensure feedback is being regularly shared with the IGPR doctors;
- work place based assessment requirements.

4. Checklist for IGPR Programme Director

Practice Readiness:

- Contract of employment.
- Programme agreement.
- Educational/Clinical Supervisor:
  - educational governance: accredited Trainer;
  - information sharing: change of circumstance, CQC, GMC complaints, NHSE Performance issues.

5. Induction checklist

This should usually include but not limited to:

- an introduction to the NHS (regulations, structure etc.);
- GMC “Good Medical Practice”;
- professional boundaries in the NHS;
- induction to the practice and staff roles;
- patient safety;
- clinical prescribing;
- protocols (NICE guidelines etc.);
- management and referral of patients;
- NHS computer systems and clinical record keeping;

- Maximising harm reduction in early general practice specialist training (GPST): development of a preliminary checklist.

6. Indemnity requirements

- IGPRs are covered during the observer stage by the national indemnity scheme but once the IGPR moves to carry out independent clinical practice they will need to organise 'top up" indemnity cover and will be responsible for arranging this themselves;
- NHS England and NHS Improvement will fund each recruited GP with a maximum £750 contribution towards the cost of this top up indemnity;
- this will be paid via the practice to the GP.

7. Supervision requirements

Clinical Supervisors:

Clinical and Educational Supervisors in the International GP recruitment programme (IGPR) should be trained, approved, and supported to GMC standards. Host practices should offer a clinical learning environment which meets the standards of the HEE quality framework. Achieving these standards will ensure high quality, consistent learning opportunities and assessments for IGPs within a transparent and widely accepted governance framework.

The practice, an NHS England representative, and HEE IGPR Lead, will be required to sign the Programme Agreement which confirms the obligations for each party.

The governance and performance of supervision will be through local HEE processes. In addition, the contract of employment between the practice and the IGP describes the obligations of both the practice and the IGP within the preparatory and placement phases.

Clinical Supervisors are required to inform the HEE local office IGPR lead and NHS England of any material or significant change in their circumstances, either professional, personal, in the organisation of the Practice and its management or in the senior clinical staff, or in the fabric and structure of the buildings used, that may impinge on their ability to deliver effective training and support doctors in training appropriately.

This information will include complaints against them or the Practice that are being investigated at a level (e.g. CCG, NHS England, CQC, GMC, NCAS) raising concerns regarding fitness to practise and revalidation.

The Clinical Supervisor (CS) role:

- The CS will be responsible for day to day supervision, regular assessment, and written feedback to both the IGP and educational supervisor. The CS will ensure the availability of suitable learning opportunities within the practice and locality for the IGP. The CS will be the lead supervisor during the preparatory phase.
- The Educational Supervisor (ES) and CS will meet the IGP for a joint planning meeting, usually at the start of the preparatory phase and again before or at the start of the placement phase. They will review with the IGP their identified learning needs and agree a written educational plan which will be shared with the HEE IGPR Lead.

- The CS will then support a schedule of contact for the IGP with the ES which should usually be no less than once a month during both phases.
- The CS will provide educational support as part of the agreed induction plan for the IGP based on their previous experience and identified needs which should usually include:
  - an introduction to the NHS (regulations, structure etc.);
  - GMC "Good Clinical Practice";
  - professional boundaries in the NHS;
  - induction to the practice and staff roles;
  - patient safety;
  - clinical prescribing;
  - protocols (NICE guidelines etc.);
  - management and referral of patients;
  - NHS Computer systems and Clinical record keeping.
- Initially the CS will meet with the IGP at least once daily and less frequently as agreed with the ES as the placement progresses, subject to satisfactory and safe progression. On occasion as required daily supervision for the IGP may be provided by an alternative practice performer or suitable approved clinician.
- After an initial introductory meeting, the ES will be available to the CS to support educational delivery throughout the preparatory phase and any concerns/problems arising during this period. The ES will review progress with the CS and IGP on at least a monthly basis throughout the preparatory phase. Meetings may occur between the IGP, CS and ES in preparation for the IGPR programme assessments, but the frequency will depend upon need as judged by the CS as the IGP progresses.
- The CS will provide weekly documented meetings with the IGP with written feedback recorded in the workplace based assessment report. During the placement phase, the CS will be responsible for undertaking and supporting appropriate assessments of performance including a multi-source feedback (MSF), patient satisfaction questionnaire (PSQ) and observations of practice and cased based discussions. Payment for clinical supervision will be £678.83 per IGP, per practice, per month. This payment is covered by NHS England.

Further details are available in ***Annex C***.

The Educational Supervisor (ES) role:

- The GMC definition of an Educational Supervisor is "A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified doctor's educational progress during a placement or series of placements". The Educational Supervisor is responsible for the trainee's Educational Agreement.
- In consultation with the HEE Local Office HEE IGPR lead, a local ES will be assigned to each CS and IGP. The ES may not be in the same practice but a formal arrangement between the CS and ES will be made.
- The ES will normally receive an ES payment of £258 proportionate to 1 session per month (to include reviews of the IGP's progress and support for the CS) during the preparatory phase. Payments to the ES will be made through the IGPR practice linked to the IGP supervisor fee.
- As the preparatory phase concludes, the ES will meet with the CS and IGP monthly or more frequently, so that meetings occur:
  - at the commencement of the preparatory phase for an initial meeting;
  - usually monthly during the preparatory phase;
  - as needed during the preparation for the IGPR assessments;

- before the start of the placement phase and then at two weeks initially;
- thereafter subject to satisfactory progress meetings will be monthly;
- there will be a final review meeting with the IGP, the CS and the ES to allow the final recommendation at the end of the programme to be competed.

8. Reporting requirements

Preparatory Phase structured report:

1. The IGPR **Preparatory report** should be used to document training monthly or more frequently as required which is signed off at the end of the Preparatory Placement:
   - the IGPR will have been expected to have passed the two HEE MCQ papers and the Simulated surgery if required;
   - this report may form part of the evidence for a "Structured English Language Reference" (SELR) where the doctor has not met the required GMC Language levels at IELTS or OET.

2. The **Clinical Placement report** which is completed for all doctors in the I&R scheme and for the IGPR doctors after their Preparatory Placement. This report should be used to document training monthly or more frequently as required and is signed off at the end of the Clinical Placement:
   - section A of this report should be completed monthly by the CS/ES or more frequently as required by the HEE IGPR Lead or NHS England and NHS Improvement Responsible Officer (RO) or their nominated deputy;
   - Section B is to be completed at the end of the preparatory phase as sign off to allow progression on to the NPL and the clinical placement of the I&R scheme or can be used to escalate identified support requirements as appropriate. (HEE Admin to monitor submission dates)

Interim Competencies review:

Please mention sources of evidence e.g. COT / CBD / Direct observation / Feedback from colleagues:

- Reading Skills (Comprehension of written communication): Capacity to understand the various forms of professional and personal documentation encountered in clinical practice (letters, referrals, emails, patient records, medical articles etc.).
- Writing Skills (Written Communication – Being Understood): Capacity to produce the various forms of professional and personal documentation required for clinical practice (letters, referrals, emails, patient records, reflective writing etc.).
- Empathy and sensitivity: Capacity and motivation to take in patient/colleague perspective, and sense associated feelings. Generates safe/understanding atmosphere.
- Professional integrity: Capacity and motivation to take responsibility for own actions (and thus mistakes). Respects/defends contribution and needs of all. (Respect for "position, patients and protocol").
- Problem-solving skills: Capacity to think/see beyond the obvious, analytical but flexible mind. Maximises information and time efficiently, and creatively.
- Organisation and planning: Capacity to organise information in a structured and planned manner, think ahead, prioritise conflicting demands, and build contingencies. Delivers on time.

- Learning and Development: Ability to identify own learning and development needs, commits time and resources to appropriate training and development activities
- Team involvement: Collaborative style, works with colleagues in partnership, able to compromise. Assumes role of leader when necessary, provides support, views self as part of larger organisation.
- Mandatory training:
  - CPR training;
  - Child safeguarding (min level 2);
  - Adult safeguarding;
  - information governance;
  - induction for international and returning doctors.
- Attendance: Sick Leave/Absence: What are the practices processes for documenting these?

For scores of 2 or below please ensure you have an educational action plan which can be documented in educator notes on Fourteen Fish.

9. Maintaining learning records and educational feedback (Fourteen Fish)

IGPR/I&R doctors and their ES must record their learning and review of learning on Fourteen Fish. This will enable 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.

10. Managing progress

The main educational activities are likely to be:

- Self-Test - the candidates should complete their Self-Test paper and share the results with you at their initial educational review meeting to help inform their learning plan:
  - the Self-Test should be completed at or on the start of their placement and shared with their ES and subsequently the Self-Test should be undertaken at a suitable point during the placement.
- Observed consultations – either videoed or with you (the ES) sitting in; the RCGP Consultation Observation Tool is the simplest one to use for this:
  - 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 two 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 four weeks (Band 5) or less; for placements longer than four 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.

11. Recognising a trainee in need of support

If the above reports demonstrate that there are any concerns with progress, please contact your local IGPR PD to discuss the support strategy available to assist with candidates' professional development.