Wales GP Induction & Refresher Scheme Fact Sheet

Welsh Government and the Wales Deanery along with NHS England and Health Education England in 2015 reviewed and revised the UK GP Induction and Refresher Scheme. Below are a set of FAQs for doctors interested in the scheme and guidance for Medical Directors / Responsible Officers and Deanery GP Associate Deans who will be involved in the scheme.

Key changes to the policy

1. There is now one national policy which covers the whole of Wales and England.
2. The scheme offers bursaries for the period of time that the doctor is in supervised practise.
3. The scheme is co-ordinated by the GP National Recruitment Office (NRO).
4. The scheme application process can now be started overseas including the ability to sit the multiple choice question (MCQ) learning needs assessment.
5. There is recognition of a rapid return possible for qualified and experienced GPs working in Primary Care outside the UK.

Frequently Asked Questions

Q1: Who is eligible for the scheme?

Only qualified GPs who have not worked in NHS general practice in the UK for more than two years and wish to return to work in the UK need to apply for the scheme.

Q2: I am a doctor who trained abroad and have no UK experience. Am I able to apply for the scheme?

Any qualified GP who has been granted a CEGPR and is on the GMC GP Register (in good standing) with a Licence to Practice is eligible to apply for the scheme.

Q3: Do I receive payment while I undertake an I&R placement?

During their placement the doctor is engaged by NHS Wales Shared Service Partnership and receives a salary based on that of a GP ST3. Current payscales are available here [https://www.bma.org.uk/advice/employment/pay/juniors-pay-wales](https://www.bma.org.uk/advice/employment/pay/juniors-pay-wales)

Payment is pro rata if the placement is undertaken part time.

Q4: How do I apply for the scheme?

You will be directed to the NRO website (http://gprecruitment.hee.nhs.uk/Induction-Refresher) which will contain information to guide you through the I&R Scheme and the application process. If eligible to apply for the scheme you will be able to download the application form to complete and send to the NRO.
Q5: What approvals or qualifications and certificates do I need to work as a GP in Wales?

You must:

• be medically qualified and have completed formal training as a general practitioner in the UK (CCT), or hold a CEGPR (Certificate of Eligibility for GP Registration).
• be on the GMC GP Register, in good standing and hold a current Licence to Practice as a GP.
• have the right to work or hold a visa that permits you to work in the UK.
• be granted application by the All Wales Medical performers List (MPL) with conditions that permit you to enter the GP I&R Scheme.

Q6: How long is the scheme for?

Each doctor will have a review of their qualifications and previous experience by a GP Associate Dean. This together with the band score of their MCQ will help to inform the duration of their supervised placement.

Placements are normally of 6 months duration full time though shorter placements may be undertaken if the MCQ Band score indicates that this is appropriate.

Q7: If I am on a short scheme (MCQ Band 5 outcomes) what additional assessments will be required?

You will be expected to have completed the e-learning programme module on "An Introduction to working as a GP in the NHS" and your Educational Supervisor will complete a short formal report that is submitted to the Responsible Officer (RO)/Medical Director (MD) confirming your clinical competence and global skills as a competent GP. Where English is not your primary language, confirmation of your communication skills will be required.

Q8: What support will I get when I am on the scheme?

You will be placed with a GP Further Trainer approved by the Wales Deanery and on the GMC Training Register who will provide clinical and educational supervision, regular reviews and feedback to you during your placement. In some areas you will be able to attend formal I&R support groups or local CPD activities.

Q10: How long will the I&R Scheme be in place?

There have been schemes in existence since 2002, with the Wales Deanery being one of the longest established. The new funded and revised scheme, launched in March 2015 has been established to run until 2018 but will be reviewed as required on an annual basis with a full formal review in 2017.

Q11: What happens if I do not complete my supervised practice placement?

You will not be able to work as an independent GP in Wales or the rest of the UK.
Q12: Do I have to sit exams?

At entry to the I&R Scheme, you are required to sit the two MCQ assessments (Clinical Problem Solving (CPS) and Situational Judgement Test (SJT)) and dependant on the outcome of these, you may also need to do a Simulated Surgery assessment. There are no formal exit exams.

During the placement the Educational Supervisor will provide regular feedback and document this in the I&R Structured Report. If English is not your primary (or your qualifying medical degree) language you will also receive formal feedback on your language and communication skills to help inform your I&R placement learning plan.

Q13: What happens if I fail any of the assessments?

Guidance on your options and advice on further learning opportunities and timing for future applications to the scheme will be given by the Deanery Associate Dean. Applicants are permitted no more than four attempts at entry to the I&R Scheme. The GMC will be informed of the outcome of all assessment attempts.

Q14: Are there jobs available if I complete the scheme?

Once the RO/MD has approved your entry to the All Wales MPL without conditions you will be able work as a locum GP or to apply for formal GP salaried posts or partnerships in Wales and the rest of the UK.

Q15: Will you pay for my indemnity cover?

No, the scheme does not provide medical indemnity cover funds. Scheme members should ensure that they are appropriately indemnified for their work. When contacting medical defence organisations the doctor should inform them that they are undertaking an I&R placement and should receive a reduced rate.

Q16: How is the MCQ I&R Learning Needs Assessment structured?

There are two parts to the MCQ I&R Learning Needs Assessment; both are designed to assess some of the essential competences outlined in the National Person Specification and are based around clinical scenarios. You will first be asked to complete a Professional Dilemmas (PD) paper, followed by a Clinical Problem Solving (CPS) paper.

Professional Dilemmas (PD) (50 items, 100 min)
The PD paper is a Situational Judgement Test (SJT). This part of the assessment focuses on a candidate’s approach to practicing medicine. Specifically, the paper measures one’s understanding of situations that arise for doctors in the NHS, particularly in General Practice, judgement in differentiating between appropriate and inappropriate responses, and the ability to recognise the most important concerns in any situation. It focuses on appropriate behaviour with respect to interacting with patients and colleagues and in managing one’s own workload. It does not require specific knowledge of general practice but does assume general familiarity with typical primary and secondary care procedures.
The test covers three core domains:
- Professional integrity
- Coping with pressure
- Empathy and sensitivity

The PD paper consists of 50 items and there are 100 minutes in which to complete the test.

**Clinical Problem Solving (CPS) (86 items, 65 min)**
In this part of the assessment, candidates are presented with clinical scenarios that require them to exercise judgement and problem solving skills to determine appropriate diagnosis and management of patients. This is not a test of knowledge per se, but rather one’s ability to apply it appropriately. The topics will be taken from areas with which a General Practitioner is expected to be familiar.

The CPS paper consists of 86 questions and there are 65 minutes in which to complete the test.

**Q17: How is the raw score calculated for the PD paper?**

There are 50 items in the PD paper. Around half of the items are ranking items and the other half of the items are multiple choice. As with the CPS paper, there is no negative marking. SJT items are scored against pre-determined keys that have been derived from consultations with multiple GP Subject Matter Experts (SMEs), so that the scoring of the test is standardised and fair to all candidates.

**Ranking items**

The items in Part One of the paper require candidates to rank a series of options in response to a given situation. Answers are marked by comparing a candidate’s response to the model response determined by an expert panel (i.e. GP SMEs). The closer the response is to the model response, the more marks that are awarded. A perfect match generally receives 20 marks, and a candidate does not need to get every option exactly in the correct order to obtain a good score on an SJT item. **It is important to note that this marking convention means that even if a candidate were to answer a ranking item completely out of order, they would score a minimum of 8 marks for that question.** Skipping or missing an item, however, results in a score of 0 marks for that question.

The table and example below illustrate the scoring system in more detail.

<table>
<thead>
<tr>
<th>Key Rank</th>
<th>Candidate Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 (C)</td>
</tr>
<tr>
<td>1 (B)</td>
<td>4</td>
</tr>
<tr>
<td>2 (C)</td>
<td>3</td>
</tr>
<tr>
<td>3 (A)</td>
<td>2</td>
</tr>
<tr>
<td>4 (D)</td>
<td>1</td>
</tr>
<tr>
<td>5 (E)</td>
<td>0</td>
</tr>
</tbody>
</table>

**Example:** Imagine you are answering a ranking SJT question in the MCQ I&R Learning Needs Assessment. You are given a list of five actions/options and are then asked to rank in order the following actions in response to this situation (1 = most appropriate; 5 = least appropriate). The predetermined key for this question is BCADE. Option B has thus been
predetermined by multiple SMEs to be the ‘most appropriate’ option (and in other words, ranked as 1 out of 5). If you then select Option B as the most appropriate action you would be awarded 4 full marks for this part of the question. Instead, if you select the option that has been predetermined as the second most appropriate action, Option C, you would still be awarded 3 points. If you were to select Option A, you would be awarded 2 points, and if you were to select Option D you would only be awarded 1 point. You therefore get allocated marks based on the proximity of how you rank each of the possible options in accordance to the pre-determined key. So for example, if you were to answer this question using the key CDAEB instead, you would get 12 marks (3 + 2 + 4 + 3 + 0 = 12).

Multiple choice items
The items in Part Two of the paper require candidates to select three from a maximum of eight possible responses to a given situation. As with ranking items, answers are marked by comparing the response to the model response determined by an expert panel. Multiple choice items are worth a maximum of 12 marks. Each of the three individual responses is worth 4 marks.

Q18. How is the raw score calculated for the CPS paper?
There are 86 items in the CPS paper. Around half of the items are Extended Matching Questions (EMQ) and the other half are Single Best Answers (SBA), including a few Multiple Best Answers (MBA). EMQs can cover more than one clinical topic and refer to multiple clinical scenarios that are linked to the same set of response options.
For each item in the CPS test, 1 mark is awarded for choosing the correct response. For each MBA item, multiple marks are awarded for each correct response you select (up to a maximum of 3 marks). There is no negative marking.

Q19: What is the general advice for candidates preparing to sit the MCQ I&R Learning Needs Assessment?
You can take a generic tutorial to familiarise yourself with the controls and screen layouts in advance – see Pearson VUE for details:
http://www.pearsonvue.com/athena/athena.asp

Papers are NOT negatively marked so make sure you answer all the questions. It is important to note that the marking convention for the PD ranking items means that even if a candidate were to answer a ranking item completely out of order, they would score a minimum of 8 marks for that question. Skipping or missing an item, however, results in a score of 0 marks for that question.

Read the instructions and questions carefully. There may be times when you would like more information to answer questions. Just give your best answer given the information provided.

Read the example questions carefully. If you feel you would benefit from revisiting some areas of knowledge or practice in order to be better able to show your capability then you should do this before the assessment.

For more information about the format of the questions that are contained in the CPS paper, you can use access the following links:
EMQs:

http://en.wikipedia.org/wiki/Extended_matching_items
http://www.medschools.ac.uk/MSCAA/examplequestions/Pages/EMQs.aspx
http://global.oup.com/uk/orc/medicine/cox/01student/emqs/

SBAs:

http://www.medschools.ac.uk/MSCAA/EXAMPLEQUESTIONS/Pages/SBAs.aspx

The test specification for the MCQ I&R Learning Needs Assessment is built from the current Stage 2 Assessments. You can familiarise yourself with the format of the CPS and PD papers by visiting the following link:


We will provide a glossary where questions use terms or abbreviations which are not in universal use or may be misunderstood by some candidates.

For abbreviations that are used in general medicine, please ensure that you familiarise yourself with these prior to sitting the CPS paper. A list of possible abbreviations that are covered in the assessment is available on the NRO website and can be accessed by visiting the following link:


Scenarios

Please note that these are illustrative and every actual case will be individual and will be dealt with as such.

1. **I did my GP specialty training in England and have been on a career break for more than two years.**

   Only if you have not worked in NHS General Practice in the UK for more than two years will you need to apply for the scheme. The amount of time you would spend in the scheme depends on the length of time you have been out of practice. If it is not much more than two years you may be able to enter the All Wales MPL directly without needing to enter the scheme, and doing only a short e-learning course. This will be the decision of the RO/MD.

2. **I am an experienced UK trained GP who has been working overseas for more than two years in an active clinical role.**

   Your current clinical experience will be recognised but in line with current UK appraisal requirements for practicing GPs. You would normally be expected to demonstrate sufficient levels of competence at the educational assessment stage of the process. Your current fitness to practise will need to be reviewed prior to your return to the UK. You will need to apply for the I&R Scheme and the length of time you have been abroad, and your experience and evidence presented will determine the length of time you will need to be in the scheme. Much of this process can be done prior to giving up your overseas job and arriving in the UK.
3. I am an experienced family doctor who has trained and been working overseas.

You will not be eligible to apply for the scheme until you are on the GMC GP Register. In order to get onto this Register, you will need to apply for a CEGPR which will provide you with a certificate which is equivalent to a UK CCT (http://www.rcgp.org.uk/training-exams/gpcertification-overview.aspx) Once you have a CEGPR, you can apply for this scheme to allow you entry to the MPL.

July 2016