Return to practice schemes: needed more than ever

With the United Kingdom needing more GPs to treat its changing patient populations, Naureen Bhatti and colleagues look at the role of schemes to enable GPs to return to practice

The United Kingdom faces a shortage of general practitioners (GPs). Large numbers are reaching retirement age, and a relative excess of hospital specialists are being trained. This means the medical workforce is not in the right place to care for an ageing population with multiple long term conditions.

Health Education England has been mandated to increase GP recruitment, with the aim of ensuring that half of all medical students pursue a career in general practice. Rather than training new GPs, it would undoubtedly be quicker to help GPs who have left practice to return to work. However, Maureen Baker, the new chair of the Royal College of General Practitioners, has recently described the processes associated with GPs returning to practice as "tortuous and difficult," with inadequate remuneration.

At a time when there is a demand for greater accountability of doctors, an era of revalidation, and the recent publication of the Francis report, we need validated and robust ways to allow GPs to demonstrate up to date skills, knowledge, and fitness to practise.

GP induction and refresher schemes, led by deaneries and local education and training boards, are voluntary programmes that provide a valuable opportunity for GPs who have taken time out of UK practice to return safely and confidently to clinical work. Induction and refresher schemes also provide orientation to UK general practice for GPs coming to the UK from the European Union and beyond, including those who joined the General Medical Council’s GP Register via a certificate of eligibility for GP registration. The main aim of the schemes is to promote patient safety and to protect doctors by ensuring they are properly fit for independent NHS practice.

In England, induction and refresher schemes are aligned to Health Education England’s mandate to ensure the right people are in place at the right time to protect patients and promote high quality care. However, variable and sometimes inadequate funding of induction and refresher schemes across the country has deterred returners and overseas doctors and needs to be reviewed as a matter of priority.

Induction and refresher schemes were originally developed by deaneries to support the Department of Health's GP returner scheme, which provided funding for study leave, supervision, and salaries for GPs wishing to return to UK practice. When funding for the GP returner scheme ended in 2006, deaneries continued to offer the GP induction and refresher scheme because they recognised the benefits of the approach for GPs and patients. The scheme was offered within the limitations of little or no funding to support either the GPs on the scheme or the underpinning administrative and educational resources.

In 2010, the case of Daniel Ubani highlighted concerns regarding mechanisms for assuring the fitness to practise of GPs from the European Union admitted to primary care trust performers lists without review of their competence and understanding of the NHS. Following the Ubani case, it became standard practice for all primary care trusts across England to request a learning needs assessment via their local GP induction and refresher scheme as a condition of inclusion on the performers list. This was in compliance with the regulation that primary care trusts "should only place on their PCT’s [primary care trust’s] Performers Lists those GPs who are able to practise independently in the UK."

In 2007, the Royal College of General Practitioners’ council agreed the adoption of the following position statement: "All incoming doctors who wish to work in NHS general practice but who have no experience of NHS general practice should be provided with appropriate induction and training and assessment before being entered onto the performers list." Then, in 2008, the Committee of GP Education Directors established the induction and refresher/returner scheme as a recommended process for all GPs returning to practice in England after a break of more than two years.

The success of the GP induction and refresher schemes is based on their approach to dealing with known challenges faced by doctors who have not been practising in the NHS. These include knowledge and skills deficits; application of knowledge and skills to new contexts, where diverse cultural and population health issues add complexity; and lack of confidence and low self esteem.

The GP induction and refresher scheme assessments have been shown to be valid and reliable in assessing knowledge and undergo regular reviews by the Committee of GP Education Directors regarding their organisation and fitness for purpose. They continue to provide outcomes of high quality to both learners and educators in general practice.

The length of supervised practice is based on the results of the assessment, with schemes across the country working together to standardise processes.

Since April 2013, the performers lists, which were previously held by individual primary care trusts, have been unified into a single national performers list under NHS England. This entails a two step process of requiring registration with the General Medical Council and a higher threshold of competence for inclusion on to the national performers list without conditions. The regulations are explicit...
Planning an “F3” year: opportunities and considerations for aspiring surgeons

Often termed an “F3,” a year away from the UK training pathway after the second year of foundation training is an increasingly popular option for doctors in training. **Matthew Fell and colleagues** look at the options available and discuss what aspiring surgeons should consider.

The proportion of foundation year 2 doctors continuing straight into the first year of core training (CT1) or specialty training (ST1) has declined over recent years, from 83% in 2010, to 70% in 2011, 67% in 2012, and 64% in 2013. This means that in 2013 a third of junior doctors took time away from formal UK training.

The Joint Royal Colleges of Physicians’ Training Board believes that a gap year between foundation training and CT1/ST1—an “F3”—should be seen as a positive initiative, which benefits the trainee and the NHS. The year allows trainees to gain new skills or consolidate existing skills, which are usually welcomed at CT1/ST1 level,” Liz Berkini, deputy medical director of the board, has said.

**F3 for surgeons**

Would this advice apply to those considering a career in surgery rather than medicine? Surgery is a practical profession and requires thousands of hours of training before proficiency is acquired. Gaining clinical and theatre experience is more important than ever for junior doctors. Does an F3 increase trainees’ experience and strengthen career prospects or could it undermine training continuity and jeopardise future career prospects (box 1)?

**Box 1 | Advice from the Royal College of Surgeons of England**

We identified a lack of official advice on how to take a break away from core surgical training. We contacted the Royal College of Surgeons of England directly to ask its opinion. Here is the response it provided in September 2013:

- "We do not provide definitive guidance on whether or not trainees should take time off between F2 and application to CST. If a trainee would like to gain more varied experiences before application or feels that he/she is lacking in a particular area of experience, it can be useful to take advantage of the natural break between foundation and core training.

- Applicants must ensure that they are able to meet all the requirements of the person specification. Trainees must have achieved their foundation competencies in the 3 years before the intended CST start date and have a minimum of 18 months’ post foundation year experience in surgery.

- The core surgical training application system does not have a formal list of specific requirements associated with time out of training after F2. However, candidates should be able to show that their career progression is consistent with their personal circumstances so they should think about how they will explain the time they have taken off, and what skills or experience they have gained from this."