

Guide to the I&R Scheme placement

The assessment of doctors on the GP I&R Scheme is performed in three ways:

1. The MCQ – “knows how”
2. The Simulated Surgery – “can do”
3. The workplace based assessments (WPBA) – “does” (Miller, 1990 – see below)

The purpose of the placement part of the I&R scheme is to provide a period of induction (or re-induction) into current UK General Practice, and to enable the GP Educational Supervisor (ES) to carry out and collect information for the WPBA. The ES is asked to complete the report based on the assessments carried out by them and their colleagues, and by their observation of your 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 you have achieved two band 5 scores (or if you have taken the Portfolio Route), only a short (one month) placement will be required. 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 passed on by the I&R lead to the ES, and should be discussed with you when you start at the practice, and will form part of the educational plan for the placement. Doctors for whom English is not their first language may also have had a separate assessment of their language skills at the simulated surgery, and the report of this should also be available to the ES.

Starting at the practice

You may, of course already know the practice from a pre-assessment observer placement, but if not, your first few days at the practice will take the form of an induction during which you will need to familiarise yourself 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 System One, 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 you 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 (pro-rata for less than full-time) 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. This time may include attending hospital clinics (such as Dermatology, ENT, Ophthalmology etc.) in clinical areas identified as learning needs.

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 your clinical ability, and this will inform NHS England’s decision regarding inclusion on the

Performer’s List. Gathering information for this needs to be planned from the outset, and discussing the contents of the report would be a useful discussion in your first few days.

Recording your learning – There is not yet a separate e-portfolio for I&R doctors, and so we encourage you to record your learning on one of the online appraisal toolkits (e.g. Clarity, Fourteen Fish, or MAG MAF). It would be wise to check with NHS England which toolkit the appraisers use in the area where you will be working once you have completed the scheme. This will enable all of your learning activities during the placement to be considered as part of the portfolio for your 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 the ES sitting in, and marked using the RCGP Consultation Observation Tool (<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 you should follow the advice of your ES about how many you need to complete. Your ES is likely to want to observe you consulting early in the placement.
- Patient (PSQ) and colleague feedback (MSF) – these are not required if placement is one month (Band 5); for placements longer than one month please 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 you attend.
- Completing and reflecting on e-learning modules
- Reflections on clinical encounters, significant events, complaints etc.

Completing the report - The report that needs to be completed at the end of the placement includes “word pictures” for different competencies to help your ES make a judgement as to whether, for each competency you are “Below expectation”, “Needs further development” or “Competent”. The word pictures are 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 the ES is happy that you have demonstrated all of the behaviours listed in the word pictures.

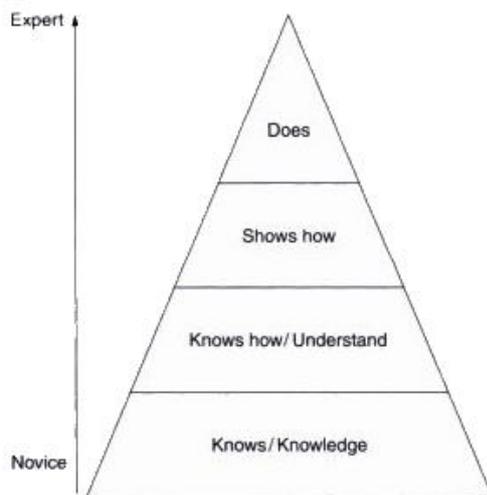
You should be reassured that a rating of “Needs further development (2)” early in the placement could be considered entirely normal and consistent with you ultimately reaching a competent

grading, subject to them taking on board the advice that you are offered, and improving your practice.

Extending or shortening the placement - it may well be that after a few weeks of the placement, your ES reaches the conclusion either that 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 ES will explain their reasoning to you, and you should seek to reach an agreement about varying the duration of the placement, before asking the local I&R lead to approve the change. This must be with the agreement of the MD of NHS England Cheshire and Mersey who acts as your Responsible Officer for the duration of your I&R placement and will approve your satisfactory completion of the placement.

Miller G.E. (1990) The assessment of clinical skills/competence/performance. Acad Med 1990:S63-7.

Miller's pyramid of clinical competence is a well-established model used for articulating levels of competence and describing attendant assessment methodologies that usefully provide the requisite data as to levels of attainment.



Adapting this framework provides a useful construct through which to map the type of experiences, together with assessment evidence that contribute to doctors attaining capabilities, sufficient for Educational Supervisors to recommend that the doctor has met the required standard.