

Helping GPs return to practice: a look at induction and refresher schemes

Returning UK trained GPs to clinical practice makes sense, but the provisions for doing so are patchy.

Helen Jaques examines the GP induction and refresher scheme

General practitioners (GPs) are increasingly taking time out of their medical careers, often to work abroad or to start a family. Given the cost of training these doctors, it is in the interests of the NHS to help them return to medicine, but the current mechanism for doing so is patchy and underfunded.

The scheme

The GP induction and refresher (I+R) scheme provides a route for GPs who have taken time out of UK practice to return safely and confidently to clinical work. It also acts as an induction to UK general practice for doctors who qualified in the European Economic Area and for those who entered the medical register via a certificate of eligibility for GP registration (CEGPR).

Most primary care organisations demand that returning or new GPs take part in an I+R scheme. There is no requirement in legislation for this, but primary care organisations usually demand it to reassure themselves that these doctors are competent to practise in the NHS.

As a rule, GPs who have been away from UK practice for two years or more are expected to take part in an I+R placement. In some areas this is not a requirement until a GP has been away from UK practice for at least five years.

To secure a place on the scheme, GPs have to apply to the GP National Recruitment Office and complete a two part test. This is made up of a computer based multiple choice clinical knowledge test and a simulated patient survey. Both parts of the test are held four times a year and cost £100 and £750, respectively.

Applicants have to reach a minimum score on each test to be admitted to an I+R scheme. Doctors' scores on these tests are used to develop the education plan against which they are assessed during their time on a scheme.

GPs on a scheme spend three to six months being supervised while they work full time in a training practice. Their learning needs are assessed at the beginning and end of the scheme, and in most cases the programme is tailored to the individual needs of the GP. When a GP has completed the scheme, his or her trainer will write to the primary care organisation to say the GP can re-join the local performers' list.

Given that the UK government spends an estimated £381 000 training each GP, it makes

Once absent GPs hit the two year mark and people demand re-training but there's no money for it, then they're lost to the NHS

financial sense for the NHS to encourage them back into practice.¹

Richard Vautrey, deputy chairman of the BMA's General Practitioners Committee, says the I+R scheme is the cheapest way of increasing the number of GPs. "It seems crazy not to use the skills of someone who has been extensively trained in the past and with a short induction and refresher scheme can return to the workforce and provide a service in a local practice," he says.

Jim Morison, GP associate postgraduate dean at Severn Deanery, estimates that it costs his deanery £7900 to return a GP to the workforce, in terms of trainers' grant and administration costs. This rises to a total of £60 000 if the returning GP is paid a salary at the bottom end of the sessional GP salary scale.

"It strikes me that compared to the cost of training up a GP, for a very small amount of money you can put doctors back into the workforce," he says.

Barry Lewis, chairman of the Committee of General Practice Education Directors (COGPED) and director of postgraduate general practice education at North Western Deanery, says the I+R scheme has other benefits. He says it is important for bolstering the existing GP workforce, which is already short on numbers.

He also points out that GPs will play a big role in the government's plans to deliver more care in the community. In addition, he says that some GPs will soon be diverting portions of their clinical time to commissioning, which will only exacerbate the strains on the workforce.

"We're going to find that we're short of experienced doctors who can take on one or more of these important roles," he says. "If we can return people to the workforce, there will be less strain overall and everything can keep running, whereas at the moment it's creaking."

Variation across the UK

Provision for I+R schemes varies across the United Kingdom. In England, I+R schemes were funded by the government until 2006, when central support was withdrawn and deaneries were left to pay for

such schemes themselves. Scotland and Wales continue to centrally fund I+R schemes (in Scotland the provision is called a returners' scheme), but no scheme exists in Northern Ireland.

Twenty deaneries and health boards are responsible for medical education across the UK. The BMA has collated information on I+R schemes from 13 of these bodies, having requested information from all 20 organisations. This unpublished research reveals the extent to which provision of these schemes varies across the UK.

Among the deaneries and boards that provided details of their support for GPs returning to practice, all except one said that they had an I+R scheme or equivalent. A total of 49 GPs were on I+R schemes at these deaneries and boards in 2012, with the number at any one deanery ranging from 0 to 11.

Most deaneries offered an I+R scheme to GPs who had been out of UK practice for between two and five years, and all except one said that their primary care organisation automatically required GPs who had been out of practice to complete a scheme before admittance to a performers' list.

Six of the nine English deaneries that said they had a scheme funded it themselves. This was mostly from deaneries' own training and education budget, rather than directly from their local strategic health authority.

The proportion of this money that reached doctors on the scheme varied hugely across the country, however, and a considerable portion of the money went towards trainers' grants.

The full time equivalent salaries paid by deaneries varied from £24 000 to £60 000 a year. Some areas offered a GP specialty trainee year 3 salary or a salary on the lower part of the salaried GP pay scale.

Three of the nine deaneries in England with I+R schemes did not provide salaries to the GPs on their scheme, and one expected the practices to pay a "nominal wage." London Deanery, for example, offers GP returners an "educational grant" of £50 per clinical session.

Julia Whiteman, director of appraisal revalidation and performance in London Deanery's Professional Development Department, acknowledges that this is a problematic situation. "I would dearly love to be able to offer people a salary, and I'm aware that people struggle [on the current funding]," she says. Difficulties arise because deaneries receive money for training, not