

GP Appraisal Local Policy

Career Break Guidance



August 2020

**Guidance on Breaks from Clinical Practice
(Planned and Unplanned)
NHS England Cumbria and North East
and
Health Education England North East and Cumbria
Updated August 2020**

1. Purpose

This document provides guidance to doctors taking a break from clinical GP work in the UK. Career breaks may be **planned** or **unplanned**, and in both situations, NHSE and HEE want to support GPs in their return to work in UK practice after a career break, and, where appropriate, also to help GPs plan their career break

2. Introduction

Career breaks can occur for a number of reasons, some **planned** and some **unplanned**. Planned breaks include sabbaticals for study or travel or work abroad, maternity/paternity/adoption leave or elective surgery. Unplanned breaks usually occur for reasons of personal sick leave or doctors caring for a family member who is seriously ill.

The Academy of Medical Royal Colleges (AMRC) published its own 'Return to Practice' guidance in April 2012¹. This document provides some advice for all Doctors returning to the same area of clinical practice following an absence for any reason. In addition, it includes those returning to their usual practice after working in a different clinical area. The guidance states that *"it is the duty of all Doctors to ensure that they are safe to return to practice [after a career break]"* and suggests that an absence of longer than three months appears to begin to affect both knowledge and skills, with an increasing impact as time out of practice gets longer. The longer the period out of practice, the more robust the re-entry support needs to be.

Doctors working in secondary care have different arrangements, but GPs that have resigned from the Performers List [NPL], and who have not practiced in the UK for a period longer than two years, **for whatever reason [planned or unplanned]**, need to apply to the revised national 'Induction and Refresher [I&R] Scheme'² which is run by their Local Education and Training Board of Health Education England (HEE). The I&R functions both to **assess the educational needs** of all GPs who have been out of UK practice for more than two years [via an exam or through submission of a

¹ Academy of Medical Royal Colleges 'Return to Practice Guidance', April 2012

<http://aomrc.org.uk/item/academy-reports-and-resources.html>

² The GP Induction and Refresher Scheme <https://gprecruitment.hee.nhs.uk/induction-refresher>

portfolio of evidence], and, on the basis of the needs assessment, **provides an appropriate length of funded update/refresher placement** in a GP training practice. More details below and on the I&R website.

Managing Career Breaks

Please note that it is extremely helpful for the appraisal team if you discuss any **planned career break with the appraisal team at:**

england.cnegpappraisals@nhs.net

Or with the clinical appraisal lead - currently di.jelley@nhs.net

If you need to postpone your appraisal date, or if you miss your appraisal through ill-health, please let the appraisal team know as soon as you are well enough to do this. Your appraisal can be postponed until you are back at work and able to do your appraisal.

This will prevent the appraisal team from chasing you up or putting you through the non-engagement process when you are unwell, abroad or taking time out of practice for other reasons.

[1] Career Breaks lasting less than one year

In most circumstances, if you are away from practice for less than a year, you do not need any specific re-entry preparation. However, if you do want any support with your return to practice, you can request this from a GP tutor directly, or via the appraisal team.

It is also very important to let the appraisal team know if your appraisal falls during a career break, even if this is only a break of a few months, so that your appraisal can be postponed to a convenient date.

Unless your career break is due to incapacitating illness, we strongly recommend that you maintain some level of CPD whilst you are away from practice. Reading books, journals, educational websites, listening to pod casts and doing on-line education modules will all help keep you up to date and make the transition back to work after a career break less daunting.

[2] Breaks between one and two years

If you are away from practice for between one and two years, you will need to contact the appraisal team to let them know, and you will have a remote appraisal in your birthday month [see below] whilst you are away from the UK.. This will enable you to stay on the Performers List

If you are going to take extended leave from practice [more than one year], **and you will NOT be doing any clinical work in this period of time**, you should apply for a postponement of your appraisal. This can be granted for up to one year. In general, extensions beyond one year are usually agreed only for health problems. The application form is available on the NHSE Cumbria and NE website: www.cnegpappraisal.co.uk

As stated above, even if you are doing no clinical work during your career break, we would strongly advise that you keep some CPD going whilst you are away from clinical work, to ease your transition when you return to work.

If you are planning a break from your UK practice with the intention **of working abroad for a period of time**, we now ask that instead of postponing your appraisal, you have your appraisal whilst you are away as a Technology Assisted appraisal [TAA]. In general we prefer a TAA not to be with a new appraiser, so we may offer you a 4th appraisal with your existing appraiser if you are due to switch appraisers when you are working abroad. You can complete the MAG Form or other appraisal tool in the usual way, and include some evidence from your clinical work abroad such as case reviews, SEAs, other QIAs –and you can keep your CPD up to date with a mixture of UK focussed CPD such as NICE guidance, BMJ learning etc. plus learning relevant to your work abroad.

If you **due to be revalidated whilst you are working away from the UK, PLEASE take advice from the appraisal team before you leave**, and we can discuss your case with the RO. It may not always be possible for the RO to recommend your revalidation in the UK based on evidence from abroad, so you may need to postpone your appraisal in these circumstances –each case will be considered on its own merits.

If you have one TAA appraisal, this should allow you to be away for up to 18 months (slightly more if you are going abroad just after your annual appraisal and come back shortly before your next scheduled appraisal). However, with the shift, in the context of Covid, to all appraisals between October 2020 and September 2021 being carried out remotely, and the difficulty for doctors working abroad returning back to the UK to work, we await further guidance on whether GPs working abroad will now be able to have more than one successive TAA appraisal.

If you are out of practice for health reasons, the appraisal team will aim keep in touch with you on a regular basis, to see if any support is needed. If your time out of practice exceeds a year, then it becomes increasingly important to consider a return to work plan, and GP Tutor input is available to support you in the transition back to practice. **So PLEASE keep in contact with the appraisal team if at all possible, as this will enable us to provide the best possible support for you.** For GPs with

mental health issues, the NHS GP Health service can also be an invaluable resource³, and should help you plan your return to work within the two year time frame.

Please be aware that if your time away from clinical practice exceeds two years, even if this is for health reasons, you will still be required to return to practice via the INR scheme [see above]

[3] Career breaks lasting more than 2 years

NHSE does not currently sanction successive TAA appraisals for GPs working abroad for more than two years. So if you plan a period of absence significantly longer than 2 years, the advice from NHSE is to resign from the NMPL and the GMC register and reapply when you return to the UK. This puts your appraisal and revalidation on hold until you return and re-enter the UK revalidation cycle. Re-joining the GMC register is usually completed within a few days. Re-joining the NMPL is a much more time-consuming process than re-joining the GMC. When you wish to return to the UK, in order to re-join the NMPL, you will need to apply to the INR scheme⁴

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The new INR Scheme is administered in the North of England by Dr Iain Lawther [iain.lawther@nhs.net], (Head of Continuing Practice at HEE). The entry process involves an initial interview and, if this is satisfactory on both sides, the GP is then assessed using a 2 part MCQ test which includes a Professional Dilemmas (PD) paper and a Clinical Problem Solving (CPS) paper. The assessments are offered quarterly across the UK in March, June, September and December. There is a cost attached to sitting the INR entry examination, but the costs incurred for one attempt can be reclaimed when the INR Scheme has been completed successfully. The INR Scheme funds both the Doctor and the training practice to complete the full re-entry process.

There is also now a 'portfolio' INR route which offers an alternative to the INR assessment route for re-entry to UK practice. This is designed to support GPs who have been out of UK practice for up to 5 years, who have been working in a GP environment similar to the UK, return to UK work as easily as possible. The Doctor is expected to produce a portfolio of information to demonstrate that their skills have been maintained, and when the portfolio is approved, a short period of supervised practice should be sufficient for the GP to return to work. The content of this portfolio is described in

³ <http://gphealth.nhs.uk/>

⁴ The GP Induction and Refresher Scheme <https://gprecruitment.hee.nhs.uk/induction-refresher>

more detail on the RCGP website ⁵, but it essentially involves putting together evidence that maps to the four domains of the GMC's Good Medical Practice. This will therefore be very similar to the evidence requirements for annual appraisal, but it is very important to check out specific details with the RCGP if you wish to apply for the INR via this route.

There is now no maximum time a Doctor can have been out of practice to be considered for the INR Scheme, so the critical factor is the GP's performance in the MCQ and additional assessments and whether the Doctor is thought to be able to be retrained successfully using current INR resources. Doctors will be eligible for funded re-entry training via the INR scheme when they return, so long as they are successful in the MCQ and any additional assessments.

The only alternative, **if you wish to remain on the NMPL and also work abroad for a significant period of time**, is to return to the UK for an annual appraisal around your birthday month and to do enough GP work when you are back in the UK to satisfy the Responsible Officer that you are up to date and fit to practice as a UK GP. There is no absolute minimum number of sessions per year defined by the GMC or NHS England for Doctors to demonstrate their fitness to practice. In terms of NMPL regulations, you must do at least one session of UK GP work each year to remain on the NMPL. However, one session annually is very unlikely to assure the RO that you are up to date and fit to practice as a UK GP, or to be recommended for revalidation, if your period away includes your revalidation date.

Most primary care Responsible Officers agree that working between 20- 40 sessions per year is reasonable to ensure that a Doctor remains up to date and fit to practise in the UK and to enable them to provide the necessary supporting information for their appraisal. However, this is only a guide and individual circumstances will always be taken into account, including how experienced the GP is, what type of work the GP is doing whilst abroad and how similar it is to UK general practice.

If you do decide to remain on the NMPL by returning periodically to do some UK sessions, you will now need to complete a **'low volume of work' SRT** [available on our website}, unless you are doing more than 40 sessions a year. This helps your appraiser understand how you manage to avoid professional isolation and keep your skills and knowledge up to date. Your situation will be discussed by the RO and appraisal team and you will be advised whether you need to increase your volume of work to stay on the NPL.

4. Planning a career break - some tips

- Please liaise with the appraisal team and/or the clinical appraisal lead **BEFORE** any planned break from UK practice that is likely to exceed a few months. This will allow

⁵ <http://www.rcgp.org.uk/training-exams/practice/the-induction-and-refresher-scheme-portfolio-route.aspx>

the team to postpone your appraisal or to organize a TAA appraisal, according to your circumstances, or give you advice about returning to the UK for work/annual appraisal if you are planning to be away for a prolonged period and wish to remain on the NPL

- If you intend to return to work periodically to the UK to stay on the NMPL, you will need to complete a low volume of work SRT each year, and the appraisal team will assess your situation on an annual basis
- If your period away from UK practice is likely to exceed a year, it is also important to consider how you will maintain your CPD. This will make returning to work much easier, unless this option would be impossible for health reasons. A range of appropriate CPD activities on a career break might include some of the following, depending on whether the Doctor is staying in the UK or working abroad:
 - Continuing to read key journals, NICE Guidance, etc., whilst recording core learning points
 - Completing internet learning modules, e.g. BMJ learning, Doctors.net, RCGP clinical essentials, etc.

GPs staying in the UK may also consider:

- Attending Self Directed Learning Groups (SDLGs) or locum groups if appropriate e.g. whilst on maternity leave. Professional isolation can make re-entry much harder
- Attending other local meetings, including CCG educational events, if possible
- Maintaining contact with a general practice surgery and attending key meetings, e.g. Significant Event Analysis (SEA) discussions if possible

It is also sensible to collect some evidence related to your clinical work abroad if you are having a SKYPE appraisal or prior to your return to the UK. This evidence can come from your clinical work abroad and can include case reviews, SEAs, small audits or other quality improvement activities

Please get in touch with the appraisal team whilst you are away if your circumstances change, or if you have any queries about your re-entry to UK practice

England.cnegpappraisals@nhs.net

Dr Di Jelley

Laura McGinty