## SRT for International GP work

### Structured reflective template for GP working abroad who are doing no UK clinical work

The aim of the tool is to allow you to demonstrate with confidence to your appraiser and responsible officer that you are safe, up to date and fit to practise at what you do particularly if you have an unusual or restricted scope of practice, or do a low volume of a particular scope of work. The tool highlights areas of risk and areas of mitigation for those risks. You may wish to refer to NHSE guidance.

| | **Factors affecting the perception of potential risk to patients for each scope of practice** | **Appraisee comments / Narrative** |
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| Scope of practice | Nature of main clinical role abroad:<br>If you are working as a GP overseas please describe the extent to which it is similar to the UK role:<br>• is there a registered list, Is the registered list selected or not<br>• does the role include caring for children, adult, elderly, acute and chronic disease, palliative care, contraception, Health promotion/ preventative medicine<br>• gatekeeper role<br>• Solo practitioner or within a team,<br>• rural/urban, within hospital/primary care, private/state<br><br>Describe any major skills sets from UK GP which you are not using abroad? Are there any additional skill sets which you have developed in your overseas clinical role e.g. tropical medicine, public health, obstetrics, surgery, urgent care etc.<br><br>If you are **not working in a GP type role** please describe the nature of this role and to what extent this overlaps with your UK GP role (offer experience which helps maintain your GP clinical skills)? Please indicate whether they include clinical work and if so what kind. E.g. A&E, research, teaching etc. | |
| Benchmarking with UK practice , integration and support | Do you have regular opportunities to reflect on your clinical work overseas in the context of UK based guidelines and or with peers who work or have experience of working as UK GPs?<br>(For example through work or through networks outside work e.g. learning groups, or virtual networks on social media etc?) | |
| CPD | Have you met the CPD requirements for your licensing organisation?<br><br>Does your CPD include UK based resources for e-learning, courses, discussion forums, reading, PUNS and Dens etc.? Please describe. | |

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| | Please reflect on any significant differences in clinical guidelines between your current location and the UK. | |
| Language | Do you current utilise English language in your clinical work?<br>And in your peer discussions? | |
| Volume | How many sessions of clinical work have you done over the last 12 consecutive months of clinical practice? Exclude any significant breaks like maternity or sick leave. [A session is generally understood to mean 4 hours in a clinical setting including face to face consulting time but also indirect clinical work such as processing investigations results, correspondence, prescriptions, and reports and so on.] | |
| | **ACTIONS**<br>Looking ahead to a return to the UK in the next 12-24 months what actions do you feel may be necessary to ensure you retain your competencies across your scope of work for UK General practice? | |

## To be completed after the appraisal discussion

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| Appraisers comments | |
| Actions agreed by doctor in appraisal | |
| Comments/Recommendations by Appraisal lead or Responsible Officer | |

## Explanatory notes about SRT for International GP work

### Scope of practice and read across to UK GP role

Loss of a skill set due to restricted practice, has implications for future decisions about scope of practice. A separate factor used to mitigate against this is included ("individual approach to risk management"). Maintenance of skills and knowledge is expected to be facilitated if there is significant overlap between the UK GP role and the Roles carried out whilst abroad.

| **Close alignment to UK GP, easy re-entry** | **Some alignment to UK General Practice: some planning, reflection and support may be required** | **Minimal alignment to UK GP: Careful timetable of planned re-entry required, with support prior to and on return** |
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| Undifferentiated /broad. e.g. acute and chronic disease, visiting, palliative care, contraception etc. caring for children, adult, elderly, acute<br>Registered list<br>Gatekeeper role<br>Free of charge<br>General practice/family medicine is a recognised postgraduate specialty | General practice/family medicine is a recognised postgraduate specialty HOWEVER many of the features below not present:<br>• Registered list<br>• Gatekeeper role<br>• caring for children, adult, elderly, acute and chronic disease, palliative care and contraception<br>• Free of charge<br>Moderate overlap (e.g. MSK, sexual health, dermatology)<br>OR **non clinical** but related to the primary role e.g. education, commissioning, public health, GP research, | General practice/family medicine is NOT a recognised postgraduate specialty I.e. no real GP system role.<br>1st point of access if via emergency departments in hospital.<br><br>Minimal or no overlap in the other role. E.g. caring for dependents, specialised research, voluntary work unrelated to health service, work in arts or media, or sports, politics. |

### Language

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| Practicing clinical role involves mainly communication in English | Practicing clinical roles includes some English, and opportunities for English discussion with peers | Clinical work and peer discussion entirely in foreign language |

### Integration, benchmarking and peer support

An important part of maintenance of skills is the formal and informal comparison of the doctor's actions and outcomes against those of his or her peers. Such comparisons are often referred to as benchmarking and can occur both through formalised reporting routes (e.g. standardised referral and prescribing data) but also importantly through peer discussion.

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| You have a network of GP peers who are up to date with UK GP practice and either work abroad with you or work in | You have access to **sporadic** support and advice from your UK peers (either through work or | You are disconnected from UK peer networks. |

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| the UK and you are connected to the via virtual networks. These provide **regular** opportunities to reflect on your clinical work overseas in the context of UK based guidelines. | through networks outside work e.g. learning groups, etc.) | |

## Approach to CPD

CPD may help to retain knowledge and skills for a smooth re-entry to the UK. To maintain exposure to the breadth of UK clinical practice topics outside of UK clinical practice itself (which can be theoretical via CPD) or vicarious via peer discussion face to face or through social medical discussion forums.

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|---|---|---|
| Your CPD includes regular UK based resources for e-learning, courses, discussion forums, reading, PUNS and Dens.<br>You have systematic approach to keeping up to date with UK developments in clinical practices and the health care system.<br>You reflect on your clinical practice in the context of UK guidelines as well as local ones and note differences for example (UK based networks abroad, or virtual networks, case based reflection, please provide examples) | Your CPD includes UK resources, and access to some UK networks but read across to UK systems is more sporadic rather than systematic. | Your CPD and peer networks are wholly based on the clinical system where you work. |