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Clinical attachment: a guide for doctors

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Introduction

Clinical attachment is defined as a work placement carried out in a hospital or team, where a doctor shadows another colleague to find out about their work and how the National Health Service (NHS) works (British Medical Association, 2015). Clinical attachments are observer posts and do not allow the applicant to engage in any clinical practice.

Clinical attachments were introduced in the 1960s to help international medical graduates (IMGs) 'understand the role of the doctor and the nature of UK clinical practice, particularly its legal, ethical, and cultural aspects' (Webb *et al*, 2014). Of the 12 338 new doctors registering with the General Medical Council (GMC) in 2015, an estimated 40% had their primary qualification outside the UK, indicating the continuing need for clinical attachments. More recently, clinical attachments have been identified by the GMC as a structured approach to restoring practitioners returning to work after a career break to safe and valued practice. With 50% of doctors reporting a career break at some point in their working life, the number of doctors returning to work after such a break is likely to be significant (Medical Women's Federation, 2013).

Clinical attachments are also requested by doctors who wish to gain experience in a certain specialty before committing to it. Work experience opportunities offered to sixth formers are also a form of clinical attachment but will not be covered in this guide. If you are interested in this particular clinical attachment, the British Medical Association (BMA) has produced a useful document (2016), although the general principles outlined in this guidance should apply to all forms of clinical attachment.

Despite the large number of doctors likely to benefit from clinical attachments, there is a paucity of information about their availability or about the standards governing them. This document is intended to address this gap. It is mainly aimed at providing guidance regarding clinical attachments to IMGs and doctors returning to work after a career break, and to clinical and educational supervisors offering such attachments. The generic term 'doctor' will be used to refer to an individual doctor seeking clinical attachment.

Advantages of clinical attachments

While clinical attachments do not generally provide evidence about a doctor's current skills, as they are observer posts, they do provide information about their current clinical knowledge and can offer several advantages both to IMGs new to the NHS and to doctors wishing to refresh their clinical experience following a career break.

An attachment can provide doctors with experience in a highly specialised area not available in their country of origin, and indeed this has been one of the vehicles for dissemination of good practice from the NHS to the world. Clinical attachments also offer IMGs an opportunity to enhance existing skills and to understand their application in the context of the NHS and its medical, legal and cultural traditions.

Attachments can add to a doctor's communication skills repertoire by providing exposure to local accents, colloquial phrases and the cultural subtleties of professional interactions, which is particularly useful if the doctor wishes to undertake work in the NHS in future. A clinical attachment can be invaluable while preparing for the Professional Linguistic Assessments Board (PLAB) examination, providing training in clinical skills and professional attitudes. Clinical attachments can help IMGs to enhance their curriculum vitae (CV) or to obtain a reference from their UK consultant supervisor, which should stand doctors in good stead when applying for jobs in a competitive market. For IMGs, clinical attachments afford an opportunity to critically reflect and compare clinical practice at home and in the UK, leading to fresh perspectives not only for their own practice but also for their host clinical teams in the UK.

The advantages of a clinical attachment may persist well beyond the placement. Attachments offer the possibility of continuing relationships with colleagues from the placement who share common clinical, research or academic interests, with the potential to develop joint projects. This is of particular relevance in the UK where 40% of the medical workforce comprises IMGs, many of whom often retain close links with their country of origin. In fact, the Royal College of Psychiatrists has a thriving Diaspora group, with its members making regular contributions to psychiatric training and care across the globe.

Many of the advantages relevant to IMGs often apply to doctors returning to practice. Indeed, for British trained doctors returning from a spell of working abroad, clinical attachments may offer a relatively seamless way of reintegrating into the NHS. Clinical attachments can also offer a supportive and contained training opportunity for those who may have had a break from training for personal reasons (e.g. childcare, illness) or for professional reasons (e.g. fitness to practise proceedings). Clinical attachments can refresh knowledge, boost self-confidence and provide opportunities to network within the department or specialty that the doctor is returning to.

The National Clinical Assessment Service's (NCAS) Back on Track Framework for further training provides template programmes for remediation, rehabilitation and re-skilling, and offers structured support for various scenarios that may lead to a break from clinical practice. Clinical attachment forms an integral part of this framework and often offers an external placement when returning to one's usual workplace is not appropriate or feasible. In such cases, a clinical attachment can help refresh key clinical skills in an environment away from the doctor's own workplace, providing 'time out' for everyone. Moreover, the attachment provides an opportunity for unprejudiced and objective monitoring and reporting.

For the host NHS trust, the sharing of experiences that occur during the placement also contributes to local healthcare staff's professional and personal development. The exchange of knowledge and ideas with the IMG doctors may contribute to service improvement. Provision of clinical attachments also permits trusts to identify a pool of potential doctors who may wish to take up a post within the trust in the future. This is especially important in low-recruitment specialties such as psychiatry. Where the trust/deanery has been involved in performance or fitness to practise proceedings, it allows the organisation an opportunity to undertake remedial work within the department or team. In such cases, facilitating an external clinical attachment demonstrates the organisation's commitment to the remediation/rehabilitation process. Trusts that offer clinical attachments have a further incentive of raising their profile as healthcare and clinical training providers.

Problems with clinical attachments

Clinical attachments are not without challenges. Organising clinical attachments from abroad can be difficult for IMGs, especially from countries with limited resources or with limited or no contacts in the UK. The postgraduate curriculum in most countries neither makes provision for nor accredits periods spent abroad. Finding the time off from work and family responsibilities is cited as a major barrier. In any case, obtaining a clinical attachment can be difficult as there is no centralised system that lists available clinical attachments.

Clinical attachments incur significant expenses. NHS trusts face the costs of processing applications and pre-employment screening, although some trusts pass this cost on to the doctors seeking the attachment (some trusts charge up to £500 for providing a clinical placement).

Some deaneries have funded return-to-practice placements, but usually doctors bear costs associated with travel, accommodation and other living costs. If the IMG is from outside the European Economic Area (EEA), specific visa requirements are to be borne in mind and this may add to the costs of securing a clinical attachment.

For host trusts, there may be capacity issues apart from costs. Anecdotal reports indicate that trainees and medical students have felt themselves to be in competition with doctors for educational opportunities. Clinical supervisors who offer clinical attachments are usually not provided with any incentives to do so. Clinical attachments are often arranged on an *ad hoc* basis and do not come under the ambit of the regional educational governance processes. This makes quality assurance of these clinical placements difficult. Having said that, doctors returning to work to a clinical attachment usually have a detailed educational agreement in place that can be quality assured.

However, for some IMGs, the lack of contextual information about their home countries may create difficulties in designing an appropriate learning plan. With a degree of planning and collaborative working with the doctor, it is usually possible to overcome such obstacles.

Practical suggestions for applicants

Application and UK visas

Overseas doctors applying for a clinical attachment in psychiatry need to follow the UK Border Agency (UKBA) rules governing clinical attachment in the UK. For non-EEA applicants, the UK visa is likely to be a significant hurdle in applying. Delays in the visa process are common and plenty of time should be allowed for the visa to be issued. The current advice is for the IMG to apply for a Standard Visitor visa (www.gov.uk/standard-visitor-visa). The UKBA website also has a handy guide that explains the rules governing the issuance of Standard Visitor visas. Please note that online searches may bring up older pages from the UKBA suggesting business visas. The UKBA advice can (and does) change with time, therefore we recommend checking its website for up-to-date information on appropriate visas (www.gov.uk/government/organisations/uk-visas-and-immigration).

How to find a clinical placement

IMGs without any contacts in the UK wishing to pursue a clinical attachment in psychiatry may find it useful to look at the Royal College of Psychiatrists' International Affairs Unit webpage (www.rcpsych.ac.uk/workinpsychiatry/internationalaffairsunit.aspx). The Diaspora group in the College may be able to disseminate the request to its members, who are based in all parts of the UK.

Doctors returning to work should approach their educational supervisors or training programme directors through their local deanery (www.bma.org.uk/advice/career/applying-for-training/find-your-deanery).

Applying for a clinical attachment placement

The process of applying for a clinical attachment varies with each individual trust. Although the NHS is a nationwide health service, individual health trusts are responsible for providing care to defined

geographical areas. As trusts are employers for health services in local areas, it is their responsibility to offer clinical attachments. As independent employers, each trust has its own application process. Trainees are best advised to check this process with the individual trust's human resources (HR) department and/or with the trust's director of medical education. However, in general, trainees should expect to fill in a detailed application form covering the following areas.

1 Personal details: name, address, immigration status

Candidates will usually be expected to provide a declaration about health/disability issues and any previous convictions. British law bars discrimination on grounds of race, religion, gender, age, sexual orientation, disability and other protected characteristics. However, while British law generally supports rehabilitation of offenders by allowing for spent convictions to not be declared, clinical attachment posts are usually exempt and hence require the declaration of even spent convictions. Probity is paramount when furnishing information in application forms.

2 References

Most trusts will require two or more references. If possible, a reference from a UK-based referee is desirable. In any case, the applicant's references need to be honest, objective and must include all information relevant to the doctor's competence, performance and conduct. The references must be written separately by each referee. Where a doctor feels that their reference may be prejudiced, they may wish to ask for a copy of their reference, although the referee is not obliged to provide one.

3 Statement on qualifications and experience

While a separate CV may not be expected, an application listing relevant qualifications and experience is the norm. Most applications will also ask trainees to clarify their reasons for applying and the experience that they hope to gain through the attachment. Details of current and previous employments, clinical experience and research, and teaching and other relevant academic experience are also usually required. Given that in most cases applicants will not be personally known to the trust, it is important to make sure that this information is lucid and well presented. Applicants not familiar with UK-based application processes may benefit from consulting CV writing resources such as the ones published in *BMJ Careers*.

4 Police clearance

Successful applicants need to obtain police clearance (for IMGs this will be from their home country). The process for obtaining this varies between different countries. Guidance is available on the UK's Home Office website (www.gov.uk/government/publications/criminal-records-checks-for-overseas-applicants). If applicants have worked in the UK, the trust may apply for a Disclosure and Barring Service (DBS) check. Please note that

currently only employers and licensing bodies may apply for a DBS check. Scotland and Northern Ireland have different processes for a criminal records check. Applicants should consult the HR department of the trust.

Structure of the placement

A clinical placement is usually short, from 2 to 6 weeks. The structure of the placement and its aims should be clearly agreed in advance between the applicant and the supervisor.

The learning objectives will vary with each individual. For IMGs these are likely to include:

- familiarisation with relevant local and national policies, guidance, standards and protocols
- familiarisation with GMC's *Good Medical Practice* (e.g. for issues around confidentiality, medical record keeping, data protection)
- communication skills, particularly cultural communication, with both patients and colleagues
- awareness of legal frameworks (e.g. mental health and mental capacity acts)
- familiarisation with audits, quality improvement and governance processes
- multidisciplinary team working and leadership
- familiarisation with self-directed learning, reflective practice and appraisal.

For doctors returning to work after a career break the learning objectives are likely to include:

- re-familiarisation with relevant local and national policies, guidance, standards and protocols
- relevant clinical skills
- health monitoring and reasonable adjustments
- personal adjustments (management of expectations) and, if relevant, developing assertiveness, self-awareness or team-working
- communication skills with patients and colleagues.

Examples of clinical attachments

We have personal examples of designing clinical attachments tailored to the specific needs of doctors.

1

Third-year residents are sponsored by the Iraqi Board of Psychiatry to attend a 7-week placement in psychiatry provided by the Leicestershire

Partnership NHS Trust. The placement covers a range of psychiatric specialties and focuses on providing doctors from Iraq with experience of service delivery models and the leadership role of consultant psychiatrist in improving patient outcomes. A part of the clinical attachment is also devoted to learning innovative teaching methods that can be used in the Iraqi context to train medical students and trainees. This placement has received very good feedback.

The overall structure of the placement involves:

- 3 days with the crisis resolution team
- 1 day with the acute in-patient service
- 1 day with the early intervention service
- 1 day with the old age psychiatry service
- 11 days in the adolescent day-care unit
- 7 days in the closed adolescent ward
- 3 days in the mother–infant clinic
- 3 days in the pre-school day-care unit
- 5 days with the undergraduate psychiatric teaching team.

2

Derbyshire Healthcare NHS Foundation Trust and Dudley and Walsall Mental Health Partnership NHS Trust have hosted year 3 postgraduate trainees from Zambia seeking specific experience in child psychiatry and substance misuse. The placement lasted 8 weeks (4 weeks with the child and adolescent mental health team and 4 weeks with the substance misuse team) and was focused on providing familiarisation with the use of specific assessment and treatment protocols.

3

A specialist registrar chooses to return to practice through a clinical attachment following a career break for family reasons. In discussion with the educational supervisor a 20-week placement for 3 sessions per week is agreed with the community mental health team in the local mental health trust. The focus of the placement is to support and prepare the trainee for a return to ST5 training. The attachment includes completion of trust mandatory training, familiarisation with National Institute for Health and Care Excellence (NICE) guidelines, involvement in the journal club and participation in a case note audit on medical record-keeping.

Supervision

While it is understandable that a placement may involve working with different units/teams to provide a broader clinical experience and to limit the burden on specific teams or consultants, a named supervisor should be assigned to each applicant. Where possible, the learning objectives of the attachment should be agreed with the supervisor prior to the commencement of the placement. On the first day of the attachment, the supervisor should welcome the applicant and provide a brief local induction. Regular meetings should be scheduled to review progress during the attachment benchmarked against previously agreed learning objectives.

Integrating the doctor in the team/department is important. For example, attending the local journal club is not only educational but also provides an opportunity for social interaction and informal learning. If possible, a presentation about the doctor's personal experience of mental health services abroad or of taking a career break can be affirming for the doctor but also educational for their colleagues.

Depending on the duration of the attachment and the doctor's learning needs, providing protected time for an audit or quality improvement project could broaden the doctor's experience, enhance their CV and, most importantly, help relate their learning to patient outcomes.

What can clinical supervisors do to make clinical attachment a rewarding experience?

The clinical attachment can be a very rewarding experience and for some it can have a significant rejuvenating/rehabilitative effect on their career. The role of the named supervisor, who takes overall responsibility for the doctor doing their placement, is vital.

Here are some tips for the supervising consultants.

1 **Get to know the doctor coming to your department for their clinical attachment.** Establish early email communication and identify whether they would like any help before they arrive for their first induction meeting with you. Work closely with your HR staff member to ensure that the doctor is made to feel welcome and has information (e.g. about the local area) that they may need before they commence their post. If appropriate, signpost them to learning resources such as Welcome to UK Practice or NCAS's Back on Track Framework before they arrive.

2 **Plan structured meetings with the doctor.** It would be ideal to have at least three structured meetings: an induction meeting, a mid-point review and an end-of-placement review. The induction meeting is a good time to get to know the doctor's background, including their relevant past experience and a CV, show genuine interest in what brings them to this placement – what strengths they bring and what might they find challenging. Some IMGs may be struggling with the weather, food, language or with general cultural adaptation. Others may have adapted very well but may be unfamiliar with NHS systems. Some doctors returning to work may be keen to talk about their personal narrative, others may be circumspect. Be curious but sensitive, respectful and humane.

3 **Encourage the doctor to formulate and agree on a professional development plan with clear objectives for the attachment.** Be aware that some IMGs (depending on the ethos of training in their home country) may find this self-directed learning and formulation difficult. Some doctors returning to practice may be understandably anxious and apprehensive. Be sensitive to emotional cues arising in the conversation.

4 **If there are key dos and don'ts in your department, highlight them in a supportive and sensitive manner.** Do not overwhelm the doctor but do not assume their knowledge of these unwritten rules. Personally introduce the doctor to your team. Respect their confidentiality but make the introduction personal and memorable so that team members remember and accept them.

5 **Try to create a win-win for your team and for the doctor doing the attachment.** Involve both of them in looking for such win-wins. Examples include: reducing the workload of a team member, contributing to an audit or a quality improvement project and being involved in teaching.

6 **Schedule review meetings.** Regular review meetings would be ideal, but on a short placement one midpoint review may suffice. The midpoint review is a time to review progress and encourage reflection. It may also be a time to make any necessary changes to the timetable or to the placement structure to allow the doctor to get the most out of the remaining time in the placement. It is a good idea to introduce a discussion about post-attachment plans to ensure that the lessons learnt have the desired impact.

7 **Familiarise yourself with the resources available to support doctors doing clinical attachments**. There are a host of resources available to support IMGs and doctors returning to practice (examples are mentioned throughout and listed on p. 28 of this quide). Familiarise yourself also with GMC guidelines on observed posts and attachments so that you can tailor the doctor's training and the level of supervision accordingly. It is possible for doctors in such placements to take on some limited clinical duties under appropriate supervision in accordance with GMC guidelines.

8 **Give feedback.** Obtain feedback from other team members. Use it formatively and frequently. Feedback is the most effective tool in enhancing learning. Use the tools listed earlier deliberately in a planned fashion to encourage self-reflection and to help the doctor develop a portfolio of evidence of progress during the placement.

9 **Be open, fair and transparent.** The clinical attachment can sometimes end up being an extended interview. The doctor needs to know what criteria they are being assessed against and what is expected of them in order to be considered successful (even if there is a more formal interview process later on).

10 **Be aware that you will be required to write a reference.** Keep notes and follow GMC guidance to ensure that the reference is honest and objective. Ideally, share the reference with the doctor so that they are able to raise any issues if relevant. If you feel unable to share the reference, record the reasons for being unable to do so in case of a challenge.

11 **Prepare for the final appraisal.** It should include a review of the learning objectives and professional development plan and other achievements. Ensure that there are no surprises in this final appraisal. The doctor should be fully aware of the outcome to be expected.

12 **Be clear about your role – mentor, research collaborator or colleague.** Post-clinical attachment contact arrangements should be agreed in advance and professional boundaries maintained. Again, be aware of win-wins for your organisation and for the doctor who has finished their attachment. Examples of mutually beneficial ideas include: supporting poster costs, attendance at an appropriate conference or offering research support for publications.

How to make the most of your clinical attachment

A successful clinical attachment starts before the placement period. Interested doctors should contact the host organisation and potential supervisors in advance. In psychiatry there are schemes which facilitate the initial contact: the European Federation of Psychiatric Trainees (EFPT) exchange, the European Psychiatric Association (EPA) Gaining Experience programme, the European College of Neuropharmacology (ECNP) research internship, and other clinical attachment programmes for IMGs sponsored by diaspora organisations. Information about these opportunities is available on the Royal College of Psychiatrists' website (www.rcpsych.ac.uk).

While the educational contract will be agreed with the named supervisor, it is important for the doctor to establish a good working relationship with the HR staff to agree dates and other practical arrangements. In addition to the supervisor, if possible a peer mentor (or 'buddy') can be very helpful with more practical aspects of the attachment.

IMGs

Once the attachment is agreed, IMGs not used to working in the UK will benefit from pre-preparation using online video-based interactive tutorials such as Welcome to UK Practice from the GMC. This is also available as a half-day, face-to-face training module (dates and venues are listed on the GMC website, www.gmc-uk.org/doctors/WelcomeUK.asp). Other e-learning modules to help IMGs acculturate to ethical, social, legal and professional aspects of UK clinical practice are also available (check the e-Learning for Healthcare website, www.e-lfh.org.uk).

Regular monitoring of progress with the named supervisor will help identify and address any problems in the attachment. It is helpful to have an early agreement on the training interventions and assessment/

evaluation parameters to ensure that the clinical attachment is delivering the doctor's learning objectives. A range of tools can be used both for formative feedback and consolidation of learning, as well as to record evidence demonstrating progress:

- case-based discussions or patient-management problems
- reflective learning logs
- certificates of continuing professional development (CPD) activities such as workshops, tutorials and e-learning modules
- meeting notes
- feedback from colleagues
- audits
- professional development plans
- compliments/complaints with associated reflection.

Doctors returning to practice

For doctors returning to practice, there may be a need for more formal assessment of their clinical attachment. The GMC's Clinical Attachment Report Form covers *Good Medical Practice* domains such as:

- good clinical care
- maintaining good medical practice
- professional relationships
- treatment in emergencies
- communication skills
- teaching and training
- attitudes
- administration
- occupational health.

The named supervisor's report collated at the end of the attachment is helpful in providing evidence to the GMC but can also be helpful as a formative tool during the attachment.

A successful clinical attachment will not finish with the end of the placement. The possibility of joint projects (clinical or research) should be explored. The doctor will benefit from maintaining the network of contacts and consolidating their learning experience or, in the case of some, by disseminating it. For some, their clinical attachment will lead to employment with the same organisation.

Tips for doctors seeking attachment

1. **Research your options.** Investigate existing schemes or do your own research and choose where you want to go.
2. **Contact the host organisation and supervisor.** Be proactive in communicating with the HR person. Be persistent. Be diligent.
3. **Prepare and submit all documentation required.** This can take time.
4. **Clarify opportunities.** An attachment may offer clinical, teaching, research opportunities – do they match your interests/needs?
5. **Arrange for time off.** Think about professional and family responsibilities.
6. **Agree on the timing, duration and content of the placement.** Establish learning objectives with your future supervisor. Schedule supervision meetings.
7. **Upon arrival, attend the induction and meet the team.** Suggest a presentation about your areas of expertise or your home organisation's areas of excellence. Your hosts will appreciate it.
8. **During the placement, meet as many local doctors and health professionals as possible.** Pay attention to the local culture.
9. **Show interest when shadowing.** Ask questions. Take notes. Reflect on your own practice. Identify gaps in your knowledge. Write action points.
10. **Be focused and realistic about what can be achieved.** Time will fly during the attachment, so use supervision and formal/informal tools listed in this guide to track your progress.
11. **Maintain contact with your home organisation throughout.** Suggest a presentation about your experience on your return.
12. **Explore opportunities for joint projects, clinical or research related.** Pursue them. Be clear about your dissemination strategy (presentation at a local journal club, poster, publication etc.) Work with your network of contacts established during the attachment.

Final thoughts

Clinical attachments can be very useful in helping doctors acculturate to new or challenging working environments. The success of a clinical attachment is dependent on the level of planning that goes into it. Good clinical attachments involve good teamwork between the doctor seeking attachment, the named supervisor, HR staff, the postgraduate medical education team and members of the clinical team hosting the placement. A well-designed clinical attachment supported by consistent good-quality supervision can not only enhance the doctor's career prospects but, more importantly, help align individual practice to GMC's *Good Medical Practice* standards, thus improving patient safety and quality of care.

Resources

- International Medical Graduates (www.rcpsych.ac.uk/traininpsychiatry/trainees/internationalmedicalgraduate.aspx)
- Welcome to UK Practice, General Medical Council (www.gmc-uk.org/doctors/WelcomeUK.asp)
- Royal College of Psychiatrists' International Affairs Unit (www.rcpsych.ac.uk/workinpsychiatry/internationalaffairsunit.aspx)
- Psychiatrists' Support Service (www.rcpsych.ac.uk/workinpsychiatry/psychiatristssupportservice.aspx)

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Notes

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