

Severn Deanery GPST Trainee Handbook 2017/18

**Produced by the Severn
GPVTS Committee**



Health Education South West

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Welcome to Severn PGME School of Primary Care!

“Severn is one of the very best places in the UK to train in general practice.

We have a superb range of training practices and schemes, great hospitals, and correspondingly high pass rates in the MRCGP each year. As well as the academic side, Severn is also a fantastic place to live and work - with a lovely coastline, Cotswold villages, Georgian architecture and bustling university cities. Who could want more?

The following document has been produced by the current members of the Severn GPST committee. It is full of practical tips and guidance from those who matter - those who are actually on our 136 training rotations. Each page is packed with essential information which I urge you to keep close at hand during your three or four year programme. It has become a "living document" with new pages, updates and modifications being added each year.

Severn is almost unique from having trainee representation at all levels of its committees and groups. We do our best to make sure that your voice is heard throughout the deanery. Please get involved - the more you put in, the more I am sure you will gain from your training. You will also have a lot of fun on the way - guaranteed.”

Dr Simon Newton

Head of the Severn PGME School of Primary Care

Foreword - Trainee ST Committee

A very warm welcome to Severn PGME School of Primary Care and congratulations on becoming part of (undoubtedly) the best GP VTS in the country!

If you've not been or trained in this part of the country before, you're in for a very pleasant surprise. Whether it's the big-city buzz you're looking for, or the peace and tranquillity of country life, we've got it all. And for those of you familiar with the region, there's not much more to be said - you've definitely made the right decision to stay!

In terms of training, Severn has consistently performed well-above average and is always amongst the top deaneries for exam results and success. We've got excellent teaching and training facilities, with many brilliant and experienced educators – so the training you receive here will no doubt stand you in good stead for the future!

To make things easier we've created a simple [Induction Handbook](#) with lots of useful information, and a wealth of hints, tips and advice. In addition, don't forget – there's also an excellent School website at <http://www.primarycare.severndeanery.nhs.uk/> (In particular the 'Information for Trainees' section), as well as our Facebook page (search '[GP Severn](#)') – so you'll never be stuck for help.

If you do ever need any more help though – please don't hesitate to ask. As well as fantastic teams in each patch, we also have one of the most active and well-organised GP ST Committees in the country, and are well represented locally amongst the Local Medical Committees (LMCs), and nationally, on the BMA GP Trainees Committee and the RCGP's AiT Committees. The GP ST Committee meetings are open to all trainees, so feel free to come along, and if you have any queries or would like to get more involved in the future, email us at severngpcommittee@gmail.com.

And last, but by no means least, we would like to wish you all the very best for the forthcoming year, and indeed for the rest of your training, as no doubt, you will all be brilliant GPs very, very soon.

Best wishes, John Sykes and Tom Martin, Outgoing Chairs of the Severn GP Trainees Committee, 2016/17

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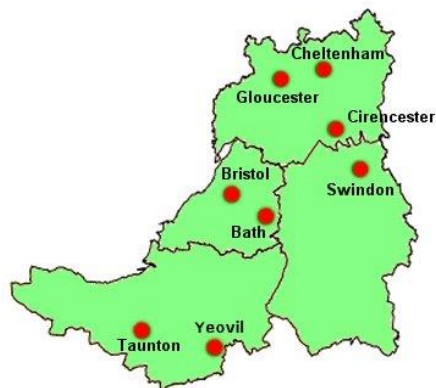
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E-Portfolio

(Helpline- 020 3188 7655 or email: tep@rcgp.org.uk)

Most trainees will now be familiar with using 'E-portfolios' as part of their training. It is used to demonstrate evidence of your competence during your whole 3 years. If you complete the AKT and CSA exams and show the required competence in your e-portfolio you should get your CCT and qualify as a GP!

Initially it may look complicated, but it soon becomes familiar. It is useful to take advice from your local trainers or senior GPST trainees.

The GP Curriculum

The GP curriculum is vast (see the below link)! However, on closer inspection you will see it has been put together with a lot of thought and each chapter contains links to useful resources and creative ideas about how you might cover that part of the curriculum in your training:

<http://www.rcgp.org.uk/training-exams/gp-curriculum-overview.aspx>

There is a book version- The Condensed Curriculum. Riley et al. £16.15 (membership price):

<http://www.rcgp.org.uk/bookshop/trainee-essentials/the-condensed-curriculum-guide.aspx>

It is important that every entry you add to your e-portfolio is linked to a relevant curriculum theme, so at each 6 monthly review, where your portfolio is looked at in depth, you can show your coverage of the curriculum and your progress with this. It's key that you match to the most relevant curriculum themes so you can only link to a maximum of three.

You can log a wide variety of experiences including clinical encounters, professional conversations, tutorials, reading, courses/certificates, lectures/seminars and out of hours (OOH) sessions. You then share them with your supervisor to discuss at your review.

People always ask 'how many logs do I need to do?' The best thing to do is to look at the learning log recommendations published by the deanery ([see Appendix A](#))

For more information on assessments and log entries see the deanery's webpage:

<http://www.primarycare.severndeanery.nhs.uk/training/gp-curriculum-and-mrcgp/wpba/>

Work Based Assessments

<http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-workplace-based-assessment-wpba.aspx>

The above website has a good summary of how many assessments you need to for each review. You are likely to have done assessments very similar to these in your Foundation years. They are to collect evidence of achieving competencies during your hospital and GP placements, allow feedback and to make learning goals. They are not pass/fail. *Make sure that you request the right assessors for these* – not everyone can sign these off for you.

See www.primarycare.severndeanery.nhs.uk/training/gp-curriculum-and-mrcgp/wpba/ for more details.

You can either fill them in with your assessor via your e-portfolio portal or you can email them a link to the specific form. If you are sending a ticket via email, unfortunately at present the portfolio does not allow you to add a description to the link you are sending. You may find it helpful to send a separate email to your assessor with a reminder and brief description.

For ST1/ST2

Each 6 months in ST1 and 6 months in ST2, you have to complete: 3 Mini-CEX (non-GP placements)/COTs (GP placements) and 3 CBDs.

Since 2015/2016 the process for recording procedural skills has changed from DOPS to CEPS (clinical examination and procedural skills). There are two parts to CEPS: documenting evidence and a reflective entry. Compulsory CEPS are required for intimate examination which include male/female genitalia, rectal, prostate and breast examinations – you will need to keep a record of these to present at your final ARCP. DOPS already undertaken during GP training before the CEPS were introduced do not need to be redone as CEPS.

The below link has more information on what counts as evidence as well as several other helpful answers to FAQs.

<http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba/ceps-tool-for-mrcgp-workplace-based-assessment.aspx>

You will need to have a Clinical Supervisor's report (CSR) for each job, and a Multi source feedback (MSF) every 6 months in ST1 and ST3. If you are in a GP job, you have to do Patient Satisfaction Questionnaires (PSQ) – similar to an MSF, but asking patients for their opinion of you. You have to get 40 responses for this and not all patients will fill it in so make sure you start early (no really, start early – it takes a lot longer than you think!) Your practice should help you organise this (including collecting forms and inputting data) to prevent any probity issues.

For ST3

You have to complete 12 COTs and 12 CBDs. You must also do a CSR, 2 MSFs and a PSQ. Enough acronyms yet?!

Personal Development Plans (PDP)

This is one of the areas that are looked at in both your 6-monthly reviews with your educational supervisor and your ARCP. This allows you and your trainer to make educational and professional goals for the future. You can then 'tick them off' as they are achieved and link learning logs to them. Again, this is further evidence of your progression. Don't try and cover the whole curriculum in one go. Make sure you aim for achievable targets (acronym lovers among you may be familiar with 'SMART' targets: Specific Measurable Attainable Relevant Time-bound) that you can tick off as you go through the year. Remember your PDP should not really be for 'expected' achievements e.g. passing exams.

Significant Event Analyses (SEAs)

It has been recommended by the deanery that you document 3 SEAs per 6 months (or 2 per 4 month job). These do not necessarily need to be very significant but there should be personal involvement and may involve clinical or administrative issues.

In recent months there has been concern about use of a trainee's (non-GP) portfolio entry in a court case. The School of primary care will be issuing further guidance on this in the near future. If you have concerns the best thing is to speak to your educational or clinical supervisor.

Some SEAs are required to be entered on your ['Form R'](#) (click link for further details) which is a compulsory registration document required to be uploaded onto your portfolio prior to your ARCP.

Educational Supervisor and Clinical Supervisor

The Deanery has assigned two people to have logins to your E-portfolio.

The **'Educational Supervisor'** is your 'GP trainer' and will also supervise you in the ST3/ GP Reg year. Their role is to oversee your progress throughout the entire training programme. You will have regular contact with them during your ST1 and 2 years in the form of a structured review that will take place every 6 months regardless of the length of hospital attachments. The Educational Supervisor Report (ESR) is completed by them.

The **'Clinical Supervisor'** is either a hospital consultant if you are working in hospital or a GP who is acting as your 'trainer' if you're in your 6 month GP ST1/2 post. Their role is to oversee the day-to-day work you do. At the end of each hospital attachment they will carry out a clinical supervisor's report. The Clinical Supervisor Report (CSR) is completed by them.

If you are having any difficulties with your supervisors, please do speak up, either directly to them or to your GP patch programme managers who you will meet either monthly or weekly if in a GP rotation. The great majority of supervisors are brilliant but occasionally one or two need a little guidance.

Educational Review

This is done every 6 months with your Educational Supervisor/ GP trainer. It is really important that they are completed BEFORE the 6 month deadline; as if this is not done it may halt your progress. Make sure the CSR is done before the ESR.

It takes a surprisingly long time to go through this, so book off half a day for the review. Make sure you have satisfactorily completed the correct amount of WBPA entries and OOH entries (including keeping a running total of OOH hours done), linked and shared your learning log, updated your PDP, updated your skills log, and self-rated yourself against the 12 key competencies before going for the educational review.

TIP – ask your education supervisor to create a review on your portfolio at the **beginning** of your 6 month period. As you make log entries, you can then go to 'Review Preparation' on your portfolio,

click 'Edit' and quickly enter in details of that log under the relevant section. This will save you a lot of time later.

Your trainer is then expected to: review your WBPA, read your learning log and comment, review your evidence of curriculum coverage, rate you against the 12 key competencies, give feedback and suggest learning goals.

Out of hours (OOH) training

www.primarycare.severndeanery.nhs.uk/training/trainees/out-of-hours-training/

This is a key component during your GP jobs and is compulsory.

A summary:

- General rule is 6 hours of OOH are needed for every month in GP.
- In ST1/2 GP jobs you have to do 36 hours in a 6 month job.
- In ST3 you have to do 72 hours in the year.
- In ST3 this needs to be primarily with the local GP OOH service.
- In ST1/2 this can be with 'other' OOH / emergency providers, but cannot be in excess of 18 hours:
- Examples of this include: Walk in centre, Children's A+E, Eye Hospital A+E, Ambulance service, Mental Health Crisis Team, NHS 111, Community Palliative care team

In ST3 there are different 'levels of supervision' expected:

- **RED** = *Direct Supervision* - the GPST is supervised directly by the clinical supervisor and takes no clinical responsibility
- **AMBER** = *Close Supervision* - the GPST consults independently but with the clinical supervisor close at hand e.g. in the same building
- **GREEN** = *Remote Supervision* - the GPST consults independently and remotely from the clinical supervisor, who is available by telephone. An example of such a session would include a session 'in the car' supervised by another GP 'at base'.

All OOH should be recorded in e-portfolio and if a form is filled in during the shift it should be scanned and uploaded into the log entry. One of the quirks of the e-portfolio is that there is no natural place to keep a cumulative log of time spent doing OOH work. The school of primary care asks that you keep a running total in the title of each OOH log entry to make it easy to track progress towards minimum hours.

The above web page contains links to the forms you need to get your OOH supervisor to sign, as well as a cumulative log sheet to make things easier.

Applied Knowledge Test (AKT)

<http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-applied-knowledge-test-akt.aspx>

This is the 'written' component of the MRCGP and is mandatory.

It is a 3 hour, 10 minute MCQ (SBA/EMQ/Best of 5) that is done on the computer at specific assessment centres. Its content demonstrates the core knowledge expected of an independent GP. 80% of question items will be on clinical medicine, 10% on critical appraisal and evidence based clinical practice and 10% on health informatics and administrative issues. It is focused on problem solving.

When should you take it?

You can take it at any time in the final 2 years of your programme and is recommended that you take it in ST3. However in the last few years a lot of trainees have taken it in ST2. There are 3 sittings a year (dates via above link) and booking is usually about a month in advance. The test itself takes place in a PearsonVue test centre, of which there are various around the country.

How do you apply?

Through the RCGP website via the above link. The current cost is (breathe in) £450.

Handy Hints

- Use the curriculum to guide you.
- Individuals vary in their speed of preparation but 2-3 months to prepare is common
- Look at the NICE guidelines as there are lots of questions related to them.
- There are sample questions on the RCGP website (see link above)
- You can use GP notebook, Patient.co.uk, nice.org.uk as good resources
- Hot Topics/GP Update course handbooks are good summary of up to date evidence based practice and statistics www.nbmedical.co.uk/, <http://www.gp-update.co.uk/>
- Practice questions are key! A good website is www.passmedicine.com. 4 months £30, 6 months £40
- Other websites are: www.pastest.co.uk, www.onexamination.com
- RCGP AKT Summary Reports (via above RCGP link). Tells you topic areas covered poorly in recent exams and are a good clue for what to study!

******The deanery offers a free revision day for their trainees - so keep an eye out on the website, and in your emails! – you need to actively book yourself on this course!! ******

The Good News!

Severn trainees have done well above the national average in the past, and the Deanery is usually ranked in the top two or three in the country!

Topics you should include in your revision:

- Statistics (however much you hate it, you still need to know the basics)
- Fit notes, benefits, pensions and entitlements
- Fitness to drive (DVLA website)/fitness to fly
- Travel health
- Child development milestones and immunisation timings
- COCP, POP and rules on missed pills
- How a practice runs eg. NES, DES, LES, QOFs

The Clinical Skills Assessment (CSA)

<http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-clinical-skills-assessment-csa.aspx>

This is the 'practical' exam of the MRCGP and is mandatory. You are only allowed to do this during your ST3 year.

The CSA is designed to show your competence as a practising GP. The format of the exam is like a surgery. You sit in a room and a new patient and examiner come in every 10 minutes (with a small break in between each patient). There are 13 stations in total. You are marked across 3 domains- data gathering, clinical management and interpersonal skills, as well as an overall 'feel'.

The cost for the CSA is (lie down) £1663 - so make sure you are prepared before you take it!

The CSA runs 7 times a year from the new MRCGP HQ in Euston, London.

Handy hints

- Most of your ST3 GPST teaching will involve CSA practice
- Having CSA revision groups is useful to practice cases.
- There are many good books with practice scenarios.
- There are many good CSA consultation videos as well in places like RCGP website and youtube.
- The deanery does a free revision day for their trainees- keep an eye on the website/emails - as you do need to actively book yourself a slot to secure a place.
- Finally, remember- IDEAS, CONCERNS, EXPECTATIONS (ICE)

Top Tips for Hospital Posts

- Look at the GP Curriculum to see the statements relevant to that specialty.
- Liaise with your Clinical Supervisor at the beginning of the job. Explain that you are a GP trainee so that teaching can be tailored to your needs if possible. Obviously, you have to do what is required for the job, but every time you see a patient try and think; if I saw this patient in surgery, what would I do? Did they need to be referred to hospital or were there ways of coping in the community? When the patient is discharged, think what you would have to do as the patient's GP? Also make the most of liaising with other medical professionals, to gain a greater understanding of what they do and how you can use their skills in the community.
- However busy your hospital job is, always remember the importance of trying to take your study leave and also keeping in contact with your trainer. It can be useful to spend some of your study leave in surgery with your trainer, to 'orientate you' back into General Practice- both for educational and morale purposes!
- Remember to try and update your e-portfolio regularly!
- Most trainees, now in GP land looking back at their hospital jobs, say they wish they had gone to more clinics as it's the more stable, chronic stuff that stumps you most often when you are doing GP! So get to as many clinics as you can!
- If you are having difficulties with your hospital job (for example if you feel it is not a useful educational experience in preparation for GP training) please let somebody know. This should be your patch Programme Manager or trainee committee patch reps. The School Of Primary Care monitors the quality of training and can pull GP trainees from the post if they are not suitable so don't be afraid to speak up!

Useful Books and Websites

Books

Oxford Handbook of General Practice. Simon et al.
The Condensed Curriculum Guide. Riley et al.

Websites

Severn Primary care website ([Link](#))

This is the official Severn GP school website. You will receive weekly newsletter emails from the deanery via Alison Needler- check your junk mail, as often important info and courses are included, plus there is an amusing cartoon to look at!

Doctors.net

www.doctors.net.uk

A very well-known site aimed at all doctors in the UK. It offers an e-mail service and chat forums aimed specifically at GPRs and GPs, where you discuss issues with other doctors. It has a library section where you can search on Medline, Cochrane and online textbooks. It also has loads of, admittedly varying in quality, CPD modules aimed at GPs.

GP Notebook

www.gpnotebook.co.uk

This is an excellent online medical encyclopaedia aimed at GPs. It guides the user through easy to follow links about most medical complaints. The search facility is excellent and the information is succinct enough for everyday use. It is free if registered through Univadis or otherwise £30.

Patient.co.uk

www.patient.co.uk

This website has similar content to gpnotebook but has a lot of the information summarised in excellent patient information leaflets. These are very helpful to give to a patient at the end of a consultation to consolidate knowledge.

BMJ Learning

www.bmjlearning.com

This is an educational site run by the BMJ, it has loads of CPD modules but you have to be a member to get them for free.

NICE

www.nice.org.uk

An independent organisation providing national guidance regarding the management of many conditions but the search facility is not brilliant and it is often worth looking through the most recent guidelines or searching by topic.

E-guidelines

www.eguidelines.co.uk

This site offers a summary of the guidelines relevant to general practice with handy colour co-ordinated boxes for NICE, SIGN and professional body related guidelines.

NHS Clinical Knowledge Summaries

www.cks.nhs.uk/home

This is an NHS site with really useful, practical and evidence based guidelines aimed at GPs working in primary care. It has summary and in depth sections with clearly documented referral criteria. The search facility is not as good as GP notebook, but it can still be used on a daily basis.

BMA

www.bma.org.uk

The BMA website is full of useful information on the current junior doctor contract negotiations, our working terms, policy and advocacy news, and ways to get involved locally and nationally.

Independent GP Education Courses

Both **Hot Topics** (www.nbmedical.co.uk/) and **GP Update** (<http://www.gp-update.co.uk/>) run regular one day courses for GPs and trainees that aim to provide an update on the most recent guidelines/contentious issues that are directly relevant to general practice. Both organisation also provide excellent handbooks and online resources for use during the year. Many trainees have found these worthwhile and study leave and budget can be used to attend.

Facebook

Do join the GP [Severn facebook](#) group for further networking

Other GPVTS Programmes

It seems daft not to draw on best practice from VTS areas around the country and many of our colleagues have put a lot of effort into developing excellent websites for trainees. Try the following sites for some excellent links on everything from completing your portfolio to clinical resources:

<http://pennine-gp-training.weebly.com/>

<http://www.bradfordvts.co.uk/online-resources/>

GPs with extended roles

You're probably already aware that General Practice is a great starting point for following areas of special interest and 'portfolio' careers. A previous Severn trainee has set up a network for GPs with extended roles and trainees looking to expand their horizons.

See [GP+](#) for further details.

The Working Week

As of August 2015, the working week guidelines whilst in GP placements came in alignment with BMA recommendations. Further details can be found by following the above link including some example timetables. In summary, however, your week should consist of the following:

- a 10 session working week, each session nominally of 4 hours
- 7 of these sessions should be clinical
- 2 of these sessions are structured educational
- 1 session is available for independent education

The following is an example of a working week in general practice for a full-time trainee. Further detail and several examples (including for less than full-time trainees) can be found in the following link:

Table 1. Sample possible Full time trainee timetable

	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
AM	Surgery 3.5 Debrief 0.25 Visits 1.25	Surgery 3.5 Debrief 0.25 Visits 1.25	HDRC 4.0	Surgery 3.5 Debrief 0.25 Visits 1.25	Surgery 3.5 Debrief 0.25 Visits 1.25	
PM	Practice clinical meeting 1.0 Surgery 2.0 Debrief 0.25	Tutorial 2.0 Practice QI work 1.0	Surgery 3.5 Debrief 0.25	Attending Community clinic 2.0	Surgery 3.5 Debrief 0.5	
Total hrs	8.25	8.0	7.75	7.0	9.0	40h

Blue = clinical 28
 Red = structured education 8
 Green = independent education 4
 40

Table 2. Sample possible LTFTT timetable while attending HDRC

	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
AM	Surgery 3.5 Debrief 0.25 Visits 1.25		HDRC 4.0	Surgery 3.5 Debrief 0.25 Visits 1.25		
PM	Practice clinical meeting 0.75 Surgery 3.5 Debrief 0.25		Surgery 3.5 Debrief 0.25	Tutorial 1.25 Visit to undertaker 0.5		
Total hrs	9.5		7.75	6.75		24h

Blue = clinical = 16.5 (Indicative amount: 60% of 28 = 16.8)
 Red = structured education = 6.25 (Indicative amount: 60% of 8 = 4.8)
 Green = independent education = 1.25 (Indicative amount: 60% of 4 = 2.4)
 Total hours = 24

Table 3. Sample possible LTFTT timetable while not attending the HDRC

	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
AM	Surgery 3.5 Debrief 0.25 Visits 1.0		Surgery 3.5 Debrief 0.25 Visits 1.0	Surgery 3.5 Debrief 0.25 Visits 1.0		
PM	Meeting with commissioners 1.0 Tutorial 1.75		Surgery 1.5 Debrief 0.25 Private study 1.5	Surgery 2.0 Debrief 0.25 Session with social worker 1.5		
Total hrs	7.5		8.0	8.5		24h

Blue = clinical = 17 (indicative amount: 60% of 28 = 16.8)
 Red = structured education = 3.0 (indicative amount: 60% of 8 = 4.8)
 Green = independent education = 4.0 (indicative amount: 60% of 4 = 2.4)
 Total hours = 24

<http://www.primarycare.severndeanery.nhs.uk/training/trainees/trainee-working-week/>

Individual practices will differ in the way they manage their ‘sessions’ and structure the working week for their trainees. Therefore, it’s advised to sit down with your supervisor and make sure that, with appropriate flexibility, the practice is providing a week that complies with the above guidelines. Occasionally trainees feel that they have not had the time for study /admin that they need. Make sure you raise this with your supervisor and if you don’t feel you have had a satisfactory response, speak to your patch Programme Manager.

The new Junior Doctor contract will obviously have implications upon the working week, especially as out of hours (OOH) now counts towards your 40hr week. Practices will have different ways of implementing this, and if you have further queries either contact Richard Giles (Richard.giles@glos.nhs.uk), your patch rep or your local BMA rep if you have concerns.

Welfare

Professional Support Unit

Welfare of trainees is of paramount importance and therefore Severn PGME provides a [Professional Support Unit](#) (see link for further details) to offer assistance and support whether you encounter professional or personal difficulties during your training.

Register with a GP

Don't forget to register with a GP for your own health needs.

Leave (Study/Annual/Professional)

The rules change regularly, so keep in contact with your local VTS administrator and keep an eye on the Severn Deanery Website. The School and SHA are rather strict about reimbursing study leave expenses – so stick to the protocol.

Study Leave Summary

Trainees in Severn are granted 30 days of study leave. Over the course of the year you will be required to attend half day release courses which are a compulsory part of training requirements. This time is effectively top sliced from the allotted 30 days. Patches may differ so do speak to your administrator if you would like to know the exact division. General points are as followed but do see the website link below for further details and FAQs.

- All study leave is applied for electronically (see below link) and this makes keeping track of your time much easier.
- It is a requirement that you attend >70% of local patch GPST teaching sessions (HDCRs)
- All patches bulk purchase membership of the local 'CPD trust' and 'topslice' the study leave budget as a result- contact local VTS for details. There is reciprocity – i.e. if you are a member in (say) Bath, you can attend events free of charge in Bristol, Swindon, Somerset or Gloucestershire
- Most patches have a non-residential annual 'induction' which is compulsory and part of your study leave
- Study leave is pro rata – i.e. allowance will be reduced (number of days leave – not finance) for less than full-time trainees according to the % of full time worked.

www.primarycare.severndeanery.nhs.uk/training/trainees/leave/the-working-week-and-study-leave/

Courses NOT covered by the study budget include:

- Courses outside local GP education trusts eg sports medicine
- All non-MRCGP examinations eg MRCP, MRCS
- Any diplomas, except DFSRH- though you need to speak with your local patch AD
- ALS, ATLS, APLS courses. ILS will be funded if qualifications out of date

Annual Leave

25 days per year (pro rata). However, those who have worked in the NHS for more than 5 years you get an additional 5 days. Those in hospital placements are also entitled to 2 statutory additional days leave/per annum.

Professional Leave

This is separate to study leave and is defined as 'specific activities which will enhance the GPR's Professional Journey and are of value to the GP School and/or the National and/or the local GP community', i.e. allowing time to go to committee meetings etc. This can be taken for up to 5 days a year.

These include:

- Committee meetings (e.g. BMA trainee subcommittees)
- Deanery work (e.g. leadership, recruitment)
- Quality assurance of teaching (e.g. trainer re-approval visits)
- Trainer (CS or ES) courses
- F2 regional teaching
- Courses for GP Scholars or related to Scholar work
- Deanery work (e.g. presentation to School Board)
- Work with medical students (e.g. OSCE examinations)

Sick Leave

Whom to tell if long term illness or absence?

- Let the practice/ hospital HR know as soon as possible
- Let the Scheme Admin know – you will have to complete a “change form” even if its just one day of sick leave.

Remember if the total sum of your time away is longer than 14 days per year you will need an extension to your training which needs to be planned (it won't be automatically arranged)- notify the Scheme admin.

Other leave

e.g. Maternity/ Paternity/ Jury Service/ Carer's leave.

See - www.primarycare.severndeanery.nhs.uk/training/trainees/leave/

Flexible Training and Less Than Full-Time (LTFT)

A large proportion of GP trainees start or enter into LTFT during their training. This can be for a variety of reasons. The school of primary care recognise this and have taken strides in the last year to improve the support for LTFT trainees. Further details can be found on the website:

See - www.primarycare.severndeanery.nhs.uk/training/trainees/less-than-full-time-training/

There is also a less than full-time training rep on the committee to help with the various issues specific to LTFTs. Speak to your patch rep for further details.

GP Trainee Expenses

It's not cheap being a GP trainee! Some unavoidable costs are listed below, they may be expensive, but it is better to know ahead so you can plan! (Please remember – these costs were correct at the time of writing, but may change!)

GMC Subscription

Annual cost £425

You can choose to pay these in 3 instalments in the year or in 10 instalments of £39 if you wish.

Membership of the RCGP as an AIT

Initial subscription (in ST1) £273.40

Then Annual membership ST1-ST3 £399 Ft and £199.50 LTFT

See: <http://www.rcgp.org.uk/membership/membership-grades/join-rcgp-trainee-gps.aspx>

Includes reduction in exam fees and books and monthly AiT journal

British Medical Association (BMA)

The BMA is the recognised trade union and professional body for all doctors and medical students in the UK. The BMA is the voice of the medical profession, and represents us all to government, the NHS, the Royal Colleges and is one of the most powerful and effective lobbying groups in the country. The BMA has a dedicated GP Committee, with a GP ST subcommittee who look at issues affecting GP trainees and feedback to the Severn GP trainees committee.

Membership is FREE until September 30th, and includes subscription to the BMJ, so why not join, have your say on issues affecting our training and the future of general practice in the NHS <https://www.bma.org.uk/membership/subscriptions>. Membership fees can be paid annually or monthly and equate to £222-£443 depending on years qualified.

If you have any questions, please get in touch with the current Severn GP ST committee rep.

MDU/ MPS

From February 2013, all medical indemnity cover for all trainees is covered by the Severn Primary Care School the cover is with the MDU they will be in touch by email to make sure you details and cover are correct – you used to all get individual policies and have these reimbursed which was quite a feat and as you can imagine it took some time to get your money back which could was quite a pain, given your ST3 fees are over a £1000! You can however choose your own provider and will be reimbursed as before if you wish.

Car Insurance

It's your responsibility to ensure your car insurance covers you for work – if you claim mileage this should be Business not just Commuting.

Doctors Bag

Practices should provide this for ST1/2. However you may be expected to have your own one for ST3. All the individual items add up, so it may be worth buying them over time (or trying to get freebies from drug reps!).

Things you will need include:

- Portable sphygmomanometer
- Diagnostic set, (ophthalmoscope and otoscope)
- Tendon hammer
- Stethoscope
- Glucometer
- Infrared thermometer
- Tape measure
- Face mask (for mouth-to-mouth)
- BNF

Travel Expenses

The Good news! You can claim (some!) TRAVEL EXPENSES...

In a GP job you can claim some mileage. Everyone who is doing a GP placement can claim mileage.

On any day when a GPR uses their car for “formal work business”- e.g. visits etc, the miles incurred in performing this business and also up to 20 miles involved in getting to and from work (total return journey) from home can be claimed. Your practice should be able to give you a copy of the form, (or its is available on the VTS FAQs document from Gloucestershire Hospitals HR) that needs to be signed off each month by your trainer if not contact your lead employer. The KEY is to note down each journey after you have done it (rather than waiting until the end of your placement) as it requires journey mileage and postcode.

HMRC and Tax Returns

Now you are spending a fortune on subscriptions, it may be worth filling in a tax return as you can claim the tax back on them. Every little helps! See- “Personal financial hygiene for sick doctors” (BMJ classified 19.4.97 S2-3). Many GPs have accountants or financial advisors and will happily talk to you about the relative pros and cons of this.

The RCGP happily announced this year:

“We are delighted to have received confirmation from HMRC that trainee doctors who are employed on a training contract as GP Specialty Trainees and who have to pay their MRCGP exam fees personally will qualify for a deduction against their earnings from that employment for those fees. Trainees can make claims for the current year and four back years.”

Follow this link for more details on how to claim this and other essential work expenses (GMC, BMA, fees):

<https://www.gov.uk/tax-relief-for-employees/how-to-claim>

Personal Development:

Personal development can take many forms as a GP trainee with many opportunities within and outside of medicine to consider. GP trainees in the past have got involved in: overseas and local expeditions, RNLI volunteering, festival and national sporting event medics, ebola volunteering, inner city youth programmes, GP committees and much much more. In fact if you can think of it, someone has probably done it.

Below are just some of the extra things you might want to consider during your training, but don't be limited by this list!

It is also worth keeping an eye out for the GP Newsletter sent from the deanery as this will often advertise new opportunities of things to get involved in.

Similarly see <http://www.primarycare.severndeanery.nhs.uk/events> for details on upcoming events.

RCGP Courses

<http://www.rcgp.org.uk/professional-development/courses-and-events.aspx>

The RCGP regularly run courses on a variety of subjects. Keep an eye on their website.

Professional and Generic Skills Course

<http://www.primarycare.severndeanery.nhs.uk/training/trainees/professional-and-generic-skills/>

Modular programme. Covers topics such as Leadership Skills and Change Management- both important skills required by the RCGP curriculum.

Minor Surgery Course

These help you learn more about the theory and practise of minor surgery in GP practises, most useful to do in ST3. Check your local patch education website or other patch education websites to see if any courses available to attend.

CPD Events

Each 'patch' has evening/day courses that are run for GPs but most allow GP trainees to go for free or at a reduced rate. Contact your local GPST Administrator for details.

Skin Forum

Several evenings a year, Dermatologists in Bristol run evening for GPs on dermatology topics (free). This consists of case studies and then a meal afterwards.

Email: Roslyn.Wise@nbt.nhs.uk

Spire GPs First meetings

The Spire Hospital in Bristol offers frequent evening talks from specialty consultants that are usually interesting and educational, and happen to involve a free dinner. Spire is a private healthcare company and attendance is at your own discretion.

Email: Hannah.BARRETT@spirehealthcare.com/bristolgp-education@spirehealthcare.com

Diploma in Family Planning Course

http://www.fsrh.org/pages/Diploma_of_the_FSRH.asp

This can be very useful (especially for female trainees). It now consists of an online theory course and then practical training. There is quite a waiting list for the practical, but can be done when you are qualified too.

Diploma in Child Health

<http://www.rcpch.ac.uk/training-examinations-professional-development/assessment-and-examinations/examinations/dch-clinic-4>

A Paediatric written and OSCE style exam. Only really recommended if you have done a Paediatric job. The deanery will not fund this course. It is felt that the GP curriculum adequately covers paediatrics and child health and many experienced GPs would not recommend undertaking such diplomas as a purely 'CV boosting' project, however, developing and exploring interests is recognised.

Diploma in Obstetrics and Gynaecology

www.rcog.org.uk/education-and-exams/examinations/diploma

A written exam about O+G for GPs. The deanery will not fund this course. It is unlikely to make a real difference to your CV. It is felt that the GP curriculum adequately covers women's health and many experienced GPs would not recommend undertaking such diplomas as a purely 'CV boosting' project, however, developing and exploring interests is recognised.

Journals

Subscribe to BMJ/Pulse/Doctor

If you are an 'AiT' you will get the AiT journal and BJGP

(NB- The AiT magazine has several very useful AKT questions & answers published in it each month)

Scholarships

Severn Deanery offers a number of internal scholarships that enable high-flying GP Trainees to develop additional skills in leadership and education. Successful candidates are appointed during ST2 to a 13 (or 16 month for Public Health) month scholarship. This allows an additional 20 working days (i.e. 40 sessions) within ST3 to develop additional expertise.

Current Scholarship programmes include:

- Patch leadership Scholar – 1 month, 5 posts, 1 per patch
- Patch Education Scholar – 1 month, 5 posts, 1 per patch
- Central Leadership Scholar – 1 month, 1 post
- Health Inequalities Scholar – 1 month, 1 post
- Public Health Scholar – 3 months, 2 posts
- Sustainability Scholar – 1 month, 2 posts
- Substance Misuse Scholar – 3 months, 1-3 posts
- Social Media Scholar – 1 month, 1 post
- Dementia Scholar – 3 months, 2 posts

For more scholarships and fellowships which are available, have a look at the following link:

<http://www.primarycare.severndeanery.nhs.uk/training/trainees/scholarships/>

LEET

Leadership and excellence training extension posts have been undertaken for the past few years now. They aim to help develop leadership and change management skills through training and project work over a 12month ST4 programme. See the link below for further details.

<http://www.primarycare.severndeanery.nhs.uk/training/trainees/gp-leadership-and-excellence-training-extensions-lete/>

Committees

In an increasing politicised and complex NHS it is vital that doctors have a voice. This is as true for doctors in trainees and ourselves as future GPs.

There are many ways in which to get involved from local level to national level. Some examples include:

GPVTS training committee and Patch representatives

As mentioned above, Severn has an enthusiastic and active committee of trainees in all stages of training and from all 5 patches. The committee is elected annually but is always keen for people to get involved as its raison d'être is to represent the whole body of AiTs. At the timing of writing we

are waiting for the School of Primary Care to update the committee list, found at: <http://www.primarycare.severndeanery.nhs.uk/training/trainees/trainee-st-committee/>

The best way to find out more is to email the committee (severngpcommittee@gmail.com) or contact your local patch reps.

Local Medical Committees

LMCs are independent statutory bodies that represent GPs in the following ways:

- Support individual GPs, both personally and professionally
- Assist on matters relating to staff in general practice
- Assist local health policy formation
- Ensure GPs' interests are represented in political and other settings.
- Assist practices with management issues.
- Negotiate on behalf of a wide GP community.

They typically meet several times a year and are usually attended by a group of self-selecting GPs. They warmly welcome trainees to attend and they are a good opportunity to find out more about the inner workings of general practice organisation and politics. The four main LMCs in Severn are:

- Avon: <http://www.almc.co.uk/>
- BANES, Swindon and Wiltshire: <https://www.wessexlmcs.com/>
- Gloucestershire: <http://www.gloslmc.com/>
- Somerset: <https://www.somersetlmc.co.uk/>

BMA representative

See above entry for BMA representation. The GPST committee has a Severn BMA rep, a position that is elected as part of national representative elections.

RCGP

The Royal College of GPs has a Severn Faculty, whose role includes actively supporting “*AiTs across the region and each year host the Michael Lennard Reception which is combined with the GP Trainee Excellence Awards to share and celebrate the achievements of GP Trainees (organised in conjunction with Severn Postgraduate Medical Education).*”

The Faculty is always keen for more trainees to get involved and you can find out more information via their website:

<http://www.rcgp.org.uk/rcgp-near-you/faculties/wales-and-south-west-england-region/severn-faculty.aspx>

The GPVTS committee also includes an RCGP AiT rep, again elected nationally. The position is due to come up for election shortly so please do apply if you're interested – keeps your eyes out for the relevant communications.

Graduation and QI Awards

Severn Postgraduate Medical Education (PGME) has many accomplished trainees involved in a variety of activities including research, education, leadership and pursuits outside medicine. Severn School of Primary Care supports the introduction of annual awards to both encourage and reward outstanding achievement in quality improvement as well as a chance for ST3 trainees to graduate with a proper presentation of their achievements. Keep an eye out for further details during the year.

See <http://www.primarycare.severn deanery.nhs.uk/training/trainees/awards/> for further details.

“Surviving the registrar year”

It's different for everyone. Here is what two previous Registrars (ST3s) thought...

Tim (Horlock)- For me this year was the first time I had set foot in a GP surgery as a Doctor and it was a bit of a 'do or die' moment. What, I asked myself, was I going to do if I didn't like it? Luckily for me, I did and luckily for you, the format of training has changed and you will all get 6 months of GP in the first 2 years of training and may well have done GP during F2 as well.

Becky (Main)- I did my ST1 and ST2 rotations in Bristol and Bath and found that despite not believing they were very relevant to being a GP much of the time, each job gave me knowledge and skills that I now apply daily in General Practice. Spending days at my training practice during these rotations was a great way of relating my experience of acute care to patients in the community and reminded me every so often why I was spending all that time in hospitals!

Tim - Being a GP registrar is exciting, steadily progressing towards independent practice with the support of your very own trainer to guide you on the way. Hospital trainees have never had it so good. There are a fair few hoops to jump through on the way but all of the assessments which sometimes seem a little tedious are good learning opportunities and will all help you improve as a GP. The educational opportunities are plentiful, one to ones with your trainer, small group work or VTS day release sessions are all useful and there is lots of study leave, use it wisely – think about this from day one. In hospital it can be difficult to get study leave but in GP you are supernumerary and it tends to be much less of a problem to get the time off you need (as long as you give some notice). As for the exams, well they're exams aren't they? Just knuckle down and get them done. Work hard and you'll be fine. Remember once they are done there aren't any more exams. EVER.

Becky - The ST3 year is completely different from my training so far – I am attached to a small training practice in a semi-rural location and I am lucky to have two trainers and they always make my tutorials a priority which is great and assessments are done properly so feel like an educational experience rather than a form-filling exercise. There are lots of teaching sessions and courses to go to and other opportunities to get involved in GP related activity such as the GPST Committee, the local faculty of the RCGP and local LMC. The day release course is a highlight of the year - the small group learning and great tea and cake with a catch up with all your friends and colleagues once a week is a real treat!

Tim - We believe that the Severn deanery really offers the best GP training in the country and the West Country is a great place to live and work.

Becky - We're pleased that we chose the Severn deanery for our training, and are sure you will be too.

Appendix A

Severn Deanery School of Primary Care

Learning Log recommendations (Naturally Occurring Evidence) Updated April 2012

Learning Log category	Minimum requirement	Notes	Competencies Demonstrated
Clinical Encounter	At least three per month	Choose cases that demonstrate personal learning/highlight learning needs or illustrate good performance relating to a competency area	2 Practicing Holistically 3 Data gathering 4 Making a Diagnosis 5 Clinical Management 6 Managing Medical Complexity 8 Working with Colleagues 9 Community Orientation 10 Learning and Teaching 11 Ethical Approach
Professional Conversation	No minimum, but should record all formal meetings with supervisors. Any complaints or feedback must be recorded.	Supervision meetings should reflect on recent learning and progress to date, and key objectives for next stage.	10 Learning and Teaching 11 Ethical Approach 12 Fitness to Practice
Tutorial	No minimum, but all tutorials should be documented	Entries should itemize areas of learning, and reflect on future learning needs	10 Learning and Teaching
Reading	No minimum	Enter details of key learning points that are likely to affect your practice	10 Learning and Teaching
Lecture/Seminar	All Day release sessions should be documented PLUS once per six months at least one reflection on doing a presentation or case study	Trainees are expected to have attended at least 70% of Day Release sessions. It is also required to demonstrate competency in teaching. A presentation or case study might be presented at day release sessions, practice meetings or departmental meetings	10 Learning and Teaching
Out of Hours	All OOH sessions documented	Learning from cases should be documented with the supervision document added as an attachment	10 Learning and Teaching 12 Fitness to Practice
Audit/Project	At least one complete audit	This might be best done in your main training practice,	7 Primary Care Admin and IMT

	cycle at some time during training, <u>or</u> other project involving critical review, analysis of data and change in practice. See separate doc on audits.	and might partly be done during “days in practice” with final data collection during the ST3 year. Projects/inquiries undertaken as part of the MSc will meet this criterion	8 Working with Colleagues 9 Community Orientation 10 Learning and Teaching
Significant Event Analysis	Recommend 3 per 6 month job (2 per 4 month job)	There should be personal involvement and may involve clinical or administrative issues	8 Working with Colleagues 10 Learning and Teaching 11 Ethical Approach 12 Fitness to Practice

Note:

1) All Learning log entries need to have adequate personal reflection, answering the questions:

- What could be done differently in the future?
- What further (personal) learning needs did you identify?
- How and when will you address these?
-

These actions can then be transferred to form part of your PDP

2) Less than full time trainees, will be expected to complete these requirements on a pro-rata basis

3) Should minimum recommendations for Naturally Occurring Evidence not be met, then the ARCP panel may award an unsatisfactory outcome 5 (Insufficient Evidence), or other unsatisfactory outcome, depending on whether there is sufficient alternative strong evidence in the portfolio to support the relevant competency areas.