
**Severn Deanery
GPST Trainee
Handbook 2021/22**

**Produced by the Severn
GPVTS Committee**



Health Education England

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Welcome to Severn PGME School of Primary Care

Welcome to the Severn General Practice Training Programme.

This document has been produced for you by members of the Severn GPST Committee. It is full of practical tips and guidance from those who really understand what you need to know when you start training in the Severn. The Severn School of Primary care is proud of its high level of trainee representation; we recognise the benefits of collaboration and cooperation with trainee representatives and are keen to empower trainees and to ensure their voice is heard.

We welcome doctors from across the globe to train in the South West to be GPs. We value diversity, and support trainees effectively to ensure that every GPST achieves their full potential. We offer a wealth of educational opportunities throughout training to reflect the needs of our diverse trainee population including innovative training options such as scholarships and academic programmes, as well as intensive communication skills support through the nationally recognised SOX programme. We have a superb range of training programmes, GP practices and hospital trusts, and a highly skilled faculty of educators across Primary and Secondary Care. In addition to resources in the School, there is also excellent support and wellbeing advice available confidentially through the central Professional Support and well-being team (PSW), who work with trainees on everything from exam technique to careers advice.

We like to think that it's these fantastic training opportunities which make the Severn one of the very best places to train to be a GP, but let's not forget that it's also a wonderful place to live and work, with beautiful coastline, lovely Cotswold villages, Georgian architecture and bustling university cities.

If you find this handbook useful, please do think about getting involved with the committee - as in life, the more you put in the more you'll get out!!

Dr. Lizzie Eley
Head of School, Primary Care (Severn) FRCGP
& Associate Dean Transformation HEESW

Foreword – Severn GPVTS 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).

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 Committee.

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,

Olivia Baker

Outgoing Chair of the Severn GP Trainees Committee, 2019/20

David McCrear

Incoming Chair of the Severn GP Trainees Committee, 2020/21

Severn Deanery Details

The Severn PGME School of Primary Care

Deanery House
Unit D, Vantage Office Park
Old Gloucester Road, Hambrook
Bristol, BS16 1GW (Use BS34 6PT for Sat Navs)

Dr Elizabeth Eley

School of Primary Care
Head of School

Helen Stredder

Education Programme Manager

Clare Whittle and Kirsty Weaver

Education Programme Officer's

Rachel Williamson

Education Programme Officer

Sarah Phillips

Education Programme Officer

Jacqueline Pullin

Education Programme Coordinator

Jessica Balfour

Education Programme Coordinator

Lucy Turriff

Education Programme Coordinator

Sophie McCarron

Business Placement trainee

For queries relating to changes in training, ARCP's or your portfolio contact:

SEVGPSupport.SW@hee.nhs.uk

For all other queries contact:

SEVGPSchool.SW@hee.nhs.uk

For other deanery staff contacts:

<http://www.primarycare.severndeanery.nhs.uk/staff-contacts>

Dr Jason Sarfo-Annin

BMA and Avon LMC rep 2020/21

jason.sarfo-annin@doctors.org.uk

Patch Representatives

Bath

Robin Jones ST1 – welfare rep

Marcus Stevens ST2

Mary Harrington ST4 – secretary

Bristol

Alex Taylor ST1

Hannah Fuller ST2

Bex Preskey ST2

Laura Cueva ST2

Andrew Hunter ST3 – welfare rep

Sammy Maloney ST3

David McCrear ST3 – chair

Gloucester

Fiona Neiles ST1

Emma Oliver ST2

Anna Cuskin ST3

Somerset

Adam Massey ST1 – welfare rep

Victoria Corfield ST1 – welfare and LTFT rep

Jeddidiah Chibuchi Nwafor ST2

Louise Farrell ST2 - welfare rep

Solomon Lebesse ST2 – Differential Attainment and International Medical Graduate rep

Olivia Baker ST3 – welfare rep

Swindon

Antoinette Cotton ST2 – LTFT rep

Hannah Leaver ST2 – welfare rep

Benjamin James ST2

Amna Khushnud ST2 - Differential Attainment and International Medical Graduate rep

Lead Employer Details

Gloucestershire Hospitals NHS Foundation Trust

1st Floor, Sandford Education Centre
Keynsham Road, Cheltenham
Gloucestershire GL53 7AN
Tel: 0300 422 3144

Richard Giles

Medical Staffing Manager
richard.giles@nhs.net or ghn-tr.gptrainee@nhs.net

Jenny Harris

Medical Staffing Assistant
jennifer.harris2@nhs.net or ghn-tr.gptrainee@nhs.net

Important Documents

Your **employer-employee** relationship is with Gloucestershire Hospitals Foundation Trust
This is governed by your **employment contract**, found on the NHS Employers website:
[Junior Doctor Contract 2016](#)

Your **trainee-training body** relationship is with Health Education England (Severn Deanery)
This is governed by the '**The Gold Guide**', found on the COPMED website:
[The Gold Guide: "A Reference Guide for Postgraduate Specialty Training in the UK"](#)

Your **trainee-trainer** relationship in a GP setting is with your Educational Supervisor

- Before the 'Lead Employer' arrangement, trainees were employed directly by the practice so there was an employment contract in place, governed by COGPED (Committee of General Practice Education Directors). Many of the policies and principles of GP training from this contract remain valid and in use.
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[Trainee Information - COGPED Committee of General Practice Education Directors](#)

Medical indemnity [guidance for GP trainees](#)

Severn Deanery: VTS Patch Details

Bath www.bathgptraining.co.uk

Department of General Practice,
Postgraduate Medical Centre,
Royal United Hospital, Bath
Tel: 01225 824894

Associate Postgraduate Dean: Dr James Bartlett

Training Programme Directors:

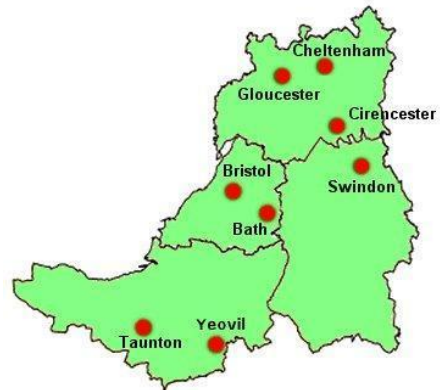
Dr Chris Bevan, Dr Karen Prees, Dr Freya Evans, Dr Adrian Curtis

GP Programme Manager and Global Health Manager: Paula Cain

Tel: 01225 824894 or e-mail paulacain@nhs.net

GP Administrator: Maria Phantis

Tel: 01225 824894 or email maria.phantis@nhs.net



Bristol www.bristolgptraining.co.uk

Learning & Research Building, Department of Medical Education, Southmead Hospital,
Westbury-on-Trym, Bristol, BS10 5NB
Tel: 0117 414 8028

Associate Postgraduate Dean: Dr Holly Hardy

Training Programme Directors

Dr Shaba Nabi, Dr Hannah Richmond, Dr Nick Snelling, Dr Jasmin Krischer, Dr Jenna Powell, Dr Alison Hutchings, Dr Sheila Pietersen

GP Programme Manager: Mandy Price

Tel: 0117 414 8028 or email: mandy.price@nbt.nhs.uk

GP Administrator: Alyce Griffith

Tel: 0117 414 8029 or email: alyce.griffith@nbt.nhs.uk

Gloucestershire www.gpvts.org

Department of Medical Education, Sandford Education Centre,
Keynsham Road, Cheltenham GL53 7PX
Tel: 0300 422 3037

Associate Postgraduate Dean: Dr Hannah Richmond Hannah.richmond@hee.nhs.net

Training Programme Directors

Dr Tom Agombar, Dr Paul Crouchman, Dr Catherine Kingcombe, Dr Tom Morgan, Dr Michael Kilshaw

GP Programme Manager: Hilary Carter

Tel: 0300 422 3037 or email: hilary.carter-thompson@nhs.net

GP Education Administrator: Lindsey Buckenham

Tel: 0300 422 4292 or email: lindsey.buckenham@nhs.net

Swindon www.swindongpeducation.co.uk/

Office of General Practice, The Academy, Great Western Hospital,
Marlborough Road, Swindon, SN3 6BB
Tel: 01793 604424 or 604427

Associate Postgraduate Dean: Dr Jon Elliman

Training Programme Directors

Dr Jo Swallow, Dr Tom Gamble, Dr Liz Alden, Dr Kate Digby, Dr Penny Milsom, Dr Jessica White

GP Programme Manager: Siobhan Timms

Tel: 01793 60 44 24 or email: s.timms@nhs.net

Snr GP Administrator: Michala King

Tel: 01793 60 59 24 or email: michala.king1@nhs.net

GP Administrator: Alison Rayson

Tel: 01793 60 44 27 or email: a.rayson@nhs.net

Somerset www.somersetgptraining.co.uk

Musgrove Park Hospital, Taunton, Somerset, TA1 5DA Tel 01823 342430

Yeovil District Hospital, Yeovil, Somerset, BA21 4AT Tel 01935 384670

Associate Postgraduate Dean: Dr Steve Holmes

Training Programme Directors

Dr Andy Eaton, Dr Ronan O'Connell, Dr Jill Wilson, Dr Tony Wright, Dr Simon Huins

GP Programme Manager: Penny Bridges

Tel: 01935 384670 or email: penny.bridges@ydh.nhs.uk

GP Administrator: Emma Stallard

Tel: 01935 384670 or email: emma.stallard@ydh.nhs.uk

E-Portfolio

(Helpdesk - 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 and training progression during your whole 3 years. When you complete the AKT & RCA/CSA exams and show the required competence in your e-portfolio you will get your CCT and qualify as a GP!

Initially it may look complicated, but it soon becomes familiar. The new platform RCGP is using, FourteenFish, has helpful areas that show your progress in each capability/clinical area which helps you to see which areas you need to focus on. It also makes you link each reflection to a capability when you write it (before this used to be a very long process before a review). It is useful to take advice from your local trainers or more senior GPST trainees on how to manage your e-portfolio, prepare for the 6 monthly educational supervisor reviews and annual ARCP.

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:

[GP curriculum: overview \(rcgp.org.uk\)](http://rcgp.org.uk)

There is a book version- The Condensed Curriculum Guide: For GP Training and the MRCGP. Riley et al. Which can be bought online.

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 link each reflection to a maximum of three.

You can log a wide variety of experiences including clinical case reviews, supporting documentation/CPD, reflection on feedback and more. You then share them with your supervisor to discuss and validate at your review.

People always ask 'how many logs do I need to do?' The best thing to do is to look at the requirements page on your eportfolio, as this tells you how many are expected in each review and also shows you how many you have done so far.

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

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

Work Based Assessments

The below 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.

[MRCGP Workplace Based Assessment \(WPBA\)](#)

To complete an assessment, your eportfolio allows you to enter an email address of an assessor, write them a message and a brief summary of the case. They then receive the email with the message and fill in the form online. Take care to make sure the email address is correct, if it is not, you are able to change it and resend the form.

This summary sheet from the RCGP is very helpful to check off as you progress through your placements:

[Summary-sheet-of-WPBA-requirements.ashx \(rcgp.org.uk\)](#)

Due to Covid, requirements have been changing rapidly and are likely to change again as things settle down. We used to include a table of requirements in this handbook, but it will likely be out of date by the time you are reading this, so please see the RCGP link for the most up to date version.

Patient Satisfaction Questionnaires (PSQ)

Similar to a multi-source feedback, but asking patients for their feedback. You need 40 completed responses & 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 & inputting the response data to your e-portfolio) to prevent any probity issues.

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 must 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.

Learning Event Analyses (SEAs)

It has been recommended by the deanery that you document 1 LEAs per year. These do not necessarily need to be very significant (you choose if it meets the "significant" threshold when you do the log, but there should be personal involvement and may involve clinical or administrative issues.

Some LEAs 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 assigns two supervisors to every trainee:

The **'Educational Supervisor'** is your 'GP trainer'. They will also supervise you in the ST3/ GP Registrar year within their practice. Their role is to oversee your progress throughout the entire training programme. You will have regular contact with them during your ST1 & 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. You will have scheduled 'ST3 practice visit' days within the VTS teaching program.

The **'Clinical Supervisor'** is the named consultant you work under during hospital rotations or the named GP who is acting as your 'trainer' during your GP rotation. Their role is to oversee the day-to-day clinical work you do under their supervision/with their team. The Clinical Supervisor Report (CSR) is completed by them at the end of each rotation.

If you are having any difficulties with your supervisors, please do speak up - highlight your concerns either directly with them or with a Training Program Director, who you will meet during VTS teaching days. The great majority of supervisors are brilliant but occasionally one or two need a little guidance.

Educational Supervisor 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 completing the 'self-rating' against each of the 12 key competencies before going for the educational review.

Your trainer is then expected to: review your WBPAs, read your learning logs and comment on them, review your evidence of curriculum coverage, rate you against the 12 key competencies, give feedback & help you develop learning goals (PDPs) for the next review period.

Urgent and unscheduled care (UUSC)

The link below leads to the deanery website where you can find an explanation of the recent changes to 'OOH'/'UUSC', a list of FAQs and the trainee passport you will need to use to keep a record of your work in UUSC.

<http://primarycare.severndeanery.nhs.uk/training/trainees/urgent-and-unscheduled-care-uusc/>

The RCGP and COGPED undertook significant reviews of 'out of hours' (OOH) training in 2018. As a result the previous requirement for trainees to complete a certain number of hours has been replaced by a competency based system.

The term OOH has also been replaced with 'Urgent and Unscheduled Care' (UUSC) to better acknowledge the differing settings and times in which these skills might be acquired. With GP surgeries offering evening & weekend appointments, and new in-hours urgent care providers developing, the lines between 'in' and 'out' of hours practice are blurring.

With these changes being so new, there are inevitably going to be situations arising where it is unclear initially whether the experience gained could be counted as 'UUSC'. However as a general rule if the patient is not attending a pre-booked appointment (i.e. they have an on-the-day urgent issue) and are managed in a setting consistent with a primary care approach (e.g. not ED or the paediatric admissions unit where additional resources would be available), this could be considered UUSC. The time of day, or day of the week this occurs is less relevant, the focus is on gaining the skills required to be competent at providing UUSC.

There are six new UUSC competencies that trainees will be required to demonstrate in order to be signed off by the end of ST3. These are:

- 1) Ability to manage common medical, surgical and psychiatric emergencies
- 2) Understanding the organisational aspects of NHS out of hours care, nationally and at a local level
- 3) The ability to make appropriate referrals to hospitals and other professionals
- 4) The demonstration of communication and consultation skills required for out of hours care
- 5) Individual personal time and stress management
- 6) Maintenance of personal security, and awareness and management of security risks to others.

Some of these may be achieved through participating in duty doctor sessions with the trainee's base practice. However it is felt that in order to fully achieve the requirements trainees will also need exposure to working within an UUSC provider outside of the practice.

There is now more flexibility as to how much UUSC trainees decide to do in ST2 and how much in ST3. However, it is strongly encouraged for trainees to start gaining some experience during their ST2 year to ensure they have sufficient time to achieve the required competencies. It is also expected that trainees will maintain their competencies up to the point of CCT therefore continued exposure to UUSC throughout ST3 would usually be required to ensure this.

Although there is no longer a requirement for trainees to do a certain number of UUSC hours, it is felt that most trainees will still require exposure to around 72 hours in their ST3 year to achieve competence in this area. It is accepted however that trainees will progress at different rates, and while some may be considered competent earlier than this, others may require longer. In all cases a sign-off as competent will need to be justified by adequate evidence, and those trainees who appear

to have done *significantly* less hours will need to ensure they can definitely provide evidence to support them being signed off.

Some trainees may wish to do more UUSC than is required of them for the purposes of sign-off (e.g. if they have a particular interest in working in this setting once qualified). This may be possible but would result in more time in lieu being taken from their normal working week. As a result it would require discussion and agreement from the trainee's usual practice, taking into account the impact it would have on the service they are able to provide there. More importantly, however it would only be supported if the trainee could demonstrate satisfactory progression in all other areas of their training, ensuring they would remain on track to achieve all of these by their planned CCT date despite having less time in their base practice.

Sign-off as competent for work in the UUSC setting will remain the responsibility of the trainee's Educational Supervisor. Evidence that trainees have achieved the required competencies will need to be provided in the form of learning logs/CBDs/COTs/audio COTs. In order to keep track of these trainees are required to keep and regularly update an electronic 'Passport'. This provides information for those supervising the trainee during UUSC sessions (such as stage of training, exam progression, any special requirements), and also provides a space for trainees to link to evidence demonstrating their competence in the 6 areas outlined above (e.g. 'see learning log 07/08/19). Trainees are also required to complete a 'UUSC log sheet' (updated version of the OOH log sheet) for each UUSC shift completed (which should be signed by the UUSC clinical supervisor) and upload it to their portfolio as an OOH log entry.

The previously used 'traffic-light system' (which graded trainees depending on the level of supervision required) is no longer a requirement although may still be used by certain providers as a gauge as to the level of independence they may afford you when working for them. There is also no longer a requirement for ST3s to demonstrate the ability to work with only remote supervision for sign-off, however trainees may find this a useful opportunity to allow them to develop the skills and confidence they will need to work unsupervised once qualified.

For reference the previously used 'traffic-light system' was as follows:

RED = *Direct Supervision*: you are supervised directly by the OOH supervisor & take no clinical responsibility.

AMBER = *Close Supervision*: you consult patients independently, with the OOH supervisor close at hand for questions/second opinion reviews.

GREEN = *Remote Supervision*: you consult independently & remotely from the clinical supervisor, who must be available by telephone. An example of such a session would include a session 'in the car' supervised by another GP at 'the base'.

UUSC changes in the new junior doctor contract

Any hours worked outside of your normal working week will need to be taken back as 'time in lieu' to ensure the total hours worked do not exceed 40 per week. Trainees must also ensure that if they are working a late shift that they arrange for adequate time in lieu the following morning so their rest time is compliant with the contract (minimum of 11 hours between shifts). It is the responsibility of trainees to arrange this with their base practice, and this should be done with adequate notice so that clinics can be cancelled without inconveniencing patients. See the section 'The Working Week' to understand this better.

UUSC for less than full time (LTFT) trainees

Less than full time trainees will be expected to be able to demonstrate they have met the required competencies in UUSC by the end of their ST3 year.

MRCGP exams

Applied knowledge test (AKT)

[MRCGP | Applied Knowledge Test \(AKT\)](#)

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. It's content demonstrates the core knowledge expected of an independent GP. 80% of the questions will be on clinical medicine, 10% on critical appraisal and evidence based clinical practice & 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 & 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) & booking is usually about 2 months in advance. The test itself takes place at a PearsonVue test centre, of which there are various sites around the country.

How do you apply?

Through the RCGP website via the above link. The current cost is (breathe in) £459, you can claim tax back on this.

Handy Hints

- Use the curriculum to guide you
- Individuals vary in their speed of preparation, but 2-3 months 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)
- GP Self Test, a question bank run by the RCGP, is now included in your RCGP Membership
- You can use GP notebook, Patient.co.uk, nice.org.uk as good resources
- Hot Topics/GP Update course handbooks provide a good summary of up to date evidence based practice and statistics <http://www.gp-update.co.uk/>
- Practice questions are key! Popular websites are www.passmedicine.com, www.pastest.co.uk, www.onexamination.com
- RCGP 'AKT Summary Reports' tells you topic areas covered poorly in recent exams & are a good clue for what to study (via above RCGP link)
- Fourteen Fish offer a 'Pass the AKT Package'. <https://www.fourteenfish.com/about/akt>

*****The Severn RCGP Faculty offers a free revision day which trainees are expected to attend - so keep an eye out on the RCGP website, and in your emails! You need to actively book yourself onto 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

Clinical Skills Assessment (CSA)/Recorded Consultation Assessment (RCA)

[MRCGP: Clinical Skills Assessment \(CSA\)](#)

This is the 'practical' exam of the MRCGP and is mandatory. You can only 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 & 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'.

Booking is again online. The cost for the CSA is (lie down) £1325 - so make sure you are prepared before you take it. (It's worth knowing that the College have actually reduced the fee in recent years!)

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

Handy hints

- Most of your ST3 VTS teaching sessions 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 found on the RCGP website & on youtube
- Finally, remember- IDEAS, CONCERNS, EXPECTATIONS (ICE)

*****The Severn RCGP Faculty offers a free revision day which trainees are expected to attend- so keep an eye out on the RCGP website, and in your emails! You need to actively book yourself onto this course!! *****

Recorded Consultation Assessment (RCA)

[MRCGP: Recorded Consultation Assessment \(RCA\)](#)

The RCA replaced the CSA due to the recent Covid pandemic which made it difficult to continue to hold the exam in its existing format (logistics/social distancing).

The RCA is designed for you to show your competence as a practising GP in the real-world setting.

The format of the exam is recording 13 cases during your usual surgery. These recordings can be either audio consultations (via telephone), video consultations (via webcam) or a face to face appointment. You can record as many cases as you like and upload the 13 best cases which show your competencies – clinical management, data gathering and inter-personal skills as set by the RCGP.

The exam platform used is via Fourteen Fish through which the cases are recorded and uploaded. Provisional exam sittings for 2021 are in February, March and May – further details will become available via the link above.

As there had only been one sitting of this exam thus far, further details will be forthcoming.

Booking for the RCA is again online, and the cost is £1050 (which is less than the previous CSA).

The Severn deanery continues to hold RCA preparation courses and is currently done online but would be worth keeping an ear out (checking emails from the school) with regards to dates.

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. Your draft work schedule should be sent to you 6 weeks in advance, and should outline training opportunities in that rotation. Explain to your CS that as a GP trainee your needs and PDPs may be different to other trainees... you should discuss and agree what training opportunities are relevant to you in this rotation (eg. clinics, community sessions). Obviously, you have to do what is required for the job (ward work), but every time you see a patient try to 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 managing this 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 & how you can use their skills in/from the community. Knowing how your local hospital works & who to contact is invaluable!

- However busy your hospital rotation, always remember the importance of taking your study leave & keeping in contact with your ES/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: your quota for study days per year is higher in ST1 and 2, than in ST3, make the most of them).**
- Remember to update the e-portfolio regularly, both you & your trainer will be thankful for this in the end.
- Most trainees, in hindsight, 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, make sure your CS understands how important this is for your individual training. Some departments are happy for you to go to clinic on a theatre day if there are enough doctors in surgery and others have Education days which you can use for clinics. 2WW clinics can be especially useful as you see what happens to the patients you refer in and get confident with the 2WW guidelines and red flags.
- 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 the relevant TPD or trainee committee rep know as soon as possible. The School Of Primary Care monitors the quality of training & can pull GP trainees from a post if they are not suitable, so don't be afraid to speak up & demand the training you need!

Useful Books and Websites

Books

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

Websites

The official Severn GP school website: [Severn Primary care website](#)

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 GP trainees and GPs, where you can discuss clinical topics 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 [General Practice Notebook \(gpnotebook.com\)](http://General Practice Notebook (gpnotebook.com))

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.info

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. BMA members have free access.

NICE www.nice.org.uk

An independent organisation providing national guidance regarding the management of many conditions. 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 [CKS](#) | [NICE](#)

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 & the GP Trainees subcommittee [GP trainees website here](#)

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

Independent GP Education Courses

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

Bath GP Education & Research Trust (BGPERT)

BGPERT provides continuing education for GPs with 50-60 accredited educational events per year.

Trainees in Bath are automatically members, and trainees who are members of other educational trusts may attend most events free of charge. Email: BGPERT@birdbath.org.uk or visit the [website](#).

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/>

The 'Work Schedule'

Both in Hospital and GP rotations, your working week will be defined and submitted as a Work Schedule: this is a document setting out the work commitments and training outcomes in your job. It is a single source for all the information you need, from the details of your supervisors, your pay, your working hours and what training you will be doing. It includes a copy of the rolling rota you will be working to. It will usually apply for the duration of a training placement.

A draft of your work schedule is emailed to you 6 weeks prior to your arrival in a GP placement. Within 2 weeks of starting at the practice, in your first meeting with your educational supervisor, you will discuss the schedule and personalise it further for you, according to your needs.

The final work schedule has to be agreed between both of you, so if there is anything you aren't happy with, the guardian can step in to oversee the disagreement and find a resolution.

The contract specifies that the employer must take adequate account of reasonable requests from you when agreeing the work schedule, to ensure your work and training fits around your life.

For example, if you have caring responsibilities, you can raise this in the work schedule discussion and work with your employer to ensure the schedule is compatible with this as much as possible.

Once bilaterally agreed, a copy is submitted to your Lead Employer (medical staffing manager, Richard Giles) for reference in your employee records.

Exception reporting was a new process introduced by the new contract, this will be covered in more detail below.

A work schedule can be changed where needed, and if you end up exception reporting because your actual work frequently varies from what was planned in your schedule, you may want to sit down with your supervisor and amend the schedule to make it fit for purpose.

The 'Working Week' in a GP setting

If you're in a general practice training programme and working in a general practice setting, your work schedule should reflect the [2012 COGPED 'Guide to a Session'](#). The BMA GP trainees subcommittee, has agreed guidance with NHS Employers and COGPED on work scheduling for GP trainees, as well as a template and example work schedules. These reinforce important elements of the existing COGPED guidance about GP training, and are [available on the NHS Employers website](#).

The GP 'session'

General practice is often organised around clinical 'sessions'.

For the purpose of GP training the 40 hours of in-hours work can be thought of as 10 sessions of approximately four hours in length. A full-time trainee would expect their time to be divided roughly as follows:

- 7 x 'clinical' sessions
- 2 x 'structured educational' sessions
- 1 x 'independent educational'

In addition, trainees will need to undertake out-of-hour duties and the nature of the sessions which are available will depend upon local arrangements. The description of work as falling into sessions is therefore notional as trainees will often be asked to undertake work outside of the surgery consultation times.

Timetables and rotas are helpful ways to organise duties. The way that a practice organizes duties may reflect their established working arrangements in providing general medical services. Arrangements may be subject to certain constraints such as available consulting rooms and the working patterns of supervisors. The hosting GP practice will need to be aware of duties with the practice and must adjust the start and finish times of practice clinical duties in order to ensure that the combination of the trainee's activities is compliant with the [European Working Time Regulations](#).

The duties, work or responsibilities that contribute to clinical or educational sessions do not need to occur continuously, but the ratios described should be considered appropriate for an 'average' week. For example, you may consider that 1 x educational session has been met by the combined activity of three tutorials, each of one hour in length, and 1 hour reviewing Consultation Observation Tool (COTs) exercises. Similarly, a session during the week may consist of a 2.5 hour clinical surgery, a 30 minute debrief and a home visit. Trainees should be able to undertake approximately one hour of admin time per three hour of clinical time.

The balance between working arrangements and educational activities will need to have some flexibility based around the individual training needs of GP trainees. It may be desirable for some individuals to have additional clinics for educational purposes.

Duties and activities suited to clinical sessions

- Supervised or supported consultations within the practice, with a minimum appointments length of 10 minutes for face to face consultations. There should be adequate time provided for at the end of any consulting period to allow a trainee to debrief with the supervising GP.
- Supervised or supported home visits, nursing home visits, community hospital duties including time for debriefing, and travelling.
- Administrative work that directly and indirectly supports clinical care, which includes: reviewing investigations and results, writing referral letters, acting upon clinical letters, preparing reports, general administration.

Clinical activities that may be considered educational

- Time spent in activities relating to work-placed based assessment (WPBA) such as undertaking Consultation Observation Tool exercises (COTs) and Direct Observation of Procedure Skills exercises (DOPS).
- Time spent analyzing video recordings of consultations, such as Consultation Observation Tool (COT) exercises, where time is set aside for this purpose.
- Time spent in specialist clinics; especially where these are arranged to gain exposure to patient groups and illnesses not covered elsewhere in a trainee's programme, eg family planning clinics, joint injection clinics.
- Participation in clinics run by other GPs – such as minor surgery lists, especially where direct supervision is required in the process to get formal verification of procedural competences.

Non-clinical activities suited to educational sessions

- Locally organised educational events, e.g. specialty-specific educational programme run by the deanery, including "half-day release" or "day-release" sessions.
- Structured and planned educational activities, such as tutorials delivered in the GP practice.
- Primary care team meetings.
- Educational supervisor meetings and other educational reviews.
- Audit and research in general practice.
- Independent study or revision.
- Case Based Discussions (CBDs) selected from outside the debrief time.
- Commissioning services.
- Time spent with other professionals who deliver services that are not considered part of general medical services, such alternative and complementary therapists.
- Time spent with other professionals who have expertise in other matters that relate to aspect of healthcare and death administration, social workers and undertakers. Getting to know local healthcare professionals and helping the practice maintain links with the local community.
- Time spent with other members of the practice and healthcare team for the purposes of care and learning e.g. practice nurses, community nurses, nurses with a role in chronic disease management, receptionists, triage nurses, GPWSIs.
- Time spent with other healthcare professionals who are encountered in primary care eg ambulance crews, school nurses, midwives, occupational therapists, physiotherapists, counsellors, to gain a necessary understanding of working relationships within primary care.
- Time spent with dispensing and pharmacy professionals gaining experience in these areas, especially where a trainee might have duties that require training to be able to assist with dispensing duties, for example.

Supervision

Supervision by a trainer can be the trainee's clinical or educational supervisor, another trainer in the practice or any appropriate partner in the practice. In the out-of-hours (OOH) setting, a trained clinical supervisor from the OOHs provider may provide supervision.

Trainees will also be required to spend time with other healthcare professionals in order to understand fully the nature the team-based context of primary care. If the trainer is not personally providing supervision for a given session, he or she must ensure that the supervision is adequate, and that the trainee knows who is supervising.

Trainees must not work unsupervised in any circumstances, and should not be asked to undertake work which they feel unprepared to perform.

The following are recommended minimum levels of supervision and support, to be offered by an appropriate and qualified trainer to a GPStR at the following stages of training:

Months 1 to 2: In the training practice setting and following a structured induction, the trainee will begin clinical contact by observation of the trainer, followed by observation by the trainer and occasionally assisting the trainer in the practice and on home visits.

Months 3 to 4: From three months onwards, practice-based supervision will be tailored to the needs of the trainee. The trainee should be able to undertake day-time home visits alone, but always with easy access to support as required and to also work alongside experienced trainer on OOHs visits or at an emergency centre.

Months 5 to 18: Trainees may work unaccompanied on visits or in an emergency centre, but must be supervised and supported at all times by a named responsible trainer or a trained clinical supervisor for the entire shift duration, with the option to attend in person if needed or requested.

Severn GP school '[working week guidance](#)'

Individual practices will differ in the way they manage these requirements and how they 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 /administration 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. If the issue can't be resolved locally then you are encouraged to make an exception report (see below).

NHS Employers

Most rules, guidelines and policies are found on [Home - NHS Employers](#)

- [Guidance for managing work scheduling in general practice settings](#)
- [Template Work Schedule GP Specialty Trainees in Practice Placements](#)
- [Guidance for completing LTFT work schedules for GP trainees in practices](#)

Work Schedule Reviews

If sessions overrun frequently, it may be necessary to undertake a work schedule review.

This is a conversation between the trainer and the trainee about whether the work schedule is fit for purpose, which may prompt one or more of the following outcomes.

- No change to the work schedule is required, but compensation in the form of pay or time off in lieu is required for one or more individual breaches of the work schedule.
- Prospective changes are made to the work schedule so that going forward from the review, the trainee's hours and/or training commitments are changed.
- Organisational changes are needed, such as a review of the clinics and administrative tasks. If such organisational changes are needed, this may take a while to happen. In the meantime, temporary alternative arrangements should be made where necessary.

If a trainee is unhappy with the outcome of the work schedule review, they can escalate this by requesting a level 2 work schedule review within 14 days of being notified of the outcome of the first review.

If the trainee is still unhappy with the outcome of the level 2 review, they can request a final stage work review. This will involve a formal hearing with a panel that must include a representative from the BMA or other trade union representative.

For more on work schedule reviews and detail surrounding each stage of the escalation process, see the BMA's [guidance on exception reporting outcomes](#).

Rota Rules in a hospital setting

Hours limits & breaks: (automatic fine applied by the Guardian when this is breached, exception reports required)

- max average of 48 hours work per week (averaged over 26 weeks)
- max 72 hours work in any consecutive 7 day period
- 30 mins break for 5 hours worked & a second 30 mins break for more than 9 hours worked

Shifts & rest:

- max 13 hour shift length
- max 5 consecutive 'long shifts' (>10 hours, finishing before 23:00), with at least 48 hours rest on conclusion of 5th shift
- max 4 consecutive 'long daytime/evening shifts' (>10 hours, finishing after 23:00), with at least 48 hours rest on conclusion of 4th shift
- max 4 consecutive 'night shifts' (>10 hours, finishing after 23:00), with at least 46 hours rest on conclusion of the final shift
- max 8 consecutive shifts, with at least 48 hours rest on conclusion of the final shift
- at least 11 hours continuous rest between shifts - any breach of rest are subject to immediate TOIL, to be given within 24 hours. This is a safety-critical issue, exception reports required)

Weekend work:

- max frequency of 1 in 3 'weekends' can be worked across the rota cycle (any shift including the period 00:01 on Saturday - 23:59 on Sunday)

On-call:

- no consecutive on-call periods other than Sat & Sun, no more than 3 on-calls in 7 consecutive days.
- day after 'on-call' must not be longer than 10 hours

The work schedule should include a rolling rota template, from which you can easily check whether or not the rota complies with the various hours limits and rest requirements in the 2016 contract.

If you're concerned about your rota's compliance, you can share the rolling rota template with the BMA by emailing it to juniorscontract@bma.org.uk for checking.

You will separately receive a populated duty roster, which will be more detailed and can include the names of your colleagues sharing the rota, leave days and swaps. This should be received at least 6 weeks before you are due to start in the post.

If your rota is non-compliant, please contact the BMA - 0300 123 1233, www.bma.org.uk/exceptionreporting

Exception Reporting

Allocate: <https://www.healthmedics.allocatehealthsuite.com/>

The introduction of exception reporting in the 2016 JDC allows trainees to report instances where their actual working week and training opportunities vary from their work schedule. This is why it is important to ensure your supervisor sits down with you and you jointly agree on a work schedule at the start of your placement.

The employer (in our case Gloucestershire Hospitals NHS Foundation Trust, GHNFT) must provide some form of electronic system in by which trainees can submit exception reports. In Severn the exception report is sent by a trainee using a system called 'Allocate' provided by GHNFT.

GP Trainees in Severn are unusual in that while we have a lead employer, we are seconded to other NHS Trusts when working in hospital posts. When working in a hospital/community rotation trainees should submit exception reports to the seconded or local employer. At the time of induction trainees will receive an email with details (or an update) of your login to the local exception reporting system. If this doesn't occur, please contact your local medical HR to request access.

When working in a GP rotation, trainees will exception report to GHNFT.

For Trainees working in hospital jobs the exception report will be sent to the trainee's clinical supervisor and copied to the Guardian of Safe working for that hospital trust for work issues (or the Director of Medical Education for training issues).

For trainees working in GP posts the report is sent to the GP educational or clinical supervisor for that post and also the Guardian of Safe working in the host trust for work issues (or the Head of School of Primary Care for training issues).

In the situation where an exception report should arise, the trainee's clinical supervisor will review the report and discuss with the trainee to agree what action is required. In GP post this will be discussed with the GP educational or clinical supervisor. For all posts this should involve revision the current work schedule, and arranging for time in lieu or additional pay. If a solution can not be found this must be raised with the Guardian of Safe Working. Every hospital trust will have a Guardian of Safe Working.

For trainees working in GP posts the **Guardian of Safe Working at GHFT is Dr Simon Pirie.**

Please note – an exception report need only be electronic. It is not mandatory or contractual for it to go through a specific portal or program. Therefore, if you do not have a login or access to a system, an e-mail to the appropriate Guardian of Safe Working constitutes a valid exception report which requires a response.

The work schedule should be detailed, as this will form the basis of how you manage your working hours and training needs through exception reporting.

An exception report can be submitted any time your actual work differs from the work schedule, either in terms of your working hours or the training you are meant to be doing.

[Further guidance on exception reporting from the BMA](#)

Welfare and support for trainees

During our careers all of us will face challenges. These may be related to work and training, personal or family circumstances, or our mental and physical health. Most of these turn out to be minor bumps in the road, and sometimes we need a bit of extra help. **We spend our whole working lives helping others, so it can feel strange to ask for help ourselves.** Support may come from those close to us, or we may need to access it via other services such as those listed below.

The good news is that there is increasing recognition that **supporting the health and well-being of trainees is important**, and more resources are being put into support services. Our profession is coming to accept that **we need to be proactive in supporting each other**, and that seeking appropriate and timely support for ourselves is a sign of personal and professional integrity and to be encouraged.

This is a summary of the support available both locally and nationally, put together by a recent trainee who has personal experience of most of these services and would like to reassure you that **the people offering support are kind, friendly and have your best interests at heart**. Also, if you don't get the support you need the first time, **please keep asking**, or contact us for advice about where to go next.

Please note we cannot provide emergency help. If you are in a crisis, or concerned about the welfare of someone else, please see the next page for emergency contacts.

Our email address is SevernGPwelfare@gmail.com. We are always on the lookout for new resources, ideas and projects to support, so please let us know if you come across anything useful!

Register with a GP (find your local surgery [here](#))

Often we forget to do this when moving to a new area, but it is so important! GPs need a GP too! You don't want to be dealing with new patient registration paperwork when you are feeling unwell and need to book an urgent appointment, so try to do this as soon as you can, especially if you have a pre-existing health condition.

The [GMC](#) requires that UK doctors are registered with a GP who is not part of your family (also make sure it's not one you'll be working at!).

Local training contacts (see "Severn Deanery: VTS Patch Details" section for further details)

Clinical and educational supervisors: they are here to support us, and we need to give them the best chance of doing a good job! Let them know early on if you are facing significant challenges, especially if you are preparing for exams, undergoing medical treatment or experiencing changes in your personal and family life e.g. having a baby, moving house, bereavement, caring for a sick child or relative, relationship breakdown or financial difficulties. If you are worried about the well-being of a colleague or fellow trainee then it is usually helpful to ask your supervisor for advice.

TPDs: if you feel that the support you are getting at work or from your supervisor isn't enough, or there is something you don't feel comfortable speaking to your supervisor(s) about, then get in touch with your local TPDs. They are often available for an informal chat at teaching, or can arrange a private meeting with you if you want to discuss a sensitive topic. Again, please let them know if you have concerns about someone else in your trainee cohort.

APDs: another point of contact locally, if you cannot discuss with your TPD for any reason, or wish to take an issue further up the chain.

Professional Support and Wellbeing (PSW)

[Professional Support and Wellbeing \(South West\) - Severn PGME \(severdeanery.nhs.uk\)](https://www.severdeanery.nhs.uk)

Severn Professional Support and Wellbeing offers assistance and support when you encounter professional or personal difficulties during your training - see link for further details.

You can **self-refer** (the form is on their website) or you may be referred by your supervisor or TPD if you are facing particular challenges related to training (they may offer **coaching, studying support or careers advice**), personal circumstances or your health (they can arrange rapid referral to **psychological services**, for example). The PSW is run by incredibly kind and experienced people who will do their utmost to support you!

NHS Practitioner Health

www.practitionerhealth.nhs.uk

Practitioner Health is a **free, confidential NHS service for doctors** and dentists across England with mental illness and addiction problems, who are working or looking to return to clinical practice.

The service can help with issues relating to a mental health concern, including stress or depression or an addiction problem, in particular where these might affect work. The service is provided by health professionals specialising in mental health support to doctors and is available in various locations across England.

You can choose a doctor from a number of experienced GPs in your local area. **Appointments are flexible and can be booked well in advance.** They will assess you and can refer on for counselling, CBT etc if necessary. You can choose whether they tell your registered GP practice that you are seeing them.

WARD (Well and Resilient Doctors)

www.welldoctors.org/severn

Look out for your WARD team if you are on a hospital placement.. This is a registrar-led peer support network across Severn Deanery. If you have questions to ask, or concerns to address, and can't find the support you need within your team or department, these are the people to ask.

They can help with access to training opportunities (e.g. if your cannulation skills are a bit rusty, they may be able to point you in the direction of a friendly anaesthetist), or direct you to the most appropriate local support if you are facing challenges at work or at home and are generally a lovely bunch of people who would be happy to have a chat over a cup of tea.

We are in the process of expanding WARD for GP trainees, so if you are ST2 or above and want to become a WARD member then get in touch via the website.

BMA Counselling

www.bma.org.uk/advice/work-life-support/your-wellbeing/bma-counselling-and-doctor-advisor-service

Call **0330 123 1245**. It is **confidential and free of charge**.

The BMA telephone line is open **24 hours a day, 7 days a week**. It is for all doctors and medical students (**even if you are not a BMA member**). You will be given the choice of speaking to a counsellor or taking the details of a doctor who you can contact for peer support.

Occupational Health (OH)

www.workingwellglos.nhs.uk

If you are unfamiliar with the role of occupational health, [here is a useful guide from NHS employers](#).

You can request a referral via our lead employer if you have a pre-existing health condition or disability. This is a good idea if you anticipate that you may need adjustments to your work environment or shift pattern.

Go to www.gov.uk for details of UK employment law. Click [here](#) for a summary of protected characteristics and [here](#) for an explanation of reasonable adjustments.

[Here is the British Medical Association's guidance](#) on reasonable adjustments for doctors and medical students with disabilities. And the [GMC's guidance](#) for supporting disabled doctors.

You will probably be referred to occupational health if you are off sick from work for a significant period. They can provide guidance about what time period off work is needed, recommend phased returns or adjustments to shift patterns while you are recovering.

As GP trainees, our lead employer is Gloucester, so you would usually be offered an appointment centrally in the OH department there (link above). However, you may be seen by your local OH service, or be given the option of a telephone appointment. Ask the lead employer team about the options when you are being referred.

Supported Return to Training (SuppoRTT)

www.severndeanery.nhs.uk/about-us/education-and-training/supportt-2/

A deanery-wide initiative to support trainees who have been out of training for 3 months or more (they may also be able to support you with shorter absences). This includes absences related to parental leave, ill health and any other reasons.

Looking After You Too

<https://people.nhs.uk/lookingafteryoutoo/>

Free coaching support for primary care staff

Royal Medical Benevolent Fund

www.rmbf.org

A charity which provides **financial support and money advice** to doctors, medical students and their families. Support may be in the form of **grants, loans or personal advice**. Their website also has useful articles explaining tax codes, advice about buying or renting property, income protection, planning a family and much more [here](#).

Sick Doctor's Trust

<http://sick-doctors-trust.co.uk/>

An independent charity providing support to doctors, dentists and medical students who are concerned about their use of drugs or alcohol.

Urgent and Emergency help

Practitioner Health text messaging crisis service.

<https://www.practitionerhealth.nhs.uk/shout-crisis-support-text-service>

Are you despairing or suicidal? Do you need someone to speak to right now? The crisis messenger text service provides free, 24/7 crisis support across England. Texts are free from most major mobile networks - see website for details.

To use this service **text NHSPH to 85258**

Samaritans

www.samaritans.org

Call 116 123. Telephone lines are open **24 hours a day, 365 days a year**. You can call for **free from any phone** (landlines and mobiles, including pay-as-you-go mobiles with no credit).

You can find other local crisis support services [here](#) via the NHS website.

Other resources:

Bristol Children's Hospital A&E wellbeing website: <https://www.yougotthiswellness.com/>

Royal College of Anaesthetists 'Fight Fatigue' Campaign: <https://anaesthetists.org/Fatigue>

Visit Any Emergency Department (A&E)

Call 999

If you witness or are experiencing a **life-threatening emergency**. You will speak to a call handler who will ask if you need fire, police or ambulance services. Then you will be asked questions to determine the urgency of the situation and how quickly they need to respond. You could ask someone else to call for you e.g. a colleague, family member or friend, if you don't feel able to do so yourself.

Call 111

For **urgent medical advice**, including helping people experiencing a mental health crisis. Not for life-threatening emergencies.

You will initially speak to a call handler who will ask a series of questions in order to direct you to the most appropriate service. They may advise you to attend a local walk-in centre or emergency department, you may receive a call back from the local GP out of hours service, or they may send an ambulance to you.

What to do if you are acutely worried about a colleague

It's important to look out for each other. **If you have concerns, don't hesitate to check in on your team mates, and let someone else know that you are worried.**

You might already be concerned about a colleague or friend's mental health because of a **change in their behaviour**, something they have done or said or perhaps you know they are going through a difficult time.

They may have talked about self-harm or suicide or you suspect they may be having these thoughts.

Here is a useful **guide to talking to someone who might be suicidal** from the Samaritans, and what you can do to help keep them safe:

www.samaritans.org/how-we-can-help/support-and-information/worried-about-someone-else/difficult-conversations/

Key messages from the Samaritans:

“Don't be afraid to approach someone who you think may be struggling to cope. There's no evidence that talking to them will make things worse.
Showing that you care can be a powerful way to support someone.”

“If someone is talking about suicide, always take it seriously.
You don't have to be able to solve their problems but, if you feel you can, offer support and encourage them to talk about how they're feeling.”

What to say:

- 'Have you talked to anyone else about this?'
- 'Would you like to get some help?'
- 'Would you like me to come with you?'
- 'Do you have someone you trust you can go to?'

People you can speak to:

- Consultant, supervising GP or senior nurse
- Educational or clinical supervisor
- Staff in your postgraduate education centre
- TPDs
- WARD peer mentors (www.welldoctors.org)

Other things to do

Stay with your colleague until there is a safe plan in place.

<p>Some hospitals have other contacts - check your intranet or induction booklet for details.</p>	<p>Suggest calling a family member or friend Encourage them to speak to their GP.</p>

International Medical Graduates (IMG)

To all international medical graduates (IMGs), welcome to the Severn Deanery. We are proud that we are an ever increasingly culturally diverse deanery that is incredibly supportive of all our trainees, particularly IMGs. This section of the booklet is to assist you in your transition, sign post you to help if required, and reassure you that the deanery is here to help you reach your potential, achieve your ambitions and give you a positive experience.

IMGs make up an ever-increasing number of GP trainees in the country, including within the Severn Deanery Footprint. In the 2019 ST1 admission, nearly 40% of the trainees were IMGs. We are proud of this because not only are IMGs contributing to the GP workforce, but they are enriching the experience of their fellow trainees and the communities in which they serve or train.

IMGs are a very heterogenous group from many different countries, who come to the UK for different reasons and have widely varying experiences. Adapting to *UK medical* practice and starting a new job in the UK can be hard for any doctor, regardless of where you're from or how experienced you are, but particularly for IMGs who have unique needs and face different challenges.

If you require any help, guidance or just someone to talk to, please seek the support listed in this handbook but specifically contact the IMG rep on the GP Training Committee, your educational supervisor (ES) or Training Programme Director (TPD) in the first instance. They will likely signpost you to additional support available for IMGs. You can also use the resources listed below.

Remember you are not alone; your future is bright, and we are in this together!

Please contact the IMG reps even if you are not struggling, we would love to hear from you whilst we attempt to improve training for IMGs and everyone.

Resources

NHS Employers document: Working and Training in the National Health Service A guide for international medical and dental graduates thinking about working or training in the UK

<https://www.nhsemployers.org/-/media/Employers/Publications/Working-training-NHS-guide-for-IMGs.pdf>

GMC Welcome to UK Practice Course

<https://www.gmc-uk.org/about/what-we-do-and-why/learning-and-support/workshops-for-doctors/welcome-to-uk-practice>

BMA guidance Being an international junior doctor in the NHS: tips for international doctors new to the UK and just starting out in the NHS

<https://www.bma.org.uk/advice-and-support/international-doctors/life-and-work-in-the-uk/being-an-international-junior-doctor-in-the-nhs>

Toolkit for doctors new to the UK

<https://www.bma.org.uk/advice-and-support/international-doctors/life-and-work-in-the-uk/toolkit-for-doctors-new-to-the-uk/setting-up-in-the-uk>

Bradford VTS online resources of International Medical Graduates

<https://www.bradfordvts.co.uk/teaching-learning/international-medical-graduates/>

Blog post for IMGs by IMG trainees

<https://roadtoug.com>

Leave

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

Trainees are allocated an annual 30 days of study leave, for LTFT trainees this will be calculated pro-rata according to your hours.

Note that some of this allowance is automatically deducted by the deanery in order to deliver mandatory training, including annual VTS induction and Half Day Release Courses (HDRC). The study leave deducted from the 30 day allowance may vary between patches, but your local VTS administrator will be able to tell you how much leave remains for you to take.

General points are as follows, but the rules change regularly, so keep in contact with your local VTS administrator and check link below for further details:

<http://primarycare.severn deanery.nhs.uk/training/trainees/leave/hesw-gp-study-leave-guidance/>

Study leave for mandatory training:

- It is a requirement that you attend 70% of local patch GPST teaching sessions (HDRCs)
- Most patches have a non-residential annual 'induction' which is compulsory and part of your study leave
- These SL sessions are automatically deducted from your allowance, you do not need to complete a SL application for these events.
- Hospital Trainees: It is useful to give the rota manager a list of HDRC dates to facilitate cover
- GP posts: if HDRC is not running in a particular week, this block is to be treated as a structured educational session and activity agreed with your supervisor

Private study leave:

- There is no budgetary limit for trainee study leave
- All patches bulk purchase membership of the local 'CPD trust' giving trainees a range of free and reduced cost courses locally. 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
- The deanery classify private study leave into 3 tiers of importance:
 - Level 1: mandatory training as above, BLS and Child safeguarding courses
 - Level 2: courses that meet or supplement areas of the GP curriculum
 - Level 3: courses are extra-curricular but meet the career goals of a particular trainee
- Applications for private study leave involve 4 steps and so you need to be organised and plan ahead:
 - Step 1: Trainees need to discuss the course with their ES. If agreed the ES will demonstrate support by entering an "Educator note" or updating the PDP on the trainees eportfolio
 - Step 2: Trainee seeks approval from CS and Rota Coordinator
 - Step 3: Study Leave application form submitted on Intrepid
https://www.intrepidv10.co.uk/HEE/sys_Pages/MainMenu/MainMenu.aspx?
 - Step 4: After course attendance, submit expenses form via intrepid with receipts, attendance certificate and feedback form. Deadline to claim is 3 months after the course date.
- Study leave will usually be rejected in the following cases:
 - If attendance requires the trainee to miss mandatory teaching
 - An equivalent course is available locally, for applications outside the deanery
 - Trainees cannot use study budget to pay for exam fees, professional memberships, portfolio costs or for attainment of additional qualifications such as diploma courses or masters degrees.

Study leave and the normal working week:

Study leave applied for in the normal working day should take place of whatever activity was usually programme for that time, whether clinical or educational.

If a course is taken outside the normal working week (weekends for FT trainees, any non-working day for LTFT trainees) can be claimed as Time in Lieu and deducted from educational time in the working week.

Annual Leave

Under the new contract, annual leave is now stated in days, rather than weeks. The annual leave entitlement for a full-time doctor is as follows, based on a standard working week of five days:

On first appointment to the NHS: 27 days
After five years' completed NHS service: 32 days.

Please note these leave entitlements include the two extra-statutory days previously available in England under the 2002 Terms and Conditions of Service.

Wherever possible, leave should be taken during the occupancy of the post. If this is not possible, leave may be carried forward to the next succeeding appointment, or payment in lieu of leave earned and not taken may be made. In practice, the latter is more common.

Where the doctor's contract or placement is for less than 12 months, the leave entitlement is pro rata to the length of the contract or placement.

Annual leave for LTFT trainees will be pro-rata.

Professional Leave

This is separate to study leave and is defined as 'specific activities which will enhance the trainee's Professional Journey and are of value to the GP School and/or the National and/or the local GP community'. **This can be taken for up to 5 days a year,**

- Committee meetings (eg. GP trainee committee, RCGP AiT committee)
- Deanery work (eg. leadership, recruitment)
- Quality assurance of teaching (eg. trainer re-approval visits)
- F2 regional teaching
- Courses for GP Scholars or related to Scholar work
- Deanery work (eg. presentation to School Board)

- Work with medical students (eg. OSCE examinations)

Sick Leave

Whom to tell if long term illness or absence

- Let the **practice or hospital HR** know as soon as possible
- Let your local **patch admin staff** know – you will have to complete a “[change form](#)” even if it’s just one day of sick leave.

A self-certification form should be completed for any sickness absence lasting for seven days or less. If the illness continues beyond seven days, a medical certificate should be completed.

Remember if the total sum of your time away is longer than 14 days per year, the ARCP panel will review your progression and may extend your training as per [The Gold Guide](#) :

“Absences from training and impact on certification (or completion) date

3.146 Absences from training (including OOP not approved towards training), other than for study leave or annual leave, may have an impact on a doctor’s ability to demonstrate competence and progression through the curriculum.

The GMC has therefore determined that within each 12-month period where a trainee has been absent for a total of 14 days or more (when a trainee would normally be at work), a review will be triggered of whether the trainee needs to have their core training programme end date or CCT/CESR(CP)/CEGPR(CP) date extended. This review would normally occur at the ARCP.”

The training period will generally need to be extended if sick leave exceeds two weeks. With the training programme director’s agreement, this can be completed in the GP trainee’s current post. GP registrars are advised to contact their local postgraduate dean’s office for individual guidance.

Other leave

Maternity/ Paternity/ Jury Service/ Carer’s leave.

www.primarycare.severdeanery.nhs.uk/training/trainees/leave/

Hybrid Training

Hybrid training was introduced in 2017 to increase the number of trainees going through the Somerset VTS, and through Swindon VTS the following year in 2018.

The Bristol/Somerset hybrid scheme works as a sandwich year. ST1 and ST3 training is carried out in the “major” patch and ST2 in your “minor” patch. Half of trainees within the hybrid scheme will have Bristol as their major patch, and the remaining half will be allocated to Somerset. This serves to provide experience of general practice in both patches, and continuity with your Educational Supervisor in your ST3 practice. The Somerset VTS hospital placements are in Taunton (Musgrove Park Hospital) or Yeovil and the Bristol hospital placements at Southmead, BRI or Weston. Bath/Swindon hybrids will split their three years evenly so 18 months of ST1 and ST2 in Bath, and 18 months of ST2 and ST3 in Swindon.

Trainees will attend teaching in the patch within which they are working at the time. The pros and cons of this have been discussed at length; however the benefits of having regular numbers at teaching each session in each patch have been seen to outweigh the perceived disadvantages of losing continuity with both trainers and fellow trainees.

Mileage expenses for your hospital placement can be claimed if your place of work is more than 40 miles from your designated base hospital (usually the nearest hospital to your home – but not always). Please see the travel expenses section of the handbook for links and further details. Whilst working in general practice you can claim mileage if you have the potential for home visits – whether you are allocated visits or not – on the day in question.

Whilst on GP placements the majority of your UUSC work should be undertaken in the patch in which you are working however some of the work (10 hours) can be done within the patch you live in if this is different.

Flexible and Less Than Full Time (LTFT) Training

Training LTFT covers any arrangement with reduced working hours for doctors, as arranged with an employer. All doctors in training are able to apply for less than full time training.

There are many reasons such as domestic commitments, disability or ill health or the undertaking of a particular activity outside of medicine which mean you wish to work or train less than full time. Your training programme and some elements of your contract of employment will be determined to reflect your individual circumstances and should reflect the guidelines detailed here.

Access to less than full-time training will be dependent on individual circumstances and the availability of less than full time training places in your training location.

GP school guidance

The school of primary care recognise this & have taken strides in the last year to improve the support for LTFT trainees, more details on their website:

www.primarycare.severn deanery.nhs.uk/training/trainees/less-than-full-time-training/

The Severn GP trainees committee has a LTFT rep to help with the various issues specific to LTFTs, please contact your VTS patch rep for further details or email: severngpcommittee@gmail.com

There is also a WhatsApp group dedicated to LTFT GP trainees:

<https://chat.whatsapp.com/lveepYBRkFc3hPUHAWiW2I>

BMA guidance

The BMA has produced extensive guidance on LTFT:

[Flexible training \(bma.org.uk\)](http://flexibletraining.bma.org.uk)

The BMA Severn junior doctors committee also has a LTFT trainee, please contact for further assistance:

rjdc.severn@bma.org.uk

Locum work: new rules

Training LTFT does not exclude you from working locum shifts where your non-work commitments allow, however you must make sure that you speak to your deanery to make sure your Educational Supervisor, Training Programme Director and Postgraduate dean are aware and supportive.

Life as a working parent

You may have specific or unusual needs during your training, further [guidance is available here](#) on life as a working parent, including real life experiences, [inter-deanery transfers for junior doctors](#), using parental leave and breastfeeding.

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).

General Medical Council (GMC)

Annual subscription cost £406 (unless in first 5 years of practice in which case reduced fees of £156 apply).

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

LTFT reduced fees available.

Membership of the RCGP as an Associate in Training (AIT)

Initial subscription (in ST1)	£273.40
Then Annual membership ST1-ST3	£413 (FT) and £207 (LTFT)

<http://www.rcgp.org.uk/about-us/membership/membership-fees/uk-fees.aspx#ait>

Fee includes monthly RCGP journal, AiT journal InnovAiT, access to GP Self-test exam question bank

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 includes subscription to the BMJ (delivered weekly) and the BMA's online learning tools. Join to 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 £229-£460 depending on years qualified.

LTFT reduced fees available.

Medical Indemnity/Insurance

Since 2013, all trainees are offered medical indemnity cover with the MDU which is organised and funded by the Severn Primary Care School. You'll be offered this opt-in before starting your training and the MDU will then be in touch by email to confirm your details and provide proof of cover. You can opt-out and secure your own indemnity if you wish & then apply for reimbursement of the costs.

Car Insurance

It's your responsibility to secure car insurance which covers you for work. This will include commuting coverage at a minimum, and must include business coverage if you intend to claim mileage costs from your employer.

'Doctors Bag'

Practices should provide this for ST1/2. However you will be expected to acquire your own one during your ST3 year. All the individual items add up, so it may be worth buying them over time...

Things you will need include:

- | | |
|-----|---|
| 7) | Portable sphygmomanometer |
| 8) | Diagnostic set, (ophthalmoscope and otoscope) |
| 9) | Tendon hammer |
| 10) | Stethoscope |
| 11) | Glucometer |
| 12) | Infrared thermometer |
| 13) | Tape measure |
| 14) | Face mask (for mouth-to-mouth) |
| 15) | BNF |

Travel Expenses

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

In your GP rotation you can claim some travel mileage each day you are required to take your car to work to enable you to carry out 'formal work business' once there (e.g. home visits, travel between practices). **With new changes to the junior doctors contract this now also includes days where you were required to take your car to work *in expectation* of a visit, even if a visit does not occur in the end.**

Expenses for travel from home to your base place of work (i.e. GP surgery) are capped at a maximum of 20 miles per day (i.e. 10 miles each way) however any additional travel required, such as visits, can be claimed in full on top of this.

You'll need to complete a monthly 'claim form' which is available at <http://www.primarycare.severndeanery.nhs.uk/assets/Primary-Care/education-and-training/318-Travel-claim-form.pdf>.

Each day's claim needs to be shown on two lines:

- 1) Home to base (surgery) mileage
AND (if carried out)
- 2) Base (surgery) to home visit/other official business journey mileage for which should show the postcode of the home visit in the journey details.

This form needs to be signed by your trainer or the Practice Manager. 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 (though there are search options in SystmOne to find these)!

While in a hospital placement, if you were to undertake any local mandatory training/induction away from your base hospital then you can claim for the mileage paid at the public transport rate for the miles from your base, if at a different location.

Apart from that if you are required to attend a non-residential on-call (i.e. called in from home) then you are able to claim the full return mileage of that trip from your home to base (not restricted to the 20 mile rule) whether based in a hospital or General Practice

Lastly mileage is not claimable when attending your normal GP teaching day.

It is recommended to submit claims on a monthly basis, however they will be accepted up to 3 months old, or up to 6 months if there are any extenuating reasons why the claims have been delayed beyond 3 months.

Regarding the different columns, don't be too worried about completing these in full, all they really need to know is your home to base mileage return journey (maximum 20 miles return). On another line you then can claim any base (GP Surgery) to home visit journeys in full.

For your information the difference in the column headings are:

- Actual Business Mileage - This provides the actual mileage you are doing, for example, if your home to base mileage was 60 miles return journey then you would put that here.
- Payable Business Mileage - Knowing you can only claim a maximum of 20 miles return journey from your home to base, you would put 20 miles here rather than 60 miles if using the example above. To be fair, most people do not fill this in as thorough as this.

The same goes for the P/T rate which means public transport rate. The difference between business mileage and public transport rate is that in general, if you are attending a course or training, then you would claim against P/T rate, everything else mainly in business mileage.

As an example, you would complete a day's claims as:

Date	Time		Starting Point	Journey Place Visited and purpose	Finishing Point	Vehicle Mileage No. of Miles			
	Leaving	Return				Actual Business Mileage	Payable Business Mileage	Actual P/T Mileage	Payable P/T Mileage
24/08/2018			Home	To Base	Home	60	20		

			Base	GL52 4RD	Base	7	7		
				Home visit					

The Actual Business Mileage has been filled in for this example but as long as the payable mileage is completed then this will be fine as the maximum anyone can claim for the home to base is 20 miles, even if the journey is greater, which in the majority of cases it will be.

Forms can be scanned (or photographed) and emailed to: ghn-tr.gptrainee@nhs.net

Alternatively they can be posted to (ideally keeping a copy):

Kerry Cole
Medical Staffing Officer
Gloucestershire Hospitals NHS Foundation Trust
2nd Floor, Beacon House
Gloucestershire Royal Hospital
Great Western Road
Gloucester
GL1 3NN

Current reimbursement rates are as outlined in the NHS Terms and Conditions of Service Handbook. As of August 2019 these are:

HMRC and Tax Returns

Now you are spending a fortune on subscriptions & commuting to various temporary workplaces in a car, it may be worth filling in a tax return as you can claim the tax back on your subscriptions & on your commuting costs. Many GPs have accountants or financial advisors & will happily talk to you about the relative pros & cons of doing this this.

An interesting article with general advice on managing your finances:

<https://www.bmj.com/content/314/7088/S2-7088>

For more details on how to claim tax relief for work-related expenses (GMC, BMA, fees):

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

<https://www.bma.org.uk/advice/employment/tax/tax-guidance/tax-relief>

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.severn deanery.nhs.uk/events> for details on upcoming events.

RCGP Courses

The RCGP regularly run courses on a variety of subjects. Keep an eye on their events and courses [page](#).

Taking 'Time Out of Programme' (OOP)

Time out of programme for Experience (OOPE): gaining valuable experience/training outside the curriculum

Time out of programme for Research (OOPR): taking part in a formal, approved research project (eg. masters)

Time out of programme for Career break (OOPC): time pursuing other interests or to meet health or caring needs

More information on OOP can be found [here](#).

Global Health

Severn GP School support trainees to take a year out of training to work in developing countries as part of a [Global Health Fellowship](#). The RCGP has a [Junior International Committee](#), and 'Severn International' is a growing network of local GPs with an interest in international health; contact: severn.international@gmail.com

Professional and Generic Skills Course

<http://www.primarycare.severn deanery.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 First5 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 or 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.

Severn Faculty Bursary Applications

Bursaries have a maximum value of £500 to contribute towards or pay for the costs associated with General Practice projects they wish to undertake. All innovative projects relevant to Primary Care in the Severn region will be considered as well as applications to cover the cost of attending the RCGP Annual Conference and Exhibition. See the Severn Faculty Webpage [here](#) for more details.

Journals

As you are an 'AiT' you will get the AiT journal and BJGP via your membership.

You can subscribe to the BMJ via BMA membership, Pulse and Doctor are GP journals.

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

Scholarships

Severn Deanery offers a number of internal scholarships that enable GP Trainees to develop additional skills in leadership and education. Successful candidates apply and are appointed during ST2. The majority of the scholarships add a month to the end of ST3. This allows an additional 20 working days (i.e. 40 sessions) throughout ST3 to develop additional expertise. There are two 3-month scholarships, Public Health and Substance Misuse, where candidates will work within these departments during ST3 and extend training by 3 months rather than 1.

These posts are a great way to develop an interest and build experience relevant to your future career plans. Also note: if you are training out-of-sync with the majority of trainees do not let this put you off applying, it is likely you can still be facilitated to do a scholarship. The GP school can put you in touch with trainees who are doing or recently completed a scholarship if you want to find out more, or there is further information on the deanery website:

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

Current Scholarship programmes available across the deanery include:

- Central Leadership Scholar – 1 month, 1 post
- Patch Education and Quality Scholar – 1 month, 5 posts, 1 per patch
- Patch Education and Innovation Scholar - 1 month, 5 posts, 1 per patch
- Differential Attainment Scholar - 1 month, 5 posts, 1 per patch
- Public Health Scholar – 3 months, 2 posts
- Substance Misuse Scholar - 3 months, 1 post
- Research Scholarship – 1 month, 2 posts

LEET

The Leadership and Education Extension of Training (LEET) is a 12month extension, or ST4 year, that can be applied for during ST3. There are at least 6 posts available each year across Severn and Peninsula. Successful applicants will spend the year working 50% clinical at a GP surgery and 50% in their leadership and education role. The leadership and education role involves working on individual major projects, training in leadership and quality improvement, helping at VTS training, amongst other opportunities available that you can tailor to your interests.

The LEET year provides an invaluable opportunity to develop leadership skills, network and build relationships in the local area and deanery, advance quality improvement skills and can often be the stepping-stone for portfolio careers.

As with the scholarships it is possible to apply for the LEET role if you are less than full time but be aware that dividing your week 50/50 is difficult the less you work and may not be feasible. The GP school can put you in contact with current or past LEET trainees to discuss further, or you can find more information on the website:

<http://www.primarycare.severndeanery.nhs.uk/training/trainees/leadership-and-education-extension-of-training-leet-programme/>

Committees

In an increasingly 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.

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 may welcome trainees if you reach out to them, and they are a good opportunity to find out more about the inner workings of general practice organisation and politics.

[How we work with LMCs](#)

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 GP Trainees Subcommittee

The GP trainees subcommittee is part of the BMA's general practitioners committee (GPC UK). They provide national representation for all doctors on a GP training programme: including BMA members and non-members, and all GP trainees in either hospital or GP practice placements. The BMA GP trainee rep is elected every 2 years (2018/19 and 2019/20) unless they qualify as a GP during the first session, in which case they will only serve for one session. Some of the issues they're working on:

- Doctors in training contract negotiations
- Training costs - including value for money on exam costs and subscription fees
- GP training recruitment
- The Shape of Training Review and enhanced GP education and training
- Maternity pay
- Occupational health vaccinations
- e-Portfolio concerns and issues
- Less Than Full Time (LTFT) training
- Increasing and improving regional representation for GP trainees

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 here: <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. There is a lead and deputy representative for Severn on the Central AiT committee. Get in touch via the AiT website: [Committees \(rcgp.org.uk\)](http://www.rcgp.org.uk/committees)

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.

“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.”

Contributions

Many thanks to the following people who have dedicated time to putting together this document:

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