

The URMUR

Editor's Note

Editors: Shrestha Pal & Mitsu Shah (ST2s)

Happy New Year!

Alas! Another term and year have passed at Barnet VTS and it has not been without its excitement! We are sure that 2019 will bring just as much excitement and success for us all. Not only have we welcomed a fantastic group of new ST1s, we have seen many graduate and fly away from the VTS nest also, and said good luck to a few more on maternity.

The away days residential, credit to the organisers was a brilliant way to kick start the year, being informative and highly entertaining at the same time. The topic was informative and relevant to our learning, and speakers were well prepared to provide inspiring talks. The planning and detail to attention was noticed and very much appreciated, thank you.

Secondly was the successful bake sale, showcasing real hidden talent within the scheme. Read more about this on page 7.

Thank you to the PDs, because let's face it we don't do that enough. And of course, Mandy, the back bone of our VTS. We value your tireless work and constant enthusiasm.

We hope you've had a great start to the year and look forward to being your editors this year. We are keen to make The Murmur relevant and

engaging for our readers, so please let us know if there are specifics you would like included and we will try our best to do so. In this edition we hope to provide some interesting and fun articles, as well as useful information to get you through the year. Thank you all for your fantastic contributions, and hope you find this an enjoyable read!

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Hello from Maternity leave...

Name: Jessica Bilaney

Stage of training: ST3

How old is your baby? My twins are 7 months now, gosh it's gone quick!

What was the best present you received after having the baby? The many offers of help to look after them whilst I ate/napped/had a shower etc from both sets of parents and friends.

What has been the best thing about being on maternity leave? Having uninterrupted time with the family and not having to think about swaps/leave forms or co-ordinators to plan a getaway. I also love the fact there's no e-portfolio!

What have you missed most about VTS? My small group- Allan's group. Generally just being with like-minded people each Thursday afternoon and discussing grown up topics (not how much milk has Noah had and did Ava have a poo today!)

How quickly can you change a nappy? Haven't ever timed it but I have other skills - changing a nappy with the other baby in my arms, rocking a baby to sleep whilst feeding the other. I often wonder what I could achieve if I had more arms...

Any top tips for other VTS new mums or mums (or dads) to be? Enjoy every minute of it, try not to compare yourself to other parents and accept all offers of help. Have some time for you as well and with your partner and try to chat or meet up with friends you knew before having a baby. Also I was super nervous of going abroad with my little ones but it was the best holiday ever and I'm so proud of ourselves that we managed to do it!

When are you coming back to VTS? Hopefully May/June 2019

What have been the challenges of the last year? Motherhood does change a huge amount in your life and I love being a mum and all that comes with it but I have found juggling the other roles in my life hard. Being a wife, daughter, sister and friend are all important too and so just finding that

balance is something I strive to be better at, and also making sure I have time for me too. Another challenge is being a mum with some medical knowledge. My son Noah was in intensive care for a few days but he's absolutely fine now, however being on the other side and worrying as a mum is pretty tough. You put your trust in the clinical team and that they will do the right thing for your loved one. However, you can't help but consider all outcomes of any problem (even if you know this is rare) and in that worry yourself even more. Overall it's the best role I've ever had and the most rewarding. I'm sure they'll be more challenges ahead. I'm not looking forward to them running off in different directions when I'm on my own, but that's part of the fun ;)



Getting to know (Alumni)

Namrata Gandhi

When did you graduate from the Barnet VTS scheme?

31/7/18

What have you been doing since qualifying?

I am working as an iGP with Barnet CEPN currently and as a Salaried GP in Colindale. I have been locuming intermittently and am currently doing a fixed term job at Watling Medical Centre.

How did you get involved working with the iGP job?

I heard about it from the PDs (Anita and Gill mainly) and was encouraged to apply. I didn't have any other fixed plans so I decided to apply.

What do you enjoy about the job? & would you recommend it to next years' ST3s?

It's definitely nice to have some non-clinical work to break the week up. It's interesting to learn about all other different organisations within Barnet and get involved with projects.

What are some of the challenges?

The biggest challenge is finding your feet and working out how I slot into the organisations as lots of projects have been on-going for a long time. But it is now becoming clearer over time.

If you had one extra hour free a day what would you do with it?

One hour isn't much time! I would probably use to experiment with cooking!

Do you have any advice for us still in the training scheme? Be it with exams or other general advice.

Make the most of you SDL time and study leave; you won't ever get as much time for this once qualified (and no study budget!). Exams you will pass! Get yourself a good group to revise with and it will be fine!



Hello From Maternity Leave!

Name: Rumana Lasker Dawood

Stage of training: ST2

How old is your baby?

Coming up to 8 months

What was the best present you received after having the baby?

A continuous supply of food for the month after she was born! I'm quite easy to please as long as I've eaten.

What has been the best thing about being on maternity leave?

The freedom and time to take things slow to enjoy life getting know this hilarious little girl (plus we were pretty lucky with the weather this summer).

What have you missed most about VTS?

The people! I so miss seeing everyone once a week!

How quickly can you change a nappy?

Fast enough not to get peed on...unlike my husband.

Any top tips for other VTS new mums or mums (or dads) to be?

If you plan to be less than full time- join our Barnet VTS LTFT WhatsApp group. It's genuinely the best thing ever- honestly these ladies have been such a lifeline. Whether it's a baby question or a training question, or just a supportive virtual hug they have always got an answer or will have your back. I don't know what I'd do without it!

When are you coming back to VTS?

At the moment I'm due to come back in February (when she is 10 months old) which feels way too soon but I know is the best thing for us in the long term.

What have been the challenges of the last year?

People are not joking when they say you never know tiredness until you have a child. We always thought we'd be kind of prepared because we've both done night shifts but were we wrong! Even though we now sleep through the night, we never feel well rested! Welcome to parenthood :)



Celebrating Retirement – Dr Yvette Saldanha

When did you graduate and where from? I

qualified in 1985 from St Mary's Hospital Medical School, now absorbed into Imperial College. There were 100 students in my year, so we usually got to know our own year, and the years above and below. During my stay there, St Mary's academics identified a dangerous new virus which they called HTLV3, and it seemed to be affecting the immune system, mainly in the gay community. The virus is now called HIV and the illness is now considered to be a chronic disease. Beta-blockers were contraindicated in heart failure, and one of my friends failed finals for suggesting their use. Many patients had surgery for perforated stomach ulcers, but there was this new drug called Cimetidine which was revolutionising treatment of peptic ulcer disease. I did some research on this odd condition where overweight women had irregular periods, hirsutism and cysts on their ovaries.



Also in my time there, Princess Diana gave birth to William and we all hung outside the Lindo wing to wave to her. Roger Bannister was a neurologist (sat in clinic with him) and I am sad to say that Andrew Wakefield of MMR notoriety was 3 years above me.

They were very happy memories and you may be surprised to know that I scored a try for the St Mary's Women's Rugby team.

Where did you do your GP training? I trained at Edgware VTS (whose offspring was the Barnet VTS). The VTS had educational sessions followed by Balint groups just like now. As a GP trainee, we did home visits on patients who had a heart attack, and gave them diamorphine for the pain and furosemide if they seemed breathless, and followed them up with daily visits for 2-3 days, then weekly. We would carefully listen for murmurs and refer to cardiology if we heard one. We visited all mums who had just given birth, until someone questioned the value of this.

I was the only person on the VTS to have had a baby, and was considered most unusual!

3) Apart from general practice what other things have you been involved with in your career? I have always been interested in the wider GP community. Early on in my career, I helped the PCT (previous incarnation of the CCG) manage the closure of Edgware Hospital as a main hospital and resurrect it as a community hospital. This involved encouraging the local GPs to work together and decide what services they needed locally and also being the advocate for patients in more deprived wards to be able to access urgent care. I was LMC chair for a few years, and I have always been involved with GP training and especially training in communication skills.

4) General practice must have changed a lot over the years; do you think we are better for it? I think that GP computer systems are amazing in terms of accessing information about your patient's condition at the click of a button and reminders about potentially serious co morbidities e.g. when you type in "neck pain"

and something flashes saying that this patient has prostate cancer. However, some of the alerts are over the top and are in danger of being ignored. GPs now, seem to be much more used to the idea of working together, rather than competing with each other, and I am sure we are all the better for it. We are also more able to see the roles played by other health professionals and work with them rather than thinking we are the only ones around to help. I feel that GPs oversold themselves as the Go To person (Priest/Rabbi/social worker/counsellor), and now we are paying the price.

I am sad to see that fewer GPs see themselves staying in the same practice in the long term. I have been in my practice for nearly 30 years and it has been a privilege to walk the walk with patients and their families for this long. The continuity of care and relationships across generations has been one of the most rewarding aspects of General Practice for me.

5) We know you have a large patient base, how have you gone about telling them about your retirement? And what is the funniest reaction you have had? I have let out a slow and steady trickle of information about my retirement, from about 6 months ago followed by posters a month ago. Sometimes it has been really difficult and both the patient and I have had to hold back tears. I can't think of a particular funny reaction, but one reaction welcomed by my Practice was that one of my most demanding and challenging patients decided to go elsewhere, and there was much rejoicing all round. Another patient asked if I needed more time with my family, then added "but we are your family."

6) What do you plan to do post retirement? I plan to let the dust settle for a few months before taking on anything requiring a big commitment as I have no idea how I will react to having less structure and more time. I hope to have more walks in the Lake District, and possible further afield. I am wondering about doing a course in horticulture/gardening. I have signed up to help in a homeless shelter and will continue with my church choir. I am thinking of approaching a piano teacher who can cope with an unreliable pupil. I have always been interested in meditation and hope to have more time for this. Spending time in a cave in a desert sounds good. I suspect I'm going to have to find something I can manage with my concentration span of only 10 minutes.

7) What will you miss most about general practice? I will really miss being an important part of people's lives. I think I have gained more from helping others than they have gained from me. The staff and doctors at Watling are like a family to me, and I hope I won't lose touch with them.

8) If you were to go through your career again, would you do anything differently? And do you have any advice for us during our training? This might be personal to me and not apply to others, but I think I would try not to be scared of patients and my own inadequacies as a doctor, but realise sooner in my career that patients are just people in trouble asking for help, and that whatever I do know is helpful for them, and for whatever I don't know, there is usually someone out there who can help. It took me a while to learn that there is no point anticipating and living through scary things that turn out never to happen.

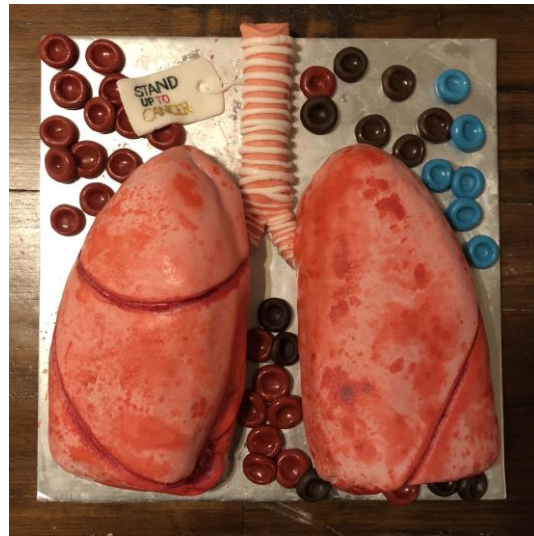
9) What is the strangest complaint you have ever had? (To finish on a funny note)

Doctor, can you help? I've just eaten a pizza which I cooked with the plastic wrapper still on. (yes, I did eat the whole thing.)

Doctor, my son isn't married yet. Do you have a tonic?

Barnet VTS Macmillan Charity Bake 2018

Thanks to the organisation of Natasha Hyder and Candice Munroe, we had a fantastic cake sale at VTS this year raising an amazing **£104.58**. They extend their thanks to all the wonderful bakers this year and all those that contributed to raising money by buying cake also. The cakes were really quite something; the theme of course was 'body parts'. The event showcased the raw and hidden talents of the VTS family. Here is a showcase of some of the tasty treats!



A view into the Mexican education and health systems

By Shrestha Pal

During my GP rotation at St Andrews Medical Practice last term, I had the pleasure of meeting Dr Sebastian Garcia Saiso and Dr Liliane Chamas. Dr Garcia Saiso is the director of health education at the Ministry of Health in Mexico. Dr Chamas is the deputy program lead of the Better Health Programme (Health Education England).



From left to right: Dr Liliane Chamas, Dr Sebastian Garcia Saiso, Dr Latha Reddy, Dr Anita Patel, Shrestha Pal

The aim of their visit was to learn about the UK medical education system, with a view to adapting the Mexican system of education and healthcare to meet the needs of its population. We in turn learnt about the Mexican education and health care systems.

We compared the medical education system in Mexico, and it was interesting to learn that there are some similarities to the undergraduate medical education we have in the UK. There are 97 medical schools in Mexico, and training programs generally last for 4-5 years. After their pre-clinical and clinical years, graduates spend one year as interns in hospital, which is equivalent to the foundation year 1 (FY1) post in our system. One of the ways the Mexican government meets the demands for universal healthcare is that all medical graduates are required to work in government-supported

networks of clinics or general practices providing care to remote or disadvantaged communities for one year. However, Dr Garcia Saiso explained that most graduates do not feel well equipped to work as 'family practitioners' as they call it there, as they have had very little exposure to community practice during their training.

At the end of their training period, medical graduates undertake an examination for postgraduate (specialty) training. It was surprising to learn that only 15% of graduates are accepted onto a postgraduate residency (specialty program)! This is because the residency programs are highly competitive. This therefore leaves a high proportion of doctors without a specialty, who may go onto train as general practitioners.

We learnt that the Mexican education system is striving to enforce changes to make medical education and training more geared towards community medicine, and to encourage students to train as general practitioners. Dr Garcia Saiso and Dr Chamas were interested to compare the UK culture in medical education, in which there a vast majority, more than 50% of students choose GP training.

Health care in Mexico is provided by public and private sectors. A social health security system (IMSS) provides cover for employees in the private and public sectors. There is also another public health system which is provided for those who are self-employed or unemployed, which is called the Seguro Popular. Seguro Popular was established to expand health care to those without health insurance and therefore to reduce health inequalities.

It was especially interesting to learn that there are similarities in our education and health systems despite being thousands of miles apart. This experience also allowed us to appreciate the National Health Service even more so than we already do, which provides a comprehensive range of health services that is free and universal at the point of delivery.

Flat Iron



WALK-IN ONLY

Beak St, Soho,
Denmark St, Soho
Henrietta St, Covent Garden
Curtain Road, Shoreditch
Caledonian Road, Kings Cross

WALK-IN AND RESERVATIONS

Golborne Road, London

“The place for cash-strapped steak fiends” to quote Frankie McCoy of the Evening Standard. I couldn’t have put it better myself and if a restaurant has TWO Soho sites you know it means business!

On a rainy autumn day at the end of November, I met up with a fellow carnivore-loving friend at the Denmark street outpost of Flat iron. We chose Flat Iron to catch up on life, as well as, protect the bank account from over indulgence ... Christmas round the corner etc etc.



£10 Flat iron steak. And believe me- it tastes good!

My dinner companion and I shared a bowl of the dripping cooked chips and I had today’s market greens, which was purple sprouting broccoli at the time. Everything was delicious! They have various sauces to accompany your steak and we shared a carafe of the Chilean Merlot, which was delightful. The steak is served with a bowl of fresh, already dressed, house leaf salad. I probably didn't even need the broccoli, as it was a decent portion of salad. My friend smothered her steak in sauce, which is fine for a sauce lover, but my medium rare steak was so succulent I barely touched my sauce!

We sat in a corner table by the wall at the back of the restaurant with coat hooks right next to our table. That was the only unpleasant bit of the evening as other guests arriving later interrupted our meal by hanging their coats on top of ours and then retrieving them before we left. Lesson learnt. Maybe middle table next time, not by the wall that is if you don’t mind that feeling of being wedged between other diners of course. Lesser of two evils?

I almost didn't mention the free (salted) popcorn and immediate tap water when you arrive!
Yes please. Eating at Flat Iron that evening was a relaxed, affordable affair and quite nice with the candle lit glow and happy, chatty, customer noise for background entertainment.
If you didn't know, now you do. If you are having a sense of FOMO, you should, especially if you like steak and your wallet too.

By Edwina Akerele

Eleanor Oliphant is completely fine

Gail Honeyman

This is a book I rather uncharacteristically picked up of the shelf at Tesco's on my random mid-week run, and I am very glad I did. It was very hard to put down. The story amalgamates a lot of the pressures on people in society today i.e. loneliness, social norms and what one has to do function in life, but not only that, very aptly I read this before my psychiatry placement, and it tackles a lot of mental health issues also.



Eleanor is a character that is very loveable, as she means well in all that she does, but you can tell that her past has shaped her through difficult family relationships and being taken advantage of in previous romantic relationships. It wasn't till I started psychiatry that I thought much about her vulnerability and how her experiences affect every decision she makes. It also highlighted how people define happiness differently and how some people are very content with having a job and a routine with minimal variance from it.

"Some people, weak people, fear solitude. What they fail to understand is that there's something very liberating about it; once you realize that you don't need anyone, you can take care of yourself. That's the thing: it's best just to take care of yourself."

There is a twist at the end that helps the reader have a glimmer of hope that, despite all differences it's never too late for us all to make it!

Reviewed by Mitsu Shah

Review of AKT Preparation Courses

By Bolatito Banjoko

Hi Everyone!

My name is Tito, a GP ST2, and I recently sat my AKT in October. For those of you that know me well, you would know that I am no stranger to course/conference tourism and so it comes as no surprise that I attended two AKT preparation courses prior to sitting my exam. Here is my review of the two courses I attended.

Course Name: Emedica MRCGP AKT Preparation

Price: £247

Venue: London course Holiday Inn Brentford Lock, Commerce Road, Brentford, London TW8 8GA

This course is a one-day intensive AKT preparation course. The course director and main speaker is Dr Mahibur Rahman, who is a Portfolio GP in Birmingham and a Consultant in Medical Education. Emedica has been delivering membership preparation courses since 2006 and the AKT preparation course is well established and popular amongst trainees. The course was well structured covering examination techniques, High yield topics, Statistics and the Organisational Domain. During the course there was also the opportunity to sit two mini mock exams under timed conditions with detailed feedback and discussion which were invaluable. The course also provided you with a booklet summarising all the information discussed. A hot buffet lunch and refreshments were provided throughout the day which was lovely!

What I found particularly helpful was the organisational domain coverage in the course. I feel that that this area is particularly difficult to cover as there is no single resource that has all the information you need. The course covered all aspects of this domain such as DVLA guidance, GP contracts, benefits etc all nicely summarized in easy to read tables. I also felt that sitting the mini mock examinations under timed conditions gave you a real feel for the time pressure you will be under during the real exam and also a good idea of the format of exam. However, I felt that the level of detail tested in the Emedica mini mock exams were not representative of the actual AKT exam. Despite this it did test your understanding and application of the various curriculum topics not just your ability to simply recall facts! After the course you were sent useful post course materials and links such as an AKT key topics checklists which were very helpful and free access to the Emedica online mock AKT examination. Dr Mahibur Rahman also continued to send encouraging emails after the course to keep you motivated till the exam date.

Course Name: GPST Courses

Price: £149

Venue: Royal College of General Practitioners 30 Euston Square –I must say it was quite inspiring visiting RCGP for the first time ☺

This course is also a one-day intensive AKT preparation course. This course was run by a fellow GP trainee Dr Vishal Vijendra Patel. He was on the 'Next Generation GP' 2018 leadership programme and the GP Trainee committee representative for his deanery. He had sat his AKT last year. GPST courses is a relatively new course set up in 2017. The course covered the structure of the AKT, exam hints and tips, high yield topics and statistics. It did not however cover the organisational domain as a separate section, however some organisational domain questions were featured in the mock exam. During the course we sat a 100-question timed mock examination and there was discussion and feedback following this. Light refreshments were provided throughout the course.

I found having the opportunity to be taught by someone who had recently sat the AKT extremely helpful as I felt they were best placed to advise on which resources were most useful and which resources reflected the style of questions you would face in the real exam. The mock exam was also helpful as I felt it was more representative of the level of knowledge that you were expected to have for the real exam. The statistics coverage was particularly good helping to cover areas causing difficulty such as cates plots, standard deviation etc.

General Advice

Having attended two AKT courses I do feel that they were useful in helping me prepare for my exam. I do however feel that courses should be attended after you have started your revision as they should be used to help highlight areas of difficulty. I attended both courses around one month prior to sitting my exam so had already been deep into my revision by that stage. Courses also provide an excellent opportunity for you to network with other trainees from different VTS schemes who may know of other resources which may help you with your revision. You are able to claim the cost of the courses from your study budget so don't be discouraged by the price.

Good luck to those of you sitting the AKT!

Discount code GPST course discount code for 20% off: **gpst20akt**

Considering partnership?

By Dr Amit Shah

1) When did you become a partner?

I graduated from Barnet VTS in 2016, and went straight into Partnership.

2) Was this something you had always been aiming towards or came your way by chance?

I started as a hospital physician and made the switch to GP, in search of increasing variety and autonomy. I was fairly clear I wanted to become a partner to gain autonomy over my time, have a say in how clinics/the organisation was run and be part of a wider team with regular colleagues who I could work alongside (something that locuming wouldn't give me). During my VTS GP placements, I got involved actively with the practices I was working in and was fortunate to be offered partnerships by them.

3) Would you encourage those qualifying to take on partnership?

I would recommend partnership to those who are interested. All partnerships are unique, and you need to find the right fit for you. I was fortunate to be in a practice where I found a set of colleagues who I got on very well with, and we had mutual respect for each other. If you're not as lucky, test out other practices until you find your fit. A few of my peers worked as salaried GPs for a year or so, before taking on partnership at their respective practices. A few are now ready to make that move.

4) What would you advise trainees thinking of applying for partnership? Are there any qualifications/courses you would recommend?

I didn't go on any courses so cannot advise. I think do your research about the practice and the partners. If you're not already a salaried doctor or trainee at that particular practice, aim to have done at least some locum work to get a feel for the place, and what a typical working day looks like. Meet up with the practice manager and some of the partners to understand how the partners divide up various management or business roles. Ask to see three years of partnership accounts. Understand your own values, motivations and reasons for going for partnership to help you narrow down which practice ethos fits best for you. Above all, the most fundamental thing is try to see if you will get on amicably with the other partners, and can respect each other's views however different they may be, as that will be key, when making collective practice decisions, and in determining the successfulness of the organisation.

5) It seems people are more reluctant to become partners, because of time commitments, more responsibility and liability of the business; how have you found taking these on?

Practices vary significantly in how they are run and how time is allocated for management work - some have an executive partner who does most of the strategic/business role, whereas others divide it equally amongst the various partners. Being a large practice with six partners, we each take charge of different aspects of running of the practice. We are fortunate to have an excellent practice manager who takes a lot of the pressure off us. Partnership of course comes with potential risk but by being part of a well-functioning and dynamic team, we are well equipped to ride the national pressures together.

6) Any pearls of wisdom for the trainees in general?

Make the most of the Thursday afternoons and enjoy your VTS years. Try to look beyond your clinical practice to see what else you may wish to do. Most GPs now are portfolio workers, and that includes GP partners!

Crammers Corner...

Mike Wyndham – Programme Director

AKT Questions

(1) One of the following statements is not true about infantile pyloric stenosis

- (a) Is more common in Afro-Caribbean infants
- (b) Is more common in males
- (c) Presents most commonly between 2-6 weeks of life
- (d) Is uncommon in premature infants
- (e) Manifests as non-bilious vomiting

(2) This child has developed a slow growing firm 'lesion' near the eye. What is it?



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- (a) Sebaceous cyst
- (b) Dermoid cyst
- (c) Haematoma from non-accidental injury
- (d) Meibomian cyst
- (e) Pilomatrixoma

Please go to page 17 for the answers.

Easy Eggless Ginger bread Cookies

By Mitsu Shah

A lot of family don't eat eggs and other's don't eat chocolate or ice cream, for various reasons, bearing all this in mind I made these cookies this year and they were a real hit and took me very little time.

Recipe taken from BBC Good Food Online at:

<https://www.bbcgoodfood.com/recipes/1300638/gingerbread-men>

Ingredients:

- 225g plain flour, plus extra for dusting
- ½ tsp salt
- 2 tsp bicarbonate of soda
- 1 heaped tsp ground ginger
- ½ tsp cinnamon
- 50g unsalted butter
- 100g soft brown sugar
- 100g golden syrup

Instructions:

- 1) Sieve the flour, salt, bicarb, ginger and cinnamon into a large bowl.
- 2) Heat the butter, sugar and syrup until dissolved. Leave the sugar mixture to cool slightly, and then mix into the dry ingredients to form a dough.

3) Chill in Fridge for 30minutes – about 15minutes in start the oven at 190C/170C fan/gas 5.

4) Place your gingerbread shapes on the lined trays, allowing space for them to spread. Cook for 10-15 mins, and then remove from the oven and leave to cool.

5) the fun part decorating – few ideas below, you can flip them to make pretty cool reindeers too 😊



Buena Vista Café Irish Coffee Recipe

By Shrestha Pal

For those of you who know me, you will know that I don't particularly like drinking coffee or alcohol. Nevertheless, I guarantee that even if you're not fond of either, this drink will really change your mind!

I discovered this drink on a recent holiday to San Francisco, home of the Buena Vista Café. The building where the Buena Vista is located was originally a boarding house. In 1916 the first floor was converted to a saloon named 'Buena Vista' which is Spanish for 'Good View'. The view from here is beautiful indeed, overlooking Fisherman's Wharf.

The story of the "Buena Vista Irish Coffee" started in 1952, when Jack Koepler, then-owner of the Buena Vista, challenged international travel writer Stanton Delaplane to try and re-create the famous drink that he tried at Shannon Airport in Ireland. The pair began to experiment to try and reproduce the perfect drink. The main problems that they encountered were that the taste was "not quite right" and that the cream would not float on top. They eventually found the perfect-tasting Irish whisky, Tullamore Dew Irish Whisky. The second challenge was to get the cream to float perfectly on top of the coffee. With the help of the mayor of San Francisco, who was also a dairy owner, Koepler discovered that the cream must be aged 48 hours for the right consistency.

Here is the simple recipe for the Buena Vista Irish Coffee! This is adapted from Jamie Oliver Online (<https://www.jamieoliver.com/news-and-features/features/irish-coffee-recipe/>).

Serves 1

Ingredients:

- 4 oz. (~120ml) hot black coffee
- 2 sugar cubes
- 1 shot of Irish Whisky (Tullamore Dew is used at the Buena Vista, but any will do)
- Double cream, lightly whipped (a few days old is ideal)

Method:

1. Fill a 6 oz. glass with hot water to preheat it, then empty the glass.
2. Place the 2 sugar cubes in the glass, and pour hot coffee into the glass until it is about $\frac{3}{4}$ full.
3. Stir until the sugar has dissolved.
4. Add a shot of Irish whisky – no need to stir.
5. Pour the lightly whipped cream over the back of a spoon onto the top of the coffee.
6. Enjoy!



Important Dates for your Diary:

VTS Dates:

Spring term starts – 10th January 2019

Half term – 21st February 2019

Last day of term – 4th April 2019

Summer term starts – 25th April 2019

Half term – 30th May 2019

End of term – Annual Away Day and Graduation
Event – 11th July 2019 (off site)

Summer Break – 18th July – 8th August (inclusive)

RCGP Exam Dates:

Next available AKT Registration Dates:

MAY 2019 exam

Booking period 5th-8th March 2018

Exam 1st May 2019

Next available CSA Registration Dates:

MARCH 2019 exam

Booking period 22nd -25th January 2019

Exam between 9-23rd March 2019

APRIL 2019 exam

Booking period 26th February to 1st March 2019

Exam between 8th – 13th April 2019

MAY 2019 exam

Booking period 2nd – 5th April 2019

Exam between 13th - 25th May 2019

More info: <http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-exam-applications.asp>

ALS: 1-day e-ALS Course at the RFH will be on 14th March or 12th April 2019

Answers to AKT Questions

(1) (a)

(2) (b) Please see link below with explanation and very short video clip about how the cyst is removed.

<http://webeye.ophth.uiowa.edu/eyeforum/video/plastics/1/excise-superior-lateral-dermoid-cyst.htm>

Useful Contacts:**Day-to-day work issues or support**

- Clinical Supervisor or Educational Supervisor
- Programme Directors: Dr Allan Daitz (adaitz@nhs.net), Dr Gill Parsons (gparsons@nhs.net), Dr Anita Patel (anita.patel1@nhs.net), Dr Mike Wyndham (mike.wyndham@nhs.net)

Issues with your work schedule/contract hours

- GPLEO Royal Free: Email rf.gpleo@nhs.net or call 0203 758 2059.
- Health Education England (HEE): Email gpnorth.lase@hee.nhs.uk or call 020 7866 3220

Issues with your payslip eg. tax code, student loans deductions, pay in, pension contribution

- Payroll at SBS: Online portal at <https://nhssbs.microsoftcrmportals.com/> or for urgent queries call 0303 123 1144 (8am – 5pm Monday to Friday).

Payroll was outsourced to NHS Shared Business Services (SBS) in October 2017. If you have issues related to your payslip, such as queries about your tax code, student loans deductions or pension contributions, then you will need to contact SBS directly.

Payslips from our employer (Royal Free) are now available online only. To access your payslips online you need to be set up on ESR (electronic staff records), which is normally done during your induction period at Barnet. Payslips are accessible at any time on any trust wide PC or using ESR remote access.

It is always a good idea to keep a hard copy of your payslips for reference, mortgage applications, loan applications, etc.

Claiming travel expenses and study leave reimbursements whilst on GP placements

- rf-tr.gpleomonthly-return@nhs.net
The trust will pay for home visits from a practice (56p/mile) and mileage to VTS training (28p/mile). Claims should be submitted on a monthly basis for the month that has just finished.

Other useful contacts

- HMRC: 0300 200 3300 (for Income Tax); 0300 200 3500 (for National Insurance)
- Student Loans Company: 0300 100 0611