

The URMUR

Editor's Note

Editors: Mitsu Shah (ST3) and Shrestha Pal (ST2)

Summer's Here!

It's been another year of fun, excitement and learning at the Barnet VTS. As summer approaches we have seen several trainees become newly qualified GPs, and we have got to know our ST1 colleagues who have become part of the Barnet family.

The teaching programme has provided a variety of learning topics from core clinical subjects to consultation models. Our very own trainees have also delivered several teaching sessions, which have provided a breadth of knowledge on palliative care, paediatrics and radiology.

We have heard about the success of the Medicine in the Community Near Peer learning programme. This is a programme led by our very own Barnet VTS trainees to help medical student develop a greater understanding of general practice and common clinical skills and scenarios.

We would like to thank our PDs and Mandy for all their hard work throughout the past year. Their efforts and organisation are truly valued. We especially look forward to the September away days, which they have worked extremely hard to keep after study leave regulations were changed.

It has been a great pleasure to edit the Murmur this year. We have really appreciated the diversity and talent within our VTS group, and it is a pleasure to showcase this within our newsletter. We would like to thank everyone who has kindly contributed and shared their experiences with the VTS.

If you are interested in becoming the new editors of the Murmur or contributing, then please do get in touch! The September away days are a great opportunity to register your interest in becoming editors, so make sure to let us know if you are interested!

Contents:

Pages 2 –3 Hello from Maternity leave

Pages 4 -5 Getting to know VTS Alumni

Page 6 – A New Barnet VTS Training Post

Page 7 – Ceru – Restaurant Review

Pages 8-10 – Studying for the AKT

Page 11 – ARCP & Indemnity

Page 12 – Prescriber Alert

Page 13 - RCGP Prescribing assessment

Page 14-16 – Nice in Pictures

Page 17 – Recipe Corner – Banana Cake

Page 18-19 – Important Dates and Useful Contacts

Hello from Maternity Leave!

Name: Sana

Stage of training: ST1

How old is your baby? 2 months

What was the best present you received after having the baby? My husband taking shared parental leave alongside my maternity leave, which has meant we have had equal share in changing nappies and sleepless nights. All in all the time together as a family due to parental leaves has been priceless!

What has been the best thing about being on maternity leave? Being able to reply to calls and messages within a day as opposed to weeks which is what happens when I am working and this has also meant reconnecting with some friends who I had lost touch with.

What have you missed most about VTS? Thursday afternoons without a doubt!

How quickly can you change a nappy? Fairly quickly but I mostly try to delegate this task to hubby especially when I know there is potentially a poonami brewing up.

Any top tips for other VTS new mums or mums (or dads) to be? Nothing quite like becoming a parent. Just to enjoy every moment of it as they grow up before you know it.

When are you coming back to VTS? August 2019.



What have been the challenges of the last year? Colic and sleepless nights!

Hello from Maternity Leave!

Name: Candice

Stage of training: ST3

How old is your baby? Lillian is 11 weeks old now! The longest and shortest 11 weeks of my life!

What was the best present you received after having the baby? Honestly, the best thing was having my family around in the weeks after she was born, it's amazing how restorative a cup of tea and a shower can be when there are people to look after the baby. And there have also been some beautiful outfits and other gifts too.

What has been the best thing about being on maternity leave? Just getting to spend all my time looking after and learning this beautiful little girl. Being able to now read her signals and try and give her what she needs. Now that it's sunny we get to spend time walking around St Albans in the sunshine too which has been lovely.

How quickly can you change a nappy? Good question! This can be so dependent on the contents, her mood, the outfit, the place, the

amount of sleep I've had... but pretty damn quick. She's started cooing and interacting a lot during changes though so sometimes it takes forever because she's being so cute!

Any top tips for other VTS new mums or mums (or dads) to be? Join the PGMUK and breastfeeding groups on Facebook. If you're having a tough night (or day) reading other people's posts can give you the solidarity you need to get you through! I have also been so grateful for my NCT group - again just to have people who know exactly what you're going through can make you feel so much better!

When are you coming back to VTS? It will be spring next year!

What have been the challenges of the last year? I used to think being pregnant was pretty hard work - having now had a newborn, I realise I had no idea what hard work was coming! The no sleep thing is also hard! But waking up to smiles and the softest cheeks to kiss definitely makes it worth it.



Getting to know

Bhavina Khatani

When did you graduate from the Barnet VTS scheme?

February 2018

What have you been doing since qualifying?

I have been working a salaried job and locuming in between. I've started a Medical Education diploma which has been great. More excitingly, lots of holidays and closer to home have taken up gardening with my own veg. patch!

Have you been on any exciting holidays?

This year we went to South Africa on safari. The highlight was my breakfast being eaten by Zebras! A beautiful country and safer than believed.

What are your aspirations for the next few years?

To retire! But not going to happen so to become more involved with education-medical students/ registrars and consider partnership.

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

Use my gym membership!!

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

Enjoy VTS and make sure you are part of a first 5 group after training. For the exam make sure you revise with a group- doing it alone

makes it very difficult. Finally, see as many patients as possible- because anything difficult you have can be discussed with your supervisor/ group.



Getting to know

Lizzie Goodwin

When did you complete VTS?

I finished VTS at the start of May and started work a week later.

How does it feel to have completed VTS training and finally be in the real world of GP?

I was quite daunted at the thought of completing VTS, however it has actually been ok. It has definitely helped that I went back to a practice I knew well and was familiar with staff and systems. I have found salaried work good as there is continuity and you are part of a team so there is always someone to ask for help. Lots of friends have found it fine also doing locum work, but for me I knew I wanted the safety net of being a salaried doctor and being able to follow up patients.

What have you been doing since completing VTS?

I am working 2 days a week at Brunswick Park Medical Practice. This was my training practice for most of ST3 and there are quite a few ex Barnet VTS trainees there so it has a great atmosphere. I have also been working for the Barnet Training Hub as an iGP one day a week helping to co-ordinate the Y4 Medicine in the Community teaching and also some work with care homes in the local area.

What do you enjoy about your job?

I enjoy seeing patients and the variety of general practice. It is a real privilege to try and help patients and their families. It is great to have a job where you continue to develop and grow within the role. I also find days at work go very quickly as there is lots to get done! I have found the mix of job roles really good.

What are some of the challenges of working as a new GP?

Time pressure! I find it hard/impossible to run to time and am often running a bit late. I also take a lot longer doing scripts and paperwork than my colleagues, but I think these things come with time and experience.

Any advice for trainees who are nearly qualified?

Don't worry too much about finding work either as a salaried or locum. There are so many opportunities available and there is no shortage of work. One of the best things about finishing VTS is the freedom that it affords. You can choose when and where you want to work. There are no more e-portfolio reflections or compulsory OOHs and it is nice being able to plan your own time.

Be open minded and try to create a varied week. I find my iGP work and medical student teaching great and helps to break up the week and is much less stressful than clinical days.

Keep close links with friends from VTS. There is a young practitioners group that meets monthly in Finchley that lots of newly qualified GPs find helpful, but I have also found meeting up with peers informally has been great. Don't think you are on your own post CCT!

Also I have found it really important to not have time pressure at the end of the day to collect my son. I have robust childcare plans for my GP days and this definitely takes away some of the stress from the day.

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

I would love to think that I would be very efficient and tick off lots of my to-do list, however in reality I would probably end up bingeing on my current favourite tv box set!

A New Barnet VTS training post in ENT

By Eva Patel

The Programme Directors have recently been busy organising a new joint post in ENT/Vascular surgery, which will prove to be an exciting development for the Barnet VTS.

I was lucky enough to have some experience in ENT problems as part of my Plastic Surgery FY2 rotation at the John Radcliffe Hospital in Oxford. We were expected to cross cover ENT on-calls. The John Radcliffe Hospital is a larger tertiary referral centre which also has a busy regional Head & Neck service and a tertiary Paediatric ENT service. There is an expanding Cochlea Implant programme and close links to the Craniofacial Unit and Cleft Unit, all of which are super-specialist units that are only available in a small number of hospitals throughout the country.

This was a great opportunity to work as a team, with many different learning opportunities available. There were 10 SHOs including 1 GPVTS trainee (in ENT) and a few Core Trainee SHOs who all shared several duties.

We had fantastic support from the Registrars, and with their help we learned how to assess emergency cases in A&E and in clinic. We learnt how to do an ENT examination, use a flexible fiberoptic naso-endoscope, manage epistaxis (cautery and packing), acute airways emergencies, look after tracheostomies, treat acute otitis externa and media and drain a quinsy.

On the wards, we were taught about the management of various ENT conditions which included acute otological, rhinological and paediatric ENT conditions such as mastoiditis, severe epistaxis, periorbital abscess, neck abscess and airway obstruction as well as being involved in the care of in-patients and day-to-day running of the ward. For more hands-on trainees, there was also the opportunity to assist with a range of operations.

Having a new post in ENT will give trainees the opportunity to develop clinical skills, knowledge and confidence in a speciality which is common in primary care. Trainees will be able to assess and manage common ENT problems, learn about watchful waiting and the use of delayed prescriptions, know how and when to refer to ENT secondary care for non-urgent referrals, and know about ENT emergencies and how to refer.

CERU : “Flavours of the Levant”

By Edwina Akerele

Soho Branch : Dean St, Soho, London W1D 3RF
 South Kensington: 7–9 Bute Street, London SW7 3EY



One Sunday in May, I had a “catch up” brunch with two friends who I worked with at Barnet during my Foundation years. We dined at the SOHO branch of the above restaurant. The rheumatologist of the group had chosen Ceru having been there previously and enjoyed the food.

It’s tucked away on a street off the more popular Poland/Berwick streets. On walking in, the interiors are gorgeous - beautiful hanging lamps, colourful artwork and upholstery lining the restaurant. The staff were very welcoming and attentive throughout our meal.

This was a civilised gathering (no bottomless here) so we ordered from the Brunch menu as it was 11am. You can order from the all-day menu from 12pm. Pared-down presentation of the food gave off the feel of a home cooked meal. The rheumatologist and I had the spicy lamb hash which came with a fried egg and warm pita bread. We both cleared our plates.

Whoever thought lamb and egg would be a collaboration made in heaven?! Please. Try. It. My meal was flavoursome with balanced seasoning.

The Haemato-oncologist ordered something very red i.e. Shakshuka with Halloumi. She wasn’t balled over by it but I have to admit Shakshuka is a bit hit and miss. It was her first time trying it so if you have the palate for Shakshuka, please try theirs and rate it.

The kitchen is right at the back and so if you don’t like clutter and noise as part of your meal time entertainment, this is the right place for you.

We had teas and coffees from the menu which were very satisfying :) They came with a free sweet treat which in London and in 2019 is a welcome, nice touch. In July 2018, Timeout magazine rated the South Ken spot 4/5 *. If you’re shopping in SOHO or town and looking for a place to have lunch then I would certainly recommend this restaurant for something a little different ...and tasty.

Barnet VTS Trainees’ Wisdom on Studying for the AKT

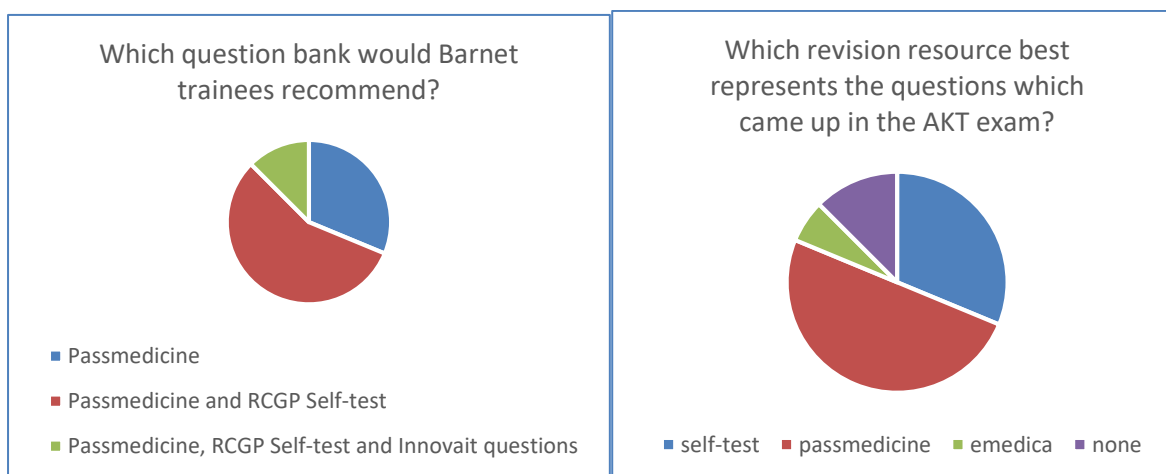
By Leah Withers

When it comes to studying for your AKT there are a bewildering array of courses and revision resources. Everyone gets through it in the end but are there any tips or shortcuts which could make studying & passing easier? I asked Barnet VTS trainees for their wisdom.

Which AKT revision resources have Barnet trainees used?

Revision Resource	Cost	Pros	Cons	Usage amongst Barnet trainees
Passmedicine	£30 for 4 months	>3600 questions on good variety of topics, performance data given, useful teaching notes with each question, similar questions to the exam, cheap		100%
RCGP Self-Test	unlimited free access with RCGP membership	the only RCGP created question bank, performance data given, similar questions to the exam, free	explanations to question answers are relatively brief, some are out of date, fewer questions than other test banks	81%
InnovAIT Journals	free with RCGP membership	RCGP created questions	only 5-9 questions per journal	19%
YouTube Emedica 30 day challenge	free	addresses common AKT topics	only 30 questions total	13%
Pastest App	£59 for 6 months	>3300 questions, mobile app, performance data given, apparently detailed explanations	relatively more expensive	6%
OnExamination	£92 for 4 months	>3300 questions, works offline	expensive	6%
Panda AKT	free	performance data given, good teaching notes	> 500 questions	6%

But which revision resources would trainees recommend, having slogged their way through the revision and exam?

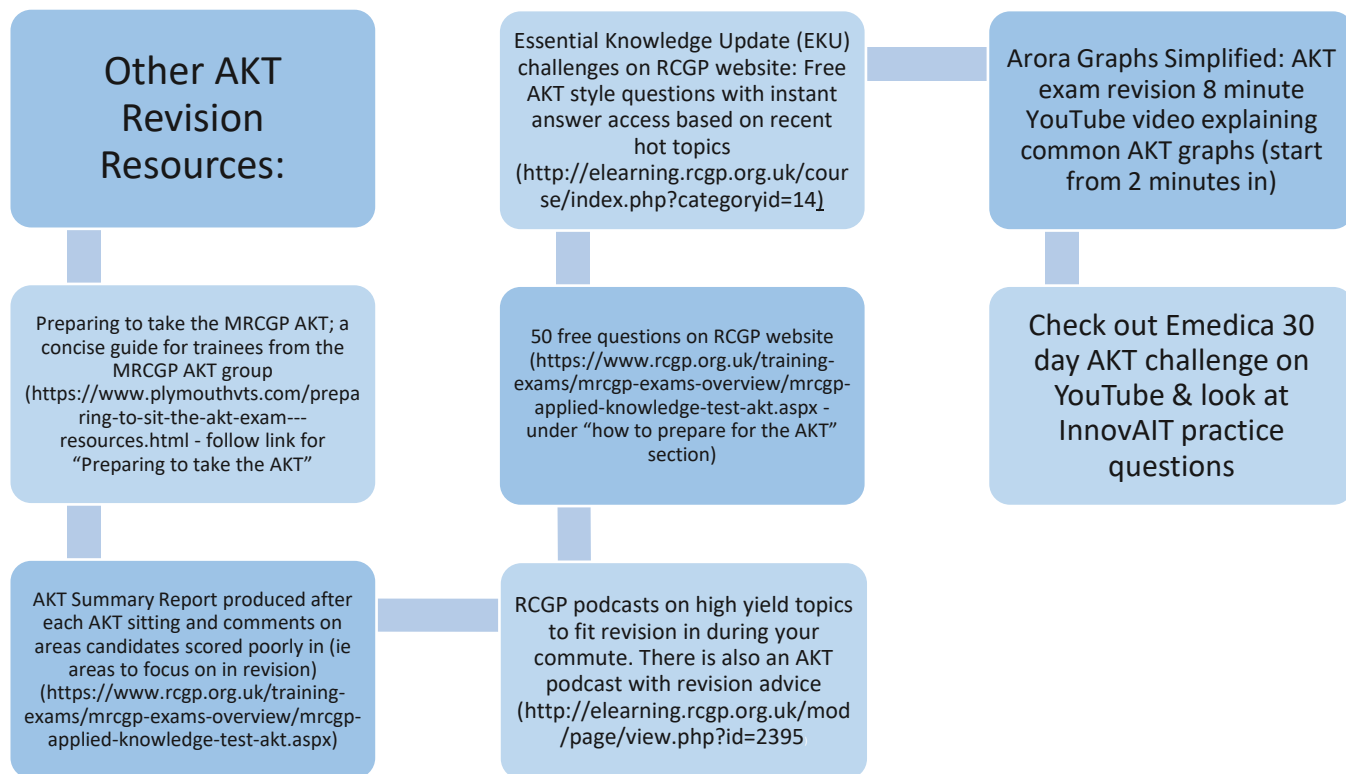
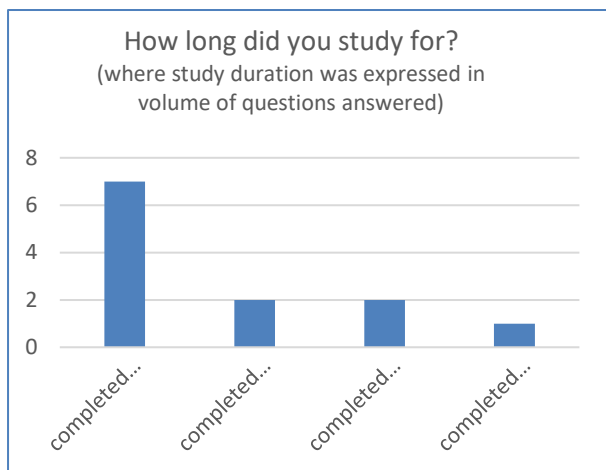


Trainees mentioned how the breadth and volume of questions covered in passmedicine as well as the teaching notes in the passmedicine question bank answers were really useful. However most trainees

combined revision with passmedicine & RCGP self-test; after all it's a college exam and RCGP self-test is the only college-produced question bank.

On reflection how long do trainees say you need to study for?

Obviously the answer to this is largely an individual matter. I studied an hour a day for 5 months but in retrospect that was definitely too much time invested. 66% of trainees spent 2-3 months studying before the exam. Where specified, trainees have mentioned studying on average 1 hour studying/day or between 20-100 questions/day.



Would trainees recommend attending an AKT course?

In a 6 month post you get 15 days study leave and hospital placements have unlimited study budget allocations (which specifically cover AKT course costs). So why not take a day off work for revision at an AKT course? However only 38% of Barnet trainees went on an AKT course.

AKT Course	Cost	Pros	Cons	Use amongst Barnet trainees
Arora AKT course	£250	exam conditions and good explanations, useful notes	expensive (although free with study budget)	1
Mentor MRCGP AKT Course	£250	gives lots of practice questions and useful study guide, comprehensive	expensive (although free with study budget)	1
Emedica AKT course	£200	recommended for the GP admin & statistics teaching	1 comment of content not relevant to exam questions	2
RCGP GPST AKT course	£149	good mock exam, useful statistics explanation	doesn't provide take-home study material	3
No AKT course attended	free	"not necessary if you spend time on questions"		10

Top Tips from your Barnet AKT predecessors:

"Keep calm and do more questions"

- Set yourself goals (eg. 30 questions/day)
- Do a question between seeing patients
- No need to make notes – just do questions
- Give yourself enough time/start early & study regularly but pace yourself (don't cram)
- Useful to have done at least some GP placement before exam
- Try to finish (both) question bank(s) and review incorrect ones
- Use passmedicine textbook to refresh knowledge
- Can supplement questions with reading NICE/CKS guidelines
- Tick off topics on the curriculum
- Understand statistics by theory – go through each option and see if it correlates with the graphs
- Go on an AKT course
- Discuss private study allowance with your trainer or PD
- Read questions carefully
- Don't underestimate the exam
- Don't stress ***Thank you to everyone who contributed to the AKT revision resources questionnaire.***

Some tables are worth memorising independently of questions:

- Childhood immunisation schedule
- Antenatal & newborn testing/screening timeline
- Developmental red flags
- NICE traffic light system for paed's illness
- Child & adult asthma management flowcharts
- Adult health screening timeline
- FHS Quick starting contraception table
- FHS Stopping contraception table
- SIGN guidelines on Osteoporosis flowchart
- List of notifiable diseases
- School exclusion criteria

ARCP & Indemnity

ARCP From Andy Tate, Head of School GP

Having completed the first three days of summer ARCP panels we thought we should share some common reasons why panels have been unable to recommend CCT at first panel and have been issuing outcome 5s.

1. CEPS – trainees cannot receive an outcome 6 unless the eportfolio includes evidence of having been OBSERVED BY A SUITABLY TRAINED CLINICIAN undertaking the mandatory intimate examinations in a clinical setting. These are rectal examination, prostate examination, male genital examination, breast examination and female genital examination (including speculum and bimanual pelvic examination). Please note that rectal and prostate examination MUST be entered as separate CEPS.
2. BLS/AED – panel cannot issue an outcome 6 unless you present evidence via a certificate of training in BLS and AED, valid at the proposed date of CCT. If the certificate does not state AED this is not sufficient and an outcome 5 will be issued. Panels will accept a valid ALS certificate.
3. Out of hours – panel need to be satisfied that there is portfolio evidence of competency in out of hours. It should be noted that competency cannot be assumed to be maintained for more than a year and yet some trainees have presented no evidence of independent working within the previous 12 calendar months. Trainees should normally present recent evidence of competence in out of hours settings and where this is not straightforward the educational supervisor should explain, via an educator note or comment on a log entry, the portfolio evidence on which their judgment is based.

Please discuss with your trainer or PD if you need advice.

ARCP Alert

If you receive an 'Outcome 5' at ARCP, please ensure that once the required information has been added that you check after 2 weeks that your portfolio has been reviewed. If, by that time, it has not been reviewed and changed to an 'Outcome 1', then chase GPNorth until the amendment has been made.

Indemnity From Professor Hilary Diack, Head of Primary and Community Care Education

- For GP trainees HEE has supported trainees with the indemnity required to complete their GP training which includes the two components: clinical negligence and medico-legal support
- From April 1st when the scheme came in HEE has continued to ensure GP trainee receive access to medico-legal support and for trainees in London that would usually be through the block indemnity arrangement which we have with our partner MDO.
- We have secured further agreement to continue this for a transition year whilst we also do a piece of work around placements which fall between CNST and CNSGP (namely hospice placements) and again these have been covered since April and will continue to be so.
- So in short GP trainee remain covered through the block indemnity arrangement. We have advised the HEE Local offices of this and existing processes will continue

Prescriber Alert-Fluoroquinolones

By Mike Wyndham

An MHRA alert was issued in March 2019 regarding the use of fluoroquinolones eg. ciprofloxacin, levofloxacin. It is now advised that this group should not be prescribed if there is a good alternative.

So why is this? Rarely, serious side effects have occurred affecting the musculo-skeletal and nervous system. These include tendonitis, tendon rupture, joint pain, neuropathies, depression, loss of taste, vision hearing, smell. Tendon rupture (more commonly achilles) may occur within 48 hours of the treatment being commenced but may also occur several months after completing the treatment.

If any of the above and similar symptoms occur during a course of treatment, it should be stopped immediately.

Those at risk include people over 60 years, solid organ transplant patients, renal impairment and those taking steroids.

See below for useful links:

<https://assets.publishing.service.gov.uk/media/5c9364c6e5274a48edb9a9fa/FQ-patient-sheet-final.pdf>

Ref: MHRA March 21st 2019

RCGP Prescribing Assessment

By Mike Wyndham

The GMC's PRACtICE study found that in general practice-prescribing errors occurred in 5%.

It was felt that GPs in training might benefit from an assessment of their prescribing. In the REVISIT study, 100 sequential prescriptions were looked at for 10 AITs. The error rate was found to be 10%.

The RCGP subsequently ran a pilot having created a new formative assessment tool which was well received by trainees and their educational supervisors.

As a result, the GMC has agreed that the assessment tool should be tried by ST3s from August 2019 as a mandatory pilot. In recognition of this additional work, a minimum of 10 CBDs will be required in the ST3 year. The requirements are shown below:

1. The trainee searches on their last 60 retrospective prescriptions
2. Using the prescribing manual, the trainee reviews these prescriptions and maps them against potential prescribing errors
3. The GP trainer / Supervisor reviews 20 of these prescriptions, maps these against potential errors and adds these to the spreadsheet
4. The trainee completes the trainee reflection form in the ePortfolio and in particular reflects on their prescribing using the GP prescribing proficiencies
5. The trainee and GP trainer / Supervisor complete the assessment using the GP trainer/ Supervisor assessment form found in the ePortfolio
6. Both the trainee and GP trainer / Supervisor complete and submit the questionnaires
7. The trainee uploads the anonymised spreadsheet to their learning log

Prescribing Assessment

Prescribing is an integral part of a General Practitioner's work and several high profile cases have been published when qualified doctors have made catastrophic errors. In 2017 the GMCs published a document describing Generic Professional Competences. These are competences, which every speciality trainee needs to achieve before the end of training and they include prescribing as one of their key areas. GP trainees are not currently assessed on their prescribing in the workplace and it was felt that this needed to be rectified as a priority.

The assessment consists of a self-assessment prescribing review based on the PRACICE study and REVISIT studies. These were GMC led reviews looking at the number of times errors were found in prescriptions. The results were alarming with 1 in 20 prescriptions containing an error. The REVISIT study looked specifically at prescribing by GP trainees and the error rate rose further to 1 in 10 prescriptions. The RCGP subsequently worked with the Nottingham team to create an assessment suitable for GPs in training.

The resulting prescribing assessment for GP trainees has now been piloted for the last 2 years. The feedback we have received to date has been positive and both trainees and their supervisors have found it valuable.

Quotes have included:

"An excellent way of spending more time on my prescribing and identifying errors which I didn't think I was making"

"Identifying errors in prescribing could make a big difference to patient safety and treatment success"

"We both found invaluable exercise and generated conversation much wider than just prescribing"

"Useful to see the difference in opinion of what was 'suboptimal' and whether both parties agreed as there were cases that my trainer did not feel there was any suboptimal prescribing even when I thought so myself"

"The most helpful bit for trainee was the two hours we spent reviewing patients and prescriptions. We are planning on repeating audit in April"

"I think this was a useful exercise for my learning"

"We found this was a very beneficial exercise and identified a few trends that had not been picked up due to use of a number of different CSs"

Find courses & events

Topic

Region

More options

Start search

The supporting documents which outline the assessment in detail can be found on the RCGP website, link shown below:

<https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/prescribing.aspx>

ref: RCGP website

NICE IN PICTURES

By Neel Clements and Shrestha Pal

We recently took a short trip to Nice during the Easter break. Nice is a fantastic destination if you only have a few days off – it's just a 1-hour flight from London and you arrive in a picture-perfect seaside city! There is so much to explore – museums, a beautiful seafront, local cuisine, sightseeing tours, and a vibrant market. If you are planning a trip away, then think no more!

Here are a few pictures from our holiday to inspire you!



Nice is one of the few cities in France that has beautiful beaches right on its doorstep. The Promenade des Anglais is the most famous stretch of seafront in Nice.

There is a popular hop-on hop-off bus tour is a great way to orientate yourself to the city and famous sightseeing spots.



The Old Town (Vieux Nice) is a historic part of Nice with narrow streets curving between old buildings and red-tiled roofs, restaurants, shops and open-markets.



Musée Matisse is devoted to the works of French artist Henri Matisse. This museum holds one of the largest collects of his works in the world.



The Cours Saleya is one of the best open markets we have ever visited. It is located in Old Nice, and it is one of the liveliest parts of the city. The market is open daily, and you can find fresh flowers, legumes, fruits, spices, jewellery, ornaments, and of course amazing food. The market opens early and it's a great place to enjoy your breakfast as you see the market set up and come to life!



Strawberries are grown all over the Provence area. There are many varieties. We had these beautiful red and fragrant 'Clerly' strawberries which were perfectly ripe and readily available in the market.



There are plenty of restaurants and bistros to suit everyone's taste. On the left is a tiger prawn risotto from Le Koudou - this is a lovely airy seafood and meat place. On the right is authentic rotisserie chicken from La Rossettisserie - served with mashed potato and ratatouille. This is a popular family-run restaurant.



Socca is a local delicacy in the French Riviera, and its mostly found in Nice. This is an oven-baked crispy snack made with chickpea flour and dusted with black pepper. One of the best socca is from Chez Theresa- a popular food stall within the Cours Saleya. The socca is cooked five minutes away and arrives in fresh, hot batches by bike. Delicious!



Castle Hill

The Castle of Nice was a citadel used for military purposes. It stood overlooking the bay of Nice from the 11th to 18th century. It was destroyed in 1706 by the command of Louis XIV. It now remains as the most famous public garden in Nice with outstanding views.

Banana Cake Recipe

By Shrestha Pal

This is an easy bake to use up those ripe bananas that you may have left in your fruit bowl! I'm not a fan of banana in desserts, but this was an enjoyable treat! This recipe is based on Mary Berry's recipe from her cookbook called 'Simple Cakes', with an extra drizzle of icing sugar on top. Reference recipe book – Simple Cakes by Mary Berry.

Ingredients for cake:

100g softened butter
 175g caster sugar
 2 eggs
 2 ripe bananas, mashed
 225g self-raising flour
 1 tsp baking powder
 2 tbsp milk

Ingredients for drizzle icing:

30g icing sugar
 2 tsp water

Equipment:

2 lb loaf tin
 Greaseproof baking parchment
 Butter for greasing
 Electric mixer or wooden spoon

Method:

1. Lightly grease the loaf tin with butter and line it with baking parchment.
2. Pre-heat the oven to 180°/Gas Mark 4.
3. Add all the ingredients for the cake into a mixing bowl and beat until blended well. An electric mixer is best (and easier!) for this, but a wooden spoon can be used to beat by hand.
4. Pour the mixture into the lined loaf tin and level the surface.
5. Bake for between 50-60 minutes, until well risen and golden brown. A fine skewer inserted in the centre of the cake should come out clean.
6. Leave the cake to cool in the tin for a few minutes, and then turn the cake out and remove the lining paper. Cool the cake completely on a wire rack.
7. Mix the icing sugar with 2 tsp of water to make a runny icing, and once the cake is cool drizzle the icing over the top of the cake.
8. Enjoy!



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Important Dates for your Diary:

VTS Dates:

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

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

Residential Away Days at Cumberland Lodge - 12th – 13th September 2019

PLEASE APPLY FOR STUDY LEAVE NOW

RCGP Exam Dates:

Next available AKT Registration Dates:

OCTOBER 2019 exam

Booking period 3rd – 5th September 2019

Exam 30th October 2019

Next available CSA Registration Dates:

OCTOBER 2019 exam

Booking period 28th – 30th August 2019

Exam between 2nd – 5th October 2019

DECEMBER 2019 exam

Booking period 22nd – 24th October 2019

Exam between 3rd – 11th December 2019

FEBRUARY 2020 exam

Booking period 11th – 13th December 2019

Exam between 1st – 15th February 2020

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

Useful Contacts:

Day-to-day work issues or support

- Clinical Supervisor or Educational Supervisor
- Peer trainees
- Programme Directors

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