

**Severn Deanery  
GPST Trainee  
Handbook 2018/19**

**Produced by the Severn  
GPVTS Committee**



Health Education South West

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## Welcome to Severn PGME School of Primary Care

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

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

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

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

**Dr Simon Newton**

Head of the Severn PGME School of Primary Care

## Foreword – 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](mailto: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,

**Arla Gamper and Edward Griffiths**

Outgoing Chairs of the Severn GP Trainees Committee, 2017/18

**Vanessa Jessop**

Incoming Chair of the Severn GP Trainees Committee, 2018/19

**Marie-Estella McVeigh**

BMA GP Trainees Committee, 2018-19

**Jason Sarfo-Annin**

RCGP AiT Committee, 2018-19

## Severn Deanery Details

### **The Severn PGME School of Primary Care**

Deanery House  
Unit D, Vantage Office Park  
Old Gloucester Road, Hambrook  
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### **Dr Simon Newton**

School of Primary Care  
Head of School  
[simon.newton@hee.nhs.uk](mailto:simon.newton@hee.nhs.uk)

### **Simon Davis**

General Practice Education Manager, School of Primary Care  
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### **Jemma Waugh**

School of Primary Care  
PA to Dr Simon Newton, Head of GP School  
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### **Jacqueline Pullin**

School of Primary Care Co-ordinator  
[jacqueline.pullin@hee.nhs.uk](mailto:jacqueline.pullin@hee.nhs.uk)

### **Clare Whittle and Richard Willerton**

School of Primary Care Support Managers  
[SEVGPSupport.SW@hee.nhs.uk](mailto:SEVGPSupport.SW@hee.nhs.uk)

### **Helen Stredder**

GP Recruitment Manager  
[Helen.Stredder@hee.nhs.uk](mailto:Helen.Stredder@hee.nhs.uk)

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

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### **Dr Jason Sarfo-Annin**

RCGP AiT representative 2018-19:  
[jason.sarfo-annin@doctors.org.uk](mailto:jason.sarfo-annin@doctors.org.uk)

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### **Dr Marie-Estella McVeigh**

BMA GP Trainees representative 2018-19:  
[memcveigh.bma@gmail.com](mailto:memcveigh.bma@gmail.com)

## Lead Employer Details

### **Gloucestershire Hospitals NHS Foundation Trust**

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

#### **Richard Giles**

Medical Staffing Manager  
[richard.giles@nhs.net](mailto:richard.giles@nhs.net) or [gfn-tr.gptrainee@nhs.net](mailto:gfn-tr.gptrainee@nhs.net)

#### **Catly Nyinabarinzi**

Medical Staffing Officer  
Email: [catly.nyinabarinzi@nhs.net](mailto:catly.nyinabarinzi@nhs.net) or [gfn-tr.gptrainee@nhs.net](mailto:gfn-tr.gptrainee@nhs.net)

#### **Jenny Harris**

Medical Staffing Assistant  
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## 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  
[COGPED framework contract for GP trainees](#)

- 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.

Medical indemnity [guidance for GP trainees](#)

## Severn Deanery: VTS Patch Details

**Bath** [www.bathgptraining.co.uk](http://www.bathgptraining.co.uk)

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

**Associate Postgraduate Dean:** Dr Rebecca Duffy

**Training Programme Directors:**

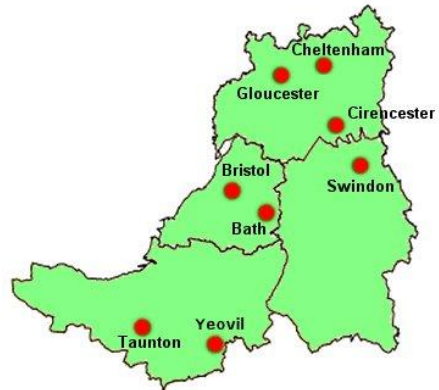
Dr Chris Bevan, Dr Karen Prees, Dr Freya Evans, Dr Adrian Curtis, Dr Anne Whitehouse (on Sabbatical)

**GP Programme Manager:** Paula Cain

Tel: 01225 824894 or e-mail [paulacain@nhs.net](mailto:paulacain@nhs.net)

**GP Administrator:** Maria Phantis

Tel: 01225 824894 or email [maria.phantis@nhs.net](mailto:maria.phantis@nhs.net)



**Bristol** [www.bristolgptraining.co.uk](http://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 Sheila Pietersen, Dr Pippa Stables, Dr Shaba Nabi, Dr Hannah Richmond, Dr Nick Snelling, Dr Jasmin Krischer, Dr Jenna Powell, Dr Sarah Williams

**GP Programme Manager:** Mandy Price

Tel: 0117 414 8028 or email: [mandy.price@nbt.nhs.uk](mailto:mandy.price@nbt.nhs.uk)

**GP Administrator:** Lucy Brenton

Tel: 0117 414 8029 or email [lucy.brenton@nbt.nhs.uk](mailto:lucy.brenton@nbt.nhs.uk)

**Gloucestershire** [www.gpvts.org](http://www.gpvts.org)

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

**Associate Postgraduate Dean:** Dr Lizzie Eley

**Training Programme Directors**

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

**GP Programme Manager:** Hilary Carter

Tel: 0300 422 3037 or email: [hilary.carter@nhs.net](mailto:hilary.carter@nhs.net)

**GP Education Administrator:** Lindsey Buckenham

Tel: 0300 422 4292 or email: [lindsey.buckenham@nhs.net](mailto:lindsey.buckenham@nhs.net)

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**Swindon** [www.swindongpeducation.co.uk/](http://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](mailto:s.timms@nhs.net)

**Snr GP Administrator:** Michala King

Tel: 01793 60 59 24 or email: [michala.king1@nhs.net](mailto:michala.king1@nhs.net)

**GP Administrator:** Alison Rayson

Tel: 01793 60 44 27 or email: [a.rayson@nhs.net](mailto:a.rayson@nhs.net)

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**Somerset** [www.somersetgptraining.co.uk](http://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

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**GP Administrator:** Emma Stallard

Tel: 01935 384670 or email: [emma.stallard@ydh.nhs.uk](mailto:emma.stallard@ydh.nhs.uk)



## E-Portfolio

(Helpdesk - 020 3188 7655 or email: [tep@rcgp.org.uk](mailto: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 & 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. 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:

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

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 encounters, professional conversations, tutorials, reading, courses/certificates, lectures/seminars and out of hours (OOH) sessions. 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 learning log recommendations published by the deanery ([see Appendix A](#))

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

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

### Work Based Assessments

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

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

See [www.primarycare.severndeanery.nhs.uk/training/gp-curriculum-and-mrcgp/wpba/](http://www.primarycare.severndeanery.nhs.uk/training/gp-curriculum-and-mrcgp/wpba/) for more details.

You can either fill them in with your assessor via your e-portfolio portal or you can email them a link to the specific form. If you are sending a ticket via email, unfortunately at present the portfolio does not allow you to add a

description to the link you are sending. You may find it helpful to send a separate email to your assessor with a reminder and brief description.

### GP Specialty Training Year One (ST1)

minimum requirements prior to 12 month review	6 x mini-CEX (if in secondary care) / COT (if in primary care) 6 x CbD 2 x MSF (each with a minimum of 5 replies from clinicians plus 5 non-clinicians if in primary care) 1 x PSQ (if in primary care) CEPS as appropriate clinical supervisors report from each hospital post
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### GP Specialty Training Year Two (ST2)

minimum requirements prior to 24 month review	6 x mini-CEX (if in secondary care) / COT (if in primary care) 6 x CbD 1 x PSQ (if in primary care and not already completed in ST1) CEPS as appropriate clinical supervisors report from each hospital post
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### GP Specialty Training Year Three (ST3)

minimum requirements prior to 36 month review	12 x CbD 12 x COT 2 x MSF (each with 5 clinicians and 5 non-clinicians) 1 x PSQ
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*[Since 2015/2016 the process for recording procedural skills has changed from DOPS to CEPS (clinical examination and procedural skills). There are two parts to CEPS: documenting evidence and a reflective entry. Compulsory CEPS are required for intimate examination which include male/female genitalia, rectal, prostate and breast examinations – you will need to keep a record of these to present at your final ARCP.]*

You will need to have a Clinical Supervisor's report (CSR) for each rotation

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.

## Significant Event Analyses (SEAs)

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

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

## Educational Supervisor and Clinical Supervisor

The Deanery 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.

*TIP* – ask your education supervisor to create a review on your portfolio at the **beginning** of your 6 month period. As you make log entries, you can then go to ‘Review Preparation’ on your portfolio, click ‘Edit’ and quickly enter in details of that log under the relevant section. This will save you a lot of time later.

Your trainer is then expected to: review your 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.

## Out of Hours (OOH) training

[www.primarycare.severndeanery.nhs.uk/training/trainees/out-of-hours-training/](http://www.primarycare.severndeanery.nhs.uk/training/trainees/out-of-hours-training/)

The RCGP and COGPED have undertaken large reviews of OOH training in 2018; the outcomes of which are yet to be confirmed & published, until then the current requirements are explained below.

Trainees in Severn Deanery have been required to complete a fixed number of OOHs whilst on GP placement (36 hours during the 6 month job in ST2 & 72 hours during 12 month job in ST3).

- In ST1/2 GP rotations a requirement of 36 hours in a 6 month job. Up to 18 of the 36 hours can be with 'other' OOH/emergency care providers, e.g. Walk in centre, Children's A+E, Eye Hospital A+E, Ambulance service, Mental Health Crisis team, NHS 111, Community Palliative care team, Drug and Alcohol Service, District Nurses.
- In ST3 a requirement of 72 hours in a 12 month job. This needs to be primarily with the local GP OOH service provider, any deviations need to be agreed with your ES.

Trainees are graded by the supervising trainer & are expected to move up the 'traffic-light system' as they gain more experience:

**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'.

Each OOH session must be recorded in e-portfolio, with a reflective entry and by attaching the signed OOH attendance form. A printed form is signed by the supervisor at the end of each OOH session, then scanned & uploaded to the log entry. One of the 'quirks' of the e-portfolio is that there is no natural place to keep a cumulative log of time spent doing OOH work. The school of primary care asks that you keep a running total in the title of each OOH log entry to make it easy to track progress towards completion of mandatory hours.

There is a separate form to keep this cumulative log, this needs to be uploaded to the portfolio once complete.

**Attendance form:** [here](#)

**Cumulative log:** [here](#)

### OOH changes in the new junior doctor contract

The hours you work in OOH are now included in your working week (40 hours per week), so you need to take time back 'in lieu' for those sessions by arranging to cancel a clinic at your practice with adequate notice not to inconvenience patients. See the section 'The Working Week' to understand this better.

### OOH for less than full time (LTFT) trainees

OOH will be pro-rata for LTFT trainees. This means that if a trainee is working 50%, their OOH requirement will be 36 hours over the course of the year.

## MRCGP exams

### Applied knowledge test (AKT)

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

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

It is a 3 hour, 10 minute MCQ (SBA/EMQ/Best of 5) that is done on the computer at specific assessment centres. 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 a month 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) £450.

#### 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](http://www.passmedicine.com), [www.pastest.co.uk](http://www.pastest.co.uk), [www.onexamination.com](http://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)**

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

This is the 'practical' exam of the MRCGP and is mandatory. You 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!! \*\*\***

## 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.
- 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](http://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 [www.gpnotebook.co.uk](http://www.gpnotebook.co.uk)

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

#### Patient.co.uk [www.patient.info](http://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](http://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](http://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](http://www.eguidelines.co.uk)

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

#### NHS Clinical Knowledge Summaries [www.cks.nhs.uk/home](http://www.cks.nhs.uk/home)

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

#### BMA & 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** ([www.nbmedical.co.uk/](http://www.nbmedical.co.uk/)) 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 organisation 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](mailto: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/>

### **GPs with extended roles**

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

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

## The '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 with 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.

A copy of the presentation for Practice Managers and GP Trainers 'Guidance for GP Practices on the 2016 Junior Doctor's Contract' can be found [here](#)

## 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 outwith 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 the [NHS employers website](#)

- [Guidance for managing work scheduling in general practice settings](#)
- [Template Work Schedule GP Specialty Trainees in Practice Placements](#)
- [Worked example GP work schedule ST1](#)
- [Worked example GP work schedule ST2](#)
- [Worked example GP work schedule ST3](#)
- [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 2 '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](mailto: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](http://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

### **Register with a GP**

[Find an NHS GP](#)

Don't forget to register with a GP for your own health needs. Register at the different practice to the one you'll be working in!

### **Professional Support Unit**

<http://www.severndeanery.nhs.uk/about-us/professional-support-unit/>

Welfare of trainees is of paramount importance to the Severn PGME. The Professional Support Unit offers assistance and support whether you encounter professional or personal difficulties during your training - see link for further details

### **The GP Health Service (PHP)**

<http://gphealth.nhs.uk>

This is a free and confidential service available to GPs and GP trainees (all those on the National Performers List). They provide confidential advice and treatment for mental health and substance misuse problems. Organised out of London, their staff see patients in 13 localities across England and can be accessed through a confidential phone line, website and app.

### **BMA Counselling**

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

The BMA Counselling and Doctor Advisor Service runs 24-hours a day, seven days a week for BMA members. Call 0330 123 124 or see link for further details.



## 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 Summary

[www.primarycare.severndeanery.nhs.uk/training/trainees/leave/the-working-week-and-study-leave/](http://www.primarycare.severndeanery.nhs.uk/training/trainees/leave/the-working-week-and-study-leave/)

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

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

Courses NOT covered by the study budget include:

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

### Annual Leave

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.severndeanery.nhs.uk/training/trainees/leave/](http://www.primarycare.severndeanery.nhs.uk/training/trainees/leave/)

## 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.severndeanery.nhs.uk/training/trainees/less-than-full-time-training/](http://www.primarycare.severndeanery.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](mailto:severngpcommittee@gmail.com)

### **BMA guidance**

The BMA has produced extensive guidance on LTFT:

<https://www.bma.org.uk/advice/career/applying-for-training/flexible-training-and-ltft>

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

[rjdc.severn@bma.org.uk](mailto: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 £425

You can choose to pay these in 3 instalments in the year or in 10 instalments of £39 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 £399 (FT) and £199.50 (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 £222-£443 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:

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

## Travel Expenses

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

In your GP rotation you can claim some travel mileage each day you use your car for 'formal work business':. On any day when a trainee uses their car for "formal work business" (eg. home visits or traveling across practices), the miles incurred in performing this business plus also up to 20 miles required in getting to and from work from home can be claimed.

You'll need to complete a monthly 'claim form' which is available from your practice manager or medical staffing at GHFT. This form needs to be signed by your trainer or the PM. 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 system one to find these)!

## 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.

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.severndeaney.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](mailto:severn.international@gmail.com)

### Professional and Generic Skills Course

<http://www.primarycare.severndeaney.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](mailto: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](mailto:Hannah.BARRETT@spirehealthcare.com) or [bristolgp-education@spirehealthcare.com](mailto:bristolgp-education@spirehealthcare.com)

## Diploma in Family Planning Course

[http://www.fsrh.org/pages/Diploma\\_of\\_the\\_FSRH.asp](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](http://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

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

Severn Deanery offers a number of internal scholarships that enable high-flying GP Trainees to develop additional skills in leadership and education. Successful candidates are appointed during ST2 to a 13 (or 15 month for Public Health and Substance Misuse) month scholarship. This allows an additional 20 working days (i.e. 40 sessions) within ST3 to develop additional expertise. 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.

Current Scholarship programmes include:

- Patch Leadership Scholar – 1 month, 5 posts, 1 per patch
- Patch Education Scholar – 1 month, 5 posts, 1 per patch
- Central Leadership Scholar – 1 month, 1 post
- Health Inequalities Scholar – 1 month, 1 post
- Public Health Scholar – 3 months, 2 posts
- Sustainability Scholar – 1 month, 2 posts
- Substance Misuse Scholar (based in Wiltshire) – 3 months, 1 post
- Social Media Scholar – 1 month, 1 post
- Hot Topics Scholar – 1 month, 1 post
- Research Scholarship – 1 month, 2 post

## LEET

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

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

## Committees

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

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



## GPVTS Training Committee and Patch Representatives

As mentioned above, Severn has an enthusiastic and active committee of trainees in all stages of training and from all 5 patches.

The committee is elected annually but is always keen for people to get involved as its *raison d'être* is to represent the whole body of AiTs.

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

The best way to find out more is to email the committee: [severngpcommittee@gmail.com](mailto: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: <http://www.rcgp.org.uk/about-us/the-college/who-we-are/ait-committee/south-west-england.aspx>

## Graduation and QI Awards

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

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

## “Surviving the registrar year”

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

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

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

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

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

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

Becky: “We’re pleased that we chose the Severn deanery for our training, and are sure you will be too.”