

# HINTS AND TIPS FOR GPST1

Welcome to North Worcestershire VTS! It is a small and friendly scheme but covering a wide geographical area from Cleobury Mortimer across to Studley and down to Bromsgrove. Secondary care placements are generally in Worcester or Redditch hospitals with some in Kidderminster or Bromsgrove.

Local VTS website: [www.northworcestershirevts.info](http://www.northworcestershirevts.info)

## 1. Who's who:

### Training Programme Directors (TPDs)

- oversee the running of our educational programme and deal with pastoral care, employment issues, etc
- Depending on your ST3 practice you should take queries first to the appropriate TPD
  - o Redditch = Anil Joshi: [aniljoshi@hee.nhs.uk](mailto:aniljoshi@hee.nhs.uk); GP Trainer & Partner at St Stephen's in Redditch and portfolio GP
  - o Bromsgrove = Chris Wilkinson: [christopher.wilkinson@hee.nhs.uk](mailto:christopher.wilkinson@hee.nhs.uk); Locum GP
  - o Wyre Forest = Israr Khan: [israr.khan@hee.nhs.uk](mailto:israr.khan@hee.nhs.uk); GP Trainer & Partner in the Walsall area

### Area Director

- Oversees a wider geographical area of GP trainees (Herefordshire and Worcestershire)
- Fiona Kameen: [Fiona.kameen@hee.nhs.uk](mailto:Fiona.kameen@hee.nhs.uk)
- Sometimes joins us at educational events

### Administration support

- Based in Birmingham, but we also have admin support in the postgraduate centres of Worcester Hospital and the Alexandra Hospital
- [Rupinder.kanda@hee.nhs.uk](mailto:Rupinder.kanda@hee.nhs.uk)
  - o For queries such as updating jobs on e-portfolio and educational supervisors, TIS etc (please copy in for sick leave etc)
- [assessments.wm@hee.nhs.uk](mailto:assessments.wm@hee.nhs.uk)
  - o ARCP dates & queries
- [Annehilson@nhs.net](mailto:Annehilson@nhs.net)
  - o linking clinical supervisors etc
- [vickiwatson@nhs.net](mailto:vickiwatson@nhs.net)
  - o Attendance registers for VTS i.e. absences
- [paula.pearson2@nhs.net](mailto:paula.pearson2@nhs.net)
  - o Attendance registers for 'In Contact'

### Educational supervisor

- A training GP at your ST3 practice who oversees your development over the course of your GP training – you will get to know them very well!
- Can view most of your portfolio (NB not unshared logs, nor unlinked personal library items)

- Reads and comments on your learning logs, and links them to capability areas
- Does a 6-monthly review (ESR = educational supervisor review) where they appraise your capability in the 13 domains
- You will meet at the start and end of each placement, but practically speaking most ES will chat about your upcoming placement at your ESR rather than having another meeting shortly after

### **Clinical Supervisor**

- A consultant within the department you are currently working who oversees your learning and development on that rotation
- Not always allocated ahead of time; sometimes you find out when you start the rotation in which case you need to ask admin to update your portfolio with their details
- You will meet at the start of the placement to agree a PDP (= personal development plan) and how you will achieve those objectives – ideally you should fill in the placement planning meeting learning log
- You will also meet at the end of the placement and there is a longwinded CSR (= clinical supervisor report) to complete. My experience is that most CS write something very vanilla in that – if you want anything more useful and specific then it's worth spending a little time jotting down some ideas beforehand of evidence you've gathered within that placement of the various skills so you can mention these at the relevant points.
- Make sure your CSR is before your ESR!! It is a requirement for the ESR to have a current CSR

### **Lead employer**

St Helen's and Knowsley Trust is our lead employer which means they pay our salary. All questions about Pay need to be directed to them. Useful website for contact details is

<http://www.sthk.nhs.uk/workwithus/lead-employer-service>

## **2. Study leave**

<https://www.westmidlandsdeanery.nhs.uk/GP/Trainees/Study-Leave>

30 days a year, of which the Thursday afternoon teaching counts as 15, so 15 to take as and when (or pro-rata if LTFT)

- You can use them to attend specialty clinics if you wish
- You can't claim back exam fees
- RCGP exam prep courses can be claimed back (but not private provider courses)
- You should have a PDP encompassing the purpose of the study leave ahead of applying for the leave, and reflect on the educational value afterwards
- There is no fixed budget per trainee, but requests can be refused if deemed inappropriate

## **3. Teaching programme**

Every Thursday 2-5pm we are released from clinical duties to undertake educational activity. This is protected time and for these 3h we are paid to be doing professional development.

In “term time” (late Sept-Early Dec; early Feb – early April; mid May-late June) this takes the form of HDR = Half day release, whereby we all meet to have peer-organised teaching. You are expected to attend 70% of this which can be challenging with some of the hospital rotas. In GP these should all be attended, taking into account any annual leave or agreed study leave. The venue alternates between the education centres at Redditch and Kidderminster Hospitals.

#### Redditch:

- Staff parking is swipe access so if you haven't worked there you can't access it
- If you pay for a permit at another site then you can park in the patient car park then ask to be buzzed out at the exit, but they usually want to know your permit code
- You can also park on Five Mile drive or any adjacent residential roads and walk in
- To find the education centre, go up to the first floor, turn right and follow the corridor all the way to the end – it's on the left

#### Kidderminster:

- Staff parking onsite is in blue bays and is quite limited – on the periphery of the main car park and outside the mental health block
- I have previously parked in the main car park displaying a sign saying that I am a trainee here for mandatory training and I have never been ticketed...
- You can also park on any of the surrounding residential roads
- To find the education centre on 3<sup>rd</sup> floor, easiest way is to go in the main entrance, turn right and then right again just after the coffee shop to find the lift, go up to 3<sup>rd</sup> floor and then turn left out of lift).

A handful of times each year there are whole day teaching events:

- **“Residential”**: 2 days in late September where we gather to welcome the new trainees, do some educational activities organised by the TPDs and agree the topics for teaching for the upcoming year. Once upon a time we had funding to stay overnight at the venue, hence “residential”, but cuts have meant we now self-fund that if we wish.
- **Whole day joint teaching with South Worcester**: so far, we have had this in February and in September; this year the February day is a Hot Topics Day which Anil has organised at a discounted price
- **Whole day end of year teaching** in June

In terms of the delivery of the teaching, it is up to you whether you want to deliver it yourselves or invite in an external speaker. The afternoons are broadly split into:

- |           |  |
|-----------|--|
| 2.00-2.15 | Reflective cases – a chance to discuss any cases that you have come across that were challenging or unusual or you would like some feedback on             |
| 2.15-4.30 | Teaching, with a coffee break (people volunteer to bring snacks)   |
| 4.30-5.00 | Hot topic – usually done by ST3s and covers a topical item from the news or something else of current interest eg things that patients may ask you about!! |

Outside of “term-time” we have clusters:

- small group peer-led teaching
- we meet locally for this – usually one group in Redditch, one in Bromsgrove, one in Wyre Forest, often at a GP practice
- We organise it via Whatsapp so make sure you’re added to the relevant group
- It is up to you which cluster you attend, people often choose by where is closest to their current placement
- Topics for cluster are up to us – some people take the opportunity to practice AKT questions or CSA cases, and this can generate valuable discussion. You can discuss challenging or interesting cases, organise trips out to relevant activities or visits from outside speakers (eg this year we’ve done a couple of dementia orientated activities in conjunction with Burcot Grange residential home). Some of us chose a topic and prepare a short activity sheet based on that and we look at the relevant guidelines etc during the session
- Attendance registers are taken for these and we are expected to attend as it is protected teaching time and part of our contract. Email the registers to [vickiwatson@nhs.net](mailto:vickiwatson@nhs.net)

#### **4. E-portfolio**

You need to register for this ASAP when you start, and this also involves paying the membership fee.

Aim for around 2 reflections (learning logs) a week

At least one of these should be based on a clinical encounter; bare minimum requirement is 3 clinical reflections per month

Try to focus on either how you were feeling, how the patient/family was feeling, why that was, why the encounter went well or not well or what you’d change next time – it’s more interesting to try to unpick these aspects than just saying “I learnt this fact”

You can put in draft entries to jog your memory ie just write the bare bones and then come back to flesh out the details later. Often I chat with others about certain cases I have seen and have some interesting revelations which I later forget... take a few minutes to jot something down to remind yourself.

You tag the entries with up to 3 clinical experience groups items – beware your trainer can untag them if they want! Try to achieve a spread across curriculum topics (look at the table under left bar menu: review preparation then curriculum coverage) but don’t worry if you’re unable to cover them all in some hospital posts (eg I didn’t manage to do Men’s health during O&G...)

Your educational supervisor will tag your entries with capability areas – these are different to curriculum areas and form the basis for the educational supervisor review every 6 months. For this review you have to self-rate by using the evidence your supervisor has tagged to illustrate why you think you’ve achieved a certain standard. Keep an eye on your totals (left bar menu: review

preparation → capability areas) and if you're thin on the ground then try to focus on these for your next logs

## 5. Hospital/Specialty Rotations

Take a look at the super condensed curriculum guide for each of your hospital rotations to give you an idea of how to maximise your learning opportunities from a GP perspective. You can use these ideas to base your PDP on

<https://www.plymouthvts.com/learning-goals-for-hospital-placements-scottish-super-condensed-curriculum-guides.html>

PDP goals should be SMART: specific, measurable, achievable, relevant, time-bound.

Meet your clinical supervisor early in your rotation. If they don't have access to your portfolio then email Hannah or Anne (details above) to get it updated. You need to meet them again at the end of your rotation – need to do this before your ESR so book it in early!

## 6. ARCP

Happen every 12 months regardless of whether full time or not!! LTFT requirements are supposed to be pro-rata to full time

For ARCP, ESR has to have been within 2-8 weeks of your ARCP date so plan ahead!

Remember to do your Form R part A and B at least 2 weeks before the ARCP – no excuses and you will fail if you don't! Find them on the deanery website

<https://www.westmidlandsdeanery.nhs.uk/gp/trainees/arcps>

You also have to complete the GMC surveys and JEST surveys – they will lock out after a certain time so get them done promptly and upload the completion page to your eportfolio

Current work place based assessment requirements:

	COT or mini-CEX	CBD	MSF	PSQ	CEPS	CSR
<b>ST1</b>	3 + 3	3 + 3	1 + 1 Usually min 5 clinical for each MSF (5 clinical and 5 non-clinical if in GP)	1 if in GP post	Yes	2 (CSR in every attachment)
<b>ST2</b>	3 + 3	3 + 3	None in ST2	1 if in GP post and not done previously	Yes	2 (CSR in every attachment including GP)
<b>ST3</b>	6 + 6	6 + 6	1 + 1 5 clinical and 5 non-clinical for each MSF	1	Yes	None

Also need to undertake a Quality Improvement Project – now in ST1/2 GP post ideally

Prescribing review is mandatory in ST3 and counts as 2x CBD so you really only need 10 CBD in ST3

There is a checklist available at <https://www.westmidlandsdeanery.nhs.uk/gp/resource-downloads>

## 7. Exams

AKT can be sat from ST2 onwards. You have a maximum of 4 attempts. It covers a really wide range of topics – don't underestimate how long it will take to revise! 4-6 months minimum in my opinion depending on commitment

It's up to you when you sit it – often people wait until they have done some or all of their ST2 GP post as this makes revision easier (can be harder if you're focussed on a specialty). Bear in mind your own personal circumstances – life events, children, on call pattern etc.

Online question banks are really useful but do try to read around topics that come up (ie don't just do the questions!) and when you see patients take the opportunity to read around their conditions using CKS, national guidelines, patient UK etc. Great resource is the GP Self test on the RCGP website, it is free to all members and covers all areas with exam-style questions.

CSA can only be sat in ST3. It is an OSCE style exam and consists of 13 mock consultations each lasting 10 minutes. Good opportunities for practice include: video consultations or joint consultations with trainers, VTS teaching, consider buddying up with others who are sitting at a similar time

Specialty exams – up to you! Probably easier sat in ST1 if you fancy any as you won't be focussed yet on AKT or CSA. DRCOG, DFSRH, DCH are popular choices but some involve more commitment than others! Easier to sit them while you are in the relevant specialty

## 8. Out of Hours (review – changed August 2019)

- Start doing this in ST2 and continues into ST3
- You get an induction for it which you will be notified about by email, usually you are invited for this at the start of ST2
- You take time off in lieu meaning if you have a 4h shift, you take a half day off before/after to compensate you; if you have an 8h shift you take a day off. Plan ahead and let your

practice know early about time off in lieu so they can block you out. Please look at OOH document – re educational time off Lieu for induction & observed shifts

- Shifts are booked via rotamaster, you'll get the login details at induction
- Shift types are broadly as follows:
  - Base = in OOH usually at hospital, best for ST2, supervision can be tailored
  - Visiting = in car, you have a driver and a GP trainer with you at all times, therefore closely supervised at all times, useful early on
  - Clinical navigator = in hub building, all telephone based, both dealing with prescription requests and triaging calls, good for audio COT but probably best left to ST3
  - Contingency = could be anywhere...usually base or visiting
- Complete a log with your supervisor for each session and reflect on learning in your portfolio
- Link to OOH document – please see OOH