



Royal College of  
General Practitioners



Health Education Wessex

# **Wessex Deanery AiT Guide to completing your GP training**

## **2016**

**... All the things we wished we had known from  
the start of our training**

## Introduction

Welcome to Wessex!

You are most likely going to be inundated with paperwork and advice as you settle into a new training post and, possibly, a new home over the coming weeks. The majority of this will of course prove to be useful, if not immediately, then over the coming months.

As trainees we have looked back on our time in GP training and we have thought of a number of issues and advice that we discovered via chance or word-of-mouth that would have been useful to know from day one. As a result we wrote this document which we hope might help plug those gaps for you.

If you have any suggestions for extra pieces to include, how to improve the document, etc. then please do email [wessexAIT@gmail.com](mailto:wessexAIT@gmail.com)

Thanks,

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Written by Wessex AiT Subcommittee 2012-3*

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## Associates in Training Subcommittee

The AiT committee was created to give GP trainees the opportunity to voice their opinions on the development of policy and future initiatives in relation to their GP training and membership. It is run 'by trainees, for trainees'. It aims to provide support through identifying and solving problems that may arise and be an advocate for trainees in liaising with the Deanery and Royal College. The sort of issues that arise can be anything from training posts to exam queries.

The committee membership is flexible but we aim to have a Chair, two representatives for each of the four patches within Wessex, two Less Than Full Time trainee representatives and our National AiT Committee reps. The Committee usually meets four times each year. If you would like more information about joining the committee please email [wessexAIT@gmail.com](mailto:wessexAIT@gmail.com)

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## Hospitals in Wessex Deanery



### **Basingstoke**

Hampshire Hospitals NHS Foundation Trust [www.hampshirehospitals.nhs.uk](http://www.hampshirehospitals.nhs.uk)

In January 2012, the Basingstoke and North Hants Hospitals NHS Foundation Trust merged with the Winchester and Eastleigh NHS Trust forming a combined organisation called Hampshire Hospitals NHS Foundation Trust. The Basingstoke and North Hampshire Hospital in Basingstoke provides the national surgical service for Pseudomyxoma peritonei (rare abdominal cancer).

### **Bournemouth**

Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust [www.rbch.nhs.uk](http://www.rbch.nhs.uk)

The hospital provides Urology and Ophthalmology services to a wider catchment area including Poole.

### **Dorchester**

Dorset County Hospital NHS Foundation Trust [www.dchft.nhs.uk](http://www.dchft.nhs.uk)

Dorset County Hospital was established in 1991 and has around 400 beds. The hospital provides renal services for patients throughout Dorset and South Somerset; a total population of around 850,000.

### **Newport**

St. Mary's Hospital [www.iow.nhs.uk](http://www.iow.nhs.uk)

St. Mary's Hospital provides the Island's resident population of around 140,000 and has 477 beds. The new GP led walk-in centre (The Beacon centre) is also located at the hospital. The Trust has a new £7 million residential block on site for NHS staff.

### **Poole**

Poole Hospital NHS Foundation Trust [www.poole.nhs.uk](http://www.poole.nhs.uk)

Poole Hospital is the major trauma centre for East Dorset. The hospital provides ENT, Paediatric and Maternity services for a wider catchment area including Bournemouth and Christchurch.

**Portsmouth**

Portsmouth Hospitals NHS Foundation Trust [www.porthosp.nhs.uk](http://www.porthosp.nhs.uk)

The majority of the Trust's acute services are provided at Queen Alexandra Hospital, which has 1,200 beds. The Emergency Department is one of the busiest in the UK treating >132,000 patients each year. Military staff account for about 5% of the total workforce.

**Salisbury**

Salisbury NHS Foundation Trust [www.salisbury.nhs.uk](http://www.salisbury.nhs.uk)

The hospital is the regional centre for burns, cleft lip and palate. It is also the home of the Duke of Cornwall Spinal Treatment Centre, which cares for patients with spinal cord injuries living in the South and South West of England.

**Southampton**

University Hospital Southampton NHS Foundation Trust [www.uhs.nhs.uk](http://www.uhs.nhs.uk)

The Trust provides services to 1.3 million people living in Southampton and South Hampshire. The Trust has specialist services for a much wider population such as Cardiothoracic surgery, Neurosurgery, Paediatric ICU and Genetics.

**Winchester**

Hampshire Hospitals NHS Foundation Trust [www.hampshirehospitals.nhs.uk](http://www.hampshirehospitals.nhs.uk)

In January 2012, the Basingstoke and North Hants Hospitals NHS Foundation Trust merged with the Winchester and Eastleigh NHS Trust forming a combined organisation called Hampshire Hospitals NHS Foundation Trust. The Royal Hampshire County Hospital in Winchester is a DGH serving most of central Hampshire.

**Patch Websites**

Dorset (encompassing Bournemouth, Poole and Dorchester):

<http://dorsetgpcentre.com>

Mid-Wessex (encompassing Winchester, Basingstoke and Salisbury):

<http://mwgpe.co.uk/>

Portsmouth (encompassing Portsmouth and the Isle of Wight):

<http://www.gpeducation-portsmouth.co.uk>

Southampton (encompassing Southampton, the New Forest and Jersey):

<http://www.gpeducation.org.uk>

## Assessment and Exams

To qualify as a GP you need to pass the MRCGP, which comprises of three separate components:

- Applied Knowledge Test (AKT) - an assessment of the knowledge base that underpins independent general practice.
- Clinical Skills Assessment (CSA) - an assessment of a doctor's ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice.
- Workplace Based Assessments (WPBA) - evaluates trainee's progress in areas of professional practice best tested in the workplace

### Applied Knowledge Test (AKT)

Multiple-choice exam of 200 questions in 3hrs 10mins. The AKT is a computer based exam taken at one of 150 Pearson VUE test centres (where the UK driving theory tests are delivered).

Approximately 80% of questions will be on clinical medicine, 10% on critical appraisal and evidence based medicine, and 10% on health informatics, management and administration.

You can take the AKT in ST2 or 3 but are not allowed to sit it in ST1. It is recommended that you have spent at least one rotation in GP before sitting the AKT exam. At present you are allowed 4 attempts at the exam. AKT passes obtained after 1 August 2010 will no longer be subject to a three year validity limit.

Helpful online revision resources:

- <http://www.passmedicine.com>
- <http://www.onexamination.com>
- <https://www.pastest.com/mrcgp-akt/>
- <http://mrcgpexamprep.co.uk/>
- [http://emedica.co.uk/akt\\_online.html](http://emedica.co.uk/akt_online.html)

Current exam cost: £489

Sittings: October, January and April

### Clinical Skills Assessment (CSA)

A 13 station OSCE / simulated surgery with 10 minute consultations, taken at the RCGP headquarters.

You can only take the CSA in ST3. At present, you are allowed 4 attempts.

CSA resources:

- Scenarios written by fellow trainees within other VTS schemes – see helpful links on page 33.
- The AiT Committee recently published a guide to the CSA. It covers common questions you might have about the exam and helpful tips. The following link takes you to the Wessex deanery exam page and there is a pdf link to the CSA guide [http://www.wessexdeanery.nhs.uk/gp\\_primary\\_care/trainees/mrcgp.aspx](http://www.wessexdeanery.nhs.uk/gp_primary_care/trainees/mrcgp.aspx)

- Case Cards: These cards have been developed to enhance your clinical and communication skills. Written by colleagues within Wessex. Available to purchase via RCGP website. There should be a set in every training practice (provided by the deanery several years ago). <http://www.rcgp.org.uk/bookshop/mrcgp-study-aids/casecards.aspx>
- DVDs: MRCGP CSA Series 1-4 have been developed and produced by leading educationalists within the faculty to help you prepare for your Clinical Skills Assessment. Prices start from £30. Practices should have a copy but also available to purchase via RCGP website. <http://www.rcgp.org.uk/bookshop/mrcgp-study-aids.aspx>
- CSACases.com provide 60 online cases available to purchase <http://www.csacases.com>

Wessex Faculty run excellent revision courses for AKT and CSA – see Wessex RCGP faculty website for further details of courses. These have previously been heavily subsidized by the Deanery although it is unclear for how long that will continue. Please check current arrangements with your Patch Team.

Current exam cost: £1642

Sittings: There are 7 sittings throughout the year for 2016-17 (monthly from October – May). Hopefully you won't need to resit but if you do the Deanery / RCGP advise allowing at least 2 months between resits.

There are excellent resources and guides on preparing for the CSA on the RCGP website including what to expect on the day and equipment you will need to bring with you.

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

If any trainee is worried or concerned about their capabilities to qualify they should speak to their Training Programme Director, who is there to help; this should be initiated early on so a review of needs and if appropriate extra support can be arranged.

### **Work Placed Based Assessments (WPBA)**

Workplace Based Assessments (WPBA) provides a framework for evaluating a doctor's progress in those areas of professional practice best tested in the workplace. It forms one of the three components of the MRCGP exam so should not be ignored.

WPBA is designed to support your development, providing feedback on your progress and helping to identify any areas of difficulty.

Throughout your GP specialty training, you collect evidence related to 13 areas of professional competence and record it in your Trainee ePortfolio. This evidence is used to inform six-monthly reviews and - at the end of training - to make a judgement about your readiness for independent practice. To access your ePortfolio click on the link below:

<https://gpeportfolio.rcgp.org.uk/Login.aspx>

The evidence is collected using specifically designed WPBA tools (see list below); further information for each individual WPBA tool can be found at the RCGP link listed below:

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

- Case-based Discussion (CbD)
- Learning Logs (LL) and Personal Development Plan (PDP)

Learning Logs are reflective writing entries to help you think deeply about what you've been learning or experiencing; you are also required to keep an active Professional Development Plan.

**Please note:** In light of a recent case, in which a trainee's reflections in their portfolio were used as evidence against them in a claim, it is important to remember that all records should be anonymized. In the extremest of circumstances you may be asked to provide documents that contain your reflections as part of an investigation or case in which you may be vulnerable; if this occurs you should seek clarification from your medical defence organisation about the amount of detail you are obliged to pass on.

- Clinical Evaluation Exercise (MiniCEX) for use in hospital posts only
- Consultation Observation Tool (COT) for use in primary care only
- Multi-Source Feedback (MSF)
- Patient Satisfaction Questionnaire (PSQ) for use in primary care only
- Clinical Examination and Procedural Skills (CEPS)  
It is essential that trainee includes entries on breast, rectal, prostate and the full range of female and male genital examinations, as these are mandatory requirements by the GMC and can be found listed under the skills log.
- Clinical Supervisors Report (CSR) to be undertaken in all hospital posts, but can also be used in the primary care setting

Direct Observation of Procedural Skills (DOPS) was an active WPBA tool until November 2015; it has now been replaced by CEPS which provides a more comprehensive system to demonstrate these skills. Any DOPS completed prior to this date can be accessed in the ePortfolio and can support the CEPS competency.

The Bradford VTS scheme has helpful information on how to complete, and make the most of the e-portfolio: <http://www.bradfordvts.co.uk/mrcgp/eportfolio/>

### **Educational Supervisors Report (ESR)**

It is sensible to keep in contact with your Educational Supervisor regularly by telephone, or email. You should aim to meet with them in person at the beginning, middle and end of each post. If you are working in a hospital specialty, you should consider using some of your study leave to work in your Educational Supervisor's practice.

Every 6 months you are required to meet up with your Educational Supervisor for an in depth, face to face review of how you are getting on, which will form your "Educational Supervisor Review". Your supervisor writes a detailed report (the "Educational Supervisor Report" or "ESR") about your progress, which is stored in your ePortfolio. In preparation for the ESR you must write evidenced 'self rating statements' about your progress, linking in your WPBA as evidence to support your self ratings. NB. A 'new review' must be created by your ES or patch administrator before you are able to start linking and creating the self ratings.

This can be tricky the first time you do it but your trainer will explain how the process works, how you link evidence and what is expected from you.

## ARCP Panel

At least once a year you are reviewed by the Deanery at an ARCP (Annual Review of Competency Progression) panel. The overall aim of the ARCP panel is to decide if a trainee has collected enough evidence to demonstrate progression in their training to allow them to move to the next year or quality.

There are four reasons for an ARCP panel to review you:

- Gateway ARCPs that occur between ST1/2, ST2/3 and the CCT (i.e. to allow progression from one training year to the next)
- Annual ARCP that has to take place once every 12 months, regardless of progression (e.g. you may have been “less than full time training” and not reached a “Gateway”)
- ARCP due to referral by your ES because of concerns (this can occur at any time)
- If you are going on a career break (e.g. maternity leave), you will need to complete an ESR and need to have an ARCP panel review BEFORE you finish. If this applies to you, please liaise with Fenella Williams – Fenella.Williams@wessex.hee.nhs.uk

The panel normally consists of senior educators from within the Deanery, experienced lay assessors and external representatives from the RCGP (who provide quality assurance).

For ST1/2s the ARCP is usually in early July. For ST3s it is in early June to allow time to apply for your CCT (Certificate of Completion of Training) ready to finish training at the beginning of August. These reviews do come round quicker than you expect! Please note that your ESR deadline and therefore your ePortfolio, WPBA and self ratings need to be completed usually 2-3 weeks prior to the ARCP.

The dates for the ESR deadline and annual ARCP are published on the Deanery website very early on in the academic year; please see the link below:  
[http://www.wessexdeanery.nhs.uk/gp\\_primary\\_care/trainees/arcp.aspx](http://www.wessexdeanery.nhs.uk/gp_primary_care/trainees/arcp.aspx)

If you are out of programme (not statutory or maternity leave), an annual review will take place to note the reason for your absence. Your formal annual review will then take place at the appropriate time, once you are back at work.

If you are on sick leave or maternity leave then the “clock” stops when you commence your period of absence and begins when you return to work. If you are unsure of when your WPBA and ESR deadlines are because you are out of sync with training times, please contact Fenella Williams who will be able to provide assistance:  
[Fenella.Williams@wessex.hee.nhs.uk](mailto:Fenella.Williams@wessex.hee.nhs.uk)

You will be warned 6 weeks before the ARCP panel meets. You need to complete and submit all your documentation (i.e. have completed your ePortfolio and returned any paperwork the Deanery request) by two weeks before the panel is due to meet. This is in order to allow the Deanery admin team and the panel time to review the evidence presented before the actual panel meeting.

The panel will normally undertake your review remotely i.e. your attendance will not be required unless your performance has been less than satisfactory. If you receive an unsatisfactory outcome you will be required to attend a follow up panel two weeks later.

The purpose of the Gateway ARCP panel, specifically, is to ensure adequate evidence has been presented to allow progression to the next stage of training. If adequate evidence has been submitted, a judgment is made about your suitability to progress to the next stage of training (or, for ST3s, to confirm training has been satisfactorily completed).

The evidence used is that which you supply through your ePortfolio, along with any other paperwork requested by the Deanery (e.g. Form R – see later in this handbook). Your ESR is

especially important, as it is the method by which your Educational Supervisor makes their recommendation to the panel.

The panel can make a number of decisions or “Outcomes”. The Outcomes are:

- Outcome 1 - Satisfactory progress
- Outcome 2 - Unsatisfactory progress - additional training time not required
- Outcome 3 - Unsatisfactory progress - additional training required
- Outcome 4 - Released from the scheme
- Outcome 5 - Insufficient evidence presented (e.g. missing information; incomplete assessments / training requirements; insufficient log entries...)
- Outcome 6 - Gained all competencies required (i.e. progress to CCT)
  
- Outcome 8 - Out of programme for research, approved clinical training or career break

Where there is unsatisfactory progress the panel meets again two weeks later and the trainee is required to attend. The purpose of the second meeting (“follow up panel”) is for the panel to explain its decision and for the trainee to discuss anything they might not understand about the decision.

For further information please see the ‘Gold Guide’ which is the national guidance document that details all the “rules and regulations” that apply to GP training for further information relating to the ARCP Panel process and outcomes:

PDF document – A Reference Guide for Postgraduate Specialty Training in the UK is available from <http://www.copmed.org.uk/publications/the-gold-guide>

**Information written on ePortfolio documentation for GP trainees in Wessex by Dr Jonathan Rial and Dr Janet McGee, GP Associate Deans for ARCP.**

Dr Rial has written an e-module for the RCGP on GP ARCPs. This is available from [www.elearning.rcgp.org.uk/arcp](http://www.elearning.rcgp.org.uk/arcp) and is useful to help you to understand the ARCP process.

### **How to present your ePortfolio**

General guidance on how to present your ePortfolio so it passes smoothly through the ARCP process (collated in 2013 and updated 2016):

1. **Out of Hours (OOH)** (for further details please see page 13)
  - **Record individual OOH sessions worked in GP placements in the ePortfolio!** Despite previous guidance many trainees still do not record their OOH sessions adequately on the ePortfolio. Please follow the guidance below:
    - Create a learning log for each OOH session completed
    - Please document the number of hours worked in each individual session alongside a cumulative record of OOH worked in that GP training year in the title of that entry (e.g. Session 1 – District Nurses, 6 hours, Total 6/36 or Session 11 – OOH Mobile, 4 hours, Total 68/72)
    - Scan the clinical supervisor report from the OOH session and attach it to the individual learning log record.
  - Prior to your ARCP you should also **complete a summary of your OOH experience** – the form for this is available on the OOH pages of the deanery website.
  - You need to complete **72 hours of OOH in ST3** (minimum of 12 sessions) and **36 hours in each 6 month FTE GP placement in ST1 and 2** (minimum 6 sessions in different activities); this is a contractual obligation. If you do not document this fully in

the ePortfolio you run the risk of being further investigated by the Deanery to check that you have worked these hours. If you complete more than 6 months in General Practice in ST1/2 then you must complete further OOH at a rate of 6 hours/month FTE.

## 2. CPR/AED certificates

**Scan your CPR certificate into the learning log under 'Courses/Certificates'.** If the current certificate is not visible on the ePortfolio trainees run the risk of getting an Outcome 5 (Insufficient Evidence) at the final ARCP in ST3. This would be converted to an Outcome 6 (apply for CCT) at review 2 weeks later if the certificate was by then present, however it does mean trainees run the risk of having their CCT delayed. Please be aware that certificates are not visible to the Deanery if it is present only in the 'personal library' rather than attached to a learning log.

## 3. Learning Log (LL)

**Share LL entries with your Educational Supervisor as you write them.** This will allow your ES to read them as you write them. If you share all your entries in a block towards the end of each post then it is unlikely your ES will be able to read, comment and validate them fully.

In each six month educational supervision review period you should produce evidence relating to each of the competences. This evidence should be evenly spread through the review period and derived from a range of the WPBA tools. This will enable you to create a picture of your competence and/or curriculum coverage. The amount of evidence needed to create this picture will depend on the depth of the evidence from each log entry or completed CbD / COT / miniCEX etc. Think of making a digital picture where you need to have enough pixels to create a clear image. In the same way, the amount of 'pixels' that a log entry or WPBA tool gives will vary depending on the detail included in the tool. **As a guideline only we suggest 1 LL entry per week in ST1, 2 per week in ST2 and 3 per week in ST3.** If you achieve these numbers then it is very likely you will cover the GP curriculum effectively by the end of your training.

**We recommend you make 50% of your LL entries related to a clinical encounter.** These should be the easiest to write and are the best method of demonstrating to your ES that you are learning from your patients – a core principle of medical education.

**Quality Improvement and Significant Event Recording.** You should record 1 LL entry each year related to quality improvement activity (e.g. audit). **You must also record at least 1 significant event every six months** (Revalidation expectation). A "significant event" can be good or bad and does not have to be a formal "serious incident". If you don't record these it will be difficult for you to show adequate evidence of competency 10 (maintaining performance, learning and teaching). These entries are also good opportunities to write reflective log entries and mirror what qualified GPs have to demonstrate for revalidation.

**We expect you to compile evidence steadily throughout your training.** Each year we have seen trainees where all the evidence collection is compressed into a short period of time. You run the risk of an Outcome 5 (insufficient evidence) if you adopt this policy. With posts shorter than 6 months there must be good evidence showing learning relating to each post undertaken.

#### 4. PDP – Personal Development Plan

**This needs to be an active document. If there were no PDP entries in the previous 6 months you are at risk of getting an Outcome 5 (insufficient evidence).** We expect to see evidence of regular updating – new entries added and existing ones completed. There should be several PDP entries relating to each 6-month period of training; as guidance we recommend one PDP per month of training. These should follow the SMART principle (**S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-framed). Each entry should relate to one learning need. Seek advice from your ES if you unsure how to use the PDP tool.

#### 5. Curriculum Coverage (CC)

You must ensure that you have adequately covered the entire curriculum by the end of training.

#### 6. Competency Coverage

These are the numbers generated by your ES as they validate log entries. Make sure that you are covering all competencies in every post. This evidence is used to create your ESRs and without it you will not have enough evidence to demonstrate progression.

#### 7. Self-Assessment.

**Read the word pictures** in the ePortfolio before you rate yourself. We are still finding trainees inappropriately rating themselves as competent (for licensing, remember) when this is clearly not the case. It is usually only achieved in all areas by the end of ST3.

Refer back to evidence in the ePortfolio when you justify your rating. This will make it clear to your ES and to the Panel why you have reached this decision.

#### 8. MSF in a GP ST1 post

In a hospital post ST1 MSF you need to obtain at least 5 responses from clinicians. However **in a GP ST1 post you have to obtain 5 responses from clinicians and 5 from non-clinicians.**

#### 9. Post details

It is your responsibility to make sure your post details as recorded in the ePortfolio are up to date. **If your posts change, e.g. if you have sick leave, maternity leave or time out-of-programme for any reason, you must inform your patch office who can amend your ePortfolio.** We regularly come across trainees with inaccurate post data. This delays your ARCP and wastes a lot of the Deanery team's time.

#### 10. Attendance at Follow-up Panel.

We have been surprised and disappointed that several trainees were reluctant to attend the Follow-up Panel and challenged their need to attend. We only call you to Panel if we think this is necessary. **You are under an obligation to attend.**

If you miss the deadline for ES submission then you run the risk of having your CCT delayed (ST3) or of delaying your transition to your next training year (ST1/2).

## Out of Hours Training

Feedback from Dr Richard Weaver, Director of GP Education & Head of GP School, Wessex

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**Please see the full OOH guidance on the Deanery website for further information:  
[http://www.wessexdeanery.nhs.uk/gp\\_primary\\_care/resources\\_and\\_information.aspx](http://www.wessexdeanery.nhs.uk/gp_primary_care/resources_and_information.aspx)**

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### ST1/2 GP Attachment OOH

GP Trainees in their ST1 or 2 GP training attachments should have exposure to the wide and varied range of allied services that work with, and alongside, the GP Emergency “Out of Hours Services”.

Sessions during the ST1/2 GP part of training **should not include** time in the “GP On-call Out of Hours Service”, which should only be undertaken during the ST3/GPStR post.

Trainees are normally expected to undertake at least one session every month and to have completed a **minimum of 6 sessions in different services** during their GP ST1/2 Post.

All GP ST1 and GP ST2 trainees are required to have completed **at least 36 hours experience** by the end of their 6 month GP attachment (pro-rata for different time periods and in Less Than Full Time Training posts).

This experience is expected to take place only when in a GP post in the first 2 years. If some or none of the expected sessions have been completed then they should be completed during the GPStR post in ST3 and will be in addition to the expected Deanery minimum of 72 hours OOH experience for ST3.

In exceptional circumstances and only with prior agreement by the Deanery can this experience be undertaken during a Hospital Specialty post.

This Out of Hours experience should be documented in the learning plan with your GP Educational Supervisor, usually your GP Trainer.

Sessions for the purposes of learning should normally be about 4-8 hours. This may not always be possible in some attachments (i.e. on an Ambulance shift) and should be clearly explained in the Learning Log Entry. Where a session is longer than 8 hours in length this time will not normally be accepted without clear evidence in the Learning Log entry as to what additional learning has occurred.

The Deanery sees the OOH training requirement as an opportunity to have a wider and richer learning experience of OOH provision and to learn from the allied services that trainees will work in conjunction in their future role as a GP. Appropriate learning situations for ST1/2 GP Trainees should include:

- GPR ST1/2 OOH Deanery Induction (see below)
- Ambulance or Police attachments
- On-call with duty Psychiatrists, Community Psychiatric Nurses and teams
- OOH and Terminal Care Nursing services to include Macmillan services
- Social Workers and Social Care Services
- Community Midwives
- Walk in clinics etc
- Specific local provision e.g. Community Paediatric Admission Prevention services, etc

The AiT Committee has generated lists of ST1/2 OOH providers / contact details which should be available through the Patch offices or website. If you come across good services not already on the lists then do contact your local programme directors to get them added to the list.

On occasion where the Trainee has limited experience in a Hospital specialty one session with the acute on-call team might be appropriate (i.e. Paediatric, O&G etc), but this must be supported by the educational supervisor and must occur out of hours.

It is expected that the trainee will normally have experience across **six different allied OOH areas or services**. These experiences must be documented in the e-portfolio as part of the learning process and will be subject to ARCP review.

“Out of Hours” is defined as that training or experience undertaken between 18.30-08.00 Monday to Friday, weekends and Bank holidays and does not include “Extended Hours Surgeries”.

The number of hours worked per day or week needs to comply with the European Working Time Regulations.

Trainees who are unable to meet with the above requirements or who are having difficulty organising sessions should review this with their Educational Supervisor and inform their Programme Director as soon as possible.

Any variation with the above guidance must be discussed and agreed with the Patch Associate Dean or Programme Director and documented in the e-portfolio.

All OOH sessions must be written up as reflective Learning Log entries. A scanned image of the ST1/2 OOH record sheet, showing your name and signed by the session supervisor, must be attached to the Learning Log entry.

Learning Log entries should include a “running Log” of the session length and total completed in the title line (e.g. Session = 4 hours total 24 hours or 4/24 hours).

Prior to ARCP trainees should complete a summary sheet detailing all of the OOH experiences. The form for this is available on the Deanery website.

The Deanery OOH record form acts as the legal record and log of hours worked. It will be subjected to probity checks and must be signed by your Session supervisor. Failure to fully document these sessions appropriately may lead to referral to the NHS Counter Fraud service.

The out of hours experience undertaken during the ST1 and ST2 GP slots will not count towards the expected minimum out of hours ST3/GPStR (72 hours) experience required by the Training Guidance published by COGPED, RCGP and the GMC.

GP Trainees are responsible for organising their own sessions with the OOH services and should ensure that the required number of hours are achieved commensurate with the duration of the GP component of their training programme.

The Deanery organises two sessions every six months for trainees explaining the OOH requirements for ST1/2.

- One takes place in St Leonards SWAS hub near Poole and Bournemouth on a Saturday morning; it is intended for Dorset trainees although others are welcome to attend
- One takes place at Southern House, Otterbourne (Deanery HQ) on a Saturday afternoon and is primarily aimed at Hampshire and Wiltshire trainees although others are welcome to attend (e.g. IoW).

Attendance at this session counts towards your OOH requirement and also allows you to sign up for sessions such as those with the ambulance service for Hampshire and Wiltshire.

The GP Trainer or Educational Supervisor should facilitate and monitor the booking of out-of-hours sessions, though it remains the responsibility of the Trainee to organise them.

The GP trainer should give feedback and validate the competencies of the OOH sessions in the e-portfolio.

Any outstanding OOH experience not undertaken in ST1/2 will need to be performed in GP ST3 year. The deficit is added onto the 72 hours of ST3 OOH requirement. These outstanding ST1/2 hours should be in the "Appropriate Learning situations" as defined above, even though they are being performed in ST3. However the 72 hours of ST3 OOHs must be within appropriate medical GP OOH sessions.

There must be no extra financial gains from OOH experience (e.g. qualified paramedic doing a shift or working in ED OOH as a locum).

### **ST3 GPStR Attachments OOH**

GP Trainees in their ST3/GPStR training attachments should have experience of training in the GP Emergency "Out of Hours Services".

Sessions during the ST1/2 GP part of training will not count towards the ST3/GPStR post requirements.

Trainees are required to undertake at least one session every month and to have **completed a minimum of at least 12 sessions during their GPStR ST3 year** (see the BMA Contract).

All GP ST3 trainees are required to have **completed at least 72 hours experience** by the end of their 12 month GP attachment (pro-rata for different time periods and in Less Than Full Time Training posts).

Sessions for the purposes of learning should normally be 4-8 hours. This may not always be possible in some attachments and should be clearly explained in the Learning Log Entry. Where a session is longer than 8 hours in length this time will not normally be accepted without clear evidence in the Learning Log entry as to what additional learning has occurred.

It is expected that the trainee will normally have a balanced experience across all aspects of OOH areas or services i.e. telephone triage, clinics and home visiting. The OOH provider will often provide an induction session to the organization, these may count towards the ST3 OOHs requirements provided they occur "out of hours" and may be undertaken during the ST2 year just prior to commencing in ST3

These experiences must be documented in the e-portfolio as part of the learning process and will be subject to ARCP review. Please note that the attachments must be within a learning log and not just in the Personal Library.

"Out of Hours" is defined as that training or experience undertaken between 18.30-08.00 Monday to Friday, weekends and Bank holidays and does not include "Extended Hours Surgeries". The number of hours worked per day or week needs to comply with the European Working Time Regulations.

Trainees who are unable to meet with the above requirements or who are having difficulty organising sessions should review this with their Educational Supervisor and inform their Programme Director as soon as possible. Any variation with the above guidance must be

discussed and agreed with the Patch Associate Dean or Programme Director and documented in the e-portfolio.

All OOHs session must be written up as reflective Learning Log entries. A scanned image of the ST3 OOH record sheet, showing your name and signed by the session supervisor, must be attached to the Learning Log entry.

Learning Log entries should include a “running Log” of the session length and total completed in the title line (e.g. Session = 4 hours total 24 hours or 4/24 hours).

**The ARCP panel requires the Trainee to complete and scan into the e-portfolio the completed “Summary Log” of OOH worked for each GP Placement - failure to do so may result in a delay in obtaining the CCT or a Satisfactory ARCP.** The form for this is available on the Deanery website.

The Deanery OOH record form acts as the legal record and log of hours worked and will be subjected to probity checks and must be signed by your Session supervisor. Failure to fully document these sessions appropriately may lead to referral to the NHS Counter Fraud service.

Out of hours experience undertaken during the ST1 and ST2 GP slots will not count towards the expected minimum out of hours ST3/GPStR (72 hours) experience required by the Training Guidance published by COGPED, RCGP and the GMC.

GP Trainees are responsible for organising their own sessions with the OOH services and should ensure that the required number of hours are achieved commensurate with the duration of the GP component of their training programme.

The GP Trainer or Educational Supervisor should facilitate and monitor the booking of out-of-hours sessions, though it remains the responsibly of the Trainee to organise them.

The GP trainer should give feedback and validate the competencies of the OOH sessions in the e-portfolio.

Any outstanding OOHs experience not undertaken in ST1/2 will need to be performed in GP ST3 year. The deficit is added onto the 72 hours of ST3 OOH requirement. These outstanding ST1/2 hours should be in the “Appropriate Learning situations” as defined above, even though they are being performed in ST3. However the 72 hours of ST3 OOHs must be within appropriate medical GP OOH sessions.

There must be no extra financial gains from OOH experience (e.g. qualified paramedic doing a shift or working in ED OOH as a locum).

If at the end of training a trainee has not completed the required number of OOH then the ES can still tick to say that OOH is completed but **only if the remaining hours are booked and are less than 12 hours**. The ES MUST then write a comment at the end of the ESR or in Educator’s Notes to say that the remaining sessions are booked and that they will check that they are completed.

It is likely that in the near future it will be the trainees (rather than the ESs) responsibility to tick to say that they have completed they OOH requirements and to justify this with a small amount of narrative at the end of the ESR self rating.

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# National Medical Performers List (MPL)

## What is it?

A list of all doctors performing General Medical Services (GMS) or Personal Medical Services (PMS) – essentially GPs – for NHS patients. It exists to allow the NHS to regulate practitioners who perform these services and therefore to protect NHS patients and services. You are unlikely to have come across it yet as clinicians employed by NHS Trusts or Foundation Trusts are exempt.

## What does it mean to me?

Legally to see patients as a GP registrar or a GP in practice you must be on the list. You will have to fill out a detailed application form & provide medical school certificate, GMC certificate, etc and have all of this approved within 3 months of your first start date in practice in either ST1 or ST2. If you miss this time window you will be required to stop working while it is completed. You should apply to join the list approximately three months before starting your first GP rotation (not hospital rotations). You will remain on the National Performers List for your full duration 3+ years of training. You are required upon completion of your training to join the National Performers List as a qualified GP.

## Occupational Health Check

To join the list you may be required to undergo an Occupational Health check. The NHS England Performers List Policy states “All new OH assessments and any requiring review by a consultant OH physician should be conducted by SEQOHS accredited OH services”.

Details of NHS OH services can be found using the postcode locator, <http://www.nhshealthatwork.co.uk/find-providers.asp>

NB There are 66 SEQOHS accredited NHS OH providers across the NHS in England. Not all NHS providers are accredited. It is for individual providers to decide if they want to offer this service. Not all providers can offer this service.

Fees are payable for the initial assessment by the practitioner (GP trainee). The fees are wide ranging from £16.50 up to £60 plus. Some trainees have found their current hospital will be able to provide the necessary OH information without charge. Locally the cheapest appears to be the Centre for Occupational Health and Wellbeing at the John Radcliffe Hospital in Oxford (£16.50). We are aware that some trainees have been lucky enough to negotiate to be reimbursed by their GP practise; this is not always the case, and any fees must be paid by the GP trainee.

## Disclosure and Barring Service (DBS)

You must provide a DBS certificate and have **registered for the online update service**. When you complete your enhanced DBS certificate for your hospital post, we strongly recommend that you register for the online update service at this time.

If you have an existing DBS certificate but do not have the online update service then you will have to complete another DBS certificate. This should be possible through your current hospital or by Wessex LMCs <https://www.wessexlmcs.com/dbswhoneedsadbscheck>.

Fees are payable for the initial assessment by the practitioner (GP trainee) and range from £40 - £60 plus. We are aware that some trainees have been able to negotiate reimbursement for any fees but this is not always the case.

You must **register for the online update service within 19 days** of DBS certificate being issued or you can register at the time of making the DBS applications (you will need the number of your application form.) There is an annual fee of £13 and you can opt for this to be automatically renewed each year. <https://www.gov.uk/dbs-update-service>

This page on the Wessex Deanery website provides more detailed information about documents needed prior to starting training and how the process works. There is also a direct link to the performers website below:

[http://www.wessexdeanery.nhs.uk/gp\\_primary\\_care/resources\\_and\\_information/before\\_training\\_starts.aspx](http://www.wessexdeanery.nhs.uk/gp_primary_care/resources_and_information/before_training_starts.aspx)

<https://www.performer.england.nhs.uk/>

## Form R

An 'Enhanced Form R' is required to be **completed by all trainees on joining a GP training programme** so that the Deanery can issue their National Training Number. A new Form R **must be completed annually before each ARCP panel**. Failure to do so may result in sub-optimal outcome at the ARCP panel. Trainees will be emailed detailing the need to return the form along with guidance of how to complete the form via Intrepid. Please ask for an email receipt as a record of submitting your Form R. The Form R is a key document in the Revalidation process for doctors in training.

This page on the Wessex Deanery website provides more detailed information on the process:

[http://www.wessexdeanery.nhs.uk/gp\\_primary\\_care/resources\\_and\\_information.aspx](http://www.wessexdeanery.nhs.uk/gp_primary_care/resources_and_information.aspx)

## Maternity Leave

Many GP trainees end up taking maternity leave during their training. There is too much to say about this to adequately cover in this handbook so the AiT committee have put together a separate Wessex GP trainee maternity leave handbook. This is available from:

<http://www.wessexdeanery.nhs.uk/pdf/A%20guide%20to%20planning%20your%20maternity%20leave.pdf>

## Safeguarding Training

As of August 2014 all GPs are advised to have undertaken Safeguarding Children Training to Level 3 (it will be part of mandatory requirements for entry to NPL at CCT). This currently is not part of the RCGP curriculum so needs to be arranged independently although training is provided by most Patches as part of the ST3 Day Release Course.

The link below to the Wessex Deanery website provides further information

[http://www.wessexdeanery.nhs.uk/gp\\_primary\\_care/resources\\_and\\_information/gp\\_str\\_guidelines\\_for\\_wessex\\_d.aspx#safeguarding](http://www.wessexdeanery.nhs.uk/gp_primary_care/resources_and_information/gp_str_guidelines_for_wessex_d.aspx#safeguarding)

## Diplomas

### Diploma in Child Health (DCH)

<http://www.rcpch.ac.uk/training-examinations-professional-development/examinations/diploma-child-health-dch-updates/frequen>

The DCH is designed to give recognition of competence in the care of children to GPs, Staff Grades in Paediatrics and trainees in specialties allied to Paediatrics. It is recommended that candidates should have 4-6 months experience in Paediatrics, although this is not a pre-requisite in the UK. Candidates need to pass the written exam before attempting the clinical exam.

Format: Written exam – MRCPH Foundation of Practice best of five, true/false questions, EMQs  
Clinical exam – 8 stations

Fees: £284 for the written exam, £600 for the clinical exam and £70 for successful candidates to receive their DCH Diploma (as of 2016)

When: Written exam – February, June, October  
Clinical exam – April, November

### Diploma Royal College of Obstetrics and Gynaecology (DRCOG)

<http://www.rcog.org.uk/education-and-exams/examinations/diploma>

The Diploma is intended to recognise a GP's interest in Obstetrics and Gynaecology and is not a specialist qualification. There is no training requirement for the DRCOG examination.

Format: Two written papers - best of five, MCQs, EMQs

Fees: £408 (as of 2016)

When: April and October each year

### Diploma of the Faculty of Sexual and Reproductive Healthcare (DFSRH)

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

In addition to obtaining the Diploma, it is possible to do further training in order to receive letters of competence (LOC) for insertion/removal of subdermal implants and insertion/removal of intra-uterine contraceptive devices.

Format: 1. Pass the eKA exam. In preparation it is recommended (but optional) to complete the e-SRH programme which provides the theory for the eKA. It is accessible free of charge at: <http://portal.e-lfh.org.uk/Account/Logon>  
2. Course of 5; five hours of small group workshops  
3. Clinical experience and assessment

Fees: £50 to use the DFSRH e-portfolio for 3 years (as of 2016)  
e-SRH is free of charge (as of 2016)  
£75 for the eKA exam  
Course of 5 is individually priced at a local level (between £200 – £400+)  
Clinical experience and assessment is individually priced at a local level  
On completion of training there is a £80 registration fee to obtain the DFSRH and then annual subscription fees of £97 (as of 2016). For LOC for IUT or SDI is £53.

### Diploma in Geriatric Medicine (DGM)

<http://www.rcplondon.ac.uk/medical-careers-training/postgraduate-exams/diploma-geriatric-medicine>

The Diploma is designed to give recognition of competence in the provision of care of older people to GPs, clinical assistants and other doctors with interests in or responsibilities for the care of older people. Candidates need to pass the written exam before attempting the clinical exam.

Format:	Written exam – Best of five questions Clinical exam – 4 stations
Fees:	£231 for the written exam, £339 for the clinical exam (as of 2016)
When:	Written exam – February, August Clinical exam – May, November

## Courses Available Locally

There are many courses held at Wessex Deanery (Otterbourne) at heavily subsidised rates for Wessex Trainees. Several suggested courses worth booking are detailed below.

Courses can be booked through:

[https://secure.intrepidonline.co.uk/COURSEMANAGER/NESC/sys\\_Pages/MainMenu/MainMenu.aspx](https://secure.intrepidonline.co.uk/COURSEMANAGER/NESC/sys_Pages/MainMenu/MainMenu.aspx)

The Wessex GP Educational Trust site (<http://www.wgpet.co.uk/>) also contains information about most local GP CPD activities and courses. Joining (reduced cost for AITs) gives you free entry to lots of courses.

### Tomorrow's Teachers

To increase confidence and gain experience as a teacher.

### Lead and be led

This two day multi-disciplinary course is the first in a series of courses, which make up the Professional Programme (PP). It supports the personal development of healthcare professionals, offering individual assessment of leadership and management skills.

The course is held in Winchester for Wessex delegates. Specialist registrars are eligible to attend during their specialist training (St3+). It is a fun, interactive and challenging course using realistic team exercises to examine, in practice, how important different roles and leadership are to an effective team, and gives the opportunity to make corporate decisions in the face of competing demands.

Other helpful courses include:

- Time Management
- The new Structure of the NHS – how the changes will affect you
- The Essentials of Effective Leadership
- Conflict resolution and Challenging Conversations

### Wessex RCGP courses

<http://www.rcgp.org.uk/rcgp-near-you/faculties/south-of-england-region/wessex-faculty.aspx>

The Faculty runs an extensive educational programme for GPs at all stages of their career, the trainee element of which is in collaboration with the Wessex Deanery. Courses are run throughout the year on different topics; discounted rates are available for trainees. Please see the link below for up and coming courses available:

## **GP Primary Care Mental Health Course**

Non-residential 5 day course, Minstead Lodge (Nr Lyndhurst)  
The cost of the course is £475, which includes lunch and refreshments.  
Contact Gill Holloway on 0750 2102 867 for further details.

Course Aims: To provide GPs with the knowledge and skills required for Mental Health work in Primary Care.

Topics covered (all with Primary Care focus) include: Diagnostic & Therapeutic Consultations; Problems Before & After Childbirth; A GP's Perspective; Psychotic Symptoms; Mental Health Law; Alcohol/Substance Abuse; OCD; Unexplained Physical Symptoms; Cognitive Behavioral Skills; Understanding Children & Adolescents with Mental Health Difficulties; Eating Disorders; Deliberate Self-harm; Personality Difficulties; Cognitive & Memory Disturbances; Guidelines for Treatment of Depression; Learning Difficulties.

## **Paediatric courses**

There are 2 new paediatrics courses available specifically for GP trainees held over a weekend one is Acute and Emergency Paeds and the other is directed towards Primary Care Paeds (flyers will be sent out)

## **Patient Safety**

[http://www.wessexdeanery.nhs.uk/gp\\_primary\\_care/resources\\_and\\_information/patient\\_safety\\_training.aspx](http://www.wessexdeanery.nhs.uk/gp_primary_care/resources_and_information/patient_safety_training.aspx)

Patient Safety is a key element in postgraduate medical education. All doctors in training within the Wessex Deanery must provide evidence of patient safety activity in each year of training and have this signed off at their ARCP. **You are required to attend a Patient safety day at the deanery** (as an ST1, or later if missed). To book your place, please visit [www.coursesandconferences.org.uk](http://www.coursesandconferences.org.uk). All events are held at Southern House, Otterbourne and are free.

GP Trainees in Hospital Specialty Placements should preferably attend on their allocated Specialty days or, if this is not possible, may attend on one of the above GP Trainee days instead.

After the Patient Safety Day you are expected to undertake a patient safety project. You can then submit an abstract of your work the Wessex Patient Safety Conference later in the year. The Deanery offers an annual Prize for the best 3 posters and presentations – more details available at the course.

## **GP Update**

<http://www.gp-update.co.uk>

The GP Update Course is run entirely by GPs. Course directors trawl through all the journals and do all the legwork to bring you up to speed on the latest issues, literature, research and guidelines in General Practice.

## **NB Medical**

<http://www.nbmedical.com>

Alternative to GP update course. Course directors take the time that you do not have, to go through all the literature for you and then present it on a one day course in a digestible, bite-size format, which is both easy to retain and apply.

# Bursaries

## Wessex Faculty RCGP Bursaries

The Wessex Faculty will consider applications from members of the Faculty for bursaries of up to £500 to defray the costs of projects, which they wish to undertake. Projects may involve activities such as service development within a practice, research, professional study or travel. All innovative projects will be considered which satisfy the agreed criteria.

To be eligible for a bursary a doctor must be a 'member in good standing', (i.e. have paid the annual subscription to College which is appropriate to their role). Hence, the award process is open without discrimination to all paid-up members whether they be an AiT, First 5, Principal, Salaried doctor, Associate, Assistant, Locum, etc.

The activity proposed by the applicant should satisfy some or all of the following criteria:

1. Benefit to Society / Patients (Essential requirement)
2. Benefit to the development of the individual doctor
3. Benefit to other doctors and/or health staff
4. Benefit to the RCGP
5. Benefit to the Faculty

Applications should be submitted to the Bursary Committee, via the Faculty Office - Catherine Darlaston ([Catherine.Darlaston@rcgp.org.uk](mailto:Catherine.Darlaston@rcgp.org.uk)), Faculty administrator. Applicants should describe the project and how it fulfills the required criteria. They should outline the potential costs and how the money would be spent.

Applications will be adjudicated by the bursary committee which consists of five members of the executive committee of the Faculty. Applicants will be notified of the result within a month of their application. Successful applicants will be asked to provide a report for the Faculty at the conclusion of their project.

For further details about eligibility and how to apply please click Bursaries or contact the Faculty Office.

<http://www.rcgp.org.uk/rcgp-near-you/faculties/south-of-england-region/wessex-faculty.aspx>

The Wessex RCGP Faculty is keen to support AiT initiatives. If you have an idea that requires some funding to aid the set up please contact the Wessex Faculty via the contact details above to enquire further.

## The Clare Wand Fund

The Claire Wand Fund is a charitable fund that makes grants to General Practitioners to fund further education and for the provision of scholarships, including travelling scholarships.

The fund welcomes applications twice a year, at least three weeks prior to the June and December trustee meetings. Please see <http://www.clairewand.org> for further information on how the fund operates as well as outlining the application process and criteria for the award of grants.

## RCGP Bursaries

The central RCGP provides a number of bursaries, awards and prizes, including the "Great Expectations Bursary" which specifically provides funding for attendance at the annual RCGP conference. See <http://www.rcgp.org.uk/about-us/rcgp-awards/rcgp-uk-awards.aspx> for further details.

## Study Leave

In Wessex each GP Trainee in the Wessex Training Programme receives an annual allowance of £600 towards their educational study leave costs. Your study leave allowance is allocated proportionately to each individual Hospital Trust that you work in and the GP Patch that your Training Programme is attached to.

In your ST1 and ST2 Year six month Hospital Posts there is a total allowance of £300 for Study Leave. The money is split between your personal study leave allowance from the Hospital Trusts and the GP Educational Programme that is provided for you on a monthly basis. Therefore, in each Hospital post you will have a study leave allowance of up to £150 per post, and £150 will be pre-allocated to the GP Educational Programme through the Patch Office.

In your ST1 or ST2 GP 6 month Post all £300 will be managed by the Patch Office, and again £150 of this will be pre-allocated to the GP Training Programme.

During the ST3 GPR Post of one year duration, all £600 is allocated to the GP Training Programme and any additional GP Training needs should be discussed with your Patch Programme Directors.

Full details of the guidelines are available on the website:

[http://www.wessexdeanery.nhs.uk/gp\\_primary\\_care/resources\\_and\\_information.aspx](http://www.wessexdeanery.nhs.uk/gp_primary_care/resources_and_information.aspx)

**Please use your hospital study budget** otherwise the money goes back to the hospital trust, and with time the budget may be taken away from us. 'Use it or lose it!'

You may like to consider using some of your study leave allowance to spend some time in your GP practice.

### **MRCGP related courses**

As a Wessex Trainee the Deanery currently cover £150 of the £165 course fee for an AiT attending the AKT preparation course. The remaining £15 can often be claimed back from your local patch if you are in a GP post, after attendance. If you are in a hospital post you should refer to the hospital trust for reimbursement. The CSA course is similarly heavily subsidised. Both are, however, subject to change.

If you fail the AKT you can resit the AKT preparation course at a discounted rate as the Deanery will fund one attendance at this course only. Full guidelines can be found on the deanery website:

[http://www.wessexdeanery.nhs.uk/docs/Educational\\_Guidelines\\_for\\_%20Wessex\\_Deanery\\_24-Aug%202010%20final.doc](http://www.wessexdeanery.nhs.uk/docs/Educational_Guidelines_for_%20Wessex_Deanery_24-Aug%202010%20final.doc)

Please note local patches do not reimburse for any travel or accommodation costs incurred as a result of course attendance. In all cases it is only possible to reimburse claims that are submitted with full receipts and certificates of attendance (where applicable).

## Professional Leave

Professional leave of up to 5 days for GPStR/ST3 Trainees (in GP posts in ST1/2 placements it is 2 days) is recognised and supported by the GP School for specific activities which will enhance the GP Trainee's Professional Journey and are of value to the GP School and/or the National and/or the local GP community.

This leave can only be taken as part of the overall Learning Needs plan of the trainee and may only be permitted if satisfactory progression towards final certification is being demonstrated. You will need to have approval **by both your GP trainer and the local Programme Directors**. Please note professional leave does not apply during Hospital post attachments.

Examples of uses of professional leave are attendance at:

- New Trainer Courses and Established Trainer Courses to help GP Trainers improve their teaching skills.
- QA practice visits as part of the inspecting team
- GP School committees, e.g. School Board, GP-STC etc.
- Local professional committees e.g. LMC, RCGP and Wessex Faculty.
- National Professional Committees e.g. GPC, RCGP Council.
- Leadership skills course (Wessex Deanery)
- Trainee representation (AiT committees both Regional and National)

For further information see:

[http://www.wessexdeanery.nhs.uk/pdf/Educational\\_Guidelines\\_draft%202011%20rw.pdf](http://www.wessexdeanery.nhs.uk/pdf/Educational_Guidelines_draft%202011%20rw.pdf)

## Reimbursement of Medical Defence Fees

GPs and GP registrars are not covered by the NHS Indemnity scheme and therefore have to seek their own indemnity against claims from patients. So, the SHO subscription you have been paying won't be enough for your work in a GP practice and you have to pay extra (don't worry though as you can get this money reimbursed).

A few months before moving into practice (both as an ST1/2 and ST3) you should contact your defence union and they will let you know how much you have to pay. In general it is around £1000 extra for 6 months and £2000 extra for 12 months. Due to this large price difference between the hospital & GP subscriptions the Deanery will reimburse you the extra so that you, in effect, pay the same as your hospital colleagues.

You can pay this as either a one off lump sum or in monthly installments. Your defence organisation will send you renewal documentation/receipt for this payment and then when you start as a registrar ask your practice manager for the reimbursement forms. Complete & send off all the paper work & hopefully you will get the money back within 8 weeks either added to your pay packet or as a separate cheque.

It is the NHS Business Services Authority and not the Deanery that actually processes these claims. You can also claim for telephone calls / contribution towards the cost of your phone contract (as long as you use your phone for work).

Medical defence organisations available:

- <http://www.themdu.com>
- <http://www.medicalprotection.org/uk/>
- <http://www.mddus.com/mddus/home.aspx>

## Mileage Claims

During GP placements you are able to claim mileage for your drive to and from work on days that you undertake a home visit.

The rules are that *“No mileage allowance shall be payable to a GP Registrar for their normal daily journey between their home and the practice premises except that a mileage allowance shall be payable for one return journey on any day between their home and the practice premises, up to a maximum of ten miles in each direction, when they subsequently use their car on an official journey on that day.”*

You will need to keep a record of your mileage and get this countersigned by your trainer. You are then able to claim this allowance through your training practice who, in turn, claims reimbursement from the Deanery. Trainees and practices should ensure that they keep a record of any mileage claims for up to 6 years for tax purposes. Ask your trainer or practice manager for more details.

All claims should be submitted monthly and **there is a 3 month time limit beyond which your claim will not be accepted by the Payments Agency** (this is not part of the Deanery).

## Tax Relief for Professional Fees and Subscriptions

As an employee you may be able to reduce your tax bill by getting tax relief on any professional fees and subscriptions you pay. You can go back several years to get the relief – the time you’ve got depends on whether you’ve previously sent in a Self-Assessment Tax Return.

There are time limits for getting tax relief if you don’t complete a self-assessment tax return. This is usually four years from the end of the tax year you are claiming for. See HMRC website for more details about how to do this.

You **won’t** be entitled to tax relief if you haven’t paid the allowable professional fees and subscriptions yourself, e.g. as GP Registrars this will include the majority of our indemnity fees.

HMRC approved organisations relevant to GPs:

- British Medical Association
- General Medical Council
- Faculty of Sexual and Reproductive Healthcare
- Medical Defence Union
- Medical Protection Society
- Royal College of General Practitioners
- Royal College of Physicians

A full list of HMRC approved organisations can be found at:  
<http://www.hmrc.gov.uk/list3/index.htm>

### Claiming Tax Relief

You will need to fill a **Form P87** and send it to HMRC if any of the following apply:

- It’s the first time you’ve claimed
- Your claim expenses are over £1,000, but under £2,500
- You’re claiming expenses for the year before the previous tax year

If your expenses are up to £1,000 and you have made a successful claim in the previous tax year, then you may be able to claim by phone. If your expenses are over £2,500 then you will need to complete a self-assessment tax form.

The form and all details about how to complete it and where to send it, is available from:

<https://www.gov.uk/government/publications/income-tax-tax-relief-for-expenses-of-employment-p87>

The form asks for details about your expenses. If you have more than one job, or change jobs during the tax year, you will need to fill in a separate Form P87 for each year.

### **Tax reclaim on MRCGP exam**

It is now possible to claim tax relief on exam fees. The RCGP website has more details on this; to access the information please log into 'My RCGP': <http://www.rcgp.org.uk/my-rcgp>

## British Medical Association and British Medical Journal

### British Medical Association (BMA)

The BMA is the trade union and professional body for doctors in the UK. It provides employment advice, career development and work-life support.

Doctors often question 'who' the BMA are and 'what' they do; for answers to these questions and further information about the BMA's work, please see the following link:

<https://www.bma.org.uk/about-us>

### BMJ – GP Edition

Did you know that there is a GP edition of the BMJ? The jobs section at the back of the BMJ lists jobs relevant to GPs rather than hospital doctors i.e. Salaried posts, Partnerships etc.

If you would prefer to receive the GP edition of the BMJ, e-mail them at [membership@bma.org.uk](mailto:membership@bma.org.uk)

### BMA Membership Fees

Reductions are available in certain situations:

- If your gross earnings for a subscription year (1<sup>st</sup> October – 30<sup>th</sup> September) is less than £11,000 or £38,000 you will be eligible for reduced fees of £163 and £222 per annum respectively.
- Spouse or Partner Concessionary Rate (£222) – available to married couples or unmarried partners in a long term relationship with financial interdependence and a joint home:
  - The reduction is granted only to one partner. If both partners qualify for a concession, this rate will be applied to the partner who otherwise would have paid the lesser rate.
  - A separate copy of the BMJ and BMA News will not be sent to the member claiming the concession unless they submit a written request.

For further information of membership fees please see the following link or contact the BMA:

<https://www.bma.org.uk/membership/subscriptions>

E-mail: [membership@bma.org.uk](mailto:membership@bma.org.uk)

Telephone: 0207 383 6955

## BMA GP Trainee Sub-committee

GP trainees have their own subcommittee within the BMA. Members of the subcommittee are able to represent their region and help to influence the local situation for their fellow trainees. They are also able to help shape BMA policy and have a say on national issues. In addition, getting involved with the subcommittee gives members an opportunity to network and share ideas and experiences as well as to raise issues of local and national concern with other GPs in training and take forward issues of importance.

The government is still negotiating contracts with the BMA JDC and GP trainees subcommittee around the junior doctor contracts. As of early July 2016 there was no conclusion to these contracts but there are likely to be significant changes in the coming year. For further information please see the GMC, RCGP and BMA website for details.

The GP rep will hold local meetings several times a year. This is a chance to find out about local and national news and raise concerns. Details of timings and locations will be sent out via e-mail from the Deanery.

Within Wessex there is a good working relationship between BMA GP trainees representative, AiT representative(s) and the Deanery – this means if you raise issues everyone is keen to find solutions quickly – if you are having difficulties let someone know.

You can find details of your BMA GP trainee representative and more details around the work of the GP trainee subcommittee, including their latest newsletter at <http://www.bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/gpc-members/gp-trainees-subcommittee>

## **Wessex LMCs – your Local Medical Committee**

### **What is a Local Medical Committee?**

A Local Medical Committee is a recognised, statutory organisation which represents all GPs, be that within their own practice, or to different organisations. The LMC is funded by GPs.

### **Who is in the LMC?**

Each LMC has a committee of democratically elected GPs who meet quarterly to highlight current issues in General Practice and feed back to their constituency.

Wessex LMCs also employ, individuals with a wealth of knowledge pertaining to general practice, including doctors, nurses, practice managers and administrators, to undertake the work that the committee prioritises, and also be available on a day-to-day basis to provide advice to individual GPs.

### **What is the remit of the LMC?**

The LMC's role is to represent the views of GPs, and to negotiate on their behalf, both individually and collectively. The LMC:

- serves as a local representative committee serving to represent all GP's views
- advocates for the interests of General Practice immune from political constraints
- is a resource providing advice, training and support to the General Practice team including GPs, nurses and practice managers
- has an evolving role with federations and provider groups reflecting the changing landscape of General Practice

### **Who does the LMC represent GPs to?**

LMCs represent General Practice to a variety of stakeholders relating to General Practice:

- NHS England Area teams
- Public Health England
- CCGs
- Local Authority Public Health
- RCGP
- The General Practitioners Committee of the BMA
- Health Education Wessex
- Local Pharmacy Committees

### **Is the LMC the same thing as the CCGs?**

No. CCGs are commissioning bodies, involved in designing, purchasing and monitoring patient care. LMCs are politically independent and represent GPs as providers of services.

### **How may I find out more?**

Our recently updated website contains a lot of useful information, including a guide for newly qualified GPs, available at: [www.wessexlmcs.com](http://www.wessexlmcs.com)

The specific file containing guidance on getting ready to qualify can be found here: <https://www.wessexlmcs.com/websitefiles/download/1326>

To receive our monthly Wessex LMCs email bulletin, or to request to attend one of our committee meetings as an observer for an educational experience please email [office@wessexlmcs.org.uk](mailto:office@wessexlmcs.org.uk).

*LMC information kindly written by Dr Claire Lehman, Medical Director, Wessex LMC.*

## **Trainee representation and medical education opportunities in Wessex GP training**

There are a number of potential opportunities for trainees interested in medical education or representation of colleagues within the Deanery. For more information about any of these please contact [WessexAiT@gmail.com](mailto:WessexAiT@gmail.com) or Katie Collins (Wessex GP trainee and Medical Education Fellow) – [Katie.Collins@doctors.org.uk](mailto:Katie.Collins@doctors.org.uk).

### **Trainee Representation**

- **Wessex Lead Rep and Deputy Rep to National AiT Committee** – Elected biannually in the late summer / early autumn. Look out for information directly from the RCGP. The Reps also sit on the Wessex AiT Subcommittee, as well as representing Wessex on the National AiT Committee.
- **Patch Reps and Less Than Full Time Reps on Wessex AiT Subcommittee** – There are two Patch Reps plus an LTFT Rep covering each Patch within the Deanery. They are elected / appointed on an ad hoc basis, as and when vacancies occur.
- **BMA GP Trainee Subcommittee Wessex Rep** – Again elected biannually. See further information in separate section. In recent years the BMA Rep has also attended Wessex AiT Subcommittee meetings *ex officio* in order to encourage closer working between the two organisations.
- **Health Education Wessex Trainee Advisory Group (HEWTAG)** - This is a group set up by the Dean, Simon Plint, to provide feedback and representation to the Deanery from trainees across all specialties. The Wessex AiT Subcommittee sends one Rep but the HEWTAG Chair has indicated that she would be keen to have more than one GP trainee on the committee, given the sheer numbers of us that are around.
- **Wessex RCGP Faculty Board** - Traditionally the Wessex AiT Subcommittee Chair and / or National Committee Reps have been the AiT Reps on the Faculty Board (i.e. the local branch of the RCGP). However the Board are keen to encourage a younger membership and are happy for AiTs to be elected directly to the Faculty Board. Such reps would be likely to be co-opted to the Wessex AiT Subcommittee as well.

### **Medical Education**

- **Tomorrow's Teachers** - TT1 and TT2 courses are run at the Deanery “by trainees, for trainees” (see [http://www.wessexdeanery.nhs.uk/workforce\\_l\\_and\\_d/educator\\_and\\_trainer\\_dev/tomorrows\\_teachers.aspx](http://www.wessexdeanery.nhs.uk/workforce_l_and_d/educator_and_trainer_dev/tomorrows_teachers.aspx)). TT1 focuses on practical, on-the-job teaching whilst TT2 is about facilitation. Both are useful and enjoyable courses which get very good feedback. Once you have done TT1 you are eligible to apply to become a TT Faculty member, a very enjoyable and rewarding role.
- **Wessex Medical Education Mentoring Scheme** - See [http://www.wessexdeanery.nhs.uk/fellowships/medical\\_education\\_fellows/medical\\_education\\_mentorship.aspx](http://www.wessexdeanery.nhs.uk/fellowships/medical_education_fellows/medical_education_mentorship.aspx). This scheme links trainees in the early years of

training (usually anything below ST3) who have an interest in medical education with mentors who can help them to develop their medical education interests.

- **Wessex Medical Education Fellow (MEF) Scheme** – See [http://www.wessexdeanery.nhs.uk/fellowships/medical\\_education\\_fellows/medical\\_education\\_fellows.aspx](http://www.wessexdeanery.nhs.uk/fellowships/medical_education_fellows/medical_education_fellows.aspx) These are unpaid roles which are open to senior trainees across all specialties (in GP this is usually ST3s and “First5” GPs) with an interest in medical education. The role essentially provides recognition and support for work / roles / projects / etc. which you are already undertaking in relation to medical education.
- **Wessex Medical Education Conference** - Annual event in November, run by the Medical Education Fellows. See [http://www.wessexdeanery.nhs.uk/fellowships/medical\\_education\\_fellows/mef\\_conferences.aspx](http://www.wessexdeanery.nhs.uk/fellowships/medical_education_fellows/mef_conferences.aspx) . This is a great opportunity for networking and finding out about other opportunities available, as well as presenting posters / projects / etc. (and, of course, an interesting, useful and enjoyable day in and of itself).
- **Wessex GPST4 Fellowships** – Sadly there is no funding for these in 2016-17. However there may potentially be fellowships available again in the future with funding from the GP Forward View scheme.
- **Teaching opportunities with Southampton University** - Huge variety of options potentially available, ranging from small group facilitation to OSCE examining. Also opens up opportunity to attend a range of free teaching courses provided by the university. The AiT Subcommittee, along with the Medical School, also ran a successful project in 2015-16 getting GPST3s involved in co-facilitation of seminars for final year medical students (alongside experienced GP teachers). We hope to continue this in 2016-17. Email Katie Collins if you want more information, or look out for details in the late summer / early autumn.
- **Teaching opportunities through your local Trust** - Speak to your local Education Centre about the options. All of the Mid-Wessex hospitals have medical students and there are often opportunities for one-off, one-to-one sessions with individual students (e.g. history taking sessions for third years) - ask the teaching teams. Alternatively there are the simulation teaching teams, Foundation Year teaching, etc., etc.
- **And more...** Essentially there are lots of options available, almost certainly even more than are listed above. If you think something could or should be happening somewhere then just ask - you never know where it will get you...

## Social Media

Social media describes the means for direct interactions between people in which they create, share, and exchange information and ideas in virtual communities and networks.

The GMC in *Good Medical Practice 2013* (published 29 April 2014) has issued guidance on doctors' use of social media which includes blogs and micro blogs (such as Twitter), internet forums (such as doctors.net), content communities (such as YouTube and Flickr), and social networking sites (such as Facebook and LinkedIn).

The RCGP has developed a 'Social Media Highway Code' which is intended as a practical guide for doctors and other healthcare professionals who use social media aimed at ensuring they get the most out of their online communications, but also that they meet their professional obligations and protect their patients.

You are reminded to adhere to guidance from the GMC and RCGP regarding the use of social media. Unfortunately several trainees have already received warnings from the GMC so please be careful with ALL matters relating to your work.

See link for further information and resources: <http://www.rcgp.org.uk/social-media>

## Electronic Data Storage

The Data Protection Act (DPA) 1998 imposes a legal duty on those responsible for personal data to ensure it is held secure and protected from unauthorised or unlawful processing. Section 55 of the DPA makes it a criminal offence to obtain or disclose personal data unlawfully.

In Confidentiality Guidance (2009), and in 0-18 years: guidance for all doctors (2007), the GMC makes clear that doctors must ensure that any personal information held about patients is effectively protected at all times against improper disclosure.

The Medial Defence Union (MDU) has produced the following general tips for hospital doctors on protecting electronic patient data:

- Avoid storing identifiable personal data on mobile devices. In fact, the Department of Health has said that "*the movement of unencrypted data held in electronic format should not be allowed in the NHS*" and "*wherever possible, person identifiable data should always be stored on a secure server.*"
- Always follow Trust procedures, for example, on the use of laptops and portable data storage.
- Do not store professional data on your personal computer – it could lead to breaches of confidentiality if someone else uses the computer and it is notoriously difficult to erase some information permanently from a hard disk. This can be a particular danger when doctors use laptop computers for both professional and personal use.

The Medical Protection Society (MPS) states "*when travelling or on visits, do not leave information lying unattended in a car or easily accessible area. Keep laptop computers, records and files locked away*".

The Information Commissioner's Office (ICO) recommends that portable and mobile devices including magnetic media used to store and transmit personal information, the loss of which could cause damage or distress to individuals, should be protected using approved encryption software which is designed to guard against the compromise of information.

In particular beware, and keep safe and secure, any "patient recordings" and data especially if you have used portable data storage (e.g. an iPad, Video recording stick, etc.)

### Useful Links

Information Commissioner's Office:

<https://ico.org.uk/for-organisations/guide-to-data-protection/>

Medial Defence Union:

<http://www.themdu.com/guidance-and-advice/latest-updates-and-advice/memory-sticks-and-data-protection>

<http://www.themdu.com/guidance-and-advice/latest-updates-and-advice/storing-information-using-a-data-cloud>

Medial Protection Society:

<http://www.medicalprotection.org/uk/about-mps/media-centre/press-releases/press-releases/online-records-survey-embrace-digital-innovation-but-keep-data-secure>

## Useful websites

### Wessex Deanery Website

Links to most Deanery GP training info; all other forms including PAY1 forms (payment during your GP training posts); and less than full time training information

[http://www.wessexdeanery.nhs.uk/gp\\_primary\\_care/resources\\_and\\_information.aspx](http://www.wessexdeanery.nhs.uk/gp_primary_care/resources_and_information.aspx)

### Wessex AiT Maternity Leave Handbook

Available on the Deanery website

[http://www.wessexdeanery.nhs.uk/gp\\_primary\\_care/resources\\_and\\_information.aspx](http://www.wessexdeanery.nhs.uk/gp_primary_care/resources_and_information.aspx)

### Wessex Deanery OOH Information

[http://www.wessexdeanery.nhs.uk/gp\\_primary\\_care/resources\\_and\\_information/out\\_of\\_hours\\_training.aspx](http://www.wessexdeanery.nhs.uk/gp_primary_care/resources_and_information/out_of_hours_training.aspx)

### RCGP ePortfolio

<https://gpeportfolio.rcgp.org.uk/Login.aspx>

### Other VTS training scheme websites with useful information

<http://www.bradfordvts.co.uk>

VTS training scheme with lots of helpful advice and links to expand the RCGP curriculum along with resources for how to complete the ePortfolio

<http://www.pennine-gp-training.co.uk/>

VTS training scheme with lots of helpful advice and links to expand the RCGP curriculum along with resources for how to complete the ePortfolio and helpful advice for completion of AKT/CSA

<http://www.airedale-gp-training.co.uk/csa.htm>

VTS training scheme with CSA cases

### Wessex LMC

The LMC is the only elected, representative body of local GP opinion. It exists to represent, advice and support GP s and General Practice

<http://www.wessexlmcs.com>

### Wessex GP Educational Trust

The Wessex GP Educational Trust (WGPET) was formed in 1990 to provide funding for educational events run by GP Tutors. It funds a wide range of events from one hour lectures to week-long refresher courses throughout the Wessex Deanery

<http://www.wgpets.co.uk>