

READING and NEWBURY
VOCATIONAL TRAINING
SCHEME

Information for GP Speciality Registrars

www.readingvts.org

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1. Vision Statement

At the Reading Vocational Training Scheme we will strive to provide training that equips our General Practitioners of tomorrow to achieve excellent care for their patients in an ever-changing climate and to become life-long learners who can enjoy a fulfilling career.

2. Welcome Letter from the VTS Team

Dear Specialist Trainee,

General Practice Training in Reading & Newbury is well established and we have many years experience in providing the highest standard of training to equip GPs with the very best grounding for their future careers.

The Reading VTS ST Scheme has developed a reputation for providing quality training in a supportive and friendly environment. In your ST3 year, the Tuesday day release course will provide a variety of sessions, activities and courses to help your learning and prepare you specifically for the nMRCGP. ST1 and ST2 doctors are invited 10 days per year to the Training and Education Centre to experience primary care focused teaching to integrate with their learning in Hospital posts. You will also have the chance to meet fellow ST doctors in General Practice with whom you can share your experiences and enjoy the year.

On hand throughout your time with us, will be your trainer. We are very fortunate in Reading to have an enthusiastic and experienced group of trainers, who put in a great deal of time and effort to help Reading VTS produce some of the best GPs in the country. We are available to help guide you every step of the way and address any problems you may have. Please feel free to contact us and we will do our best to sort things out.

We would like to welcome you to the Reading VTS. We hope you have an enjoyable period of vocational training and that you leave us fully prepared for a happy and fulfilling career in General Practice.

Good Luck!

Andy Goode, Anna Magnusson, Alison Malcolm and Roland Hardyman
The Reading VTS Team
August 2009

4. Trainers and Training Practices

August 2009

TRAINER	EMAIL ADDRESS	PRACTICE
Andrew goode	agoode@oxford-pgmde.co.uk	Goring & Woodcote
Andrew Wardle	andrew.wardle@gp-k81050.nhs.uk	Chieveley
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Tim Walter	TIM.WALTER@gp-k81017.nhs.uk	Falkland

5. College Tutors

GENERAL MEDICINE	Dr Lindsey Barker (tbc)
PALLIATIVE CARE	Dr Strubbe
OBSTETRICS & GYNAECOLOGY	Dr Jane Siddal (tbc)
PAEDIATRICS	Dr Kumar
PSYCHIATRY	Dr Mark Parry (tbc)
A & E	Miss Dudek
OPHTH	Mr Leyland
ORTH & TRAUMA	Mr Dodds

6. Useful Websites

Oxford PGMDE	www.nesc.nhs.uk
Royal College of GPs	www.rcgp.org.uk
BMA	www.bma.org.uk
National Electronic Library for health	www.nelh.nhs.uk
Department of Health	www.doh.gov.uk
GMC	www.gmc-uk.org
PMETB	www.pmetb.org.uk
Modernising Medical Careers	www.mmc.nhs.uk
Education South Central	www.nesc.nhs.uk

7. Assessments

a. *ePortfolio*

Since the introduction of the new curriculum and nMRCGP there is an emphasis on the knowledge, skills and competences required in primary care. Even when still in Hospital post these areas have to be covered and trainees need to collect evidence of their progress of this throughout their training. To document this progress, the RCGP has developed a web based tool called "*ePortfolio*".

Timely completion of log entries and regular updating of the *ePortfolio* is YOUR responsibility. This is the only proof you have to show that you are gaining and developing further the skills you will need as a qualified GP. Failure to do this may result in unsatisfactory progress and referral to the Deanery, extension of your training, or worse.

To access your *ePortfolio* you are required to register with the RCGP via <https://integra.rcgp.org.uk/membersarea/membership/Default.asp>

Most trainees select the *AiT Package 1 for ST1 (CCT)* to gain the benefits of being an Associate in Training. You should do this straight away at the start of your training programme.

b. *Applied Knowledge Test (AKT)*

This is a multiple choice style exam that tests your knowledge base. By passing this summative assessment you will have demonstrated your competence in applying knowledge at a level which is sufficiently high for independent practice.

You can attempt the AKT at any point during your time in GP specialty training. However, according to the RCGP, the most appropriate point, providing the highest chance of success, will be whilst working as a GPStR in the final year of your specialty training programme (ST3).

The test takes the form of a three-hour multiple-choice test of 200 items. It is computer-based and delivered at 150 Pearson VUE professional testing centres (driving test centres) around the UK.

Approximately 80% of question items will be on clinical medicine, 10% on critical appraisal and evidence based clinical practice and 10% on health informatics and administrative issues. All questions will address important issues relating to UK general practice and will

focus mainly on higher order problem solving rather than just the simple recall of basic facts.

The test can be taken on three occasions each year. To apply for the AKT, you will have to be registered with the RCGP and be an "Associate in Training" (AiT). You can apply online through their website or via your eportfolio or by phone. Further information on this process can be found at: <http://www.rcgp-curriculum.org.uk/nmrcgp/akt.aspx>.

The next dates are:

Apply via college website	24 Aug to 14 Sept 2009	02 Dec to 21 Dec 2009	09 March to 26 March 2010	07 Sept to 24 Sept 2010
Book with Pearson VUE	1 Sept to 02 Oct 2009	04 Dec to 23 Dec 2009	11 March to 30 March 2010	09 Sept to 27 Sept 2010
Main date for AKT	28 Oct 09	27 Jan 10	28 Apr 10	27 Oct 10
Results and feedback	25 Nov 09	23 Feb 10	25 May 10	17 Nov 10

Useful resources for the preparation of the AKT are listed at the end of this manual (see section *AKT preparation*).

c. Clinical Skills Assessment (CSA)

During this half day assessment towards the end of your training, you will consult 13 patients (actors) in front of trained assessors. The CSA tests the following areas of the curriculum:

Primary Care Management: recognition and management of common medical conditions in primary care.

Problem Solving Skills: gathering and using data for clinical judgment, choice of examination, investigations and their interpretation. Demonstration of a structured and flexible approach to decision making.

Comprehensive Approach: demonstration of proficiency in the management of co-morbidity and risk.

Person-centred Care: communication with patient and the use of recognised consultation techniques to promote a shared approach to managing problems.

Attitudinal Aspects: practising ethically with respect for equality and diversity, with accepted professional codes of conduct.

Clinical Practical Skills: demonstrating proficiency in performing physical examinations and using diagnostic/therapeutic instruments.

The three domains on which you will be marked are:

1. Data Gathering, Technical & Assessment skills: Gathering & using data for clinical judgement, choice of examination, investigations & their interpretation. Demonstrating proficiency in performing physical examinations & using diagnostic and therapeutic instruments

2. Clinical management skills: Recognition & management of common medical conditions in primary care. Demonstrating a structured & flexible approach to decision-making. Demonstrating the ability to deal with multiple complaints and co-morbidity. Demonstrating the ability to promote a positive approach to health

3. Interpersonal skills: Demonstrating the use of recognised communication techniques to gain understanding of the patient's illness experience and develop a shared approach to managing problems. Practising ethically with respect for equality & diversity issues, in line with the accepted codes of professional conduct.

Resources for the preparation of the CSA can be found at the end of this manual (see section *CSA preparation*). More information and the dates of the CSA will be available at: <http://www.rcgp-curriculum.org.uk/nmrcgp/csa.aspx>

d. Workplace-based Assessment: (WPBA)

This is a set of tools that evaluate a trainee's progress over time. It captures your performance at various points in time in a structured and formative way. It tests certain competences that form the framework of the WPBA. These competences are derived from the first curriculum statement "*Being a GP*". The competences are:

- 1. Communication and consultation skills:** This competence is about communication with patients, and the use of recognised consultation techniques.
- 2. Practising holistically:** the ability of the doctor to operate in physical, psychological, socioeconomic and cultural dimensions, taking into account feelings as well as thoughts.
- 3. Data gathering and interpretation:** the gathering and use of data for clinical judgement, the choice of physical examination and investigations, and their interpretation.

4. **Making a diagnosis / making decisions:** This competence is about a conscious, structured approach to decision making.
5. **Clinical management:** the recognition and management of common medical conditions in primary care.
6. **Managing medical complexity and promoting health:** aspects of care beyond managing straightforward problems, including the management of co-morbidity, uncertainty, risk and the approach to health rather than just illness.
7. **Primary care administration and IMT:** the appropriate use of primary care administration systems, effective recordkeeping and information technology for the benefit of patient care.
8. **Working with colleagues and in teams:** working effectively with other professionals to ensure patient care, including the sharing of information with colleagues.
9. **Community orientation:** the management of the health and social care of the practice population and local community.
10. **Maintaining performance, learning and teaching:** maintaining the performance and effective continuing professional development of oneself and others.
11. **Maintaining an ethical approach to practice:** practising ethically with integrity and a respect for diversity.
12. **Fitness to practise:** the doctor's awareness of when his/her own performance, conduct or health, or that of others, might put patients at risk and the action taken to protect patients.

Together with the help of your Clinical and Educational supervisor, you will be able to identify further learning needs through these assessments. There are several different tools used within the WPBA, most of these are comparable to the tools used during foundation training.

Case based discussion (CbD): This is a structured interview designed to explore professional judgement exercised in clinical cases which have been selected by the GPStR and presented for evaluation. Evidence collected through CbD will support the judgements made about the GPStRs at the six monthly and final reviews throughout the entire programme of GP specialty training. The CbD tool has been designed to be used in both hospital and GP settings. CbDs may be carried out by GP trainers or educational supervisors or clinical supervisors.

Multi-source Feedback (MSF): The Multi-Source Feedback (MSF) tool provides a sample of attitudes and opinions of colleagues on the clinical performance and professional behaviour of the GPStR. It helps to provide data for reflection on performance and gives useful feedback for self-evaluation.

Consultation Observation Tool (COT): The starting point for this assessment is either a video recorded consultation or a consultation directly observed by the trainer. In either case the observation should generate discussion and feedback for the GPStR and yield evidence which will be recorded in the ePortfolio. It is likely that more evidence will be generated from consultations with greater complexity. The selected consultations are rated according to a set of criteria which have been developed from the experience with Summative Assessment and the MRCGP consultation skills module. These criteria are built into the ePortfolio.

Patient Satisfaction Questionnaire (PSQ): This tool provides feedback to GPStRs by providing a measure of the patient's opinion of the doctor's relationship and empathy during a consultation. The evidence provided is useful in helping trainer and GPStR to address needs and facilitate educational development during the training period.

Mini-Clinical Evaluation Exercise (Mini-CEX): a 15 minute snapshot of doctor/patient interaction within a secondary care setting. It is designed to assess the clinical skills, attitudes and behaviours essential to providing high quality care.

Direct Observation of Procedural Skills (DOPS): DOPS is designed to provide feedback on procedural skills essential to the provision of good clinical care. The mandatory procedures have been selected as sufficiently important and/or technically demanding to warrant specific assessment.

The Clinical Supervisor's Report (CSR): The CSR forms part of the evidence which is gathered through WPBA. The ePortfolio has a section for the clinical supervisor to write a short structured report on the GPStR at the end of each hospital post. This covers: The knowledge base relevant to the post, practical skills relevant to the post and the professional competences.

The Educational Supervisor's Report (ESR): The report informs the ARCP panel whether you are developing the aforementioned 12 competences in a way that would be expected from a trainee at the same level of training. The Educational Supervisor will take into account the evidence available from your eportfolio but may also refer to evidence gained from working with you on a day to day basis as well as any feedback from colleagues, other trainers, patients or staff. The ESR concludes with a recommendation to ARCP whether your trainer feels you should be allowed to proceed to the next level of training. The Educational Supervisor can refer you to the panel for an opinion if he/she has concerns about your progress.

e. Annual Review of Competence Progression (ARCP) and CCT

The ePortfolio of each trainee carries the evidence that is considered at interim and final panels which take place at the end of each training year. On the panel are representatives of GP education in the Oxford deanery, including Programme Directors, Trainers and a laymen. During the panel meeting the panel will look at your ePortfolio, whether you have completed the required amount of WPBAs and whether you have passed any assessment like AKT and CSA. They will also review the reports from your Clinical and Educational Supervisor(s) and assess the quality of your reflective log entries. The panel will then decide whether you have made satisfactory progress and are ready to proceed to the next year of training. Should the outcome not be satisfactory, you and your trainer will be called to a face-to-face meeting with the panel during which the panel will decide whether you can proceed or whether they will recommend an extension to your current level of training.

Trainees who pass WPBA at final review and also have a pass in the AKT and CSA will be eligible to apply for a *certificate of completion of training (CCT)*, inclusion in the General Medical Council's GP Register and membership of the Royal College of General Practitioners. The CCT is issued by PMETB and only with this certificate will the GMC allow you to go onto their GP register. Inclusion on this register is essential for working as a fully fledged GP.

Please be aware that you will have to register with PMETB to start the application process for a CCT. Once the deanery has signed off your training and allows you to apply for the CCT (end of ST3), they will provide you with a link to register with PMETB (<http://www.pmetb.org.uk/certonline>). Please do not attempt this before you the certification unit has issued you with this link. If you apply too early, you may be charged an administrative fee.

8. Doctors in difficulty

Occasionally learners might find themselves in difficulty, due to ill health or other reasons. We are all here to help and depending on the type of difficulties you find yourself in, you may want to consider discussing these issues with your Educational Supervisor, one or all of the Programme Directors and/or your Clinical Supervisor. Please refer to the "*Gold Guide*" for guidance with regard to particular scenarios.

Sources of support and help

The Oxford Deanery *Career Development Unit (CDU)* has been established to provide a comprehensive careers service and performance support for all doctors and dentists in primary and secondary care. The careers service provides local specialty information and career management skills workshops for the Oxford Foundation School. It also provides personal career guidance for those with a career dilemma, including those with health or disability problems. The performance support provides confidential personal coaching for doctors or dentists who self-refer. More information can be found at <http://www.oxforddeanerycdu.org.uk>.

There are a variety of offers regarding counselling for doctors. Particularly when in need of support in a difficult situation, it might be worth considering one of these services as well. Depending on your membership status you may be able to access counselling via the *British Medical Association (BMA)* (<http://www.bma.org.uk>): The BMA Counselling Service is staffed by professional telephone counsellors, 24-hours a day, seven days a week. All counsellors are members of the *British Association for Counselling and Psychotherapy* and are bound by strict codes of confidentiality and ethical practice. Counselling can be helpful in addressing the root causes of your problems and reducing the impact of their consequences.

"*Doctors for Doctors*" runs alongside the BMA Counselling Service giving doctors and medical students in distress or difficulty the choice of speaking in confidence to another doctor.

Don't forget that your Educational Supervisor and Programme Directors are an important source of support.

9. Reading VTS GP Specialist Trainees

a. Induction

When you start as an ST1 and ST3 you will have introductory sessions as part of your VTS day release and it is important to regularly look at the website (www.readingvts.org)

b. Hospital Posts

There is a hospital based induction programme for all staff new to the Trust. Each department will provide their own induction into their speciality. Most posts are on a full shift rota. Any important requests for leave that need to be made in advance should be addressed to the rota managers in the specific departments concerned. You will be contacted to arrange your introductory sessions but if you have any concerns, please contact Alison Ball, Medical HR Manager in Medical Staffing (Ext. 7787)

c. ST1 & ST2

We aim to ensure that all candidates fulfill their basic PMETB requirement taking into account their previous work experience. We may not always be able to accommodate all individual requests for specific posts, as the number of posts is limited. We appreciate that there may be identified gaps in learning and hope that these will be met by the end of 3 year training by mutual discussion with your trainers.

You will be required to maintain a web based e-portfolio, which will record evidence and details of your achievements and document all stages of your training and reviews with your Educational Supervisor. Your Educational Supervisor will be an experienced GP Trainer and will be allocated in your first few months. They will meet with you 2 or 3 times a year to make sure everything is on track and that your e-portfolio is up to date (see e-portfolio section).

d. The role of your EDUCATIONAL SUPERVISOR

All doctors enrolled in the specialty training programme will be allocated an Educational Supervisor. Educational Supervisors are all experienced GPs and are trained GP educators. During ST1 and ST2 your Educational Supervisor will ensure that you make good progress with your training. The clinical part of your training during these stages is coordinated by a Clinical Supervisor. This is usually the Consultant you are working with (or a GP if you are in a primary care post). During your last year as ST3, the Educational Supervisor will also adopt the role of Clinical Supervisor.

Your Educational Supervisor will meet with you 2-3 times per year for reviews, which are a necessary part of the Workplace Based Assessment. The Educational Supervisor will go through your ePortfolio with you and your progress to date, and help you define which areas of the curriculum you need to focus on. The Professional Development Plan is the section which lays out plans for how you will meet your learning needs.

We would recommend that you contact your Educational Supervisor early on to plan the reviews during ST1 and ST2 and also prepare for your final year in your Educational Supervisor's surgery.

Occasionally learners might find themselves in difficulty, due to ill health or other reasons. Your ES is the first person whom you should discuss any difficulties with. This will be confidential and facilitative. Subsequently, the ES may suggest the involvement of the Programme Director if changes to training are necessary. Please refer to the "Gold Guide" for guidance with regard to particular scenarios.

e. The Gold Guide and PMETB

The arrangements for postgraduate specialty training including General Practice are regulated by the *Postgraduate Medical Education and Training Board (PMETB)*. PMETB has published detailed guidance on these arrangements. The full guidance is beyond the scope of this booklet, however we would recommend that you familiarise yourself with the section of the guidance that relates to training to become a GP.

"*A Guide to Postgraduate Specialty Training - The Gold Guide*" can be found on the website of "*Modernising Medical Careers*" (<http://www.mmc.nhs.uk>). This is the link to the final document as published in 2008: <http://www.mmc.nhs.uk/pdf/Gold%20Guide%202008%20-%20FINAL.pdf>

The Gold Guide gives details of assessment, accreditation, ARCP panels, what to do if you become sick, want to take time out, run into difficulty and need extended training, etc. It is a lengthy document!

f. The RCGP curriculum

The Royal College of General Practitioners (<http://www.rcgp.org.uk>) has developed a national curriculum for the training of GPs. This curriculum is approved by PMETB and it was introduced in 2007. During your training you are expected to cover all areas of the curriculum. It covers all three years of training, including hospital placements and primary care posts. The curriculum lays out the competencies a GP ought to acquire during the training period. It covers clinical knowledge and practical skills. Consultation skills,

administrative, personal and professional responsibilities are laid out as well. Ten different statements cover the clinical management of commonly seen disease groups.

During your training, when seeing patients and working with your healthcare team you will meet experiences that will help you develop your skills and your knowledge. If you analyse these experiences you will find that most of them are somehow reflected in sections of the curriculum. With the help of your *ePortfolio*, *WBPA* and your supervisors you will learn how to analyse these experiences and link them with certain sections of the curriculum. Over the time in training, you will cover more and more sections of the curriculum. Ideally, if you make good progress, by the end of the training you will have covered every section a couple of times. Your *ePortfolio*, as part of the formative assessment tools the RCGP provides you with, will help you to map this curriculum coverage and it will show you visually whether you are making good progress and if so, whether you reach the point where you can confidently approach the summative assessments the RCGP expects you to take at one stage in your training. These are the *AKT* (*applied knowledge test*) and *CSA* (*Clinical skills assessment*).

Helpful resources

The RCGP website has the new curriculum document available to download. It is a huge document! We recommend that you look at the relevant areas on line even while you are in hospital posts. The curriculum map is very useful.

The curriculum can be reviewed at <http://www.rcgp-curriculum.org.uk>. It is also worth having a look at the book "*The Condensed Curriculum Guide*", available from the RCGP bookshop online. This is the official and essential companion to the new RCGP Curriculum for Specialty Training for General Practice, covering the knowledge, skills and attitudes that every GP specialty registrar must now master to become an effective doctor in general practice. Also worth looking at is the journal "*InnovAiT*" - the magazine for GP trainees, published by the RCGP. Rotating through the whole new curriculum for the nMRCGP on a three year cycle, *InnovAiT* supports and assists the learning and development of AiTs as they progress through training. Please familiarise yourself with the RCGPs webpage, the information and resources offered there. The tools and assessment are undergoing constant revalidation and it is likely that things continue to evolve and change. You will have to be aware of deadlines, how to apply for parts of the exams you want to sit etc.

g. When things go wrong

Unfortunately from time to time things go wrong. If you find yourself in this situation, please see us on a Tuesday or contact Roland or one of the Programme Directors via E Mail

(reading.vts@royalberkshire.nhs.uk) and we will be happy to arrange a time to discuss it with you.

h. The e-Portfolio for nMRCGP

A Guide for Trainees can be found on the RCGP website www.rcgp.org.uk

10. Ideas for areas to cover while on Study Leave in General Practice

a. Obstetrics and Gynaecology

- Antenatal Clinics
- Home deliveries
- Postnatal visits and six week checks
- Family planning (inc. coils and diaphragms)
- Cervical smears
- Well women clinics
- Menopause clinics
- Sexually transmitted infections
- Baby clinics

Relevant members of practice team

- GP
- Midwife
- Health visitor
- Practice nurse
- Nurse Practitioner

Possible Audit topics

- Folic acid
- Antibiotics and the contraceptive pill
- Percentage of adequate smears

DOPS

- Vaginal examination
- Speculum examination
- Cervical smear

Practice management issues

- Maternity benefits and claims
- Cervical smear targets and recall system

b. Psychiatry

- Psychiatric emergencies in primary care
- Mental Health Act and sections in community
- Depression
- Alcohol
- Drug abuse and four way agreements
- Mental health problems in the elderly
- Depot injections
- Postnatal depression/Edinburgh scale
- Counselling in primary care
- Mental state examination

Relevant members of the practice team

- GP
- CPN
- Health Visitor
- Counsellor
- Community drug and alcohol team
- EMI unit staff

Possible Audit topics

- Screening for alcohol abuse
- Antidepressant drugs
- Compliance with depot injections
- Lithium levels

Practice management issues

- Recall and monitoring of depot injections
- Recall and monitoring of lithium
- Four way agreements and the new contract

c. Medicine

- The acutely ill patient
- CPR in the community
- Chronic disease management
- Elderly care and community hospital and falls prevention
- Terminal care/palliative care and breaking bad news
- Flu clinics, travel clinics and other preventative medicine
- Repeat prescribing
- Caring for carers

Relevant members of the practice team

- GP
- District nurse
- Practice nurse
- Hospice staff and Macmillan nurses
- Community hospital staff inc physiotherapists and OTs
- Pharmacist
- Counsellor

Possible Audit topics

- Use of aspirin in admissions for chest pain
- Influenza vaccine uptake
- Chronic disease targets
- Medication reviews

DOPS

- Physical examinations inc use of ophthalmoscope, auroscope, stethoscope, sphygmomanometer and peak flow metre
- Subcutaneous, intramuscular and intravenous injections

Practice management issues

- Chronic disease management and targets
- Repeat prescribing
- Specialist clinics (resources, staff and skills)

d. Paediatrics

- Child development inc 6 week, 8 month and pre-school checks
- Baby clinic and immunisations
- Accident prevention
- Social problems
- Behavioural problems inc enuresis
- Normal child and normal childhood problems
- Fever in a child
- Common childhood infections
- Impact of chronic, complex or fatal paediatric conditions
- Teenage Health and teenage consent
- Child health surveillance

Relevant members of the practice team

- GP
- Health visitor
- Practice nurse
- District Nurse
- Practice Manager
- Nursery and school nurses
- Community paediatrician and team
- Physiotherapists, OTs and speech therapists
- Child and adolescent mental health team

Possible Audit topics

- Uptake of immunisations
- Breast feeding
- Antibiotic use in childhood infections

DOPS

- Intramuscular injections

Practice management issues

- Immunisations and targets
- Organisation of clinics
- Teenage friendly practice and teenage consent (ethics, law and confidentiality)

e. Accident and Emergency

- The acutely ill patient
- CPR in the community
- Doctor's bag, equipment and emergency drugs
- Out of hours arrangements
- Triage of out of hours calls
- Reception and recognition of urgent problems
- Access to doctors and nurses (phone and appointments)
- Emergency appointments and duty doctors
- Urgent visits and other home visits
- Minor surgery in general practice

Relevant members of the practice team

- GP
- Practice nurse
- Receptionist
- Nurse Practitioner
- District Nurse

Possible Audit topics

- Expiry dates on drugs in doctors bag
- Staff CPR training
- Adequacy of excision of lesions in minor surgery

DOPS

- Intramuscular and intravenous injections

Practice management issues

- Ensuring drugs are in date
- Staff training for emergencies and keeping skills up to date
- Arrangements for appointments and access to the surgery
- Arrangements for out of hours care
- Organising home visits

11. READING VTS GP ST Scheme

a. What is it?

The day release course is for all ST3 doctors in practice. It is a full or half day of General Practice education, activities and courses, providing training and preparation for the nMRCGP. It takes place every Tuesday in the Training and Education Centre.

Registrars should aim to arrive at **9.45 a.m.** - **Please be prompt!** We aim to finish by **4.30pm.**

If you are unable to attend the day release course for whatever reason you must let the VTS team know by phoning 0118 322 7680 (Tuesdays) or e-mailing reading.vts@royalberkshire.nhs.uk

ST1 and ST2 teaching takes place one day per month in the TEC and is primary care focussed. Registrars should aim to arrive at **1.30 p.m.**

Attendance records are kept and emailed to your Educational Supervisor.

b. What happens there?

You will be exposed to a wide variety of topics relevant to General Practice and delivered to you in many different formats.

For full details of the programme check the Reading VTS website (www.readingvts.org) where there is a full diary of VTS events. This is regularly updated so we suggest you keep a close check on it.

c. GP Registrar representative

The ST3s will have an opportunity as a group to nominate a registrar representative who will be the main liaison between yourselves and the course organisers on all aspects of the VTS course. The Registrar Rep. also has a chance to attend the annual general practice registrar conference.

d. County courses

On some Tuesdays there will be county courses for ST3s in conjunction with the Windsor VTS ST3s. These may be held at Wexham Park or Reading. Please check the website for details of these and directions.

e. Deanery courses

These are available to registrars according to their choice from the Oxford Deanery.

These can be booked on the NESC website or by contacting the Course Administrator at Oxford PGMDE.

12. What do we expect from our ST3s?

- Regularly check website and be aware of scheduled events
- Be prepared for the topics of the day
- Arrive on time
- Let us know of any absences or if you are going to be late
- Play an active part in the group
- Be respectful and supportive of each other
- Prepare some sessions yourselves as appropriate
- Spend some time presenting to the rest of the group
- Reflect on every session and keep a record & keep a log of your experiences on VTS GP ST Scheme
- Build all this into your PDP
- Give constructive feedback to the speakers, course organisers or registrar representative as required. There will be a feedback form to complete for each session
- Obtain a copy of *Good Medical Practice for General Practice* and read it! This sets out the duties of a good GP and is also the format used for GP appraisals
- Familiarise yourself with the contents of the *Gold Guide*
- Enjoy your time as a registrar!

13. The Registrar Year (ST3)

During your third year of training you are officially a "*General practice specialty registrar year 3*" but people will most likely continue to call you "*GP Registrar*" - this is the term everybody got used to.

a. Trainers and Training Practices

During this year you will be working in a surgery under the clinical supervision of your *Educational Supervisor* (your "trainer"; see also *Educational Supervisor*). These GPs and their surgeries have gone through a rigorous training and quality assurance process prior to being awarded Trainer status (and training practice status) by the Oxford deanery. We would encourage you to make use of all members of your team and enjoy the contributions from the entire practice team, including practice manager, administrative staff and allied health care professionals.

Usually, you will know in your ST1 year who your trainer is and at which training practice you will be based as an ST3. This will enable you to build up a rapport with your trainer and training practice prior to starting there. However, occasionally there may be a need to change your trainer or training practice due to extenuating circumstances.

b. Your working week in General Practice

The normal working week in General Practice training is ten sessions. GP Specialty Registrars should be released for district day release and deanery courses, but otherwise it is expected they will work normally in practices when there is no course provision. GP Principals and Registrars used to take a half day from the working week to compensate them for regular unsociable out of hours work. Now that GP Specialty Registrars work only the equivalent of one session out of hours per month, with European Working Time Directive legislation requiring statutory compensatory time off, the half day is no longer applicable.

The GPC and COGPED have recommended that the standard GP specialty registrar working week will be divided into seven clinical sessions, and three educational sessions.

The educational sessions comprise 2 sessions usually spent at the VTS day release course and 1 session with your trainer.

The BMA GP Trainee subcommittee has published the following guidance regarding the structure of a session. This guidance has been endorsed by COGPED:

4 hour block x 10 throughout the week, broken down into 7 clinical, 2 educational and 1 vocational training scheme (VTS), or 3 educational sessions (pro-rated appropriately for part time trainees) of:

i. Clinical Sessions:

Supervised/supported consulting time, with appointments at a maximum of every 10 minutes for face to face consultations. This time should include debriefing

Supervised/supported home visits, nursing home visits, rounds, undertakers visits for the purposes of death administration including time for debriefing, and travelling

Administrative work to include: pathology results, letters, reports (for educational purposes only), general administration

Time spent with other members of the practice and/or healthcare team for the purposes of care and learning - e.g., practice nurses, diabetic nurses, chronic obstructive pulmonary disease (COPD) nurses, research nurses, midwives, counsellors, OT, physiotherapists, receptionists, ambulance crews, triage nurses, GPwSIs, alternative and complementary therapists, undertakers

Time spent in specialist clinics e.g. wart clinics, joint injection clinics, family planning clinics

Time spent in directly supervised surgery as part of consultation observation tests (COTS), direct observation of procedure skills (DOPS)

Time spent videoing consultations as part of consultation skills training

ii. Non Clinical Sessions:

Independent study/revision

Tutorials with GP supervisors

A VTS training scheme session

Administration for the purposes of audit/research in general practice

Videotape, COT, DOPS analysis as part of educational furtherance

Case based discussions selected from outside the debrief time Sessions need not be completed all in one go, but may be broken down appropriately throughout the week, for example, you may have 1 session used by 3x1 hour tutorials, and 1 hour looking/analysing videotapes or COTs. Similarly, a session during the week may consist of a 2.5 hour clinical surgery, a 30 minute debrief and a home visit. Trainees should be able to undertake approximately 1 hour of admin time per 3 hour of clinical time.

You are required to do 12 out of hours sessions during the ST3 year, supervised by a GP Trainer (not necessarily your own trainer). For every additional month in General Practice you will need to do a further out of hours session. Further information, including EWTD and OOHS, is available via the following link:

http://www.nesc.nhs.uk/primary_areas/oxford_deanery/oxford_schools/school_general_practice/gp_training/out_of_hours.aspx

As part of your training you can undertake a clinical session within extended hours - if available. Extended hours are not offered by all local surgeries. These sessions usually happen on certain weekdays in the evening and/or on Saturday mornings. If you work one of these sessions you must of course be supervised and supported in the same way you would be during core opening hours. The clinical session undertaken in extended hours would replace a clinical session undertaken in core hours. It is important to ensure that the structure of the working (and teaching) week remains compliant with Working Time Directive regulations. The clinical session undertaken during extended opening hours does not count towards the required number of Out Of Hours sessions. The number of clinical sessions undertaken in extended hours by a GPStR should not exceed the number undertaken by a partner within the practice.

c. Deanery Induction Day

In the first month of your ST3 year, you will be sent on a Deanery induction day with all ST3s from the Oxford Deanery. This day is a fantastic opportunity to meet with other GP Registrars and to start to put the year into perspective.

d. Introductory Tutorials

These take place near the beginning of the registrar year. They are hosted by various trainers in their different practices. The subject matter is also varied but all very relevant to general practice. It's a good opportunity to see other practices whilst getting a useful foundation in general practice.

You will be given an up to date timetable of dates and venues. The trainers put a lot of effort into the tutorials and need to know how many trainees are attending. Therefore, we would expect that you let them, their surgeries and your own trainer know if you cannot attend. After each session we would be grateful if you could fill in one of the feedback forms provided at the time.

e. Midterm Assessment

This will take place approximately half way through the year. It is a time for you and your trainer to review your progress with the help of trainers from outside your practice. It allows a fresh look at where you are and helps you plan the rest of your year constructively based on your individual learning needs.

A properly carried out assessment will help you to redefine your goals and aims during your time in your training practice. It should highlight weak points at a time when something can still be done to correct them. It is your opportunity to give feedback on how you are coping with different aspects of practice life. Most importantly, it can act as a stimulus for you and the trainer in ensuring the best use of your remaining time as a trainee and focus on important issues the assessment may have flagged before you are heading for your final assessments and certification.

On our website you will find an up-to-date programme of the planned teaching sessions. Any changes to the programme, venues and times will appear in timely fashion on this website. So please check it regularly: <http://www.readingvts.org>

f. Working Sessions in Extended Hours

Glynis Buckle, Deputy Director of GP Education at Oxford PGMDE issued the following advice to GP Trainers on 29 July 2008:

We have had several queries regarding GPStRs undertaking work during extended surgery opening hours and have therefore set out the following guidelines for trainers and their practices.

1. As part of their training the GPStR can undertake a clinical session within extended hours. They must of course be supervised and supported in the same way in which they would during core opening hours
2. The clinical session undertaken in extended hours would replace a clinical session undertaken in core hours. **NB** It is important to ensure that the structure of the working (and teaching) week is compliant with Working Time Directive regulations.
3. The clinical session undertaken during extended opening hours does not count towards the required number of Out Of Hours sessions
4. The number of clinical sessions undertaken in extended hours by a GPStR should not exceed the number undertaken by a partner within the practice.

If there are any changes to these guidelines as a result of national directives, we will let you know immediately.

Glynis Buckle
Deputy GP Director and
Head of School of General Practice

14. Senior Registrar Training

- GP registrars may apply for an additional 6 months on completion of nMRCGP
- The posts offer the opportunity to develop a special interest as well as enhancing GP skills and developing leadership skills.
- Appointments are competitive; applicants should link project proposals to NHS and local workforce priorities.
- Although the practice fulfils the role of employer for legal reasons, the posts are exclusively educational and senior registrars are supernumerary.
- The training practice receives a full 6 months training grant.
- The typical timetable will be 2 days in practice, 2 days on secondment, half day private study and half day off.
- Senior registrars will attend a monthly learning set, and will develop an individual learning plan for the 6 months.
- The GP trainer and senior registrar will agree a learning contract.
- The senior registrar will usually have a separate educational supervisor for the project.
- The senior registrar will write a report for the Deanery on completion of the 6 months.
- Senior registrars should be appraised by their GP trainer before completion of training.
- Closing dates for applications will always be the second Friday in May and the second Friday in November. Interviews will be approximately two weeks after the closing date.

For more information visit www.nesc.nhs.uk and click on GP training/senior registrar training.

15. Salary and contracts

a. Contracts in Hospital Placements

You will be paid according to the StR pay scale - a trainee joining the VTS after completion of foundation training will join the pay scale at the minimum point. As part of the recruitment process, you will be asked to provide a salary information form completed by your current employer. Due to the nature of your training and the fact that you will rotate through different specialities you may have up to three different employers in your ST1 and ST2 years. When you are in a GP practice, you will be employed by the surgery and hence hold a contract with them.

You will be given a contract of employment to sign for each hospital post on your training programme and you will be bound by the terms and conditions of each contract of employment. Progression through each stage of the training programme is subject to satisfactory performance review by both the Programme and the employing hospital trust.

Any queries relating to salary or terms and conditions of service whilst undertaking hospital posts should be taken up in the first instance with the appropriate medical staffing department.

During most clinical specialties you will be paid a banding for hours you spend beyond the basic 40 hours/week. In GP settings, your basic salary will be topped up by the so-called "GP Registrar supplement" that currently gives you a 45% top-up to your basic pay. Banding in hospital posts as well as the GP Registrar supplement are subject to regular review by the *Doctors and Dentist Review Body (DDRB)*. In the light of the financial pressures the NHS find itself under and with the full implementation of the European Working Time Directives in August 2009 it is likely that banding and supplement continue to decrease. Every time you change employers and are issued with a new contract, the banding or supplement payable at the time of issuing the new contract will apply. As you are only pay protected for the duration of a contract, you may therefore experience a decrease of your overall income throughout the training.

b. General Practice Contract

The 'Framework for a written contract of employment guidance for GP speciality registrars' is compiled in conjunction with BMA regional services, and *Committee of General Practice Education Directors (COGPED)*. The framework includes terms and conditions, leave, educational assessment, review of progress, health and safety at work, educational agreement, and personnel policies and working procedures. It can be

downloaded from

http://www.bma.org.uk/employmentandcontracts/employmentcontracts/junior_doctors/framecontractGPregs0707.jsp (you do not have to be a BMA member to access this file).

16. Study Leave

a. Principles

Study leave is an allowance for doctors in training, and not an entitlement; the needs of patients should ultimately take precedence. However, the inability of Trusts or practices to adhere to minimum levels of study leave will call into question the recognition of such posts/practices for training.

The purpose of the study leave budget is to enhance doctors' progress towards satisfactory completion of specialty training, including completion of professional examinations and relevant diplomas.

Study leave should be planned and informed by a Personal Development Plan.

Study leave should relate to the ultimate career goal of the doctor, and does not necessarily have to relate to the current specialty of the applicant.

There should be equity of access in the provision of study leave. For specialty trainees there should be equity of access to time and funding irrespective of their ultimate career destination, and for GP Specialty Registrars equity irrespective of their training practice.

b. Doctors in Hospital Posts

Study leave funding is devolved to hospital postgraduate centres for all doctors in hospital training posts. The *Director of Medical Education (DME)* is responsible for managing the overall budget. GP specialty trainees are entitled to pro rata annual allowance of all specialty trainees in the Trust. Currently you are entitled to £600 (pro rata per year) while in ST1 and ST2. If you don't make use of your budget in ST1, you can carry it over into ST2.

c. Doctors in General Practice Placements

Study leave funding is managed by the Deanery to provide currently £550 of an educational allowance (pro rata per year) for all GP specialty trainees employed through general practice (ST1, ST2, ST3, Academic GP Registrars and Senior Registrars). The educational allowance can be used to attend the MRCGP, Family Planning and Minor Surgery courses, as well as for attending other courses which have been approved by GP Trainer and GP Programme Director as meeting educational needs outlined in the Registrars Personal Development Plan. An application form is on the NESC website.

d. Application for Study Leave

Applications for study leave during hospital training should be made to the Clinical Tutor, who will approve funding in consultation with the Programme Directors. The application must be based on a personal development plan, and release from the department should be negotiated prospectively to minimise impact on patient care. You have to apply 6 weeks in advance, prior to actually taking the leave. The relevant forms can be obtained from the NESC website.

Applications for personal study leave during the GP Specialty Registrar placement must be based on a personal development plan, and should be negotiated with the GP Trainer to minimise impact on patient care. To apply for study leave and funding you need to download the relevant form from the NESC website. After getting the required signatures, please forward the completed form to Barbara Gow at the Oxford Deanery.

Approval of funding will be based on the following criteria:

The study should be appropriate for the ultimate career goal of the applicant

The study should be based on a specific learning need identified in the personal development plan

The study method is appropriate to the need identified

The study method is suitable for the particular applicant

The proposed study is appropriate at this stage of training

Funding will not normally be provided for a course which is otherwise provided as part of the regular Deanery training programme

Higher priority will be given to activities agreed by GP Programme Directors as essential for completion of GP training, than to activities identified by GP Programme Directors as desirable for development of special interests relevant for general practice.

17. Annual leave

a. Hospital Placement

In a hospital placement, annual leave entitlement is 25 days per year plus 2 statutory days for trainees at point 02 and below on the StR pay scale (see *Salary and contracts*, page 24). Trainees on point 03 (equivalent to a year 5 SHO) and above are entitled to 30 days annual leave plus 2 statutory days per year. Annual leave should be evenly distributed across posts throughout the year.

b. GP Placement

In a GP placement, annual leave entitlement is 25 days per year for trainees at point 02 and below on the StR pay scale (see *Salary and contracts*, page 24). Trainees on point 03 (equivalent to a year 5 SHO) and above are entitled to 30 days annual leave per year.

You must keep a record of all leave taken during your training programme and add to your ePortfolio for assessment by the Annual Review of Competence Progression (ARCP) panel which meets at the end of each training year.

It is important to bear in mind that although you may be contractually entitled to take the above leave, any absence due to sick or any other type of leave (except study or annual leave) in excess of 10 working days in a training year must be made up in full by an additional period of training. Please notify the VTS team in this event.

18. Sick leave and unscheduled leave

It is important to bear in mind that although you may be contractually entitled to take the above leave, any absence due to sick or any other type of leave (except study or annual leave) in excess of 10 working days in a training year must be made up in full by an additional period of training. Please notify the VTS Office immediately in this event.

19. Medical Performers List and CRB

It is a condition of employment in General Practice that you are accepted onto the Medical Performers List held by your employing practice's Primary Care Trust or Health Board. Under current legislation, *NHS (Performers List) Regulations 2004*, you must apply and be accepted to the (PCT) Medical Performers List. As an ST1 the relevant paperwork will be given to you by *Thames Valley Primary Care Agency (TVPCA)* but can also be downloaded from their website:

<http://www.tvpca.nhs.uk/page.asp?fldArea=8&fldMenu=4&fldSubMenu=1&fldKey=558>

You will be required to undertake a *Criminal Record Bureau (CRB)* check. Medical staffing for the trust and TVPCA will require up-to-date enhanced CRB for each post and the rules regarding this have recently changed and will be different to what you have been used to in the past. Nowadays, you cannot produce an up to 6 months old CRB issued for a previous employer. You will need to supply a new CRB each time you change employers (see section *Salary and contracts*, page 24, for an explanation why your employers change the training scheme). The enhanced CRB needs to be submitted to medical staffing/TVPCA prior to starting your post and should therefore be complete without delay.

Please note: By adding your name to a local medical performers list as a GP Registrar, you agree to inform your PCT and TVPCA about any changes to your contact details or registration status. Failure to do so may lead to exclusion from the list and that means that you cannot work in primary care. Therefore, at the end of your training, to be able to work as a fully fledged GP (whether Locum, Salaried or partner) you will have to update your entries on the local medical performers list. Should you leave the area, you will have to apply for inclusion on the medical performers list in your new area - and withdraw from your local performers list. This is crucial, as you can only be include on one national performers list. Sessions are arranged to make it as easy as possible to get on the list - please make every effort to attend as soon as possible.

20. Removal/Relocation Expenses

You may be eligible for reimbursement of removal or relocation expenses. This is regulated in "*Schedules to Direction to Strategic Health Authorities Concerning GP Registrars (2003) with 2008 Amendments (11th July 2008)*". This document can be found on the website of NHS Employers:

http://www.nhsemployers.org/SiteCollectionDocuments/GPR_Directions_Schedules_1_and_2_cd_130708.pdf

If you think you are eligible, you need to apply for reimbursement (please note that this applies to those moving to take up positions in general practice only) using the forms

provided by Thames Valley Primary Care Agency. The necessary documents can be found at: <http://www.tvpca.nhs.uk/page.asp?fldArea=8&fldMenu=4&fldSubMenu=1&fldKey=558>

21. Indemnity cover

Whilst working in a hospital setting you will be protected by NHS indemnity from the financial consequences of claims for clinical negligence. This rate offers access to assistance with other problems you may encounter that NHS indemnity does not cover, including:

GMC inquiries

Police investigations related to clinical practice

Disciplinary procedures

Complaints

NHS indemnity may in addition not cover you if you were found to be grossly negligent. It is therefore important and a contractual obligation that you take out additional medical indemnity cover. Two of the major providers are *The Medical Defence Union (MDU - <http://www.the-mdu.com>)* and the *Medical Protection Society (MPS - <http://www.medicalprotecion.org>)*.

Because of the benefits of NHS indemnity, the basic subscription rates for are relatively low while still in hospital training post. Working in general practice brings with it its own problems and challenges. Unlike working in the hospital sector, you can personally become the subject of a claim for clinical negligence. The subscription rate for a GP specialty trainee, undertaking a full year in general practice, is considerably more than the rate for a trainee based in hospital. This reflects the additional risk should you personally become subject to a claim for clinical negligence. Regardless of whether you are ST1, ST2 or ST3 you will not have any protection through NHS indemnity anymore and hence your fees will go up from two figure sums to around £1500 to £2000 per annum. As this is quite a significant amount of money, two of the major providers of medical indemnity insurance currently offer membership packages specifically tailored for VTS trainees. Subscribing to one of these packages will help to spread out the costs more evenly over the three years of training.

In addition, PCTs should reimburse the difference between the subscription you have paid for any given 12 month period and the annual hospital rate, ensuring that all trainees incur the same cost over the course of their training. When you commence GP training your medical indemnity provider can provide you with a letter to help you with reimbursement. To apply to TVPCA for reimbursement, please find the relevant forms at: <http://www.tvpca.nhs.uk/page.asp?fldArea=8&fldMenu=4&fldSubMenu=1&fldKey=558>

Note: The MDU and the MPS are not the only providers on the market and their mentioning does not imply that the Reading and Newbury VTS endorses or recommends any particular company or product. At the time of writing these two companies to our knowledge were the only ones that offered specific three year VTS trainee packages. We clearly encourage you to review the market situation and compare different companies and products before deciding.

22. Transport

During the general practice component of your training you will have to opportunity to work in the community. Therefore, you are likely to not only to be at your surgery but also to attend to patients in their own homes, in community hospitals or nursing homes. You are also likely to attend meetings and teaching sessions in places different from your own surgery. It is therefore essential that you are able to get to these places. If you do not have a driving licence, please ensure that you have appropriate alternative transport arrangements in place.

23. Travel expenses

Every Registrar is able to claim travel expenses for their time at the TEC or indeed any other time spent for education which is not at their training practice (e. g. exams or courses). Specific *section 63 forms* are available from our website. Please accept the following:

All expenses should be completed monthly. (When you are submitting forms, they will have to be checked and signed and sent off. It involves quite a bit of work so please present 12 forms at the end of the year rather than handing them in on a monthly basis)

Section 63 expenses must always be claimed via the *section 63* forms. A copy of the form can be found on our website. Excel™ spreadsheets outlining the expenses are not acceptable.

- Mileage must correspond with the actual mileage
- The amount claimed per mile is currently £0.23
- The amount claimed for taking another person is currently £0.02
- Rail fares can be claimed for second class tickets only, receipt needed
- Parking fees have to be accompanied by a receipt
- Subsistence can only be claimed if you are away from home for more than 8 hours
- An acceptable amount for subsistence is £5
- Claims should be submitted within a tax year

Travel expenses incurred in general practice (for example home visits) are reimbursed via TVPCA. You will have to complete a claim form which is held by your Practice Manager or can be obtained from TVPCA.

24. Checklists

a. Things to do before your start as ST1

CRB check (see *Medical Performers List and CRB*)

Performers list (see *Medical Performers List and CRB*)

Indemnity (see *Indemnity cover*)

Transport (see *Transport*)

b. Things that you need to do before finishing your training in ST3

Apply for CCT (see *Annual Review of Competence Progression (ARCP) and CCT*)

Update Performers list (see *Medical Performers List and CRB*)

Indemnity (see *Indemnity cover*)

Arrange appraisal within 12 months of completion of ST3 year, usually held in March and April every year (see <http://www.appraisals.nhs.uk>)

25. More useful websites, tips and resources

The ST3 who finished training in 2009 were asked to recommend resources they found useful during their training. The following list is by no means complete and the VTS team does not endorse or recommend any particular website or course. In particular with regards to those offers that are not for free we encourage you to research the market and form your own opinion.

a. AKT preparation

<http://www.passmedicine.com> collection of MCQs

<http://www.onexamination.com> collection of MCQs

<http://www.pastest.com> collection of MCQs and course offers

<http://www.aktrevision.com> collection of MCQs

<http://www.eguidelines.co.uk> summarising clinical guidelines for primary care

<http://www.cks.nhs.uk> Clinical knowledge summaries

<http://www.bmjlearning.com> e-learning site

b. Relevant Clinical guidelines

<http://www.nice.nhs.uk> National Institute for Health and Clinical Excellence NICE

<http://www.rcog.org.uk> Royal College of Obstetricians and gynaecologists

<http://www.bashh.org> British Association for Sexual Health and HIV

<http://www.ffprhc.org.uk> Faculty of Sexual and Reproductive Healthcare

<http://www.bts.org.uk> British Thoracic Society

<http://www.caa.co.uk> UK Civil Aviation Authority - fitness to fly

<http://www.dvla.gov.uk/medical.aspx> DVLA fitness to drive

Read "*Medical statistics made easy*" by Michael Harris, Gordon Taylor

c. CSA preparation

Set up small group role plays and CSA study groups

Review videos of your own consultations

Do joint surgeries

Read "*The inner consultation*" by Roger Neighbour

Read "*Get Through New MRCGP: Clinical Skills Assessment*" by Bruno Rushforth , Val Wass (2 books with DVD)

nMRCGP Preparation Course - CSA Module in Croydon (in CSA building)

<http://www.rcgp.org.uk/default.aspx?page=3772&eventId=1731>

d. Resources for consultation

Oxford handbook of *General Practice*

<http://www.patient.co.uk> Patient information leaflets and clinical summaries for doctors

<http://www.moodgym.anu.edu.au> online cognitive behavioural therapy course for patient

<http://www.gpnotebook.co.uk> clinical summaries

<http://www.bnf.org.uk> online version of the British National Formulary

<http://www.dermnet.com> Online dermatology picture atlas

<http://www.webmentorlibrary.com> clinical summaries

<http://www.cks.nhs.uk> Clinical knowledge summaries

<http://www.fitfortravel.scot.nhs.uk> Health information and travel advice

<http://www.tripdatabase.com> evidence based medicine site

<http://www.google.co.uk> non-medical search engine

<http://www.wikipedia.org> online encyclopaedia

<http://www.babycentre.co.uk> health information for pregnancies, babies and toddlers

<http://www.doctors.net.uk> medical online community

26. Disclaimer

While every effort is made by the author and the Reading and Newbury VTS team to ensure that accurate information is disseminated through this medium, we make no representation about the content and suitability of this information for any purpose. In particular employment issues, training and financial matters are discussed to the best of our knowledge and understanding. This information may be factually incorrect and shall in no way be binding for any party. Neither the author nor the Reading and Newbury VTS team is responsible for the content of external websites referred to. Appearance of a link in this document or on our website to an external site should not necessarily be taken as an endorsement of an external site or its content.

This document is only intended for the use of the Reading and Newbury VTS scheme. If you want to use this document or any parts of it for any other purposes or other schemes please speak first to the Reading and Newbury VTS Team.

This version: 25/08/2009