

North Western GP Trainee Forum

GP ST Information Booklet

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Foreword

Is this booklet worth reading?

This booklet has been designed for GP trainees in the Health Education North West (HENW) to be used alongside our other document '**GP ST e-portfolio guide**'. It has been written by current trainees on the North West RCGP Faculty's **North West GP Trainee Forum** who are at different stages in our training. Along the way we have consulted closely with the Health Education North West (HENW) to make sure the advice we are giving is factually correct. We hope it provides you with some useful advice to help you through the next few years and act as a reference guide for any queries that crop up during our training. The advice in the booklet has been written with our own experiences in mind and it therefore may differ in places from information in other sources. We'd like to re-iterate that this is *just a guide*, so we can't take responsibility if your supervisor wants four learning log entries a week!

Good luck!

Lucy Foskett, editor and co-author

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About the North West GP Trainee Forum

We are a group of North West trainees that exist for the benefit of North West trainees. We aim to have representation from every training programme across the North West. Our members act as a point of reference for colleagues on their training programme - feeding back and communicating important information. We are supported by and report to the North West RCGP faculty. More information can be found by contacting us on nwgptraineeforum@gmail.com.

1 The e-portfolio

Please see the document 'GP ST e-portfolio guide' for a more in-depth look at this subject

What is it?

Learn to love it or at least tolerate it! You will hear a lot of moaning about the e-portfolio but it is an integral part of our training and if used well can really add value to our educational experiences. The RCGP describe it as "where the GPST records their learning in all its forms and settings. Its prime function is to be an educational tool that will record and facilitate the management of the journey of clinical and personal development through learning." The information we enter on our e-portfolio can be viewed by HENW as well as your current trainer, educational supervisor or clinical supervisor and is used to determine whether we go on to the next stage of training.

What does it consist of?

The type of things you use the e-portfolio for are:

- Log entries
- CEPS, CEXS, COT, CBD
- PDP- personal development plan
- MSF- multi-source feedback
- PSQ- patient satisfaction questionnaire
- CSR- clinical supervisor's meeting and report
- ESR - educational supervisor's meeting and report
- Self rating scale

All of these need to be completed in each placement except PSQ and COTs which are only done in GP placements.

Further information on exactly how many of each thing is required at each stage of training can be found on the RCGP website here:

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

| Annual Review | CEX*/COT | CbD | MSF | PSQ | CEPS | CSR |
|---------------|----------|-----|--------------|-------------------------|------------------------------------|------------------------|
| 12 month | 6 | 6 | 2 α | 1 | As appropriate to show progression | 1 / each hospital post |
| 24 month | 6 | 6 | - | 1 (If not already done) | As appropriate to show progression | 1 / each hospital post |
| 34 month | 12 | 12 | 2 £ | 1 | As appropriate to show progression | |

*CEX in secondary care. COT in primary care

α A each with a minimum of 5 replies from clinicians plus 5 non-clinicians if in primary care.

£ 2 x MSF (each with 5 clinicians and 5 non-clinicians)

What is needed?

Log entries

There is no clear cut number of entries but an average of 2-3 per week is expected, though the emphasis should be of **quality** NOT quantity. These can be completed under a large number of different headings such as clinical encounters, reading or courses attended.

Over the course of the year the number of entries should adequately cover the entire curriculum. **You must click 'share' after completing the entry otherwise it cannot be viewed by others.** They will generally be read by our clinical and education supervisors and potentially by the GP school at our annual review (ARCP - please see below).

PDP

Personal development plan - As a minimum, this should be completed and reviewed at the start and end of each placement respectively. It helps us to guide our development and learning over the placement and is somewhere to put our aims and goals which you would like to achieve by the end of the placement. Many different ways have been suggested on how to fill in the PDP. Some people do one entry with many different objectives and others have one separate learning objective per entry. A PDP learning objective can also be created by linking it to a learning log entry.

Per 6 month placement

What you need to do and when does vary slightly over the 3 years over training but as a general rule of the thumb each of the following must be completed every 6 months in time for review at the end of the placement.

- Sufficient log entries. 2-3 per week is about right
- 3 x COT or mini-CEX
- 3 x CbD
- 1 x MSF Minimum of 5 clinicians
- 1 x PSQ during primary care placements. It is the patient satisfaction questionnaire and a total of 40 patients per PSQ
- 1 x CSR Clinical supervisor report is completed at the end of 6 months
- 1 x ESR Educational supervisor report is completed BEFORE the CSR
- Self-rating scale, our education supervisor must create the next review date before you can fill it in.

Beware!

- It takes a few hours so do not leave it till last minute. Educational supervisors can view the self rating even before it is submitted but they cannot process it before it is submitted. By the end of your training you are also expected to demonstrate competence in quality improvement. The easiest way to do this is to complete a two cycle audit.

2

The ARCP

Once a year all GPSTs are assessed by HENW on the basis of their:

E-portfolio

Educational Supervision Reports

Clinical Supervision Reports

If concerns are raised regarding any of these areas and you are not achieving satisfactory progress then you will be further reviewed to establish if you can proceed with training. The panel will often give you a specific educational prescription. For example if too few learning log entries have been completed then they may ask for the expected number of entries plus additional entries over the following six months or other specified time frame.

Please note that if you may also be randomly selected for calibration purposes during the ARCP process. This is done by the RCGP centrally rather than at a local level.

3 Teaching

The structured teaching programme is the local educational programme for GP trainees run by our training programme and attendance is compulsory. It is for all GPSTs and will generally take place in our base hospital. It is designed to cover the curriculum so it is a good idea to put the teaching sessions in your e-portfolio. It is also a good opportunity to meet up with our GPST colleagues for a chin-wag!

There is no strict guidance on how often it should take place, but as a general rule of thumb when you are in a hospital post you should get at least half day teaching every two weeks. If you feel you're not getting enough teaching, or the teaching you're getting isn't good enough quality, then please contact your programme director to express your concerns. The structured teaching programme is deducted from our study leave allowance and is *roughly* equal to 15 days of study leave.

Please take note that we should be released from our 'day job' to attend structured teaching programme. This can often be a problem on busy jobs such as A&E. The departments know you should be at this teaching and should have taken steps to allow this to happen. If you're having problems getting to teaching then please tell your clinical supervisor and your programme director.

In addition to structured teaching programme, you should also be going to departmental teaching if you are on a hospital-based placement. Some departments are better than others at this. You should be getting the opportunity to go and not be the one providing the service whilst everyone else is receiving teaching. You are there to learn too! In general practice, we should generally have 3 educational sessions per week which may include tutorial (should be a minimum of 2 hours per week, practice meetings, sitting in / observing clinics, audits / quality improvement and structured teaching programme.

4 Study Leave

How much study leave do I get?

You have 30 days per year. *Approximately* 15 (30 if full day programme) of these are used for structured teaching programme with two to meet with your Educational Supervisor if needed. The rest should be used for appropriate courses or other approved activities. Extra days of study leave *may* be granted at the discretion of the host site.

How much is my study leave budget?

£1650 is available to cover the three years of GPST. If you under-spend one year, the money will be carried forward to the next year. However, it is generally advised to try and spread the cost of courses fairly evenly over the 3 years. If you overspend you will be informed and HENW will make the decision regarding whether you should be granted extra funds though in all fairness this is unlikely to happen - sorry! The Academy Administrator at HENW who will be able to inform you how much you have left if you call or email them. ***It should be noted that most GPST study leave budgets are left unclaimed - so please use it and don't let it go to waste!***

How do I apply for leave?

All study leave is arranged electronically. We must have the approval of our educational supervisor and rota master for all study leave. There is a box on the form to say this has been done. Once the forms are completed they need to be sent to the appropriate person depending on your base-hospital for approval. This will be the training programme director or their administrator. Details can be found on HENW website:

<https://www.nwpgmd.nhs.uk/gpst-study-leave>

The cost of compulsory exams for training (i.e. MRCGP AKT and CSA) can be claimed against tax (i.e. as an allowable expense before tax is deducted) whereas previously it could not have been claimed back. The situation changed after a court ruling (Revenue & Customs Commissioners v Dr Piu Banerjee ([2010] EWCA Civ. 843)). The cost of related travel can also be claimed back but submitting an EDUC form.

Can I claim travel expenses?

Yes, the cost of travel can be also claimed if proof of travel can be provided or if travel is by car, at the rate of 23p per mile, with an extra 2p per passenger.

How do I get reimbursed?

We must pay for courses initially out of our own pocket and claim the money back which is paid via our monthly payslip. Once the course has been completed you need to send of the EDUC form which should be signed at the course. If we are unable to get it signed we can submit your EDUC form along with either a copy of your course certificate or a copy of our invoice for the fees stating 'paid in full'.

The study leave expenses are reimbursed in our pay slip once the lead employer has received an authorised claim form from HENW. If they receive it by the first Friday of the month it will be paid that month. If not it will go in the next month's salary. We should have been paid within two months of submitting our EDUC forms. If this has not happened, contact:

North Academy – Tara Schaaffe tara.schaaffe@nw.hee.nhs.uk

South Academy – Ashleigh de Burgh ashleigh.deburgh@nw.hee.nhs.uk

Mersey Academy – Lesley McGinty lesley.mcginty@nw.hee.nhs.uk

5 Other types of leave

Annual Leave

Annual leave entitlement varies according to our pay point but for the majority of GP trainees this will consist of 27-29 days per year. This is in addition to the 8 bank holidays which can be taken in lieu if you have to work on those days. Leave entitlement increases after 5 years of NHS service. This may change with the new junior doctors contract. Leave should be approved by both our clinical supervisor and rota master/practice manager (as relevant).

<http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/nhs-terms-and-conditions-of-service-handbook/annual-leave-and-public-holidays-section-13>

Maternity/paternity Leave

Many Trainees have children when in training and you are entitled to take 1 year as maternity leave. The amount of pay received is dictated by our contract but in general, Occupational Maternity Pay (OMP) is paid at 90% for 2 months then 50% for the following 4 months and this includes the Statutory Maternity Pay (SMP). Should you choose to take longer than this then SMP will continue until 39 weeks. You can reclaim the annual leave and bank holidays accrued during our leave - these are usually added to the beginning or end of our maternity leave meaning you get paid sooner - however, they do not count towards training. Your lead employer can give you specific details and it is best contacting them as soon as possible if you are considering this.

Sick leave

It is the responsibility of the trainee to look after their own health. The GMC frown on self-treatment and recommend that every doctor is registered with a GP. If sick leave is taken then you should inform the relevant people as soon as possible. This will often be our clinical supervisor and rota master/practice manager - if the illness is likely to last greater than a day they should be regularly informed of progress and likely duration of illness. If the period of illness is greater than 7 days then a doctor's fit note should be provided.

Where cumulative sick leave in any one specialty training year (ST1, ST2, or ST3) amounts to two weeks (full time equivalent) or less **and** where the educational objectives for the training year have been met, there will normally be no requirement for the trainee to make up the sickness absence. Where cumulative sick leave exceeds two weeks full time equivalent training in any one specialty training year the trainee will be required to make up the sickness absence in order to meet the requirements for GP Training Where sickness absence has been so disruptive to training that few competences have been demonstrated, the ARCP panel may require you to do additional training time.

Please see the gold guide for further information:

<http://specialtytraining.hee.nhs.uk/files/2013/10/Gold-Guide-6th-Edition-February-2016.pdf>

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Exams

There are two exams that make up the MRCGP: the Applied Knowledge Test (AKT); and Clinical Skills Assessment (CSA).

What's the AKT?

It's a 3 hours 10 minutes computerised exam that can only be sat from ST2 onwards. It consists of 200 extended match and best of five questions - that means completing each question in less than a minute on average - quite a challenge! There are a number of different topics covered from RCGP curriculum headings: 80% are clinical management questions; 10% evidence-based practice/statistics; and 10% organisation in GP.

The passmark?

The mark needed to pass varies from year to year based on how hard the exam is. A percentage mark around the high 60's or low 70's is generally required. The pass rate tends to be relatively high with at approximately 70% of candidates passing first time.

How much does it cost?

Approximately £489 The RCGP state that all exams are cost-neutral i.e. that all costs only cover the expense of the exam and *no* profit is made by the college on exam fees.

How do I prepare?

Most people use online revision websites which are designed for preparing for the AKT, such as passmedicine.com and onexamination.com. However, these and a number of other commercial exam preparation websites are not well calibrated to AKT. Although not a hard and fast rule, the majority seem to begin revision about 3 months before the exam.

What is CSA?

Clinical Skills Assessment is a practical exam (OSCE) where the main aim is to test our ability to gather and interpret information and our communication skills. It consists of 13 consultations lasting 10 minutes each with the patient being a role-player and a different examiner for each case. Trainees are assessed on three key areas (data gathering, clinical management and interpersonal skills) and are given a numerical mark which translates into a clear pass, pass, fail and clear fail. The CSA takes place at the new RCGP HQ in Euston Square, London..

The passmark?

It is sat in ST3 year and has a pass rate of around 70% per sitting. The cumulative pass rate is higher at 3 years (~90%). It is generally considered to be the harder of the two exams.

How much does it cost?

Approximately £1642. . Again, the RCGP state that all exams are cost-neutral i.e. that all costs only cover the expense of the exam and *no* profit is made by the college on exam fees. The reason why costs are so high for is to pay for the locum costs of the GP examiners.

How do I prepare?

There are many courses and revision resources available. The RCGP website has example of the types of cases used. The North West RCGP Faculty runs a course with real CSA examiners. Often people who are sitting the exam at the same will form study groups so they can practice their consultation skills.

How many attempts do I get?

Four attempts are allowed for both the AKT and CSA. There is no time limit for the validity of the exam once it has been passed.

7 Extra Curricular Stuff

Diplomas

There are a number of additional qualifications you can gain during GP training. Though they are not specifically recommended by HENW or deemed necessary for GPs in training, many people find them useful especially if they are thinking of developing a specialist interest. GP school recommends these to be done after CCT. The common ones include:

The Diploma of the Royal College of Obstetricians and Gynaecologists (DRCOG). This consists of a single exam aimed at recognising a GPs interest in O+G. The exam has two papers each lasting 90 minutes consisting of 30 EMQs and 18 SBAs in the first paper and 200 MCQs in the second. It is useful to complete during or after an O+G attachment and has the added benefit of ensuring our knowledge is up-to-date. Cost is around £ 408 and details of the syllabus are available on the RCOG website.

<https://www.rcog.org.uk/en/careers-training/drcog/>

The Diploma in Child Health (DCH) consists of 2 exams. The first is the same as the MRCPCH Part 1a (Foundations of Practice) and a syllabus can be found on the RCPCH website. It costs £284. . Following the successful completion of this, you can apply for the clinical assessment exam which has the traditional set up of long and short cases examined by paediatricians and further cases aimed at demonstrating practical elements of child health surveillance. This costs £600 with less than £100 after passing to receive the diploma certificate.

The Diploma of the Faculty of Sexual and Reproductive Health (DFSRH). The aim of the diploma is to train GPs in becoming competent in the theoretical and practical aspects of family planning. It consists of three steps. 1) Completing the e-learning package (approximately 30 hours) 2) Attending the course (5 hours of workshops and assessments) 3) Completing and submitting a portfolio of required practical procedures under supervision. Information is available on the DFSRH website.

Courses

It is important to attend courses for areas which you may have only covered weakly in our curriculum or if you have an area of particular interest. The RCGP website has lists of upcoming courses specifically relevant for GPSTs and it is probably the best place to start. Popular courses tend to be areas such as ENT and ophthalmology. They generally run a few times a year and cost is variable though you will get a discount if you are registered as an AIT with the RCGP.

Out of Programme Experiences (OOPes)

Taking time out of training is allowed and can be beneficial to our career but must be planned at least six months in advance and approved by the programme director and GP school acting on behalf of the postgraduate dean. Some examples of OOPes include:

- clinical experience abroad - e.g. working overseas with a humanitarian aid organisation;
- research - e.g. for a higher degree;
- career breaks - e.g. to work in a different industry or child care;
- leadership secondments - e.g. of programs such as the North West Junior Doctors Advisory Team or Health Education North West Medical Leadership Programme (www.nwpgmd.nhs.uk/medical-leadership)

Here are some useful links on OOPes:

- www.nwpgmd.nhs.uk/time-out-of-programme
- <http://careers.bmj.com/careers/advice/view-article.html?id=3075>
- <http://careers.bmj.com/careers/advice/view-article.html?id=20003162>
- <http://careers.bmj.com/careers/advice/view-article.html?id=20000504>

The NW GP Trainee Forum!

Being a member of the Forum is an incredibly beneficial extra-curricular experience - but of course we're completely biased! The Forum is a group run for the benefit of North West trainees *by* North West trainees, and our aim is to make a positive difference to North West GP trainees.

It may be appropriate for you to consider getting involved with the Forum if you want to:

- get involved in activities to improve training and education for trainees;
- get experience in leadership/management activities for personal (and CV!) development purposes;
- get more involved in RCGP activities;
- receive/feedback information to the national RCGP trainees committee;
- act as a representative for the forum for their training scheme.
-

More information about the Forum can be found on our [website](#), and we can be contacted on nwgptraîneeforum@gmail.com.

8 Practicalities of Working

The European Working Time Regulations (EWTR)

Please note that the EWTR applies to GP placements just as in hospital. The criteria that should be met are an average of:

- No more than 48 hours a week should be worked;
- 11 hours continuous rest in 24 hours;
- 24 hours continuous rest in 7 days or 48 hours in 14 days;
- 20 minutes break in every shift over 6 hours;
- 4 weeks annual leave.

If this doesn't happen there is a problem - and it should be addressed with our clinical supervisor, rota master and Pennine acute NHS trust or St. Helen and Knowsley NHS trust as our lead employer.

Form R

We must all register with HENW by completing the registration 'Form R'. Initially, form R is completed at the start of the training. After that a form R must be submitted at least annually prior to each ARCP even if out of programme.

If ARCP are more than annually, a form R is still required before every panel. A completed Form R will:

- ensure we are registered on the GP Training database;
- initiate the ARCP process;
- record the date of entry into the GP Training Programme;
- And from 2013 will be an essential part of revalidation process.

Medical Indemnity

In hospital posts (but not in GP posts), you are automatically covered for Medical Indemnity 'Clinical Negligence Claims' by the NHSLA CNST. If you opt out then you must arrange your own indemnity. For placements in primary care medical indemnity by MDDUS is arranged by the lead employer unless you choose to opt out. Keep in mind that this can cost £1600 though! We **MUST** be on the medical performers list by completing the appropriate form for this to be valid.

Clinical sessions in General Practice

We are expected to work 7 clinical sessions a week with 3 educational sessions. Clinic appointments tend to start at 20-30 mins and work down to 10 minutes by registrar year. Educational sessions often consist of a tutorial with your clinical supervisor, your half day release course, and the third often being a time for audit and personal study time.

Home Visits in General Practice

We are expected to do home visits and it's often the case that as a trainee we do **a lot** of visits! It's part of the job but we should be supported at every point along the way. We can claim money back for travel costs incurred whilst undertaking a placement in general practice by filling in an EDUC form. It's paid for any mileage undertaken for the purposes of the practice and up to a maximum of 10 miles in each direction to get to and from home (only on days when the car has been used for work purposes though!). The EDUC form should must be countersigned both by the trainee and their Educational Supervisor/GP Trainer/Practice Manager and then submitted to:

North Academy – Tara Schaaffe tara.schaaffe@nw.hee.nhs.uk

South Academy – Ashleigh de Burgh ashleigh.deburgh@nw.hee.nhs.uk

Mersey Academy – Lesley McGinty lesley.mcginty@nw.hee.nhs.uk

Out of Hours (OOH) sessions

What is an OOH session?

For us this translates to evening shifts which generally run from 7 pm till 11 pm, though this may vary depending on location, or weekend shifts. Their aim is to demonstrate our competence in unscheduled care. Much of OOH is now based around a centralised system which revolves around walk in centres where you will be based during your OOH shifts or mobile shifts where you will be doing home visits in a car. These are often managed by companies such as Mastercall and GOtoDOC but how and where you will complete your OOH service will depend on your GP practice. Shifts must be a minimum of four hours to contribute towards our quota.

How often do I need to do OOH in general practice placements?

We should aim for at least one OOH session per month whilst in general practice - six per block in ST1-2 and 12 in the whole of ST3. Try and organise this as soon as possible once you start as they get booked up quickly. The same number is required in GP+ or ITP (integrated training posts) too, though when these are done in secondary care you may be able to do OOH shifts there to count towards your quota.

How do I arrange my OOH sessions?

You need to get in contact with your local OOH provider to arrange the sessions directly with them. Ask your programme director if you're not sure who the local provider is.

Do extended hours count as OOH sessions?

Unfortunately not - we can't count extended hours as OOH sessions.

How do I record my Out of Hours sessions?

Record all the OOH sessions in your e portfolio. There is also a form that can be downloaded from the RCGP website that you can log down what type of session you have done with a section for your supervisor to fill in. They can then be scanned in and attached to your log entry. Some OOH providers will also have their own form you can use.

What about the European working time directive?

It is unlikely that doing one OOH session per month is going to increase your weekly hours over the 48 hour limit but could impact upon the rest regulations so be aware of this and inform your practice manager if this is an issue.

9 Money Matters

How much will I earn?

How much you get paid depends both how far along in your specialist training and number of years of NHS Service but this may change with the upcoming junior doctors contract so watch this space.

What about professional fees?

Unfortunately these are a necessary evil!

GMC Fees: There is no escaping them! Cost: around £425.

AiT Fees: In order to be an AiT (Associate in Training) you must pay the RCGP . This allows you access to e-portfolio, online courses, and a nifty magazine. AiT membership bundles together the certification, assessment and membership services you require during this stage in your career. Other benefits of becoming an AiT are discounts on courses and an overall cheaper total costs spread over training. (You will not be able to access your ePortfolio, or sign up for the other MRCGP assessments until you register).

For further details and fees, please see:

<http://www.rcgp.org.uk/membership/membershipgrades/~media/Files/Membership/AiT/AiT%20Registration%202015.aspx>

Completion of Training: Once you have mastered your exams, ticked all the boxes and are considered safe to be released into the big wide world you will need to pay the GMC for the privilege! This will provide you with a certificate of completion of training. Cost: £420.

Claiming back your tax

We pay hundreds of pounds each year to professional bodies every year to be able to work and you may or may not know that we can claim back tax on this.

Things we can claim back tax on:

- GMC annual retention fee
- MDU /MPS subscription
- RCGP AiT subscription
- AKT and CSA exam fees
- BMA member fees
- Other annual subscriptions such as DFRSH
- Replacing medical equipment such as stethoscope. The initial cost is not covered but you can claim back the tax paid on it.

If it is the first time you have claimed back tax then you will need to write a letter to your local tax office listing the various expenses and subscriptions and what year. **You can claim up to the previous 4 years.** You can find the address of the local tax office on your payslip or if in doubt go onto the HMRC website. For further advice on claiming back tax have a look on the HMRC website. The RCGP have a pre-prepared form you could use that can be found here:

<http://www.rcgp.org.uk/my-rcgp/exams-tax-relief>

The money is paid back to by increasing our tax-free allowance and changing our tax code. Remember to update them each year as fees and subscriptions can change.

10 Life after GP training

Many people choose to locum, take salaried posts or travel the world after qualification, as partnerships can seem like a big commitment. Regardless, of where you end up, it's important to get your CV sorted including - in particular references and any marketable special interests. A tip is to get your trainer to proof-read your CV. Doing locum work is a good way to see different practices before joining a practice permanently - think of the area you would like to work and put your name about. There are lots of different options available at the end of training therefore it's useful to have an idea about what you would like before you start looking for a job.

Some useful websites:

www.gp-training.net

www.NASGP.org.uk