Wessex Deanery
AiT Guide to
completing your GP
training

..... all the things we wished we had known from
the start of our training
Introduction

Welcome to Wessex!

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

However, as we look back on our time in GP training we thought of a number of issues and advice that we discovered via chance or word-of-mouth that it might have been useful to know from day one.

We hope that this document might help to plug those gaps for you.

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

Thanks

Bryony Sales, Jill Choudhury and Stuart McInnes
Wessex AIT subcommittee 2012-3

Ps – The paragraphs below are a little plug for who the committee are and what we do – please read it too!

Associates in Training Subcommittee

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

The committee membership is flexible but we aim to have one president (elected annually and also attends the meetings of the National AIT committee), a representative for each of the four patches within Wessex and two Less Than Full Time trainee representatives. The Committee usually meets three times each year. If you would like more information about joining the committee please email wessexAIT@gmail.com
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Basingstoke
Hampshire Hospitals NHS Foundation Trust  [www.hampshirehospitals.nhs.uk](http://www.hampshirehospitals.nhs.uk)
In January 2012, the Basingstoke and North Hants Hospitals NHS Foundation Trust merged with the Winchester and Eastleigh NHS Trust; forming a combined organisation called Hampshire Hospitals NHS Foundation Trust. The Basingstoke and North Hampshire Hospital in Basingstoke provides the national surgical service for pseudomyxoma peritonei (rare abdominal cancer).

Bournemouth
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust  [www.rbch.nhs.uk](http://www.rbch.nhs.uk)
The hospital provides Urology and Ophthalmology services to a wider catchment area including Poole. It has been proposed that Poole Hospital NHS Foundation Trust will merge with Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

Dorchester
Dorset County Hospital NHS Foundation Trust  [www.dchft.nhs.uk](http://www.dchft.nhs.uk)
Dorset County Hospital was established in 1991 and has around 400 beds. The hospital provides renal services for patients throughout Dorset and South Somerset; a total population of around 850,000.

Newport
St. Mary’s Hospital  [www.iow.nhs.uk](http://www.iow.nhs.uk)
St. Mary’s Hospital provides the Island’s resident population of around 140,000 and has 477 beds. The new GP led walk-in centre (The Beacon centre) is also located at the hospital. The Trust has a new £7 million residential block on site for NHS staff.

Poole
Poole Hospital NHS Foundation Trust  [www.poole.nhs.uk](http://www.poole.nhs.uk)
Poole Hospital is the major trauma centre for East Dorset. The hospital provides ENT, Paediatric and Maternity services for a wider catchment area including Bournemouth and Christchurch.
Portsmouth
Portsmouth Hospitals NHS Foundation Trust  www.porthosp.nhs.uk
The majority of the Trust’s acute services are provided at Queen Alexandra Hospital which has 1,200 beds. The Emergency Department is one of the busiest in the UK treating >132,000 patients each year. Military staff account for about 5% of the total workforce.

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

Southampton
University Hospital Southampton NHS Foundation Trust  www.uhs.nhs.uk
The Trust provides services to 1.3 million people living in Southampton and south Hampshire. The Trust has specialist services for a much wider population such as Cardiothoracic surgery, Neurosurgery, Paediatric ICU and Genetics.

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

Patch Websites

Portsmouth (encompassing Portsmouth and the Isle of Wight):
http://www.gpeducation-portsmouth.co.uk

Southampton (encompassing Southampton, the New Forest and Jersey):
http://www.gpeducation.org.uk

Mid-Wessex (encompassing Winchester, Basingstoke and Salisbury):
http://mwgpe.co.uk/general-information/the-mid-wessex-team/

Dorset (encompassing Bournemouth, Poole and Dorchester):
http://dorsetgpccentre.com
Assessment and Exams

To qualify as a GP you need to pass the MRCGP, which comprises 3 separate components:

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

Applied Knowledge Test (AKT)

3 hour multiple choice test of 200 questions. The AKT is a computer based exam taken at one of 150 Pearson VUE test centres, where the UK driving theory tests are delivered.

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

You can take the AKT in ST2 or 3 but are not allowed to sit it in ST1. It is recommended that you have spent at least one rotation in GP before sitting the AKT exam.

Helpful online revision sites:
• http://www.passmedicine.com
• http://www.onexamination.com
• http://www.pastest.co.uk/category/mrcgp-books-and-online-revision-by-pastest?Take=100000
• http://www.gponline.com/Education/article/1109960/MRCGP---AKT-practice-questions/
• http://www.wessexlmcs.com/trainee_GPs.html (under development)

Current exam cost: £465.00

Clinical Skills Assessment (CSA)

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

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

Online resources:

• scenarios written by fellow trainees within other VTS schemes – see helpful links page
• http://www.csacases.com - online cases available to purchase
• Case Cards: These cards have been developed to enhance your clinical and communication skills. Written by colleagues within Wessex. Available to purchase via RCGP website
• DVDs: MRCGP CSA Series 1 – 3 have been developed and produced by leading educationalists within the faculty to help you prepare for your Clinical Skills Assessment. Prices start from £22.50. Available to purchase via RCGP website

Wessex Faculty run heavily subsidized (by the deanery), excellent revision courses for AKT/CSA – See Wessex RCGP faculty website for further details of courses.

Current exam cost: £1563.00
The E-portfolio and Work Placed Based Assessments (WPBA)

Continuous assessment throughout training is made up of case based discussions (CbD), consultation observation tool (COT) when in GP and mini clinical evaluation exercise (Mini-CEX) when in hospital posts, directly observed clinical procedures (DOPs), multi source feedback (MSF) and patient satisfaction questionnaires (PSQs). These assessments are recorded in your e-portfolio. https://eportfolio.rcgp.org.uk/login.asp

You are also required to make ‘learning log’ entries on your e-portfolio which is reflective writing to help you think deeply about what you’ve been learning or experiencing and to keep an active Professional Development Plan (PDP) on your e-portfolio.

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


Educational Supervisors Report (ESR)

It is sensible to keep in contact with your Educational Supervisor regularly, by telephone, email or in person, and even if you are working in a specialty hospital post, you should consider using your study leave to work in your Educational Supervisor’s GP Practice. Every 6 months you are required to meet up with your Educational Supervisor for an in depth face to face review of how you are getting on; your "Educational Supervisor Review", and your supervisor writes a detailed report (the "Educational Supervisor Report" or "ESR") about your progress which is stored in your ePortfolio. As part of this process you must write evidenced "self rating statements" about your progress. In other words, every six months you need to describe in writing how you think you are getting and give yourself a mark or "rating".

ARCP Panel

At least once a year you are also reviewed by the Deanery in an ARCP (Annual Review of Competency Progression) panel which uses the electronic evidence in your ePortfolios, especially your ESRs, to decide whether you are progressing satisfactorily to not. If you are being reviewed by a Deanery Panel, the ESR process needs to be completed earlier than usual to give the panel time to read it, along with the rest of your ePortfolio contents. These reviews do come round quicker than you expect!

The ARCP panel normally consists of senior educators from within the Deanery, experienced lay assessors and external representatives from the RCGP. The panel will normally undertake the review remotely i.e. your attendance will not be required unless your performance has been less than satisfactory. The decisions of the panels are quality assured by the RCGP.

Your educational supervisor will make a recommendation to the panel through completing your ESR; your ARCP review occurs about two months before the annual anniversary of your commencement in the training programme. This occurs whether you are full time or less than full time. If you are on a career break for whatever reason e.g. maternity leave, professional leave etc. an annual review will take place to note the reason for your absence. Your formal annual review will take place at the appropriate time, once you are back at work. The "clock" stops when you commence your period of absence and begins when you return to work.

The purpose of the ARCP panel ensures adequate evidence has been presented. If adequate evidence has been present then to make a judgement about the trainee’s suitability to progress to the next stage of training or confirm training has been satisfactorily completed.

The evidence presented is through the e-portfolio. The aim of the ARCP panel is to help and support a trainee’s progress through their training programme, by assessing the evidence presented, making judgement on that evidence and then recommending an outcome.
The panel can make a number of decisions or outcomes. The Outcomes are:

- **Outcome 1** Satisfactory Progress
- **Outcome 2** Unsatisfactory progress - additional training time not required
- **Outcome 3** Unsatisfactory Progress - additional training required
- **Outcome 4** Released from the scheme
- **Outcome 5** Insufficient evidence presented
- **Outcome 6** Gained all competencies required
- **Outcome 7** Fixed Term Specialty Trainee
- **Outcome 8** Out of programme for research approved clinical training or Career Break

Where there is unsatisfactory progress the trainee will meet the panel usually about 2 weeks later. The purpose of the meeting is for the panel to explain its decision and for the trainee to discuss anything they might not understand about the decision. The meeting with the trainee is not about making the decision nor is it an opportunity to present any further evidence.

Please see the ‘Gold Guide’ which is the national guidance document that details all the “rules and regulations” that apply to GP training for further information relating to the ARCP Panel process and outcomes (new revised version soon to be released) [http://www.mmc.nhs.uk/specialty_training_2010/gold_guide.aspx](http://www.mmc.nhs.uk/specialty_training_2010/gold_guide.aspx)

Information written on e-portfolio documentation for GP trainees in Wessex by Dr Simon Newton, Deanery GP ARCP Lead

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

1. **Out of Hours**
   - **Record your sessions worked in GP placements in the eportfolio!** Despite previous guidance many trainees still do not record their OOH sessions adequately on the eportfolio. The clinical supervisor report from the session should be entered as a scanned document as part of a Learning Log entry and the number of hours worked in each session clearly documented in the title of that entry. Please provide a cumulative record of OOH worked as sessions progressed (e.g. ST1/2 : Session 3, Hours 6, Total 16/36, Twilight Nurses; ST3 : Session 11, Hours 8, Total 68/72, OOH mobile’)
   - **Performing 72 hours of OOH in ST3 (minimum of 12 sessions) and 36 hours in GP placements in ST1 and 2 (minimum 6 sessions in different activities) is a contractual obligation.** If you do not document this fully in the eportfolio you run the risk of being further investigated by the Deanery to check that you have worked these hours. We came across several eportfolios where doubt existed on whether the OOH session documented had actually been worked. If there are probity issues with any of the evidence in the eportfolio we will report that trainee to the GMC and if there are financial implications to the NHS Fraud Agency as we have already done on several occasions.

2. **CPR/AED certificates**
   - Scan your CPR certificate into the learning log under ‘Courses/Certificates’. If the current certificate is not visible on the eportfolio trainees run the risk of getting an Outcome 5 (Insufficient Evidence) at ARCP. This would be converted to an Outcome 6 (apply for CCT) at review 2 weeks later if the certificate was by then present but these trainees ran the risk of having their CCT delayed. Several trainees told us the certificate was present in the ‘personal library’ section of the eportfolio. This is not visible to the Deanery so we have no way of confirming that the certificate is present.
3. **Learning Log (LL)**
   - Share LL entries with your Educational Supervisor as you write them. This will allow your ES to read them as you write them. If you share all your entries in a block toward the end of each post then it is unlikely your ES will be able to read, comment and validate them fully.
   - **As a guideline only we suggest 1 LL entry per week in ST1, 2 per week in ST2 and 3 per week in ST3.** If you achieve these numbers then it is very likely you will cover the GP curriculum effectively by the end of your training. If your LL entries are significantly below this number you run an increased risk of demonstrating inadequate curriculum coverage and receiving an Outcome 5 (insufficient evidence).
   - **We suggest you make 50% of your LL entries related to a clinical encounter.** These should be the easiest to write and are the best method of demonstrating to your ES that you are learning from your patients – a core principle of medical education.
   - **Quality Improvement and Significant Event Recording.** We suggest you record 1 LL entry each year related to quality improvement activity. There should also be at least 1 significant event recorded each year. If you don’t record these it will be difficult for you to show adequate evidence of competency 10 (maintaining performance, learning and teaching). These entries are also good opportunities to write reflective log entries and mirror what qualified GPs have to demonstrate for revalidation.
   - **We expect you to compile evidence steadily throughout your training.** Each year we have seen trainees where all the evidence collection is compressed into a short period of time. You run the risk of an Outcome 5 (insufficient evidence) if you adopt this policy. With posts shorter than 6 months there must be good evidence showing learning relating to each post undertaken.

4. **PDP – Personal Development Plan**
   - This needs to be an active document. If there were no PDP entries in the previous 6 months we gave that trainee an Outcome 5 (insufficient evidence). We expect to see evidence of regular updating – new entries added and existing ones completed. There should be several PDP entries relating to each 6-month period of training. These should follow the SMART principle (Specific, Measurable, Achievable, Relevant and Time-framed). Each entry should relate to one learning need. Seek advice from your ES if you unsure how to use the PDP tool.

5. **Curriculum Coverage (CC)**
   - It is impossible to give precise numbers for what we expect of trainees at each stage of training. We would however generally expect ST3s at the end of their training to have double figures in the CC table in at least half of the domains. If the numbers are much lower than this then we are likely to look more closely at the learning log to see if the curriculum has been adequately covered.

6. **Competency Coverage**
   - These are the numbers generated by your ES as he validates log entries. Again we can’t give precise requirements but we would usually expect all 12 areas to have double figures of log entries (naturally occurring evidence) against them by the end of ST3. If these numbers are low then discuss this with your ES and if necessary your patch educational team.

7. **Self-Assessment.**
   - Read the word pictures in the eportfolio before you rate yourself. We are still finding trainees inappropriately rating themselves as competent (for licensing, remember) when this is clearly not the case.
   - Refer back to evidence in the eportfolio when you justify your rating. This will make it clear to your ES and to the Panel why you have reached this decision.
8. **MSF in a GP ST1 post**
   This been clarified by the RCGP. In a hospital post ST1 MSF you need to obtain at least 5 responses from clinicians. However **in a GP ST1 post you have to obtain 5 responses from clinicians and 5 from non-clinicians.**

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

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

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

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

ST1/2 GP Attachment

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

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

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

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

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

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

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

Sessions for the purposes of learning should normally be no longer than 6 hours. This may not always be possible in some attachments (i.e. on an Ambulance shift) and should be clearly explained in the Learning Log Entry.

Where a session is longer than 6 hours in length this time will not normally be accepted without clear evidence in the Learning Log entry as to what additional learning has occurred.

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

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

On occasion where the Trainee has limited experience in a Hospital speciality one session with the acute on-call team might be appropriate (i.e. Paediatric, O&G etc), but this must be supported by the educational supervisor and must occur out of hours.
It is expected that the trainee will normally have experience across six different allied OOH areas or services. These experiences must be documented in the e-portfolio as part of the learning process and will be subject to ARCP review.

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

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

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

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

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

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

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

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

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

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

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

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

There must be no extra financial gains from OOH experience (e.g. qualified paramedic doing a shift or working in ED OOH as a locum)
ST3 GPStR Attachments

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

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

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

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

Trainees are normally expected to undertake at least one session every month and to have completed a minimum of at least 12 sessions.

Sessions for the purposes of learning should normally be no longer than 6 hours. This may not always be possible in some attachments and should be clearly explained in the Learning Log Entry. Where a session is longer than 6 hours in length this time will not normally be accepted without clear evidence in the Learning Log entry as to what additional learning has occurred.

It is expected that the trainee will normally have a balanced experience across all aspects of OOH areas or services i.e. Telephone Triage, Clinics and Home visiting.

These experiences must be documented in the e-portfolio as part of the learning process and will be subject to ARCP review.

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

Trainee’s who are unable to meet with the above requirements or who are having difficulty organising sessions should review this with their Educational Supervisor and inform their Programme Director as soon as possible. Any variation with the above guidance must be discussed and agreed with the Patch Associate Dean or Programme Director and documented in the e-portfolio.

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

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

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

Out of hours experience undertaken during the ST1 and ST2 GP slots will not count towards the expected minimum out of hours ST3/GPStR (72 hours) experience required by the Training Guidance published by COGPED, RCGP and the GMC.
GP Trainees are responsible for organising their own sessions with the OOH services and should ensure that the required number of hours are achieved commensurate with the duration of the GP component of their training programme.

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

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

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

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

Please see the full OOH guidance on the Deanery website for further information:
http://www.wessexdeanery.nhs.uk/gp__primary_care/resources_and_information.aspx
National Performers List

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

What does it mean to me?
Legally to see patients as a GP registrar or a GP in practice you must be on the list. You will have to fill out a detailed application form & provide medical school certificate, GMC certificate, etc and have all of this approved within 3 months of your first start date in practice in either ST1 or ST2. If you miss this time window you will be required to stop working while it is completed. It is recommended that you apply to be on the national performers list upon acceptance to the GP programme (ie before you start ST1 or as soon as). You will remain on the National Performers List for your full duration 3+ years of training. You are required upon completion of your training to join the National Performers List as a GP.

This page on the Wessex Deanery website provides more detailed information on the process:
http://www.wessexdeanery.nhs.uk/gp__primary_care/resources_and_information.aspx

Form R

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

This page on the Wessex Deanery website provides more detailed information on the process:
http://www.wessexdeanery.nhs.uk/gp__primary_care/resources_and_information.aspx
Diplomas

Diploma in Child Health (DCH)
http://www.rcpch.ac.uk/training-examinations-professional-development/examinations/diploma-child-health-dch-updates/frequen
The DCH is designed to give recognition of competence in the care of children to GPs, Staff Grades in Paediatrics and trainees in specialties allied to Paediatrics. It is recommended that candidates should have 4-6 months experience in Paediatrics, although this is not a prerequisite in the UK. Candidates need to pass the written exam before attempting the clinical exam.

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

Fees: £240 for the written exam, £386 for the clinical exam and £89 for successful candidates to receive their DCH Diploma (as of 2013)

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

Diploma Royal College of Obstetrics and Gynaecology (DRCOG)
http://www.rcog.org.uk/education-and-exams/examinations/diploma
The Diploma in intended to recognis e a GP’s interest in Obstetrics and Gynaecology and is not a specialist qualification. There is no training requirement for the DRCOG examination.

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

Fees: £396 (as of 2013)

When: April and October each year

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

Format: e-learning for theory background; the e-SRH programme
Course of 5; five hours of small group workshops
Clinical experience and assessment

Fees: £50 to use the DFSRH e-portfolio for 3 years (as of 2013)
e-SRH is free of charge (as of 2013)
Course of 5 is individually priced at a local level (Bournemouth and Southampton are charging £250 as of 2013)
Clinical experience and assessment is individually priced at a local level
On completion of training there is a £60 registration fee to obtain the DFSRH and then annual subscription fees of £87 (as of 2013)

Diploma in Geriatric Medicine (DGM)
http://www.rcplondon.ac.uk/medical-careers-training/postgraduate-exams/diploma-geriatric-medicine
The Diploma is designed to give recognition of competence in the provision of care of older people to GPs, clinical assistants and other doctors with interests in or responsibilities for the care of older people. Candidates need to pass the written exam before attempting the clinical exam.

Format: Written exam – Best of five questions
Clinical exam – 4 stations

Fees: £221 for the written exam, £325 for the clinical exam (as of 2013)

When: Written exam – February, August
Clinical exam – May, November
Localy Courses Available

Courses held at Wessex Deanery at heavily subsidised rates for Wessex Trainees. Several suggested courses worth booking are detailed below.

Courses booked through:
https://secure.intrepidonline.co.uk/COURSEMANAGER/NESC/sys_Pages/MainMenu/MainMenu.aspx?ReturnUrl=%2fCOURSEMANAGER%2fNESC%2fsys_Pages%2fCommon%2fLogin.aspx

**Tomorrow's Teachers**
To increase confidence and gain experience as a teacher

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

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

Other helpful courses include:
- Time Management
- The new Structure of the NHS – how the changes will affect you
- The Essentials of Effective Leadership
- Conflict resolution and Challenging Conservations

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

**GP Primary Care Mental Health Course**
Non-residential 5 day course, Minstead Lodge (Nr Lynstead)
The cost of the course is £420, which includes lunch and refreshments.
Contact Gill Holloway on 0750 2102 867 for further details.

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

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

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

GP Update
[http://www.gp-update.co.uk](http://www.gp-update.co.uk)
The GP Update Course is run entirely by GPs. Course directors trawl through all the journals and do all the legwork to bring you up to speed on the latest issues, literature, research and guidelines in General Practice.

NB Medical
[http://www.nbmedical.com](http://www.nbmedical.com)
Alternative to GP update course. Course directors take the time that you do not have, to go through all the literature for you and then present it on a one day course in a digestible, bite-size format, which is both easy to retain and apply.

Bursaries

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

For further details about eligibility and how to apply please click [Bursaries](http://www.rcgp.org.uk/rcgp-near-you/faculties/south-of-england-region/wessex-faculty.aspx) or contact the Faculty Office.

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

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

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

Study leave budgets vary depending whether you are in a hospital post or in a GP post. We have all been allocated a study leave budget within the hospital post. This can be used for courses that have relevance to general practice as long as your clinical supervisor is in agreement for you attending the course. Please use your hospital study budget otherwise the money goes back to the hospital trust, and with time the budget may be taken away from us. ‘Use it or lose it!’ You may like to consider using some of your study leave allowance to spend some time in your GP practice. Within GP posts study leave budget is restricted as the money is used to run and deliver the patch teaching sessions.

For those trainees based on the Isle of Wight it is appreciated that there are extra costs incurred for attending the monthly teaching at St James’ Hospital, therefore hovercraft and taxi fares will be reimbursed. In order to keep costs to a minimum, please share taxis wherever possible. Please contact the admin team for a claim form and submit on a termly basis.

Within GP posts it is often possible to claim at least a portion of course fees incurred by a ST1/2 GP post. Please keep receipts and enquire with your local admin team to see whether you are entitled to claim a part refund. The Portsmouth and Isle of Wight patch suggest relevant courses to attend are:

- Child Health Surveillance
- Minor Operations
- Theoretical Family Planning (not practical)
- GP Primary Care Mental Health Course (£100 max)
- AKT

As a Wessex Trainee the Deanery kindly cover £150 of the £165 course fee for an AiT. The remaining £15 can often be claimed back from your local patch if you are in a GP post, after attendance. If you are in a hospital post you should refer to the hospital trust for reimbursement.

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

http://www.wessexdeanery.nhs.uk/docs/Educational_Guidlines_for_%20Wessex_Deanery_24-Aug%202010%20final.doc

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

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

A few months before moving into practice (both as an ST1/2 and ST3) you should contact your defence union and they will let you know how much you have to pay. In general it is around £850 extra for 6 months and double this for 12 months. Due to this large price difference between the hospital & GP subscriptions, the Deanery will reimburse you the extra, so that you, in effect, pay the same as your hospital colleagues.

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

Medical defence organisations available:
- http://www.themdu.com
- http://www.medicalprotection.org/uk/

Mileage Claims

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

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

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

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

Time limits for getting tax relief if you don’t complete a self-assessment tax return

<table>
<thead>
<tr>
<th>Tax Year</th>
<th>Tax year ended on</th>
<th>You must claim by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>5th April 2010</td>
<td>5th April 2014</td>
</tr>
<tr>
<td>2010-11</td>
<td>5th April 2011</td>
<td>5th April 2015</td>
</tr>
<tr>
<td>2011-12</td>
<td>5th April 2012</td>
<td>5th April 2016</td>
</tr>
<tr>
<td>2012-13</td>
<td>5th April 2013</td>
<td>5th April 2017</td>
</tr>
</tbody>
</table>

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

HMRC approved organisations relevant to GPs:
- British Medical Association
- General Medical Council
- Faculty of Sexual and Reproductive Healthcare
- Medical Defence Union
- Medical Protection Society
- Royal College of General Practitioners
- Royal College of Physicians

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

Claiming Tax Relief

You will need to fill a Form P87 (please find attached) and send it to HMRC if any of the following apply:
- You claim expenses over £1,000
- It’s the first time you’ve claimed
- You’re claiming expenses for the year before the previous tax year

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

The form(s) should be returned to:
HM Revenue & Customs
Pay As You Earn
PO Box 1970
Liverpool
L75 1WX
If you are an employee use this form to tell us about employment expenses you have had to pay during the year, for which tax relief is due. You will need to indicate the year you want tax relief for, by adding it to the box provided at the top right of this form.

Only complete this form if your allowable expenses do not exceed £2,500. If they exceed £2,500, please request a Self Assessment tax return instead.

Please give us your details in section 1, then:

- fill in section 2 for travelling expenses on business mileage if you used your own car, van, motorcycle or cycle for work (but include expenses of using a company vehicle in section 4). Business mileage is the number of miles you have travelled while actually doing your work or spent travelling to a temporary workplace. You cannot get tax relief for travel between home and a permanent workplace as business miles, unless you have a special agreement with us.
- fill in section 3 if you had to pay for hotel and meal expenses.
- fill in section 4 if you had to pay fees to carry on your profession or paid subscriptions to professional bodies related to your work. The organisation can tell you whether we have approved it and how much you should ask for.

### 1 Personal and employment details

<table>
<thead>
<tr>
<th>Title (Mr, Mrs, Miss, Ms)</th>
<th>Your job title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname or family name</td>
<td>Employer's name</td>
</tr>
<tr>
<td>First name(s)</td>
<td>Employer's address</td>
</tr>
<tr>
<td>Address</td>
<td>Postcode</td>
</tr>
<tr>
<td></td>
<td>Pay or works number, if applicable</td>
</tr>
</tbody>
</table>

**Employer PAYE reference**

**National Insurance number**

Please use these if you write or call. It will help to avoid delay.

- Fill in section 4 if you had to pay any other amounts solely in doing your work. Do not include any amounts spent on business entertainment.
- Fill in section 5 if your employer paid you general expense allowances, instead of paying you separate amounts for individual expenses.

In section 6, please calculate the total amount of expenses you would like tax relief for. Then sign and date the declaration.

**More than one employment**

If you have more than one employment, or you have changed jobs during the year, please fill in a separate form P87 for each employment. A tax year runs from 6 April in one year to 5 April in the following year.

**Documents**

Please do not send any paperwork with this form. We will contact you if we need more details.

If you need more information or help to fill in this form, please contact your HM Revenue & Customs office.

For a fact sheet about using your own vehicles for work, go to [www.hmrc.gov.uk](http://www.hmrc.gov.uk)

Please keep a copy of your completed form for your records, in case we contact you for further information.
2 Vehicle expenses of using your own vehicle for work

You can request tax relief for expenses if you use your own car, van, motorcycle or cycle for business mileage. You cannot get tax relief for any other mileage. In summary, the rules are:

- We may grant tax relief for business mileage for three kinds of vehicles: cars and vans, motorcycles or cycles.
- All vehicles of the same kind are dealt with together.
- Any amounts you receive because you use your own vehicle for business mileage are called ‘mileage allowance payments’.
- The mileage rates payable for each kind of vehicle are set by law. The rates are:

<table>
<thead>
<tr>
<th>Kind of Vehicle</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car or van</td>
<td>45p per mile for the first 10,000 business miles from 6 April 2011</td>
</tr>
<tr>
<td></td>
<td>40p per mile for the first 10,000 business miles up to and including 5 April 2011</td>
</tr>
<tr>
<td></td>
<td>25p per mile after the first 10,000 business miles</td>
</tr>
<tr>
<td>Motorcycle</td>
<td>24p per mile (all business miles)</td>
</tr>
<tr>
<td>Cycle</td>
<td>20p per mile (all business miles)</td>
</tr>
</tbody>
</table>

- There is a maximum amount you can receive free of tax. This is known as the ‘approved amount’ and is calculated by using the mileage rates above, not using actual expenses.
- The approved amount is compared with the total amount of mileage allowance payments you have received.
  - If you receive more than the approved amount, you are liable for tax on the excess.
  - If you receive less than the approved amount, you can get tax relief on the difference.
- You should keep records of your business mileage and the total amount of mileage allowance payments you have received.
- Special expenses such as parking or tolls should be included in section 4.

Calculating mileage allowance relief

**Cars and vans**

Total business mileage: ____________

First 10,000 miles (enter the amount up to 10,000 miles)

\[ \text{First 10,000 miles} \times 45p = 1 \text{ £} \]

Over 10,000 miles (enter the amount over 10,000 miles)

\[ \text{Over 10,000 miles} \times 25p = 2 \text{ £} \]

Maximum tax-free amount (cars and vans) box 1 plus box 2

\[ 1 + 2 = 3 \text{ £} \]

**Motorcycles**

All business mileage: ____________

\[ \text{All business mileage} \times 24p = 4 \text{ £} \]

**Cycles**

All business mileage: ____________

\[ \text{All business mileage} \times 20p = 5 \text{ £} \]

Mileage allowance relief

\[ 3 + 4 + 5 = 6 \text{ £} \]

**Minimum total mileage allowance payments received**

\[ 6 \text{ £} \]

**Total mileage allowance relief**

\[ 6 \text{ £} \]

(If box 7 is more than box 6, enter ‘\(^{-}\)' - no relief is available)

Copy this figure to box 8 on page 4
### 3 Hotel and meal expenses

Accommodation, meals and business phone calls in hotels may be allowable expenses, but newspapers, bar bills, personal phone calls and laundry will not be. For more information ask your HM Revenue & Customs office. You should, wherever possible, keep records of all your expenses. If you do not have records of all items you can give estimates (put £ after the figure). We may contact you to ask for details on how you reached your estimate.

**Amounts you have spent on hotels and meals on business trips**

For each overnight stay give the date, where you stayed and the amount you spent. If you travel on business frequently, give the total number of overnight stays and the total amount you spent in the tax year for which you are requesting tax relief instead of listing each night separately.

**Expenses repaid to you**

If your employer or any other person paid back any of these expenses, enter the amounts paid to you under ‘Amount repaid to you’.

<table>
<thead>
<tr>
<th>Date</th>
<th>Where you stayed</th>
<th>Amount spent on allowable items</th>
<th>Amount repaid to you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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**Totals**

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<th>£</th>
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</thead>
<tbody>
<tr>
<td>Date</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

Copy these figures to boxes 9 and 10 on page 4

### 4 Other expenses

Give details here of any other amounts that you have not already entered on this form, which you had to pay solely in doing your work.

**Expenses repaid to you**

If your employer or any other person paid back any of these expenses, enter the amounts paid to you under ‘Amount repaid to you’.

<table>
<thead>
<tr>
<th>Type of expense</th>
<th>Amount spent on allowable items</th>
<th>Amount repaid to you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Please continue on a separate sheet if necessary

**Totals**

<table>
<thead>
<tr>
<th></th>
<th>£</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of expense</td>
<td>11</td>
<td>12</td>
</tr>
</tbody>
</table>

Copy these figures to boxes 11 and 12 on page 4
5 General expense allowances received

If you received general expense allowances, rather than separate amounts for individual expenses, enter the total amounts received and the types of expenses they covered:

<table>
<thead>
<tr>
<th>Type of expense covered</th>
<th>Amount received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
</tr>
<tr>
<td></td>
<td>£</td>
</tr>
<tr>
<td></td>
<td>£</td>
</tr>
</tbody>
</table>

Please continue on a separate sheet if necessary

Total £

Copy this figure to box 13 below

6 Total expenses and declaration

Please calculate your expenses by transferring the amounts from sections 2 to 5. Enter the total amounts in boxes 14 and 15, then fill in the declaration. If you give false information you could be prosecuted.

Vehicle expenses in your own vehicle
Total mileage allowance relief copy 8 from page 2

Hotel and meal expenses
Amount you spent on allowable items copy 9 from page 3

Amount repaid to you copy 10 from page 3

Other expenses
Amount you spent on allowable items copy 11 from page 3

Amount repaid to you copy 12 from page 3

General expense allowances received copy 13 from section 5 above

Total expenses boxes 8 plus 9 plus 11

Total of the amounts repaid to you and allowances received boxes 10 plus 12 plus 13

If relief is due you will receive a repayment of the tax paid on the net allowable expenses.

The information I have given on this form is correct and complete to the best of my knowledge and belief.

Signature

Date DD/MM/YYYY

Before you send this form to us, we recommend that you take a copy of your completed form in case we contact you for further information.

Please return the completed form to your HM Revenue & Customs office.
British Medical Association and British Medical Journal

BMA Membership Fee Reductions

- Maternity Leave – if your gross earnings for the current subscription year (1st October – 30th September) are less than £34,061 you may be eligible for reduced fees
- Spouse or Partner Concessionary Rate (£218) – available to married couples or unmarried partners in a long term relationship with financial interdependence and a joint home:
  - The reduction is granted only to one partner. If both partners qualify for a concession, this rate will be applied to the partner who otherwise would have paid the lesser rate.
  - A separate copy of the BMJ and BMA News will not be sent to the member claiming the concession unless they submit a written request.

E-mail: membership@bma.org.uk
Telephone: 0207 383 6955

BMJ – GP Edition

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

If you would prefer to receive the GP edition of the BMJ, e-mail them at membership@bma.org.uk

Social Media

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

The GMC in Good Medical Practice 2012 (published 25 March 2013) has for the first time issued guidance on doctors’ use of social media which includes blogs and micro blogs (such as Twitter), internet forums (such as doctors.net), content communities (such as YouTube and Flickr), and social networking sites (such as Facebook and LinkedIn).

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

You are reminded to adhere to guidance from the GMC and RCGP regarding the use of social media.

See link for further information and resources:

http://email.rcgp.org.uk/ukassets/images/440/SocialMediaarticle_BS.pdf
Electronic Data Storage

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

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

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

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

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

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

Useful Links

Information Commissioner’s Office:
http://ico.org.uk/news/current_topics/Our_approach_to_encryption

Medical Defence Union:

Medical Protection Society:
http://www.medicalprotection.org.uk/gp-registrar/confidentiality/in-the-practice
Wessex LMCs – your Local Medical Committee

What is an LMC (Local Medical Committee)?
They are representative organisations who represent and negotiate for GPs at a local level. They are paid for by GPs and are therefore politically independent. Each LMC has a committee of democratically elected GPs who come together to highlight current issues in General Practice and feed back to their constituency. The LMCs usually employ someone to do any work they set for them and to be available on a day-to-day basis to provide help and advice. These employees may be medical or non medical.

Are they the same thing as the CCGs?
No. CCGs are different. They are commissioning bodies, which means they are involved in designing, purchasing and monitoring patient care. They are membership organisations but CCGs are answerable to the government as well as GPs. LMCs are advisers and only answerable back to GPs.

Who are they representing GPs to?
They represent General Practice to everyone around GPs. That may be working with Area Teams, CCGs, RCGP, the LETB (Deanery) or charities. They can iron out misunderstandings and help engender mutual understanding. They specialise around the more business aspects of being a GP. For example LMCs offer expertise around disciplinary issues, contract changes to medico-legal issues eg data protection act interpretation and sometimes education and training. They are experts at the time when you can’t think of anyone else who would know the answer.

Can I find out more?
Send an e-mail to office@wessexlmcs.org.uk and we will arrange for you to attend one of our committee meetings which occur every 2 months. This activity is usually viewed by the Deanery as an educational session and you may find it particularly relevant during one of your General Practice attachments.

Essential information updates:
Wessex LMCs provides useful monthly e-mail updates of information relating to General Practice – it is a reliable, concise source of information to turn to in this world of rumour mongering and sometimes information overload. To join our mailing list simply e-mail your name, training level (eg ST1) and expected CCT date to office@wessexlmcs.org.uk

Website:
The LMC has a website (easily found on internet search engines or directly at) www.wessexlmcs.org.uk. The section for trainees is currently under development and will shortly contain useful information around management aspects of General Practice which are relevant to your AKT.

LMC information kindly written by Dr Laura Edwards, Medical Director, Wessex LMC
BMA GP Trainee Sub-committee

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

The government has just started negotiations with the BMA JDC (Junior Doctors Committee) and GP trainees subcommittee around the junior doctor contract. There may well be significant changes to the contracts ahead.

The GP rep will hold local meetings several times a year. This is a chance to find out about local and national news and raise concerns. Details of timings and locations will be sent out via e-mail from the Deanery – the next meeting is Tuesday 10th September 2013 in the Tribunal Room, Antelope House, Royal South Hants Hospital, Brintons Terrace, Southampton, SO14 0YG from 7-9PM.

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

You can find details of your BMA GP trainee representative and more details around the work of the GP trainee subcommittee, including their latest newsletter at http://bma.org.uk/about-the-bma/how-we-work/negotiating-committees/general-practitioners-committee/gp-trainees-subcommittee

Useful websites

Wessex LMC
The LMC is the only elected, representative body of local GP opinion. It exists to represent, advise and support GP’s and General Practice
http://www.wessexlmc.com/index.html

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

Wessex Deanery Website
All other forms including PAY1 forms – payment during your GP training posts and less than full time training information
http://www.wessexdeanery.nhs.uk/gp__primary_care/resources_and_information.aspx

Other VTS training scheme websites with useful information

http://www.bradfordvts.co.uk
VTS training scheme with lots of helpful advice and links to expand the RCGP curriculum along with resources for how to complete the eportfolio

http://www.pennine-gp-training.co.uk/
VTS training scheme with lots of helpful advice and links to expand the RCGP curriculum along with resources for how to complete the eportfolio and helpful advice for completion of AKT/CSA

http://www.airedale-gp-training.co.uk/csa.htm
VTS training scheme with CSA cases