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Introduction

Welcome

Welcome to the Windsor Vocational Training Scheme (VTS) for GP Specialty Registrars (GPStR). We are pleased that you have chosen to train on our scheme! During the next three years we hope that you will have excellent opportunities to develop the skills and knowledge you will need when practising as a GP. With all these opportunities come challenges, problems and questions. This booklet has been developed to help you settle in and get things right from the start. Whether opportunity or challenge, we would hope that many of these issues are discussed in the booklet. If you find areas that are not covered or have any suggestions for improvement, please speak to the VTS team about this.

The VTS team

The VTS team is housed at the John Lister Postgraduate Centre. The Centre is part of the Heatherwood and Wexham Park Hospitals NHS Foundation Trust.

There are currently 4 Programme Directors who share the work amongst them. They are all fully qualified GPs with a passion for medical education and teaching:

- Dr Manjinder Uppal
- Dr Barbara Alberts (ST3s)
- Dr Shareen Hallas (ST1s)
- Dr Sufian Jabbar (ST2s)

The Associate Dean for the Windsor Scheme is Dr Chris Morris.

The VTS team would not function without the help of our administrative team:

- Mrs Jackie Stallwood
- Mr David Taylor

Jackie and David are very experienced and an excellent source of information and expertise in non-clinical areas. There is probably not a single question they have not heard before and they will in most cases be able to either answer your question or signpost you in the right direction. Please do check whether this manual answers your question before contacting them.
Important: It is your responsibility to inform your Programme Director and Jackie Stallwood of any changes to your email addresses, telephone numbers and postal addresses. It is crucial for us and for you that we are able to contact you. You also need to inform Oxford Deanery and your Educational Supervisor of any changes as we do not do this on your behalf and you may miss information essential to your training if you do not do this promptly. If you are in ST1 or ST2 you will also need to inform medical staffing of any changes to your contact details. If you are placed in a GP surgery, please inform the practice manager of any changes.
The Gold Guide

The arrangements for postgraduate specialty training including General Practice are now regulated by the GMC following the merger of the GMC and the Postgraduate Medical Education and Training Board (PMETB). We would recommend that you familiarise yourself with the guidance that relates to training to become a GP on their website:

www.gmc-uk.org/education/postgraduate/specialty_including_gp_training.asp

The RCGP curriculum

The Royal College of General Practitioners (http://www.rcgp.org.uk) has developed a national curriculum for the training of GPs. The RCGP GP Curriculum was introduced in 2007, and has been used by all trainees since that date. Since its introduction the RCGP has gathered feedback from users and have now made changes in response to this feedback. These changes were implemented on 1 August 2012. During your training you are expected to cover all areas of the curriculum. It covers all three years of training, including hospital placements and primary care posts. The curriculum lays out the competencies a GP ought to acquire during the training period. It covers clinical knowledge and practical skills. Consultation skills, administrative, personal and professional responsibilities are laid out as well. Ten different statements cover the clinical management of commonly seen disease groups.

During your training, when seeing patients and working with your healthcare team, you will meet experiences that will help you develop your skills and your knowledge. If you analyse these experiences you will find that most of them are somehow reflected in sections of the curriculum. With the help of your ePortfolio, WBPA (Workplace Based Assessments – see Assessments, page 5) and your supervisors you will learn how to analyse these experiences and link them with certain sections of the curriculum and by the end of your training, your eportfolio needs to demonstrate coverage of all of the curriculum areas. Your ePortfolio, as part of the formative assessment tools the RCGP provides you with, will help you to map this curriculum coverage and it will show you visually whether you are making good progress and if so, whether you reach the point where you can confidently approach the summative assessments the RCGP expects you to take at during your training. These are the AKT (Applied Knowledge Test) and CSA (Clinical Skills Assessment).

Helpful resources

The curriculum can be reviewed at http://www.rcgp-curriculum.org.uk. It is also worth having a look at the book “The Condensed Curriculum Guide”, available from the RCGP bookshop online; this is the official and essential companion to the new RCGP Curriculum for Specialty Training for General Practice, covering the knowledge, skills and attitudes that every GP specialty registrar must now master to become an effective doctor in general practice.

Also worth looking at is the journal “InnovAiT” – the journal for GP trainees, published by the RCGP. Rotating through the whole new curriculum for the nMRCGP on a three year cycle, InnovAiT supports and assists the learning and development of AiTs as they progress through training.

Please familiarise yourself with the RCGP’s webpage, the information and resources offered there. The tools and assessment are undergoing constant revalidation and it is likely that things continue to evolve and change. The following quick guide explains briefly the most important parts of your assessments but cannot replace the information offered by the RCGP directly. In particular, you will have to be aware of deadlines, how to apply for parts of the exams you want to sit etc.
**Educational Supervisor**

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

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

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

**Assessments**

*ePortfolio*

Since the introduction of the new curriculum and nMRCGP there is an emphasis on the knowledge, skills and competences required in primary care throughout your training. Whilst in hospital posts trainees need to collect evidence of their progress in these areas. To document this progress, the RCGP has developed a web based tool called “ePortfolio”.

Timely completion of log entries and regular updating of the ePortfolio is YOUR responsibility and a requirement to continue with your VTS training. This is the only proof you have to show that you are gaining and developing further the skills you will need as a qualified GP. Failure to do this may result in unsatisfactory progress and referral to the Deanery Panel for review of your training.

To access your ePortfolio you are required to register with the RCGP via [http://www.rcgp.org.uk/new_professionals/associates_in_training/register_page.aspx](http://www.rcgp.org.uk/new_professionals/associates_in_training/register_page.aspx)

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

You are encouraged to attend teaching sessions on the ePortfolio and are required to engage with this requirement of your training from the very beginning of your ST1 year.
**Applied Knowledge Test (AKT)**

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

You can attempt the AKT at any point starting from when you are a ST2. The test takes the form of a three-hour multiple-choice test of 200 items. It is computer-based and delivered at 150 Pearson VUE professional testing centres (driving test centres) around the UK.

Approximately 80% of question items will be on clinical medicine, 10% on critical appraisal and evidence based clinical practice and 10% on health informatics and administrative issues. All questions will address important issues relating to UK general practice and will focus mainly on higher order problem solving rather than just the simple recall of basic facts.

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

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<th>Session</th>
<th>October 2013</th>
<th>January 2014</th>
<th>April 2014</th>
<th>October 2014</th>
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<td>Main date for AKT</td>
<td>30 Oct 2013</td>
<td>29 Jan 2014</td>
<td>30 April 2014</td>
<td>29 Oct 2014</td>
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<td>Results &amp; feedback</td>
<td>27 Nov 2013</td>
<td>26 Feb 2014</td>
<td>29 May 2014</td>
<td>26 Nov 2014</td>
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Useful resources for the preparation of the AKT are listed at the end of this manual (see section *AKT preparation*, page 37).

All up to date information on the AKT and CSA can be found on the RCGP website: [http://www.rcgp-curriculum.org.uk/examinations_and_assessment.aspx](http://www.rcgp-curriculum.org.uk/examinations_and_assessment.aspx)

You are advised to check these dates on the RCGP website in case any changes are made by the college and for further dates that were not available at the time of producing this handbook.
Clinical Skills Assessment (CSA)

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

- **Primary Care Management**: recognition and management of common medical conditions in primary care.
- **Problem Solving Skills**: gathering and using data for clinical judgment, choice of examination, investigations and their interpretation. Demonstration of a structured and flexible approach to decision making.
- **Comprehensive Approach**: demonstration of proficiency in the management of co-morbidity and risk.
- **Person-centred Care**: communication with patient and the use of recognised consultation techniques to promote a shared approach to managing problems.
- **Attitudinal Aspects**: practising ethically with respect for equality and diversity, with accepted professional codes of conduct.
- **Clinical Practical Skills**: demonstrating proficiency in performing physical examinations and using diagnostic/therapeutic instruments.

The three domains on which you will be marked are:

- **Data Gathering, Technical & Assessment skills**: Gathering & using data for clinical judgement, choice of examination, investigations & their interpretation. Demonstrating proficiency in performing physical examinations & using diagnostic and therapeutic instruments
- **Clinical management skills**: Recognition & management of common medical conditions in primary care. Demonstrating a structured & flexible approach to decision-making. Demonstrating the ability to deal with multiple complaints and co-morbidity. Demonstrating the ability to promote a positive approach to health
- **Interpersonal skills**: Demonstrating the use of recognised communication techniques to gain understanding of the patient's illness experience and develop a shared approach to managing problems. Practising ethically with respect for equality & diversity issues, in line with the accepted codes of professional conduct.
Resources for the preparation of the CSA can be found at the end of this manual (see section *CSA preparation*, page 38). More information and the dates of the CSA will be available at: [http://www.rcgp-curriculum.org.uk/nmrcgp/csa.aspx](http://www.rcgp-curriculum.org.uk/nmrcgp/csa.aspx)

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<th>May 2014</th>
<th>November 2014</th>
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<td><strong>Apply via college</strong></td>
<td>17 - 25 September 2013</td>
<td>5 - 13 December 2013</td>
<td>21 - 28 March 2014</td>
<td>17 - 24 September 2014</td>
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<td><strong>Week 1</strong></td>
<td>8 - 9 November 2013</td>
<td>30 January - 1 February 2014</td>
<td>8 - 10 May 2014</td>
<td>10 - 15 November 2014</td>
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<td><strong>Week 2</strong></td>
<td>11 - 14 November 2013*</td>
<td>3 - 8 February 2014</td>
<td>12 - 17 May 2014**</td>
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<td>10 - 15 February 2014</td>
<td>19 - 24 May 2014</td>
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<td><strong>Week 4</strong></td>
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<td>24 February - 1 March 2014</td>
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<td>4 December 2013</td>
<td>20 March 2014</td>
<td>4 June 2014</td>
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*Please note that there will be no examinations on Friday 15 and Saturday 16 November 2013.

**Please note that we will be no examinations on Friday 16 May 2014.

You are advised to check these dates on the RCGP website in case any changes are made by the college and for further dates that were not available at the time of producing this handbook.

You may attempt the CSA during the ST3 year of specialist training.

From August 2010 a maximum number of 4 attempts will be permissible in both the AKT and CSA.
**Workplace Based Assessment: (WPBA)**

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

1. Communication and consultation skills: This competence is about communication with patients, and the use of recognised consultation techniques.

2. Practising holistically: the ability of the doctor to operate in physical, psychological, socioeconomic and cultural dimensions, taking into account feelings as well as thoughts.

3. Data gathering and interpretation: the gathering and use of data for clinical judgement, the choice of physical examination and investigations, and their interpretation.

4. Making a diagnosis / making decisions: This competence is about a conscious, structured approach to decision making.


7. Primary care administration and IMT: the appropriate use of primary care administration systems, effective recordkeeping and information technology for the benefit of patient care.

8. Working with colleagues and in teams: working effectively with other professionals to ensure patient care, including the sharing of information with colleagues.


10. Maintaining performance, learning and teaching: maintaining the performance and effective continuing professional development of oneself and others.

11. Maintaining an ethical approach to practice: practising ethically with integrity and a respect for diversity.

12. Fitness to practise: the doctor’s awareness of when his/her own performance, conduct or health, or that of others, might put patients at risk and the action taken to protect patients.
Together with the help of your supervisor you will be able to identify further learning needs through these assessments. There are several different tools used within the WPBA, most of these are comparable to the tools used during foundation training. Please note that there are minimum required numbers of each type of assessment tool that you must complete prior to each review.

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

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

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

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

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

- **Direct Observation of Procedural Skills (DOPS):** DOPS is designed to provide feedback on procedural skills essential to the provision of good clinical care. The mandatory procedures have been selected as sufficiently important and/ or technically demanding to warrant specific assessment. These assessments cannot be completed by your fellow trainees.
• **The Clinical Supervisor’s Report (CSR):** The CSR forms part of the evidence which is gathered through WPBA. The ePortfolio has a section for the clinical supervisor to write a short structured report on the GPStR at the end of each hospital post. This covers: the knowledge base relevant to the post, practical skills relevant to the post and the professional competences. It is your responsibility to initiate a meeting with your Clinical Supervisor to complete this.

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

**Annual Review of Competence Progression (ARCP) and CCT**

The ePortfolio of each trainee carries the evidence that is considered at interim and final panels which take place at the end of each training year. On the Panel are representatives of GP education in the Oxford Deanery, including Programme Directors, Trainers and a lay member. During the meeting the Panel will look at your ePortfolio, whether you have completed the required amount of WPBAs and whether you have passed any assessments such as AKT or CSA. They will also review the reports from your Clinical and Educational Supervisor(s) and assess the quality of your reflective log entries. The panel will then decide whether you have made satisfactory progress and are ready to proceed to the next year of training. Sometimes the Panel will call you, your Educational Supervisor, Programme Director and Associate GP Dean to a Face-to-Face meeting to explain their recommendation. In the event of unsatisfactory progress, an extension to your training is at the discretion of the Panel and is not an entitlement.

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

Please be aware that you will have to register with the GMC to start the application process for a CCT. Once the Deanery has signed off your training and allows you to apply for the CCT (end of ST3), they will provide you with a link to register with the GMC. Please do not attempt this before the certification unit has issued you with this link. If you apply too early, you may be charged an administrative fee.
Doctors in Difficulty
Occasionally learners might find themselves in difficulty, due to ill health or other reasons. We are all here to help and depending on the type of difficulties you find yourself in, you may want to consider discussing these issues with your Educational Supervisor, one or all of the Programme Directors and/or your Clinical Supervisor. Please refer to the “Gold Guide” for guidance with regard to particular scenarios.

Sources of support and help
The Oxford Deanery Career Development Unit (CDU) has been established to provide a comprehensive careers service and performance support for all doctors and dentists in primary and secondary care. The careers service provides local specialty information and career management skills workshops for the Oxford Foundation School. It also provides personal career guidance for those with a career dilemma, including those with health or disability problems. More information can be found at http://www.oxforddeanerycdu.org.uk. The programme directors would be happy to meet with you if you feel a referral to the CDU maybe helpful. Your educational supervisor or programme director may recommend a referral to the CDU.

There are a variety of offers regarding counselling for doctors. Particularly when in need of support in a difficult situation, it might be worth considering one of these services as well. Depending on your membership status you may be able to access counselling via the British Medical Association (BMA http://www.bma.org.uk), telephone number 08459 200169. The BMA Counselling Service is staffed by professional telephone counsellors, 24-hours a day, seven days a week. All counsellors are members of the British Association for Counselling and Psychotherapy and are bound by strict codes of confidentiality and ethical practice. Counselling can be helpful in addressing the root causes of your problems and reducing the impact of their consequences.

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

Don’t forget that your Educational Supervisor and Programme Directors are an important source of support.
ST1 & ST2

Formally, you are a GP Specialty Registrar year 1 or 2, but during your hospital attachments, some people will probably still refer to you as “SHO”, mostly you will be known as “ST1” or “ST2”

The training posts included in your three year training programme have been approved by the GMC. The suitability of each post is subject to regular review by the GMC and the Oxford Deanery. For this reason it could happen that we may have to change an allocation to a post or rotation at short notice.

The hospitals

During your first 2 years of training you will spend most of the time in secondary care specialties (i.e. in local hospitals). The trust we are attached to is Heatherwood and Wexham Park Hospitals NHS Foundation Trust. Wexham Park Hospital is located in Slough and this is probably the place where most of your hospital training happens. There are a couple of other sites that may be important for you, either because you will be based there or because you may have to attend clinics. Occasionally your on call duties may mean that you are also covering one of the other sites. These sites are:

- Heatherwood Hospital, Ascot
- Upton Hospital, Slough
- St Mark’s Hospital, Maidenhead
- King Edward VII Hospital, Windsor

Secondary care specialties

At present, you will spend six months in each specialty to which you have been allocated. We aim to allocate you to the specialties that you would like to work in. However, we cannot guarantee that we will always be able to comply with your wishes. We try to be fair to all trainees, and have a duty to ensure that all trainees receive a rounded training that will be beneficial on your journey to becoming a GP.

Due to the posts available and the need to offer all trainees schemes with rounded training, we cannot always take into consideration posts that you may have done prior to entry onto the Windsor VTS.

Although you are training to become a GP, GP trainees are an essential part of the secondary care teams. Working in these specialties will help you develop your abilities as a team player and it is an important opportunity to acquire skills and knowledge that will be useful in primary care.
The specialties we can currently offer are:

- Accident & Emergency
- ENT
- General Medicine (and its subspecialties)
- Obstetrics and Gynaecology
- Paediatrics
- Psychiatry
- Sexual Health/ GU Medicine

Most trainees will do posts in A & E and O & G due to the total number of posts available in each specialty. There are a small number of posts in ENT, psychiatry and sexual health.

**When you start**

There is a hospital based induction programme for all staff new to the Trust. Each department will provide their own induction into their speciality. Most posts are on a full shift rota. Any important requests for leave that need to be made in advance should be addressed to the rota managers in the specific departments concerned:

- A&E Dr Omar Ghazanfar ext. 4021
- Paediatrics Dr Jo Aspel ext. 4607
- O&G Bali Nandra ext. 3357
- Medicine Marion Elder ext. 4675
- ENT Sonia Gohil ext. 3701
- Sexual Health Gill Gibson ext. 5317
- Psychiatry Marie Strudley 0118 9605309

**Deanery Induction Day**

In the first month of your ST1 year, you will be sent on a Deanery induction day with all ST1s from the Oxford Deanery. This day is a fantastic opportunity to meet with other Specialty Registrars and it is mandatory that you attend to receive vital information at the start of your training. The date for 2013 is the 3rd of September. It will be held at the Kassam Stadium in Oxford.

**General Practice placements**

During your ST2 year you will get the opportunity to work in primary care usually in a different surgery to where you will be placed in ST3 to offer you a breadth of experience.
ST1/2 working week in Primary Care

ST1/2s should attend ST1/2 teaching arranged at PGC and also have a tutorial per week whilst in primary care. The tutorial might be negotiated if the clinical supervisor is away.

Your working week will consist of 7 clinical and up to 3 educational sessions per week.

For the Windsor scheme, one of the sessions will be the weekly tutorial. There will be teaching sessions on Tuesday afternoons at the PGC, for ST1s and ST2s on alternate weeks. Your other one or two educational sessions MUST be agreed in advance with your clinical supervisor, be part of your Personal Development Plan, have a clear purpose (discussed with your clinical supervisor) and should be reflected in your Learning Log. The activity might include attendance at particular clinics/outpatients or visiting another service. If no educational activity is arranged ST1/2s are required to do surgeries. If an educational activity is happening at the surgery ST1/2s would be expected to do a share of paperwork/visits.

The educational activity is not meant to be for private study or eportfolio entries.

In weeks when there is a Bank Holiday Monday all trainees should usually do surgeries instead of educational activities except for a tutorial which should usually still take place.

The Windsor Trainers Group strongly believe in the educational value of seeing patients both to learn to be a GP but also in preparation for the CSA and AKT.

We hope that the time in practice as an ST1/2 helps you focus on your primary care learning needs and put into “practice” in primary care what you have learned in secondary care.

For every month spent in a GP surgery you are also expected to do one Out Of Hours session (OOH), supervised by a GP Trainer (not necessarily your own trainer) or a GP trained in supervising GPStRs working OOHs.

Housekeeping

Please discuss any concerns with a Programme Director, should you wish to do so. The Programme Directors have specific specialist responsibilities as follows:

- Dr Barbara Alberts Post allocations, ST3
- Dr Shareen Hallas Post allocations, sexual health, psychiatry, ST1,
- Dr Manjinder Uppal Paediatrics, Medicine, ENT
- Dr Sufian Jabbar A&E, O&G, ST2

Unfortunately from time to time things do not go according to plan. If you find yourself in this situation, please contact Jackie or one of the Programme Directors and we will be happy to arrange a time to meet with you.
**VTS teaching**

We offer a half day teaching programme for ST1 & ST2 trainees, on alternate Tuesday afternoons, at the John Lister Postgraduate Centre. This runs throughout the academic year (except August and December). Each year, we provide 20 teaching sessions per year group covering the most important aspects of the curriculum developed by the Royal College of General Practitioners. The teaching sessions are aimed at developing your knowledge in your role as a hospital doctor as well as your future role as a GP.

You are entitled to attend 75% of these sessions per year. Departments are asked to release you for, on average, every other training session. You are welcome to attend as many sessions as you are able to attend. During your ST1/2 posts in General Practice you will be released for every training session, which we hope will compensate for some of those you may have missed in your secondary care posts. A register of attendance is kept.

Hospital Departments and rota organisers are provided with a list of VTS teaching dates at the beginning of each year and are aware of attendance requirements. These dates are also on the Windsor VTS website, [http://www.windsorvts.co.uk](http://www.windsorvts.co.uk) Trainees should generally be able to attend the required number of teaching dates, however please note that service commitments must take priority and there will inevitably be occasions when a trainee may not be able to attend a planned teaching day due to staffing issues. This is acceptable providing it is the exception rather than the rule and any trainee who experiences difficulty in attending the required number of teaching sessions must contact the VTS team.

The programme is regularly updated and can be accessed via the VTS website: www.windsorvts.co.uk.

ST1s and ST2s should aim to arrive at 1:15pm. The first educational session will start promptly at 13:30 – be there! We aim to finish by 4.30pm.

**ST3**

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

**Trainers and training practices**

During this year you will be working in a surgery under the clinical supervision of your Educational Supervisor (your “trainer”; see also Educational Supervisor, page 9). These GPs and their surgeries have gone through a rigorous training and quality assurance process prior to being awarded Trainer status (and training practice status) by the Oxford Deanery. We would encourage you to make use of all members of your team and enjoy the contributions from the entire practice team, including practice manager, administrative staff and Allied Healthcare Professionals.
Usually, you will know in your ST1 year who your trainer is and at which training practice you will be based as an ST3. This will enable you to build up a rapport with your trainer and training practice prior to starting there. However, occasionally there may be a need to change your trainer or training practice due to extenuating circumstances.

**Your working week in General Practice**

The normal working week in General Practice training is ten sessions. GP Specialty Registrars should be released for district day release and Deanery courses, but otherwise it is expected they will work normally in practices when there is no course provision.

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

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

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

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

**Clinical Sessions:**

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

- Supervised/supported home visits, nursing home visits, rounds, undertakers visits for the purposes of death administration including time for debriefing, and travelling.
• Administrative work to include: pathology results, letters, reports (for educational purposes only), general administration.

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

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

• Time spent in directly supervised surgery as part of Consultation Observation Tool (COTS), Direct Observation of Procedure Skills (DOPS).

• Time spent videoing consultations as part of consultation skills training.

Non Clinical Sessions:

• Tutorials with GP supervisors.

• A VTS training scheme session.

• Administration for the purposes of audit/research in general practice.

• Videotape, COT, DOPS analysis as part of educational furtherance.

• Case based discussions selected from outside the debrief time.

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

You are required to do 72 hours of out of hours sessions during the ST3 year, supervised by a GP Trainer (not necessarily your own trainer). For every additional month in General Practice you will need to do a further Out of Hours session. Further information, including EWTD and OOHs, is available via the following link:

http://www.oxforddeanery.nhs.uk/specialty_schools/school_general_practice/gp_training/out_of_hours.aspx

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

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

**Windsor VTS Induction Day**
Furthermore this year Windsor VTS has organised a 2 day residential course at Cumberland Lodge, 3rd and 4th September 2013 for ST3’s as part of their induction programme.

**External Training Reviews (ETR)**
This will take place approximately half way through the year and are co-ordinated by Dr Manjinder Uppal. It is a time for you and your trainer to review your progress with the help of trainers from outside your practice. It allows a fresh look at where you are and helps you plan the rest of your year constructively based on your individual learning needs. Once you have been advised of the doctors doing your ETR please contact them to arrange a mutually convenient time.

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

**VTS teaching**
As in ST1 & ST2, you will continue to receive teaching from the VTS team. The difference is that this will happen on a weekly basis (Tuesdays). This training is mandatory, and forms part of your paid work. Please notify Jackie Stallwood and your trainer, in advance, of any dates when you are taking annual leave or if you are sick. ST3s should aim to arrive at 9.45 am for a 10am start. The PD’s will be available between 9.45am and 10 am should you have any queries/questions. Please be prompt as a courtesy to those who have prepared the session for you and your fellow trainees. We aim to finish by 4.30pm.

On our website you will find an up-to-date programme of the planned teaching sessions. Any changes to the programme, venues and times will appear in timely fashion on this website. So please check it regularly: [http://www.windsorvts.co.uk/diaries](http://www.windsorvts.co.uk/diaries)
Please note: Tuesdays after bank holidays do not usually have VTS scheduled because these are busy days in practice. We may however set up alternative sessions so please keep your eyes on the website.

There is a free car park at the Postgraduate Centre for visitors of the centre. When you attend the VTS teaching you can park here – spaces are limited though. If there is no parking available you will have to park in a designated pay & display area. You can claim for parking on your Section 63 form.

**County courses**

On some Tuesdays there will be county courses for ST3s in conjunction with the Reading VTS ST3s. These may be held at Wexham Park or Royal Berkshire Hospital in Reading and on occasion at The Threeways Surgery in Stoke Poges.

You can claim expenses for your journeys to teaching sessions in Reading and parking (keep receipts). See section Travel expenses, page 33. Please note that parking in Reading is difficult and we recommend that you allow extra time for this and your travel. You are expected to arrive on time for a prompt 10am start. Please try to arrange a car share.

**Deanery courses**

These are available to registrars according to their choice from the Oxford Deanery. These can be booked on the Oxford PGMDE website

http://www.oxforddeanery.nhs.uk/specialty_schools/school_general_practice/courses.aspx or by contacting the Course Administrator at Oxford PGMDE.

**Peter Kersley Award and Annual dinner**

The Peter Kersley Award (Stoke Poges Prize) of £150 may be given annually to the most outstanding Windsor VTS registrar in their ST3 year. The money for the award comes from a donation made by patients of Stoke Poges in 1987. The donation has also allowed some funds for regular additions to the general practice section of the post graduate centre library.

The award takes its name from Dr Peter Kersley who was a GP trainer between 1975 and 1981 and a course organiser from 1981 to 1989. He retired in 1990 and sadly died in 1999 aged 64.

In order to decide who should receive the award, all local GP trainers are invited to nominate a deserving registrar in their final year of training. The trainers must also state the reasons behind their nominations.

Nominees are not necessarily those registrars who have achieved the most academically. The award is intended to also reward good old fashioned concepts of general practice like caring, commitment, responsibility and professional growth. They will take into account your overall performance throughout the training from ST1 to ST3.
All ST3s and trainers are invited to the annual VTS dinner. This is also the occasion when the Peter Kersley award is presented. The evening always proves to be good fun and it’s a chance for all Windsor VTS ST3s to meet and celebrate their achievements. We look forward to seeing you there!
Year representatives
For ST1 and ST2’s a year representative will be nominated. The representatives will act as spokespersons of the group and as such be able to flag up any issues the group would like to be addressed. This could be anything from concerns about the posts you are working in, teaching sessions, preparation of assessments etc. It is an excellent opportunity to help form and influence the teaching programme and make sure the trainees’ suggestions and feedback are considered.

Equally, the programme directors and the administrative team will contact the representatives if there are any issues they would like to address.

In the ST3 year there will be two reps. These are an academic representative and a year representative. The academic rep will involve trainees in the formulation and delivery of the training programme at Windsor VTS and will be provided with a practical opportunity to develop an interest in medical education.

Educational and Leadership Fellows (ST4)
GP registrars may apply for an additional 6 months on completion of nMRCGP. The posts offer the opportunity to develop a special interest as well as enhancing GP skills and developing leadership skills. Appointments are competitive; applicants should link project proposals to NHS and local workforce priorities.

The typical timetable will be 2 days in practice, 2 days on secondment, half day private study and half day off. Senior registrars will attend a monthly learning set, and will develop an individual learning plan for the 6 months.

The availability of the scheme is subject to funding, further information is available from the deanery website:

Salary and contracts

Contracts in hospital placements
You will be paid according to the StR pay scale – a trainee joining the VTS after completion of foundation training will join the pay scale at the minimum point. As part of the recruitment process, you will be asked to provide a salary information form completed by your current employer. Due to the nature of your training and the fact that you will rotate through different specialities you may have up to three different employers in your ST1 and ST2 years. When you are in a GP practice, you will be employed by the surgery and hence hold a contract with them. If you are working in either Sexual Health or Psychiatry, your employer is Berkshire Health NHS Foundation Trust. For most other clinical attachments you will be employed by Heatherwood and Wexham Park Hospitals NHS Foundation Trust. You will be given a contract of employment to sign for each hospital post on your training programme and you will be bound by the terms and conditions of each contract of employment. Progression through each stage of the training programme is subject to satisfactory performance review by both the Programme and the employing hospital trust. Any queries relating to salary or terms and conditions of service whilst undertaking hospital posts should be taken up in the first instance with the appropriate HR department.

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

Also note that the post in Sexual Health attracts basic salary only as you will have a 40 hours week without on call or out of hours' commitments. Hence no banding or supplement will be available to you during an attachment to this department.

General Practice Contract
The ‘Framework for a written contract of employment guidance for GP speciality registrars’ is compiled in conjunction with BMA regional services, and Committee of General Practice Education Directors (COGPED). The framework includes terms and conditions, leave, educational assessment, review of progress, health and safety at work, educational agreement, and personnel policies and working procedures. It can be downloaded from http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts (you do not have to be a BMA member to access this file).
Study leave

**Principles**

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

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

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

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

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

For more information see:


**Doctors in Hospital Posts**

Study leave funding is devolved to hospital postgraduate centres for all doctors in hospital training posts. The **Director of Medical Education (DME)** is responsible for managing the overall budget. GP specialty trainees are entitled to pro rata annual allowance of all specialty trainees in the Trust (for example, working 6 months in hospital posts and 6 months in general practice, entitlement 6/12 of annual allowance). If you don’t make use of your budget in ST1, you can carry it over into ST2. You cannot carry any remaining budget over into your ST3 year however.

**Doctors in General Practice Placements**

Study leave funding is managed by the Deanery to provide currently £500 of an educational allowance (pro rata per year) for all GP specialty trainees employed through general practice (ST1, ST2, ST3, Academic GP Registrars and ST4s). The educational allowance can be used to attend the MRCGP, Family Planning and Minor Surgery courses, as well as for attending other courses which have been approved by GP Trainer and GP Programme Director as meeting educational needs outlined in the trainee’s Personal Development Plan.
Application for Study Leave

Applications for study leave during hospital training should be made to the Clinical Tutor, who will approve funding in consultation with the Programme Directors. The application must be based on a personal development plan, and release from the department should be negotiated prospectively to minimise impact on patient care. You have to apply 6 weeks in advance, prior to actually taking the leave. The relevant forms can be obtained from the study leave officer (see [http://www.johnlister.ac.uk/sys/scripts/downloads.php](http://www.johnlister.ac.uk/sys/scripts/downloads.php)) and our website ([www.windsorvts.co.uk](http://www.windsorvts.co.uk)).

To apply for study leave and funding you need to download the relevant form from our website. After getting the required signatures, please forward the completed form to Barbara Gow at the Oxford Deanery.

During your General Practice placements in ST 2 and 3 you will have 3 educational session per week. Any additional study leave during these posts would be at the discretion of your clinical supervisor and, if granted, should meet needs identified and recorded on your eportfolio PDP. No more than 5 discretionary days study leave days would usually be granted per annum. Study leave is not granted for revision for professional exams.

Approval of funding will be based on the following criteria:

- The study should be appropriate for the ultimate career goal of the applicant
- The study should be based on a specific learning need identified in the personal development plan
- The study method is appropriate to the need identified
- The study method is suitable for the particular applicant
- The proposed study is appropriate at this stage of training
- Funding will not normally be provided for a course which is otherwise provided as part of the regular Deanery training programme
- Higher priority will be given to activities agreed by GP Programme Directors as essential for completion of GP training, than to activities identified by GP Programme Directors as desirable for development of special interests relevant for general practice.
Annual leave

Hospital placement
In a hospital placement, annual leave entitlement is 25 days per year plus 2 statutory days for trainees at point 02 and below on the StR pay scale (see Salary and contracts, page 26). Trainees on point 03 (equivalent to a year 5 SHO) and above are entitled to 30 days annual leave plus 2 statutory days per year. Annual leave should be evenly distributed across posts throughout the year, though it is possible to take 10 days out of a 4 months placement to fit in a 2 week holiday.

GP placement
In a GP placement, annual leave entitlement is 25 days per year for trainees at point 02 and below on the StR pay scale (see Salary and contracts, page 26). Trainees on point 03 (equivalent to a year 5 SHO) and above are entitled to 30 days annual leave per year. Annual leave should be evenly distributed across posts throughout the year, though it is possible to take 10 days out of a 4 months placement to fit in a 2 week holiday.

You must keep a record of all leave taken during your training programme and add to your ePortfolio for assessment by the Annual Review of Competence Progression (ARCP) panel which meets at the end of each training year. You will be required to submit a summary of all leave taken to Jackie Stallwood at the end of each post, countersigned by your rota manager or practice manager. Please note that false declarations would highlight probity concerns.

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

Maternity/Paternity leave
Under normal circumstances you should have told your employer by the end of the 15th week before the expected week of childbirth (EWC) and the date you want OML Ordinary Maternity Leave to start. Also advise the Deanery and your local VTS team. Maternity leave can start at any time after the beginning of the 11th week before the baby is due. Full details are available from Medical Staffing if you are employed by the Trust/Berkshire Healthcare or the practice manager if in general practice.
Medical Performers List and CRB
It is a condition of employment in General Practice that you are accepted onto the National Medical Performers List. The forms can be downloaded from the website:

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

You will be required to undertake a Disclosure and Barring Service (DBS) or Criminal Record Bureau (CRB) check. HR for the trust and TVPCA will require an up-to-date enhanced CRB/DBS for each post and the rules regarding this have recently changed and will be different to what you have been used to in the past. Nowadays, you cannot produce an up to 6 months old CRB issued for a previous employer. You will need to supply a new CRB each time you change employers (see section Salary and contracts, page 27, for an explanation why your employers change the training scheme). The enhanced CRB/DBS needs to be submitted to medical staffing/TVPCA prior to starting your post and should therefore be completed without delay.

Please note: By adding your name to the medical performers list as a GP Registrar, you agree to inform the TVPCA about any changes to your contact details or registration status. Failure to do so may lead to exclusion from the list and that means that you cannot work in primary care. Therefore, at the end of your training, to be able to work as a fully fledged GP (whether Locum, Salaried or partner) you will have to update your entries on the medical performers list. Should you leave the area, you will have to apply for a variation of area on the medical performers list.

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

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

If you think you are eligible, you need to apply for reimbursement to Asha Ellerton at UHB, Finance Directorate, PO Box 881, Selly Oak, Birmingham B29 6JS, 0121 371 2000 ext 53115.
**Indemnity cover**

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

- GMC inquiries
- Police investigations related to clinical practice
- Disciplinary procedures
- Complaints

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

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

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

Note: The MDU and the MPS are not the only providers on the market and their mentioning does not imply that the Windsor VTS endorses or recommends any particular company or product. At the time of writing these two companies to our knowledge were the only ones that offered specific three year VTS trainee packages. We clearly encourage you to review the market situation and compare different companies and products before deciding.
Transport
During the general practice component of your training you will have the opportunity to work in the community. Therefore, you are likely to not only to be at your surgery but also to attend to patients in their own homes, in community hospitals or nursing homes. You are also likely to attend meetings and teaching sessions in places different from your own surgery. It is therefore essential that you are able to get to these places. If you do not have a driving licence, it is your responsibility to finance and ensure that you have appropriate alternative transport arrangements in place to allow you to fulfil all the usual requirements of the post.

Travel expenses
Every Registrar is able to claim travel expenses for their time at the postgraduate centre or indeed any other time spent for education which is not at their training practice (e.g. exams or courses). Specific forms are available from our website http://www.windsorvts.co.uk/resources under the trainees section.

Please accept the following:

- All expenses should be completed monthly. (When you are submitting forms, Jackie Stallwood will have to check them and get them signed and sent off. It involves quite a bit of work and it is not fair on her, to present her with 12 forms at the end of the year rather than handing them in on a monthly basis)

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

- Mileage must correspond with the actual mileage

- The amount claimed per mile is currently £0.23

- The amount claimed for taking another person is currently £0.02

- Rail fares can be claimed for second class tickets only, receipt needed

- Parking fees have to be accompanied by a receipt

- Subsistence can only be claimed if you are away from home for more than 8 hours

- An acceptable amount for subsistence is £5

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

**Contact information**

**Windsor VTS team**

Dr Chris Morris  
Associate Dean

Dr Manjinder Uppal, Dr Shareen Hallas,  
Dr Sufian Jabbar and Dr Barbara Alberts  
Programme Directors

Mrs Jackie Stallwood  
VTS Administrator

Mr David Taylor  
Training and Development Coordinator

**VTS Office:**  
Postgraduate Centre  
Wexham Park Hospital  
Wexham SL2 4HL  
Tel. 01753 634384  
Fax: 0 1753 634385  
Team e-mail: bks-tr.Windsorvts@nhs.net

**Windsor VTS website**

Our website address is [http://www.windsorvts.co.uk](http://www.windsorvts.co.uk)

Here you will find an up-to-date version of this booklet and useful information about the Windsor VTS Scheme. Look here for your teaching programme, important information and news and downloadable items i.e. the presentations from teaching sessions.

**John Lister Postgraduate Centre**

Mrs Maura Stock  
Medical Education and Centre Manager

Ms Sabiha Mughal  
Specialist Tutor’s Administration & Study Leave Administrator

**Trainers and training practices**

A full description of the training practices and trainers can be found on our website at

[http://www.windsorvts.co.uk/training-practices](http://www.windsorvts.co.uk/training-practices)
**Oxford Deanery**
http://www.windsorvts.co.uk/training-practices/

http://www.oxforddeanery.nhs.uk/specialty_schools/school_general_practice.aspx

**Dr Jill Edwards**
Head of General Practice School

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**College Tutors**

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<tr>
<th>General Medicine</th>
<th>Paediatrics</th>
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<tr>
<td>Dr A Steuer</td>
<td>Dr A Quadri</td>
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<td>01753 633247</td>
<td>01753 634345/4603</td>
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<td>Dr N Desmond</td>
<td>Dr D McDonald</td>
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<th>Obstetrics &amp; Gynaecology</th>
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<td>Mr Abdul Wagley</td>
<td>Mr Nick Jenkins</td>
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<td>01753 637021</td>
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<td>Mr S Wood</td>
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Checklists

Things to do as you start as ST1
(please refer to the relevant section in this manual for more information)

- CRB check (see Medical Performers List and CRB, page 31)
- Performers list (see Medical Performers List and CRB, page 31)
- Indemnity (see Indemnity cover, page 32)
- Transport (see Transport, page 32)

Things to as soon as you can as an ST1

- Register for the e-portfolio and start using it
- Make contact with your educational supervisor

Things that you need to before finishing your training in ST3

- Apply for CCT (see Annual Review of Competence Progression (ARCP) and CCT, page 15)
- Update Performers list (see Medical Performers List and CRB, page 31)
- Indemnity (see Indemnity cover, page 32)
- Arrange appraisal within 6 months of completion of ST3 year, usually held in March and April every year

http://www.rcgp.org.uk/professional_development/appraisal.aspx
Useful websites, tips and resources
The ST3s who have finished training have been asked to recommend resources they found useful during their training. The following list is by no means complete and the VTS team does not endorse or recommend any particular website or course. In particular with regards to those offers that are not for free we encourage you to research the market and form your own opinion.

AKT preparation
- [http://www.passmedicine.com](http://www.passmedicine.com) collection of MCQs
- [http://www.onexamination.com](http://www.onexamination.com) collection of MCQs
- [http://www.pastest.com](http://www.pastest.com) collection of MCQs and course offers
- [http://www.aktrevision.com](http://www.aktrevision.com) collection of MCQs
- [http://www.eguidelines.co.uk](http://www.eguidelines.co.uk) Summarising clinical guidelines for primary care
- [http://www.cks.nhs.uk](http://www.cks.nhs.uk) Clinical knowledge summaries
- [http://www.bmjlearning.com](http://www.bmjlearning.com) e-learning site
- Relevant Clinical guidelines
  - [http://www.nice.nhs.uk](http://www.nice.nhs.uk) National Institute for Health and Clinical Excellence NICE
  - [http://www.rcog.org.uk](http://www.rcog.org.uk) Royal College of Obstetricians and gynaecologists
  - [http://www.bashh.org](http://www.bashh.org) British Association for Sexual Health and HIV
  - [http://www.ffprhc.org.uk](http://www.ffprhc.org.uk) Faculty of Sexual and Reproductive Healthcare
  - [http://www.bts.org.uk](http://www.bts.org.uk) British Thoracic Society
  - [http://www.caa.co.uk](http://www.caa.co.uk) UK Civil Aviation Authority - fitness to fly
  - [http://www.dvla.gov.uk/medical.aspx](http://www.dvla.gov.uk/medical.aspx) DVLA fitness to drive
- Read “Medical statistics made easy” by Michael Harris, Gordon Taylor
CSA preparation

- set up small group role plays and CSA study groups
- review videos of your own consultations
- do joint surgeries
- Read “The inner consultation” by Roger Neighbour
- Read “Get Through New MRCGP: Clinical Skills Assessment” by Bruno Rushforth, Val Wass (2 books with DVD)

- nMRCGP Preparation Course - http://www.rcgp.org.uk/courses__events/search_for_a_course.aspx
- Case Card available from Wessex Faculty of RCGP

Resources for consultation

- Oxford handbook of General Practice
  - http://www.patient.co.uk Patient information leaflets and clinical summaries for doctors
  - http://www.moodgym.anu.edu.au online cognitive behavioural therapy course for patient
  - http://www.gpnotebook.co.uk clinical summaries
  - http://www.bnf.org.uk online version of the British National Formulary
  - http://www.dermnet.com Online dermatology picture atlas
  - http://www.webmentorlibrary.com clinical summaries
  - http://www.cks.nhs.uk Clinical knowledge summaries
  - http://www.fitfortravel.scot.nhs.uk Health information and travel advice
  - http://www.tripdatabase.com evidence based medicine site
  - http://www.google.co.uk non-medical search engine
  - http://www.wikipedia.org online encyclopaedia
  - http://www.babycentre.co.uk health information for pregnancies, babies and toddlers
  - http://www.doctors.net.uk medical online community
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Original Document Author - Dr Stefan Kuetter.

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Notes