

IDIOTS GUIDE TO BE A GP REGISTRAR



<http://www.chesterfield-gpspt.org.uk>

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Before your attachment

Some essential paperwork must be completed prior to starting work at your GP surgery. The best way to do this is by liaising with the Practice Manager at the GP practice you are attached to. This includes:

- You must register with GP E-portfolio (see later)
- Register for out of hours (see later)
- Home address, telephone, email address and mobile contact details
- GMC licence to practice
- MDU/MPS certificate (breakdown of monthly subscription)
- Inclusion on PCT performer's list (see how to do this later)
- GP Registrar application form TPS1 plus signed declarations (for Performers list)
- CRB documentation
- Confirmation of Hepatitis B immunity
- Passport
- Birth certificate
- NI number
- Last payslip from previous job & P45 if you have it
- Bank details
- Passport size photo (if practice require for ID badge)
- Up-to-date Curriculum Vitae
- Child protection training certificate (if you have it)
- Driving Licence
- Work Permit/ Home Office Evidence (if appropriate)
- IELTS certificate or equivalent- for overseas, EU are exempt

How to get on GP Performers list

This is a **mandatory** requirement to be able to work in GP practice. Margaret Attenborough will send list of Chesterfield GPST 1 list to PCT. You will receive application pack from PCT, please fill and enclose relevant documents and send it back to PCT. Any problems please contact Margaret Attenborough. You will need the original copies of above documents with completed application form.

K4 Form Driving

This is a **mandatory** requirement to fill this form, to be submitted to the denary. You won't get paid if you don't fill this during your GP placement. You need to enclose your last pay slip along with this form.

Driving

Essential requirement: To hold a current valid driving licence OR able to provide satisfactory alternative as a means of providing emergency and domiciliary care to fulfil the requirement of the post.

If you don't drive please inform Margaret Attenborough in advance.

Each practice varies from one to another. The below information is a guide only.....

Consultations

You will start seeing patients during your induction period. Initially you will have joint surgeries with another doctor and then start to see patients on your own depending on skills and experience. You will also have the opportunity to sit in on other doctors and nurses. Appointment lengths will start at 20 minutes in ST1 and will gradually reduce to 10 minutes over time.

You will have a debrief each morning and afternoon that you are in surgery -after your session. There will be a doctor assigned to you who will act as 'supervisor'. They will be responsible for the debrief and be available for help/questions should you require it.

You must record **every** patient contact contemporaneously in their medical record including phone calls, appointments and third party contact. Good record keeping is vital for continuity of care.

Tutorials

You should have a tutorial each week during your 4 month placement. Try and keep a record of these in your e-portfolio.

Video Consultations

You should aim to record one surgery per week and review these videos with your supervisor. Consent forms are needed for recording and are found in this pack.

Home Visits

This will vary from one practice to another. You will be required to participate in home visits from the start of your attachment. Initially you will do these with another GP, but you will do visits alone as you gain more experience. You should ensure your current car insurance policy covers you for 'business' use as well as commuting.

Parking

Check with your practice manager to see if there is enough parking at the practice for you to use.

Wednesday Day Release

There is a Full-day (GP posts) & half-day (Hospital posts) teaching 1st and 3rd Wednesday with the other registrars. Held at Education centre Chesterfield Royal Hospital. This is mandatory and you will be required to sign in. For time table look @ www.chesterfield-gpst.org.uk

Out of Hours (OOH)

As part of your training you are required to do 120 hrs split between 3 yrs. You can only do OOH whilst in general practice. Payment for this work is included in your salary. The OOH you can do are:

1. Home visiting – only in ST1
2. Base Doctor (walk-in-centre) – only in ST2, no nights.
3. Telephone triage – only in ST3

In order to be able to do OOH you must get a login name and password by filling out a personnel info form and e mail it to rota.administrator@derbyshirehealthunited.nhs.uk. You will then be able to login to the OOH website and book sessions online.

Working Time Regulations

This should not impact on your normal working week but consideration should be made when arranging out of hours work to the following points: You must have 11 hours rest in a 24 hour period - you may need to delay morning start if working the previous evening. In this situation, time should be made up usually with a later finish that day.

Maximum continuous work 13 hours (ensure half hour break before starting an evening shift).

If you alter your normal working hours at the surgery - ensure you let the Reception staff know so appointment templates can be altered.

Holiday

Your current leave entitlements are:

Holiday - ST1 &2: 8.3 days/4 months rotation. ST3: 30 days.

Study leave - 30 days per year (Day release attendance/tutorials and debriefs come out of this allowance).

Please submit study leave to Margaret Attenborough 6 weeks in advance, you need to fill departmental and Chesterfield GPST study leave forms separately. You can find Chesterfield GPST application form @ www.chesterfield-gpst.org.uk.

Administration

There is a lot of paperwork to deal with in GP. Whilst at first you will have very little, try to get into good habits at the start of your job by ensuring your paperwork is up to date.

All private fees earned during your paid employment at a GP practice e.g. medical reports, cremation fees should be paid to the Surgery and not yourself.

GP Training

Currently training is for 3 years full time. ST1, ST2 and ST3. ST1 & ST2 you will spend time in hospital and GP. In ST3 you will spend a year in GP practice.

You are required to sit some exams during this time:

1. AKT - The Applied Knowledge Test - a 3hr computer based test. It can only be taken during ST2 stage of specialist training or later. There will be three sittings of the AKT in each year.
2. CSA - The Clinical Skills Assessment - You can only take this as an ST3. The CSA is offered at least three times a year. Each candidate will be assessed for 13 consultations, each of 10 minutes, patients are played by role-players.

E-Portfolio

You need to register for an AiT membership package which will include access to your e-portfolio. This is done via the RCGP website:

www.rcgp.org.uk/gp_training/trainee_registration_sub_page.aspx.

You must have your national training number which will be automatically sent to you by the deanery before you can apply for this package.

It is a way of keeping track of your progress and achievements. There are a few important components:

1. Personal development plan
2. Learning logs-you should attempt to add 2-3 learning logs per week.
3. Self rating-which needs to be completed before each 6-monthly Review
4. Skills log-attempt to get DOP's completed in for each of the mandatory skills, as well as the other skills.
5. Competency headings.
6. Curriculum documents.
7. Work based place assessments-see below.

WPBA - Workplace based assessments.

- CbD - Case-based Discussion
(ST1&2: 3/6 months, ST3 6/6 months)
- Consultation Observation Tool (in primary care only)
- Clinical Evaluation Exercise (Mini-CEX) (in hospital posts)
COT/Min-CEX: (ST1&2: 3/6 months, ST3: 6 COT's /6 months)
- Multi-Source Feedback (like 360 in F1/F2)
- Patient Satisfaction Questionnaire (in primary care only)
- Direct Observation of Procedural Skills.
- Clinical Supervisors Report - at end of placement.

REVIEWS

These are required every 6 months - make sure you have done your self-rating and skills log prior to each review.

Travel expenses:

You are entitled to claim for travel. However the distance will be calculated between your base hospital and your practice. you are required to fill out a form (attached) this should be filled and submitted every month whilst in general practice.

You must keep a record of the home visits you make so that at the end of each month you can put a claim form in.

Subscription to a Professional Defence Organization

While you are working in general practice, it is required that you should have medical defence cover. This should specifically cover you for work in general practice and unfortunately costs a lot more than basic cover.

Whilst you are/ or continues to be a member of a recognised Professional Defence Organisation, you will be entitled to reimbursement. Your GP Trainer will receive reimbursement of your subscription or premium costs, minus the costs which would have been incurred if you had taken out the basic subscription only. This is to ensure that you are no worse off than your hospital colleagues.

The following conditions apply:-

i) Your GP Trainer has evidence of your subscription or the premium that you are paying.

ii) Your GP Trainer has received your application for reimbursement.

The reimbursement may be paid in one lump sum or in monthly instalments, to reflect your arrangements for payment of the subscription or premium and the length of service with you GP practice.

Referrals:

Acute referral:

If a patient is acutely unwell and needs an admission, where you are referring will dictate the method of referral. If you are referring to medicine/surgery, you must ring access coordinator 01246512999; they will take the referral details and will attempt to arrange a bed. They expect you to ambulance transport. You will need to write a referral and always include a patient summary with current medications.

However, other specialities and hospitals may require you to make a verbal referral to the appropriate SHO/SpR as well as the above.

Emergency referral:

In the case of an emergency, where it is appropriate to call an emergency ambulance (999), the patient will be taken the nearest A&E. In these cases it isn't necessary to call bed bureau, however, you should still write a short referral letter with a brief summary of the patient.

Community services:

If you require a community service such as a community hospital bed, district nurses or community child health services, these are easy to access via the **single point of access** for health care professionals. They can be accessed via telephone anytime during the day. All you need to do is specify the service you need and they will give you the appropriate telephone number to ring and instructions on how to make the referral.

Specialist referral:

If you need to refer to a certain specialist, and an acute admission isn't required, you can make routine/urgent referral to different specialists. These can be done very easily by dictating a referral letter and requesting the secretaries in the practice to send this off. Appointments can now be booked online via the choose and book system, which the secretarial staff may be able to do.

Other referrals:

You require a referral to another speciality such as physio, x-rays, counselling, smoking cessation. These referral methods differ between practices, and some services may be provided in house. Please ask your practice regarding the methods of referral and appropriate forms required.

Statement of Fitness for Work: the basics

"The new Statement of Fitness for Work allows you to advise one of two options:

- Not fit for work: where your assessment of your patient is that they should refrain from work for a stated period of time.
- May be fit for work taking account of the following advice: where your assessment is that your patient's health condition does not necessarily mean they cannot return to work; however they may not be able to complete all of their normal duties or hours, or they may need some support to help them undertake their normal duties.

If it is not possible for the employer to provide the support for your patient to return to work, your patient and their employer can use the Statement as if you had advised 'not fit for work'.

Your patient does not need to return to you for a new Statement to confirm this."

For more info: <http://www.dwp.gov.uk/docs/fitnote-gp-guide.pdf>

Useful websites

- cks.nhs.uk (Good for clinical management)
- Patient.co.uk (Information leaflets)
- GP notebook
- Map of medicine (smart card gives more info)
- UHL antimicrobial policy
- EMIS web mentor (for patient leaflet, links to consultation)
- NICE/SIGN /RCOG
- Donut.nhs.uk/ clinical documents.
- <http://www.bradfordvts.co.uk/onlineresources/>

Registrar's Medical bag

A bag should be provided for you by your practice which should be stocked with emergency drugs for use on home visits (see list of drugs). However they may not provide the medical equipment that you should take out with you (see list). Therefore you may want to buy some of your own. If you do, keep the receipts as this will be tax deductible!

Equipment In bag

Manual sphygmomanometer	BNF
Otoscope & ear pieces	Cotton wool
Ophthalmoscope	Dressings
Peak flow metre & mouthpieces	Gloves
Pen torch	Hand sanitising gel
Pulse oximeter (Optional)	Headed paper, envelopes
Stethoscope	Map of area
Tongue depressors	Pens
Thermometer	Plasters
Aspirin 300mg	Pocket mask
GTN spray 1	Sterets
Salbutamol inhaler 1	Telephone contact list