YOUR FIRST FOUR WEEKS IN PRIMARY CARE

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A workbook for GP Trainees in their first General Practice Post in the East of England

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About this Workbook

Welcome to the start of your journey towards becoming a General Practitioner (GP). We are glad to have you onboard. This Workbook will hopefully become your indispensable companion over the next few weeks on the journey to becoming a skilled and confident General Practitioner! This workbook has been carefully crafted to provide you with the tools, knowledge, and guidance necessary to navigate the dynamic world of general practice. Over the next weeks, we invite you to embark on a transformative learning experience that will empower you to adapt and excel in the multifaceted role of a GP. With this workbook, you'll hopefully gain invaluable insights into the art and science of general practice but also discover the motivation and support needed to thrive in this rewarding field. The aim of this workbook is to provide a plan to discover and learn about the basics of GP training and to serve as a repository of information you can refer to. So, let's dive in and embrace the exciting challenges of your GP training with enthusiasm and dedication.

Introduction

Welcome to your new role! This 4-week induction workbook has been designed to help you get started in your training and make the transition to GP training easier. The workbook is divided into few key topics that will guide you through various aspects of your role.

If you're a Less Than Full Time (LTFT) trainee, you don't need to do this in the same time as full time trainees. Instead, we would like you to aim for the equivalent time as the

proportion of your LTFT percentage. For example, if you're 50% LTFT then this workbook should take you 8 weeks to complete, or if you're 80% LTFT then this workbook should take 5 weeks to complete.

S.T.A.R.T.I.N.G.

Explaining what it is

A helpful way to organise a wide-ranging offering like induction is to present it in a framework, much as we do for many things in our clinical work. Not everything in this list will cover what you need in every practice because General Practice surgeries can vary considerably across East of England in terms of the populations they serve and they way in which they are organised. However, it gives a good impression of the areas which will matter to most practices and most trainees.

S.T.A.R.T.I.N.G. is a mnemonic which covers the areas we consider to be most important when organising induction for Primary Care learners. **You don't need to cover these straight away, but instead they give you ideas for helpful conversations during your first few weeks in a General Practice post.** It stands for:

Specific to role

- Educational objectives – Discuss with your supervisor
- What expectations are there of your role? Where are these written down?
- What Workplace Based Assessment (WPBA) do you need to complete in this post?
- Do your host practice understand where you've worked before and what your prior experiences are?
- Check if you have an induction schedule already planned. Use this workbook to supplement it.
- Are there additional resources you'd find helpful?
- Policies/Procedures: Where would you find the relevant documents? (Intranet/Practice Manager's Office/Staff room)

Teaching/training

- How will you learn to use the computer systems in your practice?

- Think about any particular questions you'd like to ask your trainer about your training.
- What material would you like to include in tutorial discussions during this post? *Don't overplan this; you will find new things you want to learn about later so leave gaps*. What else would you like to learn about during this post, and hwo might you find opportunities outside of tutorials?
- How are you going to prepare for tutorials/teaching sessions? You will have more to learn than can be covered in tutorials, so what learning will be best to focus on in the tutorials and what material will be best to focus on elsewhere or by self-directed study?

Access

- Do you have a working NHS IT Smart Card? If not, let your host practice know as soon as possible.
- IT Systems: Do you have your IT logins (SystmOne or EMIS, desktop, Pathology requesting forms)? Check if they are working.
- Check if appropriate access keys/security cards and make sure they work.
- Arrange for access to common drives/policy resource documents
- Check if NHS email address set up (if not had one before) and have been added to all relevant online communication channels and email lists.
- Check where you can park if you are driving in to work
- How will you get in and out of the building? Will someone let you in and out, or will you need your own keys?
- Equipment: Understand your new workspace, check if all equipment working and request any necessary items. Understand what equipment will be provided, and what equipment you will need to buy for yourself. Don't forget small things: what do you do if you run out of printer paper, or if you need a ballpoint pen?
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Relationship building

- How can you build up a good working relationship with your supervisor and with other team members you work with?
- Building trust with a supervisor can be difficult for some people because supervisors need to see the areas trainees find harder in order to support them to succeed. That can be hard when trainees want to show the best of their performance. How can you discuss this with a GP Clinical Supervisor so that you can feel safe and supported while still showing them the areas where you need to improve? How can your supervisor help you feel "psychologically safe" to do so?

- Who are the contact people you can ask about any concerns, both in and outside of the practice?

Timetabling

- Scheduling: Check Rota and discuss schedule and patient allocations
- Check if contract is compliant https://primarycare.severndeanery.nhs.uk/training/trainees/the-working-week-and-the-new-junior-doctor-contract-njdc/ offers a helpful guide.
- Supervisors: Do you have debrief time allocated? Do you have an allocated, named person to seek help from and to debrief with?

Involvement of the team

- Tour of the office or workplace and introduce yourself to key team members
- Understand who the responsible supervisor/mentor is in the practice to show them the ropes and answer any questions.
- Find out about the wider team (PCN, community teams) over coming weeks

Needs of the Individual

- Any specific needs that you'd like to discuss with your supervisor taking into account your background and experience. *Not everyone will feel comfortable explaining personal information with a host practice. We would encourage you to speak to a Training Programme Director or seek help from the* Trainee Wellbeing Hub *if you find yourself in this situation*.
- Are you new to the NHS? You should be offered an Enhanced Induction and International Medical Graduate support through Lead employer and NHS England East of England Deanery. If you haven't received these, please speak to your Training Programme Director.

Geography

- What are the geographic boundaries of your practice area?

- What's the population makeup of your practice list? Is the population relatively uniform or are parts of it significantly different to others? Is there something particular about where you work which is different to many other areas?
- Where can you do some practical tasks?
    - Can you buy lunch nearby, or will you need to bring lunch with you?
    - Is there a cashpoint nearby? A postbox? A nearby petrol station? (You don't want to be running on fumes for home visits!)
    - Are there parking restrictions nearby which might be a problem when doing home visits? How do staff members who carry out home visits manage that problem?
    If you're don't drive, are there public transport options to get to your practice? *NHS Frontline Workers have access to priority driving test waiting lists. If this applies to you, email* hr.helpdesk@sthk.nhs.uk

WEEK 1 – SYSTMONE OR EMIS, AND THE QIP

> **Please note: This 4 week plan is a <u>SUGGESTED</u> plan for induction activities. Your host practice may plan these (or equivalent) activities in a different order to how we've organised them here. Please discuss what activities you will be doing in what order with your host practice.**

Day 1: Introduction to S1/EMIS

SystmOne (known as S1) and EMIS are widely used computer systems in healthcare settings that helps manage patient records. Learning to use S1/EMIS is essential for your role, and this section of the workbook will help you get started with the basics. You will learn how to navigate the system, how to input patient data, and how to access important information. You can ask more experienced colleagues for help.

For general practice, a comprehensive electronic health record (EHR) system designed to meet the unique needs of primary care providers is essential in-service delivery. This software, tailored for general practitioners and primary care teams, offers a wide array of functionalities that not only simplify administrative tasks but also empower healthcare providers to deliver high-quality patient care. There are usually two different software systems in use in East of England – SystmOne and EMIS with SystmOne being the most common. Each software provides common functions in general practice with its own design language, operating modes, and resources it offers. In general, it provides the following functionality to the primary care teams:

1. Patient Records Management: EHR software allows trainees to create, update, and access patient records with ease. This includes demographics, medical history, allergies, and relevant clinical notes.

2. Appointment Scheduling: Trainees can use the software to manage appointments, book slots, and send reminders to patients, ensuring a smooth and organized patient flow.

3. Clinical Documentation: EHR software facilitates the recording of clinical encounters, enabling trainees to document patient assessments, diagnoses, treatment plans, and progress notes electronically.

4. Prescription Management: The software provides a platform for prescribing medications, tracking medication history, and sending electronic prescriptions to pharmacies, promoting medication safety and compliance.

5. Laboratory and Test Results Integration: Clinicians can easily access and interpret laboratory and diagnostic test results through the software, allowing for timely patient follow-up and decision-making.

6. Referral Management: The software assists in managing patient referrals to specialists or other healthcare facilities, ensuring that patients receive the necessary care in a coordinated manner. Referrals are generally handled by secretaries at the surgery who use e-Referral Service system.

7. Clinical Decision Support: The software often includes clinical decision support tools (sometimes with support of additional tools e.g. Ardens), offering evidence-based guidelines and alerts to help trainees make informed decisions about patient care.

8. Secure Communication: It allows secure communication with other healthcare professionals, facilitating collaboration and information exchange for the benefit of the patient.

9. Data Analytics and Reporting: The software can generate reports and perform data analysis to help trainees and practice managers monitor performance, identify trends, and improve healthcare delivery.

10. Security and Privacy Compliance: The software complies with strict security and privacy regulations, ensuring that patient data remains confidential and protected. This is of paramount importance in healthcare practice.

This introduction serves as a starting point for trainees to explore the many capabilities of the software and its significance in the healthcare field. On Day 1, we suggest you discuss the system used in your practice and get an idea of how it is used for day-to-day tasks of delivering primary care.

Day 2: Getting Started with S1/EMIS

> **Pre-requisite – Check if you have your NHS Smart Card ready.** This will be required for most tasks on the EMIS/SystmOne software. If you don't have a working Smart Card, let your practice manager know as soon as possible.

- Further guides on Step-by-step guide on logging in, navigating the interface, and searching for patient records.
    - For SystmOne: https://cptraininghub.nhs.uk/resource/systmone-training-videos/
    - For EMIS: http://www.primarycaresheffield.org.uk/wp-content/uploads/2020/03/LPUG0019-Emis-Web-Introduction-Admin-Clinical.pdf
    - https://www.youtube.com/watch?v=LL1MTT3OzGU
- Discover the 'Test patient' and understand the different sections of the interface. *Different practices will have differently named test patients for training purposes. Ask your Clinical Supervisor for the name of one.*

Day 3: Learning the Essentials of S1/EMIS

- Understanding how to create, edit, and update patient records.

- Familiarization with appointment scheduling, prescriptions, and referrals.

- Practical exercises to reinforce learning – Can you find the test patient, code a diagnosis of Type 2 Diabetes, request Blood Lipids and U+Es and, start the patient on Metformin and write a referral to Diabetes Education Team?

Day 4: Introduction to Quality Improvement Projects (QIP)

What is a QIP?

A Quality Improvement Project (QIP) is a structured approach to identifying and addressing problems in healthcare settings. During your GP training you are expected to complete a Quality Improvement Project (QIP) when you are in your primary care placement in either ST1 or ST2 and a Quality Improvement Activity (QIA) in the other two training years.

By the time you reach the end of training you need a minimum of 1 QIP and 2 QIAs.

You should complete a Quality Improvement Project (QIP) during your first post in Primary Care. **QIPs take a long time to complete**, often up to 4 months for a full-time trainee, and so **you need to get started as soon as possible once you've begun a GP post, or you risk running out of time**. If you don't complete it during this post, you will need to complete a project in a future General Practice post *on top of* assessments which you have to complete in those posts, adding to workload pressures.

If you only start a QIP with a couple of months left to go in your first General Practice post, you are likely to run out of time. You don't need to begin in your

first week but it would be sensible to discuss what would make a suitable QIP early on to make your workload manageable and less stressful.

As a trainee you are in good position to identify areas of practice that frustrate you and that possibly have an impact on patient safety. QIPs are about making small incremental changes and measurements, which allow you to evaluate the impact of your changes both quickly and successfully. The QIP should be written up in your Portfolio (there is a separate section to write up your QIP, which is different from the QIA learning log), and your supervisor will both assess, grade, and discuss this with you.

Your Clinical Supervisor needs to agree a sensible QIP idea with you. This is important to make sure it will work in your practice setting.

It should still be your idea, though!

Guidance for a suitable QIP can be found at https://www.rcgp.org.uk/mrcgp-exams/wpba/qip

Day 5: Setting Up a QIP (for ST1s/ST2s)

QIPs are carried out by ST1s/ST2s in their first primary care post, and are encouraged to set up a QIP early on in their training. In this section of the workbook, you will learn how to identify an area where you think you can make improvements. It asks three questions:

1. Aim – What are we trying to accomplish?
2. Measure - How will we know if a change is an improvement?
3. Change - What changes can we make that will result in improvement?

Do not make your project too complicated; it needs to be completed within your primary care placement in ST1/2.

The project should aim to improve patient safety or care and be 'SMART'.

- **Specific** - do not make it too broad and chose something you are interested in. Words such as increase / reduce help to set a clear goal.

- **Measurable** – ensure that there is something you can easily measure to demonstrate any change. It can be qualitative data (descriptive) as well as quantitative data (numerical data).
- **Achievable** - ensure the data is easily collectable and keep the aims simple.
- **Relevant** - project should be focused on patient safety.
- **Time defined** – choose something that can be done in your time frame. You need to be able to complete your project in your primary care placement.

Remember to involve your team and other stakeholders in the process. *Your stakeholders may be people in and outside of your GP practice. Have a discussion with your supervisor about who your stakeholders might be.* In this section, you can also learn about the importance of data collection and analysis, which are essential for identifying areas that require improvement and use the results to initiate changes that will improve the quality of healthcare.

Practical exercise: Think of a QIP idea and discuss with your Clinical Supervisor how you'd go about conducting it in your tutorial session.

WEEK 2: PERSONAL DEVELOPMENT PLAN (PDP) AND CLINICAL CASE REVIEW

Day 6: Introduction to PDP goals

The PDP (Personal Development Plans) area in the portfolio is designed to ensure that trainees are able to demonstrate that they can:

- assess their learning needs.
- plan actions to meet these needs.
- review their achievement of these needs, with supporting evidence and, as a result, demonstrate the completion of the learning cycle.

Ongoing assessment of learning needs and planning to address these is an essential part of preparing for the annual appraisal process, which contributes to revalidation. As such it is an essential part of GP training and should be demonstrated and assessed within WPBA and the Portfolio.

Throughout the review period, the idea is that you review and update your goals. Some of these you will complete, and some you will carry forwards to your next review period. You can suggest new PDP goals as ideas before your ESR and then your supervisor agrees with your which ones to use in the Agreed PDP.

Day 7: Choosing a PDP Topic(s).

- PDP should aim to be SMART (Specific, Measurable, Attainable, Relevant, Time bound)
- Guidelines for selecting a relevant and feasible PD-related topic.
- Identifying potential benefits, challenges, and solutions

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> **Making PDPs SMART (Specific, Measurable, Attainable, Relevant, Time bound) can help you to save time.** When preparing for high-level reviews like the Educational Supervisor Review (ESR) or your Annual Review of Competency Progress (ARCP), trainees can spend a lot of time and energy trying to gather evidence to show progression in competency areas. If you have SMART objectives mapped out, you spend less time trying to gather evidence and prove your progress, making your high-level assessments go more smoothly, which lowers your workload (and stress levels!).
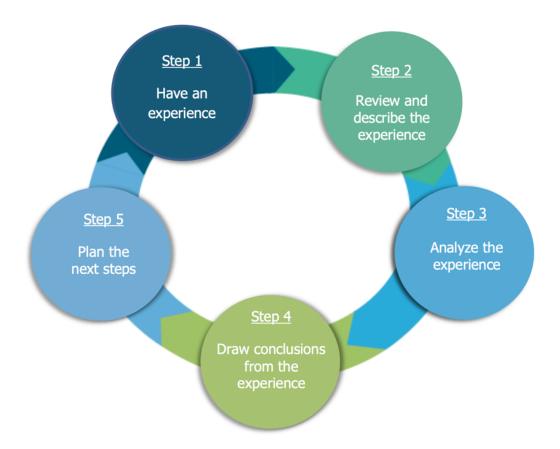
Day 8: Planning Your PDP

- Setting clear goals and objectives.
- Developing a timeline and project milestones.
- Identifying resources and actions involved.

> **Creative exercise:** Set up a PDP goal using SMART objective and discuss with your Clinical Supervisor.

Day 9: Clinical Case Review Log Entry

As a healthcare professional, one important aspect of your work will be to document your cases and outcomes. Making a good Clinical Case Review Log Entry is essential for this purpose. In this section of the workbook, you will learn how to include all the relevant information about the case, the patient's history, and the outcome. You will also learn how to reflect on what you learned from the case and how you can improve in the future.

- Structuring a comprehensive clinical case review log entry.
  - The Practice of Reflection
    - 'The process whereby an individual thinks analytically about anything relating to their professional practice with the intention of gaining insight and using the lessons learned to maintain good practice or make improvements where possible.

Day 10: Documenting Clinical Case Reviews

- Clinical case reviews form an essential part of reflective learning and will form a major part of your portfolio assessment for progression.
    - https://www.rcgp.org.uk/mrcgp-exams/wpba/assessments/learning-log

- Reflecting on lessons learned and potential improvements.

- Incorporating feedback from supervisors and peers.

- Advice on safe reflecting is available in the Deanery's own online Bridge Module on "Safely Navigating Reflective Writing" and in the Academy of Royal Medical Colleges own guidance.

WEEK 3: CASE BASED DISCUSSION (CBD), CONSULTATION OBSERVATION TOOL (COT) AND HOME VISITS

Day 11: Understanding Case Based Discussion (CbD) and Consultation Observation Tool (COT)

- Introduction to CAT and COT as assessment tools in general practice.

    - The CbD (Case-based Discussion) is a structured oral interview designed to assess your professional judgment in a clinical case. It assesses your understanding and application of medical knowledge, ethical frameworks, ability to prioritize and how you recognised and approached the complexity and uncertainty of the consultation.
        - https://www.rcgp.org.uk/mrcgp-exams/wpba/Care-Assessment-Tool-CAT

    - The COT (Consultation Observation Tool) considers your consultations with real patients in real time during your primary care placements, assessing your clinical skills and professionalism.
        - https://www.rcgp.org.uk/mrcgp-exams/wpba/COT

    - Both CbD and COT assessments are useful tools to measure clinical acumen and performance. Familiarize yourself with the terms. We would suggest looking at your FourteenFish portfolio

and RCGP resources to get a broader idea and implement this into practice.

- Consider discussing their significance in improving clinical acumen, patient care and communication skills with your supervisor/colleagues.

Day 12: Conducting a Case based Discussion:

- Walkthrough of the CbD process.
    - Preparation in advance for a Trainee:
        - Select a case for discussion.
        - State which Capabilities you feel you can demonstrate with the case.
        - Prepare a short summary of the case.
        - Prepare to discuss how you handled the case and how you met the Capability descriptors.
    - Discussion of the case with your supervisor to demonstrate capabilities which the supervisor will log in your portfolio.
    - The supervisor should give you feedback on what was done well and demonstrated with grade decision followed by feedback for improvement, future different cases, and Capabilities that still need to be covered.

> **Practical exercise:** Think of a case and how you would link capabilities to the demonstrated skills.

Don't be concerned if many of your early assessments are graded "Needs Further Development". While this can come as a surprise to some trainees, especially those who've been graded "Meets/Exceeds Expectations" previously, this isn't unusual in General Practice training. General Practice training is a three-year programme for a reason: it takes a long time to master the skills required to consult at the level of a General Practitioner. If you receive this feedback, it's usually for one of two reasons:

- Cases were too simplistic to demonstrate abilities to a higher level, or didn't give the opportunity to demonstrate some capabilities.
- Specific performance improvements could help the registrar be awarded a performance grade at a higher level.

Let your Clinical Supervisor guide you about specific feedback to help you perform to a higher level, and about selecting the best cases for review. Remember though, it will take three years of full-time work (or less-than-full-time equivalent) to become a GP so it will take some time to improve your skills!

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Day 13: Enhancing Consultation Skills through COT

- COT and its role in assessing consultation dynamics.
    - COTs are an essential way of improving your consultations. It can be recorded or live (with your supervisor) and be in the form of audio or video consultation.
    - Your supervisor should be able to give you feedback on your performance and key areas to improve.
    - The Audio-COT uses the same methodology and process of completing the assessment as the COT but is used in a different setting and enables an assessment of your telephone consultation skills.
    - The Audio-COT is a time efficient way of assessing your telephone consulting in a real practice setting and so it is a complete and realistic challenge.
    - The process is similar to completing a face-to-face Consultation Observation Tool (COT) in the GP setting

Discuss and identify key communication skills and non-verbal cues to work on and implement in patient consultations.

Day 14: Practical Application of COT

- Review video/audio/f2f consultations and seek feedback from a suitable senior colleague/supervisor
- This will help in analysing strengths and areas for improvement in communication and tips for effectively incorporating feedback into future consultations.

Day 15: Home visits

Different practices organise home visits very differently from each other. It's worth discussing with your Clinical Supervisor early on about how home visits are organised, what's expected from you during home visits and how you will prepare for them.

- GPs need to be skilled at home visits, but they can often be complex. This can be done with a qualified GP or on your own depending on your experience level. Always remember to debrief after.
- Home visit bag – can be your own or a designated practice home visit bag. Do you know what is in a home visit bag?
  - A doctor's bag contains basic equipment, diagnostic equipment, and drugs. Here is a link that lists possible contents in the bag (not all of it is mandatory and may vary depending upon local population and patient need) - https://patient.info/doctor/doctors-bag-contents
- Practices should have a Lone Worker Policy which applies when someone is visiting a patient's home by themselves. Make sure you know about this, and who to call if there's a problem. **Always let other people in your practice know where and when you're doing a home visit, and when to expect you back by.** If you have any concerns for your safety before you conduct a home visit, during, or afterwards, then you should always raise these concerns with your Supervisor on the day or immediately if you are unsafe now.

WEEK 4: STUDY LEAVE, REVIEW AND ASSESSMENT

Day 16: Study Leave

- GP Trainees in the East of England may apply for study leave activity of any cost for courses that are mandated by the curriculum or those that are not, referred to as 'aspirational'. The eligibility criteria and process must be adhered to in order for applications to be approved. The Study Leave policy serves as the guidance
  https://heeoe.hee.nhs.uk/sites/default/files/gp_trainee_es_tpd_guidance_oct_2020_4.pdf

- Study leave that require days off (but no funding) unless mandatory, can be requested through usual pathway (Supervisor, Host organisation policy) after agreeing a development need and adding a PDP entry.

- Study leave request follows a simple process – Discuss with your educational supervisor/ TPD to identify the development need – Add a PDP log entry in your portfolio – fill out the study leave form – attend the learning event – apply for reimbursements

- The study leave process is explained in this flowchart:
  https://heeoe.hee.nhs.uk/sites/default/files/gp_study_leave_application_claim_process_flowchart_eoe_1819.pdf

Day 17: QIP Progress and PDP Updates

- Reflect on the QIP progress and seek feedback and guidance on next steps.
- Updates on their PDP goals, challenges faced, and initial strategies employed.

Day 18: Final review and self-assessment

So far, we have covered the basics of starting in a GP surgery, terms you might come across and getting started on your portfolio. Today would be a good time to reflect on the experience, achievements and challenges you've come across in these last three weeks.

- Have you learnt anything new?
- Have you struggled to understand key topics?
- How have you felt as a clinician and a trainee starting in General Practice and what do you find is different from your previous roles?
- Have you considered how you could apply these knowledge and skills?
- Is there feedback you might offer the practice about how they can run similar inductions in future years?

Day 19: Looking Ahead – Troubleshooting/ FAQs

- Resources you can look into for ongoing learning and development and for any questions you may still have:
    - https://www.rcgp.org.uk/mrcgp-exams/wpba
    - https://www.rcgp.org.uk/mrcgp-exams/trainee-portfolio
    - https://www.rcgp.org.uk/learning-resources
    - Practice policy documents
    - https://www.rcgp.org.uk/mrcgp-exams/gp-curriculum
    - https://support.fourteenfish.com/hc/en-gb
    - https://heeoe.hee.nhs.uk/general_practice/gp-study-leave

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- Where can you find resources about the practice's policies and procedures, and local safeguarding contact numbers, if you need them in future?

- Do you know how to contact your TPD team and the Lead Employer in the event of any problems? TPD teams can be found at https://heeoe.hee.nhs.uk/general_practice/east-england-training-programmes and the Lead Employer information can be found at https://heeoe.hee.nhs.uk/general_practice/lead-employer

Day 20: Evaluation and Feedback

- Feedback on the induction program.

- Encouraging participants to reflect on their learning journey.

> You might take this opportunity to write a reflective entry on your experience in first few weeks of GP training. A reflective log entry will help you add a further entry in your ePortfolio, and may help your practice and the wider Deanery as well. The GMC asks for anonymous feedback from trainees about how different parts of their training have felt for them, including induction. If you're able to offer such feedback, it really helps us to improve the experience for trainees who follow you. Making a reflective log entry now might help jog your memory about things which were important to you when you're asked to complete feedback questionnaires several months later.

CONCLUSION AND NEXT STEPS

Congratulations! You've successfully completed the first four weeks of your GP training programme. We hope that it's been enjoyable for you and that you progress well throughout GP Training.

If difficulties have arisen, they're almost always best resolved as soon as possible- please discuss anything you've had in mind with your Clinical Supervisor if you feel able to, or your TPD Team for anything you need to discuss outside of the practice. *We sometimes see bigger problems several months later that could have been fixed more easily at an early stage- please don't feel worried about making a fuss or that you won't be listened to. We're keen to make reasonable adjustments where they can be made, and open discussions are almost always the quickest and best way of resolving any difficulties.*

You should now have a good grounding in how to work during your General Practice post and know where to find relevant information. If you're not sure, you can go back through the contents of this workbook at any time. **If you're still not sure about anything you need to do, ask!** All practices will have written policies and procedures, which they should provide to you on request if you can't find them. The RCGP, Deanery and Lead Employer websites will have nearly all of the answers GP Registrars need to know but if you can't find what you're looking for, your TPD Team will be able to guide you.

Some trainees come into difficulties by trusting answers from non-standard places, such as social media, internet forums or out of date printed or internet-based information from third party websites. Please always use Deanery, RCGP and Lead Employer website information because these sources will always be up to date and tell you what you need to know.

Thank you for completing these activities and we wish you all the best for your future training!