

**Summary of AiT Committee Meeting Held on 26th November 2008
At RCGP Clinical Skills Assessment Centre, Croydon, London**

**Composed by Dr David Hogg (AiT Committee Representative for West
Scotland)**

1 Exam Fees

Why are they so expensive? Simply, the CSA costs much more to run than PACES and other clinicals as examiners need to recoup the costs of arranging locums. Other membership exams draw on consultants, who are provided by hospital trusts and whose time away does not involve locum cover. I agree it seems unfair that we should be liable for this cost, but there doesn't seem to be any other way at present.

It's going up too. Probably by 5% from 2009 (not sure if that's January or August). Reason being it's more expensive than originally thought, there are wasted spaces on some exam diets (for which the costs still need to be recouped) and so this needs to be paid by us. See the [interviews here](#) especially Colin Hunter.

2 Conference in Glasgow

The next RCGP conference (November 09) will be held in Glasgow, at the SECC. It's great as there were loads of good reviews from Bournemouth 08 and I enjoyed attending Edinburgh in 07. There will be another "stream" of AiT-relevant sessions added to programme - to make 2 streams, in addition to all the rest. We're hoping to sort out some serious funding to reduce the cost to AiTs too, though it's already well subsidised for us anyway.

Full details are awaited, but the programme WILL be relevant, both educationally and practically. We'll also be organising some social events (a ceilidh of course).

Watch this space.

3 E-Portfolio

Why does it seem so tedious? Feedback is that things are getting gradually better. A significant advantage is that revalidation and portfolio requirements due to be instigated soon by the GMC will require that all doctors will need to supply E-Portfolio style evidence, so being in the habit of keeping - and already having - an up-to-date portfolio will be extremely useful for future professional development.

We all know that it has been slow, and some problems have been persistent. We've raised them all and have answers for some of them.

Key points...

i) Foundation Skills section is OPTIONAL and does not require to be filled in. Apparently some folk find it useful, and it's a major hassle to remove.

Information on the page to make clear that it is an optional section will be added asap.

ii) We've asked for a download feature, so you can keep a backup yourself or print off as required. There are some technical issues with this, so need to watch this space.

iii) Meanwhile, we've been assured that the whole system is backed up to another server (in Wapping, in case you need to know) so there are industry-standard backup procedures in place.

iv) Mind your passwords. And the hints. Check now, to make sure that you've entered alternative "questions" in case you forget your password - BOTH on the EPortfolio AND the RCGP website. They're different but linked.

There's a useful [interview here](#) with Bill Reith and others.

4 WONCA

This is an annual conference bringing together all GP Trainees from across Europe. There are spaces to go next year, if you're interested.

Also, they organise exchange programmes - you can have a placement with a GP Trainee somewhere in Europe (Switzerland, France and Scandinavia particularly common) for **2 weeks** and there are more placements becoming available. Contact me if interested, or watch the RCGP pages.

5 Pay

It's going down. In hospital, we should all know that you get base + supplement (depending on banding). In GP-Reg year you get base (incremental just the same as hospital jobs) + supplement. The GPRReg supplement is going down. From April 08 it will be 50%. The DDRB want to make it 45% from April 09 (and down further after that). It was 65% but it has been chipped away at over the last few years. Pay protection doesn't apply.

Worried? Contact your MP, MSP and whoever else to make your points. Look at the BMA website for info. You can view payscales here <http://www.bma.org.uk/ap.nsf/Content/DDRBfacts0809#General> (BMA membership not required).

Be assured that the Committee is doing what it can to counteract this, but it's not really an RCGP issue. The BMA holds the lobbying power here, but will be made more effective if trainees make their concerns known.

On a separate point, we have looked at exam fees to see if they can be made more tax-efficient. We're on the case.

Ensure your contracts meet the model contract criteria. The BMA have a service for this - send it off and get them to check it for you. This is particularly important for ST3/GP Regs.

6 CSA Feedback

Concern was expressed as for folk who failed this exam, feedback was very limited. There isn't much that can be done about this apparently, there is

too little time. We're hoping to get some improvements but it would probably involve a fee increase if anything more comprehensive was to be made available.

What you can do...

i) Visit the centre. If passing through East Croydon (a main station between Gatwick and London) you can pop in - by prior arrangement - to see the layout. It's VERY easy to get to from the station.

ii) Visit the virtual tour (http://www.rcgp-curriculum.org.uk/nmrcgp/csa/virtual_tour.aspx)

iii) If interested, you can be a patient for one of the pilot exams, when the RCGP trains the examiners.

iv) Be aware that the key feedback is that to be successful at CSA, it's very important to know the format of the exam, and be clear about what the examiners are looking for. It's not too similar to an OSCE.

7 WPBA

If you have problems getting your clinical supervisor to fill in MiniCEXs and CbdDs... be aware that others (incl. other consultants, regs, senior nurses etc.) can do them too.

PSQs - we've feedback that the questions don't generate useful feedback from patients, and that this may need review.

8 Study Budget

It appears that we are being unfairly charged for our GP visits in the West of Scotland (though there may well be a reasonable explanation). No other ST1/2s are charged directly from their study budget for their Trainer visits. I'm looking into this. Also to clarify whether we're getting the required number of visits to GP Practices.

9 Rotation Swaps

Why can't you swap the specialties within your rotation? Well you may be able to. Each GPST rotation is "block approved" by PMETB as containing an adequate breadth of clinical exposure to different specialties. However, folk have obviously found that this doesn't take into account FY rotations (hence lots of orthopaedics, in some cases). Also I understand that some trainees have wanted particular specialties within their rotation.

Firstly... make sure you ask. I understand that some folk have complained but didn't do anything about it at the time. Make sure you check to see if your request is possible. Furthermore, anyone can appeal to PMETB (see [their website](#)) and propose their own rotation. I don't know exactly how this works, but trainees in some regions have been successful. I hope to discuss this with the Deanery when I meet with them soon.

10 Assessment Forms

It's VITAL to complete the end-of-block assessments - the ones where you review how useful your placement has been. NES **does** look at these and

are vital in considering (9) above. Prof Murray has specifically requested me to raise this, as apparently NES is not getting enough qualitative feedback.

11 Federated models/Darzi

A test: GMP for GPs, RCGP Roadmap, Tooke, Darzi, Gold Guide, Federated Models of Healthcare, RURARI (and maybe RONIC). Do you know what all these mean? These concepts are going to define how and when you work over your professional life. Also how you will be expected to train future GPs (if you can think that far ahead!). We're providing the AiT perspective to the RCGP Council and are trying to ensure that

- i) the Trainer-Trainee relationship is maintained
- ii) Federated Models and Darzi proposals don't undermine the rural aspects of GP Training

Finish.

The next meeting will be in April 09, but the Committee is in touch very regularly.