

Health Education South West

RC GP ENGLAND Royal College of General Practitioners SEVERN FACULTY

concord MEDICAL CENTRE

First5®

July 2013

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## Welcome to this guide

### Introduction

Starting out as a newly qualified GP (NQGP) is exciting – the start of a stimulating and rewarding career. But it can also be tough. Overwhelmed, unsupported, isolated: these are words sometimes mentioned by those who have left their training posts and start out as independent general practitioners. What should be the beginning of an inspirational and fulfilling journey can be tainted by clinical uncertainty, time pressures and a lack of sense of direction.

Why is this? Because NQGP's have ongoing training needs in areas such as clinical care, self-directed learning, and leadership (Hewett 2008; Taylor, Turnbull, and Sparrow 2010a; Taylor, Turnbull, and Sparrow 2010b). While trainees receive support through a one-to-one professional relationship with their trainer and an accredited training practice, there has been a gap in the educational provision for NQGP's, both in terms of quantity and quality (Taylor et al. 2011).

The Royal College of General Practitioners has recognised the challenges that NQGP's face. In response it established its *First5*<sup>®</sup> programme, offering support in the following areas (Taylor et al. 2011):

1. Connecting with the College
2. Facilitating and establishing new support networks
3. Supporting Appraisal and Revalidation
4. Career Mentoring
5. Helping with Continued Professional Development (CPD)

While this national initiative is a welcome step in the right direction, guidance on how best to enable, encourage and support NQGP's – *and* the practices in which they work – is still in its infancy (Hewett 2008).

Primarily aimed at NQGP's in the early years after qualifying, *Surviving as a New GP* hopes to bridge this gap. Practices that want to support NQGP's better, but don't know where to start, will also find some of the material we present useful.

In the following pages we would like to show you that there are ways of making your life as a NQGP more enjoyable and rewarding. We focus on approaches that we know NQGP's have found useful, in particular those that are also backed up by research evidence.

Whether you just want to become more confident in your day-to-day clinical work, or plan to veer at high speed into the fast lane of your general practice portfolio career, we outline some of the routes that you may want to take (including the scenic one!). There are plenty of ideas around for making your journey as smooth – or as exciting – as you'd like it to be.

We would also like to help you prepare for crossing another important bridge: Appraisal and Revalidation. A number of tools come in handy for staying on-track for these now compulsory milestones, and we highlight the ones that you may find useful.

We were motivated to write this document because of our shared passion for improving postgraduate education. We all agree that a career in general practice can be an exciting and stimulating experience, and we want you to enjoy this ride too!



## Overview

In *Surviving as a New GP* we cover five key areas that will be particularly relevant for you within the first couple of years as a NQGP (Figure 1). These are some of the main building blocks providing the foundation for your future self-directed learning.

Figure 1 Five key areas



You can read this document from start to finish, or dip in and out of individual sections, whichever you prefer. We have tried to keep the text short, rather than trying to cover everything in detail. If you wish to find out more, we refer you to other relevant resources such as websites, books and organisations. So that you can learn more about yourself and get practical, we have also added some worksheets and handy templates, enhanced by a few real life stories from NQGP.

## Learning about yourself

Once you start out as a NQGP, your activities will need to become much more ‘self-directed’ compared to your time as a trainee, when the GP curriculum will have prompted many of your learning activities. This will involve making decisions such as:

- which career path to take,
- what areas to focus on for your ongoing development, and
- how to use your time most effectively.

Such choices are not always straightforward. If you’re struggling and are unsure, there’s a way to make things easier: by reminding yourself about what type of person you are and what motivates you in life. Here are some useful questions to get you started (adapted from Houghton 2005):

- **Why do you work?** Does work have a higher meaning for you, such as “making a difference to people’s lives” or “doing a good job”?
- **What sort of person are you?** Are you keen to learn and try out new things, or do you see yourself rather as someone who is less adventurous, though committed to continuing education? Perhaps you’re somewhere in the middle, happy to muddle along, with a varying degree of enthusiasm for Continuing Professional Development (CPD)? Or would you say you would possibly be at other end of the spectrum: someone who just likes to do the minimum amount of work and who’s not particularly keen on learning?
- **What’s important to you in life?** Maybe you want to make sure you have enough time to spend with friends and family? Are you out to live a well-balanced life, or would you rather put everything into a high-flying career (not to say that these are necessarily exclusive)? Perhaps you want to be recognised in your area of expertise? Are you ambitious and want to achieve something really special?
- **What’s important *about* you?** What particular knowledge and skills do you already possess? Can you think of particular ‘assets’ that you have on offer that you and others can benefit from?
- **What lies between you and your ideal career?** Can you see any financial, family or professional barriers to achieving your goals?

Some GP Specialist Training Day Release Courses offer their trainees assessments through personality tests, such as the Myers-Briggs® Type Indicator (MBTI) or the Belbin® Team Roles tool (google them if you want to find out more), or an exploration of their preferred learning and team styles (Merrill and Reid 1981). No need to worry if you’ve never had a chance to take part in these. But if you have, see if you can dig out the results, because they may give you some additional insights about yourself in addition to the questions that we’ve just listed.

## What would you like to get out of your job?

Once you've considered what kind of person you are and why you've chosen to become a GP, the next questions to think about are those about your ideal job. For instance, what do you like about being a GP? And what is it that you really want to get out of your work and your career?

Because we know that answering such questions can be tricky, in Figure 2 we give you some of the key areas to consider when contemplating a new job and your future professional development (Elton and Reid 2008).

Figure 2 What do you want to get out of your job (adapted from Elton and Reid 2008)?



To give abstract terms such as 'independence' or 'leadership' a bit more meaning, try this short exercise (Hopson and Scally 2009; Elton and Reid 2008):

### Exercise 1 What would you like to get out of your job? (adapted from Elton & Reid 2008)

#### Instructions:

- 1) **Photocopy** or print the next page, then **cut out the three headings** – 'very important', 'important', 'not important' (a bit fiddly, but quite therapeutic).
- 2) Next **cut out the coloured statement cards** and **sort them under the three headings**. Be selective and resist putting more than 5-6 statements under the 'very important' heading. If you can think of any work values that are not in this exercise, make up your own cards. We've added some empty spaces for these.
- 3) Then **rank the statements in your 'very important' pile**. Think about whether this list surprises you, or whether it is largely what you expected. Also consider whether any of your work values are likely to change over time.



CATEGORY	1 VERY IMPORTANT		2 IMPORTANT	3 NOT IMPORTANT	
	STATEMENTS				
Independence	I like to make my own decisions	I like working independently	I prefer to work free form organisational rules and constraints	I enjoy setting my own tasks, schedules and procedure	I like to work on my own terms
Security and Stability	I like to know exactly where I'm going with my career	I enjoy work that requires me to perform steadily and predictably	I need to feel stable and secure in the longer-term	I like working in a stable and well-organised organisation	I prefer getting incremental pay rises and benefits
Enterprise and Innovation	I want to create new products and services and help organisations develop and grow	I would like to build and grow my own business	I like to own something that I have created from my own ideas and efforts	I would like to create things that people associate with me	I would like to become financially independent or even wealthy
Purpose	I would like to help others with my services	I hope to contribute to the health and wellbeing of the wider community	I like to dedicate myself to a particular cause	I want a job that provides some real value	I want to make a difference in the world
Work-life balance	I want a well balanced professional and personal lifestyle	I would like to work not to interfere too much with my personal and family life	I am keen to build a base in one geographical area	I want to have enough time for hobbies, holidays and relaxing	I'm keen to work part-time and/or have flexible working hours - or work from home
Expertise and Challenge	I would like to specialise in a certain field and be excellent in what I do	I want to be recognised as an expert in my field	I would like to make best use of my talents and skills	I enjoy solving complex problems	I like to be stretched and challenged according to my skills and abilities
Recognition and Reward	I would like to enjoy a high standard of living	I want to be highly paid	I would like to be recognised for what I've achieved	I want to become highly regarded by others	I would like to reach a respected professional status
Authority and Influence	I like to take responsibility for my actions and decisions	I would like to be able to move up an organisational ladder	I enjoy influencing, supervising and leading individuals and teams	I want to contribute to the success of my organisation	I want to be accountable for resources and finances
Others not already listed					

## What motivates you?

After doing this exercise you may have found out more about what really motivates you – which in essence is everything that you've put down under 'very important'. Keeping these in mind when considering options can be really helpful for deciding what do next, for instance what type of job to go for, what sort of practice to join, or what to focus on in your future learning.



## Getting to know your practice

Even small practices are complex organisations. The better you get to know them in terms of their values and how they do things, the easier you'll integrate into the team. Learning who to talk to for advice, where to find things, and how the referral system works makes your days run more smoothly. Making a conscious effort to get up to speed with these matters is also better for patient care, as you'll get things done more quickly and more effectively.

While some practices offer an induction period and provide easy access to essential information, this is not always the case. Should you need to collate some or all of this information yourself, here are some suggestions for how you can go about it.

## Welcome letter and information pack

Some practices send a welcome letter to their new doctors before they arrive, together with an information pack. This is a great start for building a fruitful relationship. However, if your new practice doesn't do this (not all of them do), consider asking for the following information in advance before you start your new job (Box 1):

### Box 1 Issues to consider in advance of starting a new job

- **Advance visit:** Ask if you can visit the practice in advance to meet the team (your immediate colleagues in particular) and find out about opportunities for your further development.
- **Map:** Ask if you could have a map of the practice area. This can be helpful for finding out what's going on in your future patch and gives you an idea of what type of community you'll be working in. Consider walking or cycling around the area to 'get a feel' for it.
- **Team profile:** Try to obtain a team profile with details of members of staff and what they do. Ideally, you'll get an organisational chart and details about members of the wider multiprofessional team, such as district nurses, community matron, midwives and health visitors.
- **Practice history:** Try to find out about the practice's history, if this is not available on their website. This can be really helpful for understanding where the practice is coming from and why they go about their business in a particular way.
- **Vision:** Find out about your new practice's philosophy and vision. What are their attitudes to patients and work? How can you see yourself contributing to this vision? How does this vision fit in with your outlook on life? Remember that the written down vision and philosophy may differ from how the practice works and behaves in reality. Keep your 'awareness antennae' out during early visits to your new practice.
- **Features:** What are the practice's strengths and weaknesses? Do any team members have special areas of expertise, for example in certain clinical areas, commissioning, teaching or research? What learning and development opportunities are there for you?
- **Contact details:** It's worth getting an up-to-date list with contact details early on, such as important telephone (particularly direct-dial) numbers, in case you need to get hold of someone urgently.

## Introductory meeting

While all GP practices have their own individual culture and way of working, they're all obliged to provide a work environment that enables their staff to work effectively. This is laid out in educational and contractual requirements.

So one of the first steps for getting to know your practice better is to find out in more detail what structures, procedures and sources of support are already available. This is a good reason for arranging an introductory meeting with a senior team member, in which you may want to cover issues such as those outlined in Box 2 ("BMA - Locum GP Handbook" 2013).

**Box 2 Points for discussion in an introductory meeting (adapted, with permission, from BMA Locum GP Handbook 2013)**

- **Time:** As a new member of staff or locum it will take time to work safely at the same speed (or faster) as established partners or salaried doctors. Does the practice give you sufficient time to do your job properly when you start (say, for the first week or two, or even longer if needed)? Building in a catch-up slot every hour or so may help you to settle in and function more easily.
- **Support:** Is a 'locum pack' available in a form that allows you easy access to information? You will need to know, for example, how to get certain things done, where to find equipment and other materials, and how to access practice policies and protocols.
- **Equipment:** What equipment does the practice provide, and is it working? Is a doctor's bag for home visits available? If so, is it adequately stocked, with in-date drugs and other materials?
- **Information Technology:** Does the practice provide training or at least a briefing on how to use the IT system? You will also need to know how you will receive and need to access urgent information, and how to manage patient handover.
- **Staff:** Is there a staff list, or an organisational chart, which outlines the roles and responsibilities of people working in the practice? Is there a named person whom you can ask about local clinical pathways, problems with difficult patients, or advice about the computer system?
- **Consulting Room:** Is your consulting room comfortable, tidy and adequately equipped, so that you don't have to waste time looking for things?
- **Prescribing:** Ask about how repeat prescribing is organised, and whether this system is being audited, so that you can be confident when signing repeat prescriptions.
- **Clinical handover:** Particularly if you're a locum, find out about how patient handover is arranged. How does the practice want you to tell them about causes for concern, referrals that you've made, which patients need chasing up, whether any important results are outstanding, or whether there have been any problems with patients?

If essential information such as that covered in Box 1 and Box 2 is not available in written form, consider collating it yourself and making it available to the practice for the benefit of future new recruits. No doubt this would be thankfully received!

## Induction period

Ideally, all practices should offer an induction period and induction pack to new members of staff. During the induction period you will be able to explore in more detail some ground that you have already covered in your introductory meeting. Guidance on how to structure an effective induction period and what topics to cover in the induction pack is available from the *British Medical Association* ("BMA - Locum GP Handbook" 2013) (Box 3).

### Box 3 Induction period and induction pack (adapted, with permission, from BMA Locum GP Handbook, 2013)

- **Practice orientation:** Ask for a guided tour around the practice and get the codes/keys to doors. On your first day make sure you know where to find the panic buttons, emergency box, resuscitation equipment, toilets, fire exits, tea/coffee facilities, and key members of staff.
- **Basic procedures:** Check out how to call in patients (and whether a tannoy is available), how you can obtain an outside line, and what the computer log-ins and passwords are. Does the practice use Integrated Clinical Environment (ICE) software and certain referral processes, such as Choose & Book? Where can you find a practice directory of phone numbers (reception, secretary, consulting rooms, treatment room)? Does the practice have an intranet? How do you print a prescription?
- **Stationery:** Where can you find fit notes, an FP10 pad and other things such as computer script supplies, headed paper, envelopes, blood forms, x-ray forms, referral forms, or maps for any new or difficult to locate estates (as appropriate).
- **Equipment:** Are a BP machine, peak flow meter, MSU bottles, emergency drugs, Dictaphone (and tape) and the locum induction pack available in your room?
- **On-Call:** How do you know who's on-call, and whom to approach with any problems?
- **In-house services and referrals:** How do you arrange or access blood tests, a dietician appointment, minor surgery, contraception including IUDs, and other similar services? Does the practice prescribe for substance misusers? If yes, is there a practice policy to keep these patients away from locums and new doctors who may be more at risk of being pressurised and manipulated? If the practice prescribes for this group of patients, familiarise yourself with the protocol and ask where to find the appropriate scripts. Is there a visiting substance misuse worker?
- **External referrals:** What is the system for referral letters, local referral pathways (fast-track and eligibility criteria), local clinics, local charities, any services peculiar to your area and private services?
- **Practice protocols:** Where can you locate relevant practice protocols? Make sure you become familiar with them, starting with the 'big' ones, such as diabetes, asthma and hypertension.

- **Team:** What are the arrangements for working effectively with the wider primary care team, such as midwives and health visitors?
- **Quality of care:** How do you record quality parameters, e.g. Quality and Outcome Framework measurements and other targets?
- **Accessing information:** Where can you access local guidelines, recent urgent public health cascades and alerts?

Make sure that you have everything you need before you start your first surgery. Your practice should try to place you in a single room while you work with them and avoid relocating you, particularly during the working day. Further information and templates for collating important information are available from the *British Medical Association* ([www.bma.org.uk](http://www.bma.org.uk)) and the *National Association for Sessional GPs* (<http://www.nasgp.org.uk/>).

## Communicating with your new colleagues

To enjoy your work and manage your patients effectively, good productive working relationships with your colleagues are important. Being new to a team means that you need to take extra care in safety-netting to prevent possible problems. In Box 4 we give you some tips to get you started.

### Box 4 Communicating with your team

- **Case discussions:** Discuss with colleagues any patients who may be well known to the practice or have complex problems. Ideally find the doctor who knows this patient best.
- **Change in clinical management:** Inform a patient's usual doctor of any changes in their long-term management and point them to details in the records as appropriate. You may want to back this up with a note to the team to review this in the next clinical practice meeting as appropriate.
- **Follow up:** Ensure that any unresolved issues needing urgent follow up are handed over to someone in the practice. Either discuss with the patient's usual doctor or a senior partner, or send a note via email or through the computer system to keep a clear information trail. Always document every important discussion and action points, and let your patient know who will take over responsibility from you (this is especially important for locums).
- **Referrals, investigations and admin:** Consider keeping a list of your important letters, referrals and investigations and complete all your forms on the computer if possible. Document everything you've done, and inform the admin staff as appropriate.
- **Seeking information on behalf of a patient:** If you're expecting a reply to a request for information but may not be able to receive this back personally, discuss this with colleagues or leave the details for them. Ask the patient to contact the surgery if there is no response.
- **Patient concerns or complaints:** Make sure you follow your practice's procedures for anything that causes concern, such as an unhappy patient or a concern about care provided by someone else in the practice. Take appropriate action immediately and discuss matters with a senior colleague, the practice manager or other agencies as needed. And as ever, document it all carefully.

- **Feedback:** Ask other team members to pass any feedback about your clinical work on to you, whether positive or negative. It is good practice to actively follow up certain patients for interest, or if you're concerned. Note down the patient's details and contact the hospital or the patient to find out what happened (or contact the surgery if you're a locum). This not only benefits your own learning, but also ensures that important investigations or referrals have been completed.

## Planning ahead and taking action

After successfully passing the College exam, future learning may not be the first thing on your mind. Having a rest from studying and enjoying the clinical aspects of general practice often seem more appealing to NQGs than thinking about your educational needs and e-portfolios! But there are good reasons for not putting your professional development too far onto the back burner.

The first is *Appraisal* and *Revalidation*. These are now an integral and compulsory part of our professional lives as GPs, and both are here to stay. Because you will need to collate evidence of your learning for your appraisals, this is much easier when done over time in an organised and planned way. Since you can't ignore the yearly appraisals, we suggest you try to get to grips with the requirements fairly early on in your first post, find your way around the appraisal e-portfolio and start to plan and collate your evidence of learning and reflection. It's worth finding out which appraisal e-portfolio you're expected to use. The RCGP and Clarity ([www.clarity.co.uk](http://www.clarity.co.uk)) models are the most common e-portfolios currently in use; Wales, Scotland and many parts of England have other e-portfolios that some of the local appraisers and responsible officers may prefer, such as the Severn Appraisal Toolkit, SAT (<https://gpappraisal.severndeanery.nhs.uk>). If you're an RCGP Member, you'll have free access to the College's e-portfolio (see <https://gpeportfolio.rcgp.org.uk/Login.aspx> for details).

The second reason relates to the benefits of *self-directed learning*. Evidence suggests that on the whole we're much more likely to learn better and enjoy it more when we're in charge of our own education (Wakley, Chambers, and Field 2000, Pietroni 2001).

A good way to make a start is to think about and design a creative and aspirational professional development plan (PDP). This really is a useful tool that helps you choose and decide what you want to learn and how you want to develop. It also helps you to think clearly about the way in which you can do this. Finally, a PDP is useful for evaluating and reflecting on what you've achieved.

## Keeping up to date

New GPs, fresh out of training, are often particularly up to date having just passed their MRCGP exams. But the knowledge base in medicine is constantly changing, and so keeping up to date is crucial for all GPs. This is no small task, as general practice by its very nature covers all medical topics. Having a plan for keeping up to date is therefore important for new GPs. Evidence of engagement in continuing professional development is required for the annual appraisal, and so recording how and when you have kept up to date is essential. The RCGP has an online learning programme called *Essential Knowledge Update* (available at <http://elearning.rcgp.org.uk/>), which is published every 6 months and summarises key evidence and guidelines. The *Essential Knowledge Challenge* at the end of the programme tests understanding. You'll be issued with a certificate if you complete this successfully, which you can upload as CPD evidence for appraisal and revalidation.

## Creating your PDP

By completing your trainee e-portfolio PDP you will have gained experience in collating evidence of learning and reflecting on it. While the trainee e-portfolio focuses on the GP Trainee Curriculum, becoming a clinically sound GP and passing the MRCGP exam, your Appraisal and Revalidation PDP will become much broader. For example, your PDP as a NQGP may include clinical, leadership and

educational aspirations, such as becoming a GP trainer. To consider what might go into your first and subsequent PDPs, Box 5 offers some useful questions.

**Box 5 Developing your PDP (adapted from Pietroni 2001)**

- What do you need to learn?
- What do you hope to achieve in the medium and longer term?
- How do you wish to do it?
- What resources (e.g. time, funding) are you likely to need?
- How will you be able to demonstrate what you've learnt and accomplished?
- How will you review your plan?
- How will you evaluate what you've learnt?

It is usually a good idea to try tying in aspects of your PDP with your practice's development plan. Because your learning and development will then be beneficial for both parties, your practice will be more supportive and may well provide you with protected time. For example, if you wish to develop a special interest in a particular clinical area and this fits in with the practice's needs, you may get reimbursed for your course fees and be given protected study time, which no doubt you'll welcome.

## **Clinical care**

Providing high quality clinical care is at the core of working in general practice. Yet the scope of general practice is vast. New GPs, as indeed all GPs throughout their professional lifetime, will always come across questions which they don't immediately know the answer to.

### **Locating clinical information**

Handling these situations can be challenging for new GPs who may feel they are still proving their worth to the patient, and themselves. Admitting that you don't know is perfectly acceptable to most patients to, as long as you find out the relevant information (for example looking up possible drug side effects in the British National Formulary, available online at [www.bnf.org](http://www.bnf.org)) either there and then or later, calling the patient back if necessary. Websites such as GP notebook ([www.gpnotebook.co.uk](http://www.gpnotebook.co.uk)) or NHS evidence ([www.evidence.nhs.uk](http://www.evidence.nhs.uk)) can be useful to have open and accessible for use before, during and after the consultation.

### **Asking for advice**

Check with the more established GPs in your practice if they mind you asking them for clinical advice if you need it. The majority will be more than happy to help. In fact, by knowing the type and range of questions you ask, they will also be able help you identify any learning needs and point you to useful resources. Be aware that people differ in the way they'd wish to be approached. Find out if your colleagues prefer email, phone or instant screen message, and whether they'd rather be asked between patients or after surgery.

### **Managing your workload**

When starting out in a new practice, it will always take a while to get up to speed – particularly when you've only just qualified. Your workload is also likely to be higher than that of a trainee. Here are some tips to help you with this transition:



- Using your time well:** Prioritise your work and try to learn from more experienced GPs. How do they do it? What techniques do they use for dealing with paperwork and administrative tasks? Initially the workload and time pressures may seem daunting, but you will get used to this, and it gets easier with time. Whilst most GPs would like to act on everything as soon as it lands in their lap, this is not always possible.

The important thing is to have organised processes in place and to safety-net so that you get everything done. Try out various methods and you will soon find what sort of system works for you, such as online tasks lists (email programmes such as Microsoft Outlook often provide this) and a notebook (be aware of maintaining confidentiality).

If it is essential that you always leave work on time, you may consider logging in from home. Beware this may mean that your work spills into your home life. Some GPs build catch-up slots into their surgeries to avoid the stress of running late or allow them to complete tasks during surgery.
- Reducing your workload:** If you feel you're overwhelmed by your workload, speak to your practice about it. There are likely to be solutions that will be acceptable for both sides that help you ease into your new post. Examples are temporarily reducing the number of patients you see per surgery, offering you more flexible working hours, or relieving you from certain administrative duties. Be assertive about your needs. If you are struggling, your practice colleagues would want to be aware of this sooner rather than later. Use the whole multidisciplinary team as appropriate. For example, remember that community midwives can give you access to a wealth of information, such as local guidance. Likewise, work together with health visitors for under-5s, community pharmacists and your local pharmacy.

### Managing uncertainty

Accept that all GPs face clinical uncertainty throughout their careers, as none of us can know everything. As we said earlier, don't be afraid to refer to guidelines or check things in front of patients. This shows you're thorough and keep up-to-date. While it's OK to be uncertain about patient management, avoid transmitting any anxiety to your patient; rather be confident and use patient-centred consulting to communicate your uncertainty. Explore individual risks and benefits with your patients and involve them in the decision making. Reduce excessive risk-avoidance by over-treating, bringing back too many patients or over-referring.

### Dealing with challenging patient groups

Every practice has their share of patients that GPs may find challenging to work with, such as those that are perceived to be pushy or demanding. These groups can be challenging because they may induce negative feelings in the doctor, such as stress, fear, anger, morale or helplessness. Recognise your own feelings and develop housekeeping and self care strategies for this. Consistency is important. Be aware that for some patients it will be appropriate to set boundaries and limits. Support patients with self help behaviour and taking ownership of their problems (the Self Care Forum, for example, provides various fact sheets for minor ailments, free to download at <http://www.selfcareforum.org/fact-sheets/>). Share concerns about – and responsibility for – these patients with your colleagues. Be realistic about what you can do for these people. By trying to act honestly and fairly, having patients' best interests in mind, and identifying their ideas, concerns and expectations, your consultations are likely to become more interesting and satisfying.

### Being assertive

Assertiveness is all about self-esteem, self-knowledge and clear communication. Remember that you have completed years of training; you are a qualified highly skilled professional. You need to believe in yourself and feel good about yourself. Communicating assertively, whether with colleagues or patients, can be a challenge. Be specific about what you feel and what you would like to happen, listen carefully to others, and suggest compromise and alternatives where appropriate. Be open, honest, and firm, whilst avoiding being too apologetic or argumentative. Appearance is also important: take on an upright posture, maintain eye contact, use responsive facial expressions and talk with confidence. Consider assertiveness training or reading around the topic (some of Eric Berne's books are useful starting point).

### Dealing with complaints

Unfortunately, complaints are a reality for all GPs in practice. Respond to minor criticisms during a consultation sympathetically, even if they appear trivial. It is usually possible to provide an explanation and acceptable answer at the time. Find out about your practice's complaints procedure. A standard response tends to be a letter to the complainant, followed by a meeting between the complainant and either a doctor at the practice (often a senior partner) and/or the practice manager. The majority of complaints will be resolved at this stage with a clear explanation, apology where appropriate and reassurance that steps will be taken to prevent the same thing happening again.

Review and learn from any complaints as a practice. Remember that taking good case notes makes it much easier to recall what happened at the time and deal with complaints effectively. If a complaint is escalated contact your defence union – they usually provide excellent advice and support. Remember that you should not have to manage these complaints alone, and that you are not responsible for addressing questions of negligence or compensation.



## Competency areas to consider

What makes working in general practice so exciting is that there is no shortage of opportunities for learning. From clinical care to commissioning, from teaching and training to research, the palette of general practice related activities is impressive. Figure 3 gives an overview of some of the key areas.

Figure 3 Important areas of competence for professional development



The choice is yours. To decide which areas to pick for your further development, you may want to reflect on what you've learnt from Exercise 1. Figure 3 is of course not exhaustive – you can choose to develop in many other areas, such as *time and stress management*, *dealing with conflict*, or *medical ethics*, to name just three.

So what do 'Commissioning', 'Management' or 'Clinical governance' mean in the general practice context, and how can you get involved? To give you a flavour of the type and range of activities in such areas, here's an overview with some examples.

## Clinical governance

Clinical governance is about how your practice ensures that it treats its patients well. Key areas for action are patient safety as well as the quality and effectiveness of clinical care. Clinical governance opportunities exist in NHS England Area Teams as well as in some practices and Clinical Commissioning Groups. The roles are sometimes expressed directly as clinical governance lead roles, but may also link into a particular project.

Consider:

- Getting involved in **audits and improvement projects**  
**Possible action:** Develop and/or contribute to a practice audit plan. There may also be opportunities to get involved as a locum, especially if you are with a practice for a longer period of time. Consider asking the Practice Manager if there are any areas where you could contribute. Many practices will be delighted if you offer to rewrite protocols, review QoF progress in a specific area, or help with developing their services – ideally in protected time.
- Looking at **clinical risk management**, including error prevention and significant event audit.  
**Possible action:** Organise and run significant event meetings.
- **Listening to the views and concerns of patients**, understanding them better and taking appropriate action as appropriate, to benefit not only patients but also carers and local communities.  
**Possible action:** Set up a Patient Participation Group (see [www.napp.org.uk](http://www.napp.org.uk) for details).

For further information and ideas visit [www.clinicalgovernance.scot.nhs.uk](http://www.clinicalgovernance.scot.nhs.uk).

## Leadership

A basic definition of leadership is the ability – and activity – of unlocking the full potential of a group of people in an organisation. Good leadership requires lifelong learning in a number of areas.

Consider:

- **Managing change, innovation and developing new services**  
**Possible action:** Help with writing business plans for new services.
- **Influencing and negotiating skills and chairing meetings**  
**Possible action:** Offer to chair team meetings (e.g. MDT or SEA meetings), organise in-house learning events – including yourself in the list of speakers.

Even if you're not a GP partner, there is no reason why you can't get involved in such activities. The RCGP runs a one-day First5 leadership course – visit the RCGP website ([www.rcgp.org.uk](http://www.rcgp.org.uk)) to book a place. Local educational providers and the BMA also run regular leadership courses. Though written mainly for secondary care doctors, a useful book is *Clinical Leadership: Bridging the Divide* (Stanton 2009).

## Management

Most GP principals are independent contractors to the NHS. This means that they are usually responsible for providing and maintaining adequate premises from where they offer their services. As independent contractors, GP practices employ their own staff, such as receptionists, nurses and administrators. This requires GPs to take on various management roles and to gain knowledge and skills in areas often not well covered during GP training.

Consider:

- **Managing staff and other groups**  
**Possible action:** Get involved with staff appraisal and interviews. Become a locum or salaried doctor representative in your practice or your local area.
- **Project management**  
**Possible action:** Help with writing business plans. Offer to get involved in planning, setting up, running and evaluating projects.
- **Governance and medico-legal issues**  
**Possible action:** Offer to help with resolving patient complaints. Become responsible for screening and disseminating information from medical defence organisations.
- **Practice accounts and practice finance**  
**Possible action:** Take on responsibility for one or more Quality and Outcomes Framework (QOF) areas.

The RCGP runs a First5® Practice Management course, and you can find details on the RCGP website, [www.rcgp.org.uk](http://www.rcgp.org.uk). A good starting point for learning more about management skills is a book titled *Management for New GPs* (Wilkie and Spurgeon 2008).

## Commissioning

In the new world of commissioning, there may well be opportunities for NQGs to get involved with your local *Clinical Commissioning Group (CCG)*. Find out who leads on commissioning in your practice and local CCG, and whether there are activities that you can help with, such as:

- **Referral management**  
**Possible action:** Offer to run referral management audits, both for your practice and your CCG.
- **Pathway and service design**  
**Possible action:** Offer to help with designing new referral pathways or services.

If you're a locum and are interested in commissioning, contact the local commissioning board, as they need representatives from different GP stakeholders. For an overview of possible commissioning activities visit <http://www.commissioningboard.nhs.uk/resources/resources-for-cggs/>.

## Extended clinical roles and GPwSI

If you are interested in specialising in a particular clinical area, consider providing enhanced services in your own practice by becoming a *GP with Extended Role*. Accreditation as a *GP with a Special Interest (GPwSI)* allows you to provide services to patients from other practices as well and can supplement your role as a generalist. This allows you to provide an additional specialised service while still working in the community. Accreditation is through the RCGP, and various frameworks are available, including cardiology, diabetes, dermatology, and others (see <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/gp-with-a-special-interest-gpws-i-accreditation.aspx> for details). If you have a clinical expertise that could be used as a GPwSI it is

worth discussing with the local commissioning group to see whether there is a local need and what you would need to do to take on this role.

Plenty of other opportunities exist for extra independent study to enable you to develop your specialist interests, such as the Diploma in Practical Dermatology. Many such courses can be done through distance learning; they will give you new skills, improve your CV and diversify your practice.

## Teaching and training

Delivering teaching and training can be great fun and hugely stimulating. You will often learn as much from teaching as your students/trainees, and there are usually plenty of opportunities to get involved. If your practice is a teaching and/or training practice, speak with the teaching lead to find out how you can contribute to the programme. Alternatively, contact your local deanery and/or university department of general practice about what roles or posts are available. Possibilities include:

- Getting involved in medical student teaching (e.g. small group teaching, supervising audits, etc.).
- Working towards becoming a clinical or educational supervisor (GP training, F2 doctors).
- Supporting or mentoring other health professionals in training, such as student nurses on placement, nurse prescribers, community matrons or nurse practitioners.
- Organising and contributing to the practice CPD sessions.

If you're a locum, opportunities are often available to facilitate small group teaching to undergraduate students (on a self-employed basis), or teach in your practice if you're in a medium/long-term post.

## Research

Research is crucial for general practice. It plays an important role in helping us to understand, adapt and respond to the challenges we face in primary care. For example, in recent years the management of important long-term conditions such as diabetes, hypertension or epilepsy has largely shifted from secondary to primary care. Over 90% of patient contacts are in primary care, so it is important that research helps us to answer open questions and improve overall quality of care.

The *Clinical Innovation and Research Centre* at the RCGP ([www.rcgp.org.uk/clinical-and-research.aspx](http://www.rcgp.org.uk/clinical-and-research.aspx)) supports both individual GPs and practices to undertake research through their *Scientific Foundation Board* grants and facilitate the research of others through the *Research ready* practice scheme. They also provide support for clinical audit. The aim is to improve the evidence base in primary care and bridge the gap between research and practice.

You can get involved in or support research in various other ways, such as:

- Recruiting patients to research studies. If your practice does not host research ask them if they would like to consider this. There is a national collaboration of practices involved in research, the Primary Care Research Network, and they can help you and the practice with developing research skills.
- Becoming a GP member on research study boards.
- Reviewing journal papers.

For further information contact your local academic department of general practice or your regional Primary Care Research Network office (visit [http://www.crncc.nihr.ac.uk/about\\_us/pcrn/primary\\_care\\_practitioners](http://www.crncc.nihr.ac.uk/about_us/pcrn/primary_care_practitioners) for further information).

### Additional resources

The preceding sections can only give you a glimpse of the opportunities to develop a rich and varied portfolio for your professional development. To find out more, check out the following websites:

- **First Five®**, <http://www.rcgp.org.uk/first5>, also present on social media, such as Twitter (@rcgpfirst5) and facebook ([www.facebook.com/rcgpfirst5](http://www.facebook.com/rcgpfirst5)).
- **Local GP Education Provider Organisations (EPOs)** – ask your deanery or Local Medical Committee for details.
- Your local **RCGP Faculty**, <http://www.rcgp.org.uk/rcgp-near-you/faculties.aspx>.
- National Association for Sessional GPs (NASGP), [www.nasgp.org.uk/](http://www.nasgp.org.uk/).
- **RCGP Online Learning Environment**, <http://www.elearning.rcgp.org.uk/>.
- **BMJ Learning**, [www.learning.bmj.com](http://www.learning.bmj.com).
- Local **peer support groups**. If there isn't one, why not start your own? Contact details will often be available from your local deanery.

Case study 1 illustrates how getting involved in practice management activities can be enjoyable and stimulating.



## Case study 1 Getting involved in practice-based projects

*“As a busy sessional GP, I initially felt that I had neither the time nor skills to conduct an in-house project. It can be easy to focus on your service commitment only or to ignore business/QoF issues, sometimes feeling that you had little to gain from these. However, I was pleasantly surprised and would encourage anyone to get stuck in. Firstly, you should have time allocated for this, so it is a break from seeing patients, and a real opportunity to improve patient care. It is good to take responsibility for certain areas and this can improve clinical knowledge too. These projects can teach you important skills for professional development; they tick boxes for appraisal and are a good addition to any CV. For me a significant benefit was the opportunity to work with other staff members in the nursing, admin and management teams and I feel our working relationships are better as a result of this. It also gave me an insight into the business side of general practice, and improved skills in personal organisation and project management. My tips would be to ensure you are given time to do any project, and engage any junior staff as well. It is important to be clear about the objectives of any project, to work closely with allied staff, and to keep GP colleagues involved and up-to-date too.”*

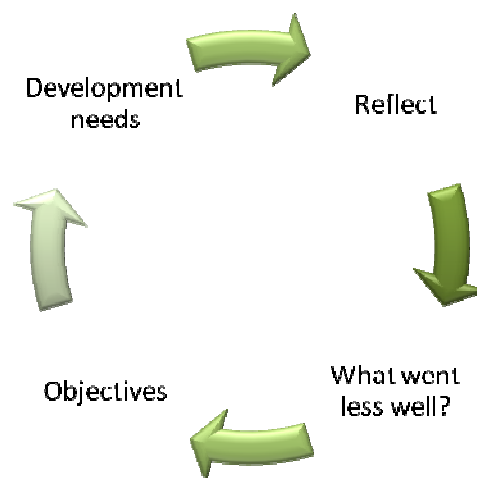
(from a Salaried GP)

## In-house appraisal

While there is no way around the annual external performance appraisal, in-house appraisal is optional. If done well, then an internal development review can be a great opportunity to get feedback from your practice and see how your development fits in with the practice development plan. The practice will also have an opportunity to learn more about you and your plans for the future, which can in turn help them with their plans.

If your practice does not offer such an appraisal, why not suggest this? Figure 4 gives an overview of important appraisal elements.

Figure 4 Important appraisal elements



In preparation for any in-house appraisal, reflect on your time with the practice so far. Also review your job specification and check whether this continues to describe your work or whether it needs

updating. Table 1 offers some questions to help with preparing for and structuring an internal appraisal meeting. In-house appraisal also provides a good opportunity for you to see whether you're on track for your external appraisal and revalidation.

**Table 1 Preparing for your in-house appraisal**

<b>Appraisee preparation</b>	<b>Appraiser preparation</b>
1. Reflect on this year? What have I done particularly well? What examples of my work demonstrate this?	1. Has the appraisee achieved their annual objectives? What has the appraisee done particularly well? What examples of their work demonstrate this?
2. What have I done that has been less successful or enjoyable this year and why? What examples of my work demonstrate this?	2. What has the appraisee done that has been less successful this year and why? What examples of their work demonstrate this?
3. Have I achieved my objectives? Give examples and actions where possible. If the objective has not been achieved, why is this?	3. Has the appraisee achieved the planned objectives? If not, what are the reasons? Is there anything the practice could do to help?
4. What are likely to be my main personal objectives over the next year? Make them SMART: Specific, measurable, achievable, realistic, time.	4. What should be the main personal objectives for the appraisee over the next year? How can the practice support these? Are they SMART?
5. What are the main skill and knowledge development needs that I have? How could I fill my development gaps/learning needs? Which resources are and are not available to me?	5. What significant development needs does the appraisee have? How could the appraisee's development gaps/learning needs best be filled?
6. How does my work contribute to my personal and professional development plan? How am I developing? Is anything hindering or preventing my development needs?	6. Does the appraisal demonstrate knowledge and skills in key areas such as a) Communication with and for patients b) Team working c) Contribution to service improvement d) Accuracy and attention to detail Is anything hindering or preventing the appraisee's progress? If so, is there anything the practice can do in support?

## Appraisal and Revalidation

As we've said before, there's no way around external appraisal and revalidation, but with a bit of planning and organisation they're fairly straightforward to achieve. Two elements stand out for making this compulsory assessment successful: documenting your learning effectively and reflecting on it – in particular demonstrating how your learning has influenced your practice.

It seems fair to say that all that we have covered so far in *Surviving as a New GP* is relevant for appraisal and revalidation and helps to make the process less arduous. The current requirements

state that your key activities will include to obtaining a minimum of 50 CPD credits every year, conducting clinical and significant event audits, and getting feedback from patients and colleagues. Check out the the GMC ([www.gmc-uk.org](http://www.gmc-uk.org)) and RCGP ([www.rcgp.org.uk](http://www.rcgp.org.uk)) websites for further details. Currently you need to highlight two significant event audits every year where you have been involved in the care, and a clinical audit, as well as Multi Source Feedback (MSF) and a Patient Satisfaction Questionnaire (PSQ) every five years.

If you are working as locum or change your practice it's worth using every opportunity to get these done early. Consider having a lead practice for your locum work or working as part of a locum chambers to make it easier for you to obtain evidence for your MSFs and PSQs.

## Portfolio careers

Having more than one strand to a career is becoming increasingly popular. For good reason, as it allows people to follow their various interests and make use of different skills. Rather than having one job for life, a portfolio career helps you to create your own work path as you like it, by design. If you seek meaning and purpose in your life, a portfolio career allows you to earn money and 'give back' through voluntary or unpaid work at the same time. By combining different strands of work you can also keep your options open if you're not quite sure which career path(s) to take.

If you're keen to pursue a portfolio career, here are some tips to make it work:

- **Be financially aware:** For peace of mind, know your financial 'break even' point and how much money you need to bring in every month to feel secure.
- **Get advice:** Talk to people who've embarked on a portfolio career and get their advice
- **Work effectively:** Develop efficient and effective systems to manage your time and your different jobs, including, for instance, a fool-proof diary, task lists, and good communication.
- **Know yourself:** Know what's important to you (we cover this in the earlier part of this document) to ensure that a portfolio career is right and fulfilling for you – not stressful.

## Mentoring

In the preceding section we covered how you can learn more about yourself, how you can get to know your practice better, and how you may want to plan your future learning. In real life, this is sometimes easier said than done. Particularly if you're unsure about where to go next with your career or if you're unhappy with your work-life balance, having a *mentor* can be really helpful for your personal and professional development. In some parts of the country mentors may be called professional coaches, but essentially they perform the same role.

A mentor is someone who can support you with reflecting on your work and career – another person who can help you consider your options for action (Stuart 2006). Having a mentor can in some way replace your trainer without being one. In some areas, local mentoring schemes are available – ask your local Deanery, RCGP Faculty, or Local Medical Committee for information.

### Who can be a mentor?

A mentor can be someone from inside or outside your practice (and even another specialty) who doesn't necessarily need to know much about you and your career. In fact, it is often more useful if a mentor doesn't have any pre-conceptions and doesn't make any assumptions about you.

The mentor also does not have to be senior to you – it really should be a relationship between equals. In the *reflective practitioner model*, the mentor is a co-enquirer rather than a role model, coach or trainer (Pietroni 2001).

Some people use more than one mentor. We know, for example, of a mentoring group that includes two GP Principals, a salaried GP, a retired GP and to locums, which apparently works extremely well.

### What should a mentor do?

One of the main roles of a mentor is to ask helpful questions and encourage you to come up with your own ideas and solutions. Mentoring is *not* about offering counselling, suggestions, or solutions. A skilful mentor can help you with identifying self-limiting beliefs and challenge them, assisting you with generating a wider range of solutions. Here's what a mentor can do:

- Be a sounding board for ideas
- Identify 'blind spots' of knowledge and skills
- Give friendly, unbiased guidance and support
- Provide an outside perspective
- Listen, confidentially, to the things that worry you
- Help by sharing their own experiences – both failures and successes
- Provide constructive and honest feedback
- Help you make decisions by suggesting alternatives and exploring other options
- Inspire you to reach your potential
- Give ongoing support and encouragement

A mentor can also help with monitoring progress by encouraging you to have a specific strategy for action rather than vague plans.

### What are the benefits?

Those who have been mentored are often enthusiastic about the benefits. Through a longer-term and relatively informal relationship with a mentor you may find it easier to:

- Manage complex and competing demands
- Keep up your enthusiasm for work
- Identify your personal and professional targets
- Prevent and deal with stress and burnout
- Manage your time better
- Improve your work-life balance
- Consider your career options
- Address appraisal and revalidation issues

### How does mentoring work in practice?

You and your mentor should be prepared to commit to perhaps two hours a month and consider the mentoring relationship to last for about 12 months – but this may be shorter or longer as well as more or less frequent, whatever works best for you both. Having a more long term mentor who you see less often, but is there when you need them, can be beneficial too.

Write down agendas for your mentoring meetings and keep notes for future reference. Mentorship can take place as well as, or alongside, support from a peer support group. Case study 2 illustrates some of the benefits of mentoring from a NQGP perspective.

#### Case study 2 Benefits of mentoring

*"I have been involved with co-mentoring since qualifying and feel this is an excellent resource providing benefits not found elsewhere within general practice or postgraduate education. The mentoring has certainly augmented my personal well being and professional development, and is a forum for sharing of opportunities for ongoing education and career development. Some mentors come from within a practice, often senior colleagues, but for me it was important to have a co-mentor in a similar role to myself and outside my usual place of work. I found some preliminary training into the principles and methods most useful. Without this, there is a danger that the mentoring meetings lack structure and purpose, fulfilling social rather than professional support needs. Personally, the principal benefit of mentoring is the opportunity to discuss issues in open confidential environment with an independent practitioner with whom I have built a good relationship. It is an arena to identify problems and sort them out, and has helped change management. I also find the opportunity to discuss and reflect on cases aids identification of learning needs and planning CPD. My top tips would be to have some training first and ensure structure to the meetings. Keeping minutes is vital to allow follow up on issues and shared learning. Think about what you want out of your mentoring before considering what type you will go for, and take a look at the RCGP toolkit before you get started."*

(from a Salaried GP)

## Finding out more

The *Institute of Enterprise and Entrepreneurs* has developed a useful mentoring toolkit that is free to download (<http://ioee.co.uk/media/mentortoolkit.pdf>). This provides a good introduction into mentoring and outlines principles also relevant for general practice (Institute of Enterprise and Entrepreneurs 2012).

This document also outlines useful mentoring techniques and tools such as

- Setting goals and planning specific action
- Performing a SWOT analysis, exploring strengths, weaknesses, opportunities and threats
- Using a G-Star model of questioning, which looks at Goals, current Situation, Thinking, planned Action and expected Results

## Joining a study and support group

In addition to mentoring, joining a local study and support group can be immensely valuable (Case study 3). Not only can you share the burden of keeping up to date, but also get the often so much needed moral support. Contact your local RCGP faculty, as First5® CPD groups are operating in most faculties now. You can also download the First5® CPD group guide, which gives advice about setting up and running a CPD group – including ways to demonstrate learning for appraisal (see [rcgp.org.uk/first5](http://rcgp.org.uk/first5)). Consider asking your local Deanery, RCGP Faculty, or Local Medical Committee for further information.

### Case study 3 Benefits of a study support group

*"Our group is focused around shared learning, but we acknowledge the benefits of other functions, such as professional and personal support and social contact. Another benefit for me has been discussion and reflection around appraisal and revalidation.*

*When setting up the group, we aimed for a mix of roles (partners, salaried GPs and locums). This enables different perspectives and has worked well. We periodically review the group rules, and session structure. We are 8 in total, though often only 6 can attend. A bigger group I think would limit the ability to have one discussion at a time, and it is hard to find locations to accommodate many more people. Some groups meet in public places but we felt this limited our freedom for open discussion, and complicated maintaining confidentiality so we rotate visiting each other's houses. This has made the group more sociable and I think increased trust within the group.*

*Structure and preparation is essential for our group to function. Each time, we consider at least 3 new learning topics, taken from the following categories:*

*•Recent learning e.g. study days*

*•New guidelines*

*•Case review or SEA*

*•Research/EBM article*

*•Popular media article*

*•Other information that may be of interest/useful*

*Someone takes notes and circulates the minutes afterwards with a personal reflective template to enable each of us to consider what is most relevant, how learning will change our practice, personal action points etc. This is a most useful CPD strategy for me and I wouldn't be without my group now!"*

*(from a Salaried GP)*



Once you have joined a group, it is worth keeping minutes to document your learning. Here's a simple template for making notes:

- **Date**
- **Location**
- **Who was present**
- **Apologies**
- **Agreed aims and objectives**, such as clinical learning, mutual advice for professional development, discussion, reflection around appraisal and revalidation, professional support, personal support, social contact
- **Activities**  
**Practice based discussion and issues**  
**Clinical learning**
- **Personal reflection:**  
 Topics covered  
 Main learning points and relevance to my practice  
 Wider implications and action  
 Further learning needs identified  
 Review date  
 Other points

## Sources for information and support

Particularly if you're starting out in a new area, here's a summary of sources of support and places that can help with making contacts.



- First5<sup>®</sup> network, <http://www.rcgp.org.uk/first5>, also present on social media, such as Twitter (@rcgpfirst5) and facebook ([www.facebook.com/rcgpfirst5](http://www.facebook.com/rcgpfirst5))
- Local deaneries and postgraduate centres
- National Association for Sessional GPs, <http://www.nasgp.org.uk/>
- Royal College of General Practitioners, [www.rcgp.org.uk/first5](http://www.rcgp.org.uk/first5)
- BMA, <http://bma.org.uk/developing-your-career/career-progression>
- Local Medical Committees, [www.lmc.org.uk/](http://www.lmc.org.uk/) and local RCGP Faculty offices
- Local GP groups for self-directed learning
- Local CPD providers
- Local Clinical Commissioning Groups
- Conferences
- E-Learning, such as the RCGP online learning environment and the BMA

## Looking after yourself

Finally, if things start to seem to get on top of you – or to prevent them from doing so – here’s a list of 10 top thoughts to help you stay motivated (adapted from Houghton 2005)

- **Look at your aims:** Keep your aims in mind at and keep moving towards what’s important to you – such as personal fulfilment, a good work-life balance, or perhaps an ambitious high-powered career.
- **Maintain you work values:** Add ‘value’ to your work – for example by “wanting to do a good job” and fostering your relationships with patients and colleagues.
- **Enjoy your work:** Look for new ways to enjoy your work – laugh with patients and staff and look for the absurdities in life.
- **Review and revise your decisions:** Hardly any career decisions are bad – and by no means are they permanent. If you think you’ve made the wrong choice, start planning your ‘escape’ now.
- **Listen to yourself:** Follow your gut instincts if you consider making a significant change in your work or life (and ideally discuss your thoughts with a mentor).
- **Consider the bigger picture:** The world’s a big and exciting place –make the most of any opportunities that arise.
- **Respond wisely:** Think less about what’s happening to you and more about how you respond to the challenges that suddenly land in your lap.
- **Unwind:** Your life is more than a career - relax, take your holidays, take part in sports, find ways to escape and spend time with your friends and family.
- **Create your happiness:** Remember that happiness is something that you can influence and that comes mainly from within yourself, not the outside.
- **Get support:** If you find it’s all getting too much, be aware that special counselling services are available for doctors in many areas – check out [www.support4doctors.org](http://www.support4doctors.org) for details.

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## Meet the team

We, the people behind this guide, are a group of practising GPs at different stages of our careers – from recently qualified salaried GPs to more experienced trainers and educationalists. What we share is a passion for good patient care and one of its pre-requisites: effective professional development of GPs in the early stages of their careers.

**Knut Schroeder** is a GP Trainer at the Concord Medical Centre and Honorary Senior Clinical Lecturer in General Practice at the University of Bristol. He still remembers the exciting but sometimes rather challenging days when he started out as a newly qualified GP – an experience that has sparked his interest in lifelong learning and supporting NQGs.

**Holly Hardy** has had a variety of roles as locum, salaried GP and partner, both in the UK and abroad. She is now a GP Principal and Associate Postgraduate Dean at the Severn Deanery School of Primary Care for Bristol, North Somerset and South Gloucestershire. She is also an RCGP Clinical Commissioning Champion.

**Steve Holmes** is Associate Postgraduate Dean for GP Education at the Severn Deanery, NHS South of England and Vice Chair of the RCGP Professional Development Board.

**Lucy Jenkins** is a Salaried GP at the Concord Medical Centre in Bristol and Teaching Fellow at the University of Bristol. She was keen to help develop this tool and hopes it will be useful for those who use it – she certainly feels it would have helped her as a NQGP when she started out locuming.

**Clare Taylor** is an academic GP and Clinical Lead for the RCGP First5 programme. She cares passionately about the importance of harnessing the energy, enthusiasm and immense talent of the next generation of GPs.

We are keen to keep this guide as ‘fresh’ and relevant as possible. So if you would like to suggest changes or have any other feedback, please email [k.schroeder@bristol.ac.uk](mailto:k.schroeder@bristol.ac.uk).

## Acknowledgements

A number of organisations and people helped with preparing this document. In particular we like to thank the Severn Deanery, the RCGP Severn Faculty, the RCGP First5® scheme, members of the RCGP Professional Development Board and the Concord Medical Centre for their tremendous support (which includes providing some protected time for the initial scoping and intellectual input).

The following newly qualified GPs and GP educationalists (in alphabetical order) kindly read earlier versions of this guide and contributed helpful feedback comments and suggestions: Sally Aston, Rebecca Black, Peter Brindle, Niki Hempton, Jo Hennessy, Martyn Hewett, Bill Irish, Gill Jenkins, Barbara Laue, Paul Main, John Pike, Raj Robanputra, Judy Roberts, Chantal Simon, Nigel Sparrow, Dominique Thompson, Caroline Turnbull, Jo Walsh, Richard Wharton and Anne Whitehouse.

We are hugely grateful to you all!

We also thank Dr Lucy Loveday for so kindly providing the excellent photos!