“When we tackle obstacles, we find hidden reserves of courage and resilience we did not know we had. And it is only when we are faced with failure do we realise that these resources were always there within us. We only need to find them and move on with our lives.” – A.P.J. Abdul Kalam

In any area of life, if we want to perform well, we need to have a clear head, be able to make good decisions and react in a considered way to challenges. Chronic stress changes the brain and alters the way in which we perceive events and subsequently act. As Mama troll points out in the film ‘Frozen’:

“People make bad choices if they’re mad or scared or stressed” (Frozen, Disney Pictures)

If you’re not comfortable taking advice from a singing troll, have a look at the Yerkes–Dodson or Stress–Arousal curve, adapted for general practice. This illustrates how a little bit of stress is a good motivator, but too much is unhealthy and reduces our performance (Journal of Comparative Neurology and Psychology 2004;18:459).

The effects of stress on our brain: the neuroscience

So does all of this matter? Well, quite apart from desperately needing to recruit and retain good GPs, and prevent MIs at an early age, stress has been proven to be incredibly bad for our brains.

How does stress change our brains?

Well, chronic stress releases cortisol that has the effect of increasing the size of our amygdala – the part of our brain that pairs highly emotional events with feelings. The changes which cortisol creates actually increase negative emotions including fear, anxiety and aggression.

Cortisol and chronic stress also shrink the hippocampus (the part of the brain responsible for learning, memory and emotional regulation) and shrinks the pre-frontal cortex (responsible for decision making, working memory and impulse control). This doesn’t just affect the laying down of memories but also the recalling of them.

All over the country, hundreds of GPs are worried about early onset dementia and memory loss. Most of them are just suffering from chronic stress.

Does anything help?
The good news is that regular mindfulness practice, and other forms of meditation, have been shown to increase the thickness of the hippocampus and shrink the amygdala, resulting in improved working memory and better emotional regulation, thus reversing the effects of stress.

The solution to stress offered by Mama troll is somewhat simplistic – “throw a little love their way and you’ll bring out their best”. The truth is that preventing stress and building resilience requires more than just throwing some peace and love around (though that’s a good place to start).

This important issue needs to be addressed, and there are a number of resources and techniques that we can use to develop resilience. Learning resilience is a skill (and one of the core ingredients of emotional intelligence). Like learning any new skill, it requires some background knowledge and practice.

**What do we mean by resilience?**

Michael Neenan (2009) defines resilience as a set of flexible cognitive, behavioural and emotional responses to acute or chronic adversities that can be unusual or commonplace that can be learnt; as well as the ability to come back from adversity.

Put simply, the ability to adapt and bounce back when it doesn’t go our way.

<table>
<thead>
<tr>
<th>Resilience IS a process that:</th>
<th>Resilience IS NOT:</th>
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</thead>
<tbody>
<tr>
<td>• Involves making choices and seeking out resources</td>
<td>• A one-off outcome or an endpoint (although it is important to stop and celebrate successes)</td>
</tr>
<tr>
<td>• Has a series of learnable inter-related steps</td>
<td>• Something others will do for you (but will help and support you with)</td>
</tr>
<tr>
<td>• Needs ongoing work and practice</td>
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**Why do GPs need to be resilient?**

The unfortunate reality is that healthcare workers, especially doctors, experience more stress, burnout and mental health issues than other occupations. A very interesting paper published in the BJGP online recently describes very well why GPs are increasingly ‘burning out’ (http://bjgp.org/content/early/2016/01/05/bjgp16X683425).

Reasons for increasing stress and burnout include:

- Organisational changes
- Negative media portrayal
- Excessive workload
- Dealing with uncertainty
- Dealing with constant demands
- Fear of making a mistake or complaints
- Lack of professional support
- Reluctance to seek help
- Conflict with personal values
- Enforced change
- Reluctance to seek help
- Perfectionist thinking
- Dysfunctional working relationships
- Strained work–life balance

**Rachel’s story**

Read Rachel’s story below. Note down what would challenge her resilience in the box below?

After passing her MRCGP with distinction, Dr Rachel Perkins is offered a maternity locum at her training practice covering her trainer, with a view to staying on permanently. She is already a fairly experienced doctor having spent 3 years as an A&E specialty trainee.

She left A&E in part so she could escape the conveyor belt feel of seeing patients, and in part to have a better work–life balance. She has a 3-year-old daughter. Her partner is a musician who spends a lot of time touring. Nine months into the maternity locum Rachel is feeling exhausted – the work is more pressuered than when she was a trainee. She has to see more patients in less time, work longer hours and, without her trainer, has less support.

Unexpectedly Rachel receives a complaint from the family of an elderly patient she advised on the phone.

What factors would challenge Rachel’s resilience?

Many of us will empathise with Rachel; this scenario describes everyday pressures that can affect our own mental and physical wellbeing, as well as that of those around us.
Strategies to build resilience

There are numerous ideas, theories and practices around building resilience; the diagram below is a framework that draws many of these together. It starts with a stimulus, then a chance to choose our response (‘response-ability’), what influences our response and an acknowledgement that our resilience improves with practice.

We would suggest there are three levels at which you can promote resilience, these are listed in order of importance (and probable effectiveness).
We can now expand this idea in the diagram below which is adapted from ‘Developing mental toughness’ Graham Jones and Adrian Moorhouse, 2008.

Modify and prevent:

Prevention is better than cure. You will serve yourself well if you invest your greatest energy at the top of the pyramid.

Some of these stresses are within our control, some are not. Some are acute; some are longer standing. As in the serenity prayer, knowing what we can control, what we can’t control (and having the wisdom to know the difference) is crucial.

Choose a response:

With practice, we can choose and gain more control over how we respond to these stresses. Choosing how we respond depends on our level of self-awareness, our perception of the situation and our personality; these in turn are contingent on longer term influences such as career choices, value systems, relationships, health . . . .

Deal with the symptoms:

You can deal with the symptoms of stress faster like dealing with a CVA as a result of long-term hypertension; however, like all good GPs, we prefer to prevent this in the first place.
There are two ways to prevent stress, the first is to examine our lifestyle and work and prevent the things that are stressful, and the second is to promote wellbeing.

Life and work choices
The choices we make and how we live our life affects our responses to challenging situations. It also helps to avoid getting into challenging situations in the first place. Chronic stresses can be pernicious, wearing us down unwittingly. Sometimes they are out of our control (see ‘Personal control’ below), sometimes it is takes a brave decision or a long process to escape them.

Goals
Think back. How did you get to be where you are? You must have set yourself goals — passing exams at school, experiencing other areas of life, completing assignments in higher education, achieving things outside of study. You can lose focus, especially if your work and the stresses that come with it become all consuming. Look at learnt helplessness below.

Having clear and realistic goals are a common feature amongst resilient people. They are something to give you focus energy, and to celebrate when you have achieved them.
**Choices**

Choices are important.

Rachel made a brave decision that she did not enjoy A&E work and changed. She has other choices ahead of her, and she needs to find some time and space to think about them clearly, perhaps write them down as pros/cons or talk to someone.

What would help Rachel is to think about where she wants to be in the next year and beyond, and plan a realistic map to get there. There may be a fantastic job in the next town, but is the travel realistic?

**Life–work balance**

“Living fully who you are is connected to the art of medicine” – Brian McMullen

Life–work balance is subjective – finding the right blend in our professional and personal lives will be unique for each of us. In healthcare often we can do more for our patient or our organisation by taking a little more from ourselves each time.

However, if we perceive an imbalance, our job satisfaction falls, and if we do not feel in control of our time, we become unhappy, unwell and burnout. Emma Sedgwick, a former community psychiatrist, defines work–life balance as “ensuring work does not take up more of your life than you want it to” (Oxtoby, 2014)

As well as building resilience to cope with the challenges, we need a rich work–life balance to truly practice the art of medicine, doing the best for our patients, ourselves and our team and family around us. We are GPs/trusted family doctors/community physicians, not lipidologists! Developing our life–work balance requires us to know where we are heading, making choices and being flexible (as we talked about previously), but also recognising when the imbalance is unhealthy.

**Being able to say “no”**

In his book ‘Essentialism: The Disciplined Pursuit of Less’ (Virgin Books, 2014) Greg McKeown outlines how saying “yes” to something means that you are saying an unconscious “no” to something else. He describes eloquently how, by taking on too much, we dilute our effectiveness. Being able to choose the best from the good, eliminating the unnecessary and understanding that you can’t have it all are ways of ‘an essentialist’, which also build resilience and help to eliminate stress.

**Values**

Values are also important to developing resilience: a good sense of ‘meaning and purpose’ in your life is a resilience building ‘protective factor’ (‘The Resilience Workbook’, Henderson, 2012).

Work that gives us meaning and is congruent with our values inspires and energises us. If Rachel left A&E because she found the brief contacts did not fit with her value system, a primary care service where continuity is not valued or is difficult to achieve may be the wrong place for her in the long term.

**The Five Ways to Wellbeing**

In 2008, the government commissioned the New Economics Foundation to examine the evidence related to wellbeing hoping to produce an intervention much like the ‘5 a day’ food initiative to increase the mental health and wellbeing of the nation (www.fivewaystowellbeing.org)

After examining the available evidence (‘Foresight Mental Capital and Wellbeing Project, Final Project Report’ 2008; The Government Office for Science, London), the ‘Five Ways to Wellbeing’ were generated. They are used extensively by charities and agencies such as MIND and NHS Choices, and by healthcare professionals in settings such as palliative care to promote wellbeing.

The Five Ways to Wellbeing are ways to ‘look after your biggest asset’ (that’s you by the way):

**Connect**

Think of a time when you have been happy or managed difficulty? What about the opposite?

Often these times are due to relationships – good and bad. It is not surprising that that if we have strong, trusting relationships, we experience less stress and are more resilient.

Good relationships and connections are powerful protective factors against stress. Good social networks are a great source of support, yet how often, when under stress, the first thing that goes is our interactions and social appointments with friends and family who play a huge role in building us up. In a week at work we will interact with a number of colleagues, friends and family. All of these people can become part of a strong enduring network. It’s important to make time for relationships, to value and trust those around us.
Take notice
There is increasing evidence that taking notice of your environment, living in the present, being ‘here’ and being thankful all do wonders for your mental health and wellbeing. This is a core principle of mindfulness and other meditative practices (see the section on mindfulness below).

Give
In his work on positive psychology, Martin Seligman discovered that people were significantly more satisfied when they had spent the day on something beyond themselves, in helping or giving to others, than when they had spent the day pursuing their own happiness doing an activity such as shopping (a message which most Christmas adverts seem to have latched onto!) (www.ted.com/talks/martin_seligman_on_the_state_of_psychology?language=en).

Many GPs may consider the tireless work they do in their surgeries for patients as enough ‘giving’ to fulfil this need, but do take a moment to reflect on whether your life might be enhanced by giving time, money or effort to another cause outside of general practice.

Keep learning
Do something you love just for the sake of it. Learning a new skill or perfecting something you can already do is a great way to get into ‘flow’ (“a state of heightened focus and immersion in activities such as art, play and work”, Mihaly Csikszentmihalyi). We all know what it feels like to attend a really great course (hopefully like this one!) and learn something new. When was the last time you learnt anything outside of medicine – just for the sake of it?

Be active
To cope with the demands of our work we need to be physically and mentally fit. The fifth way to wellbeing is all about exercise, but I would also add in sleep and nutrition.

Exercise can reverse the effects of stress on the brain and promotes productivity and performance. There is mounting evidence about the importance of sleep too, not just to stay healthy, but for enabling you to solve complex problems, improve your mood and your performance.

Our patterns of work are not always conducive to maintaining these health factors. In my experience we are pretty poor at following the advice we give out!

Take a moment and write down what you do that promotes your health and what you do that does not, be specific. For example – rather than saying ‘diet’ think about what it is in your eating pattern that is either health promoting or bad for your health.

<table>
<thead>
<tr>
<th>Promotes my health – why do I do it?</th>
<th>Bad for my health – why do I keep doing it?</th>
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<tbody>
<tr>
<td>Is it time, geography, stress? Or is it that your priorities need to be reassessed?</td>
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<tr>
<td>If you feel there needs to be change, what small steps can you take?</td>
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<tr>
<td>What can you fit into your normal day? Like my practice nurses can you eat a healthy lunch together followed by a walk around the block?</td>
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<tr>
<td>Do you stay up too late on your laptop – would a solid hour rewarded by a warm bath be just as productive?</td>
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What have you noticed are the reasons for healthy behaviours and vice versa?

- Is it time, geography, stress? Or is it that your priorities need to be reassessed?
- If you feel there needs to be change, what small steps can you take?
- What can you fit into your normal day? Like my practice nurses can you eat a healthy lunch together followed by a walk around the block?
- Do you stay up too late on your laptop – would a solid hour rewarded by a warm bath be just as productive?

2) Choose your response to stress: positive thoughts, positive behaviours

“The problem is not the problem. The problem is your attitude about the problem” – Captain Jack Sparrow

If you can’t change what’s happening, you can change how you think and respond to what’s happening. This is not to say that we all become hopeless optimists, pretending black is white and that the glass is nearly full when in reality there are only a few drops left. Changing the way we respond to situations means that we get rid of some of the ‘warped’ ways of thinking that tell us that we are powerless, that these things always happen to me, that there will be disastrous consequences and that yes, this time it is very personal.

Taking control
We know our jobs are stressful. We need to make a conscious decision to take control of our situation. In ‘learnt helplessness’ animals, including humans, who are subject to repeated negative stimuli over which they have no control, eventually give up and make no attempt to escape, and so burn out or succumb to health problems.

How can we prevent this?

Self-awareness
Being aware of our consciousness – our emotions, thoughts and perceptions – is central to developing resilience.
It’s here that we can **pause**, understand what we are feeling, **check** it, and then respond.

This concept is a fundamental part of emotional intelligence (EI) and has similarities to mindfulness.

We all do it; think of a challenging consultation or conversation that has gone well – how has being self-aware helped? The skill is to be continuously aware of our stream of consciousness, especially when we feel stressed or threatened.

Recording your thoughts or keeping a stress diary will help to develop this skill – see the Resources section below.

**The seven Ps**

Let’s go back to Rachel.

She may recognise that she is feeling stressed through various feelings (anxiety, tiredness, loss of enjoyment) and thoughts (“general practice is awful, I should have stuck to A&E”, “I’m a rubbish GP”, “what if that headache was a brain tumour?”).

Let’s see how we can avoid this.

The way we explain negative thoughts to ourselves is important to developing resilience.

I call my way of explaining them **‘the 7Ps’** – this is an extension of Seligman’s 3P model which included permanence, pervasiveness and personalisation.

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<thead>
<tr>
<th>The 7Ps</th>
<th>Examples and applications</th>
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<tbody>
<tr>
<td><strong>Permanence</strong> – resilient people see adverse events as temporary.</td>
<td>In Rachel’s case instead of thinking “General practice is awful, I should have stuck to A&amp;E”, a more rational, positive response would be “Wow, this is a steep learning curve, I’m sure all new GPs go through this at the start… let me ask Kalpesh how he found things after training”.</td>
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<tr>
<td><strong>Pervasiveness</strong> – those who are resilient try not to allow a negative thought to pervade other parts of their work.</td>
<td>What might Rachel think instead of “I’m a rubbish GP”? She could think “I still have a lot to learn, I know my stuff but I need to work on time-keeping”, or “this is what it felt like on my first few shifts as an A&amp;E trainee, but I got better”. It’s about a rational, measured response, rather than an all-or-nothing reaction.</td>
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<tr>
<td><strong>Personalisation</strong> – developing resilience also involves not blaming yourself when things go wrong, but looking to see the reasons behind it.</td>
<td>So instead of Rachel thinking “I’m a rubbish GP” she could think… “I’m struggling with seeing patients on time and that’s making me stressed. I need to talk to Dawn about extending my surgeries and getting some mentoring”, “they had a year to see how I worked and they would not have given me the job if they knew I wasn’t good enough”.</td>
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| **Problem solving** – developing the ability to problem solve and work out the best outcomes rather than reacting fearfully to a situation builds resilience. | Rachel is certainly in a challenging situation – she could either perceive it as inescapable and become paralysed by it, or see it as a problem with a solution. Our chairwoman is a master at separating emotional responses out of stressful situations and retelling them as problems. She does this by:
  * Breaking down the issue into its constituent problems.
  * Working out the possible outcomes.
  * Considering what resources we would need to get to the outcomes.
  * Aiming high, but not being a perfectionist. As doctors we are expert problem solvers, and between us we always find a solution. If Rachel came to you as a patient, or a colleague what advice could you offer? |
Pick a person who you think is resilient, or the converse. Observe the content of their speech, the conclusions they arrive at and their actions. What can you learn from this?

The role of mindfulness

A simple definition of mindfulness “is a mental state achieved by focusing one’s awareness on the present moment, while calmly acknowledging and accepting feelings, thoughts, and bodily sensations”.

Not only does mindfulness help to reduce or protect the brain from the effects of chronic stress (see above), but the key principles of mindfulness – being present in the moment, being able to notice your emotions, not be controlled by them and to be kind to yourself – are important factors in not allowing the ‘chimp’ to take over your decisions and to help ensure that you display a ‘resilient response’ to stressful stimuli.

Dr Mark Williams has written a very practical and highly recommended book on mindfulness (‘Mindfulness: A practice guide to finding peace in a frantic world’, 2011; Piatkus).

3) Deal with the symptoms of stress: coping strategies

This area is where we, as GPs, have most experience. As mentioned earlier in this article, we firmly believe that prevention is better than cure, and so by the time you are experiencing symptoms of stress (fatigue, anxiety, insomnia, tremor, low mood, joylessness
amongst others) treating these symptoms alone rather than addressing the two higher strategies will have limited effectiveness.

Relaxation techniques, breathing exercises, meditation, mindfulness and yoga will all help. As will exercise (in fact exercise will definitely help – yet this is often the first thing that we stop doing when we’re under a lot of stress).

Drugs can help when stress becomes pathological and manifests as anxiety and depression (make sure you go to see your own GP sooner rather than later if you think it has reached this point). Try to avoid the temptation to self-medicate with caffeine, alcohol (and chocolate), and beware the vicious cycle of staying up late, having a few glasses of wine to relax only to wake up with a hangover, require four cups of coffee just to get going and doing it all again the next day.

**Burning out**

Burnout is a term derived from rocket science: when a rocket has burnt all of its fuel and is going forward, apparently conducting its mission, but with no purpose. It is the endpoint of stress. The following features may be the tell-tale signs that we are burning out:

- Feeling stressed in and out of work
- Dreading the thought of going to work
- Losing empathy
- Irritable/inappropriately angry
- Feeling trapped
- Losing meaning in your work
- Feeling you are in the wrong job
- Persistent exhaustion
- Struggling with relationships
- Abusing alcohol and drugs

If we recognise any of these features, we need be honest with ourselves. We will not be alone.

These feeling are surprisingly common in demanding professions and there is plenty of help and support available. Speaking to a partner, friend, relative or your GP is a good starting point. Your appraiser or Deanery can direct you towards local support for doctors. There is a link to a website in the Resources box below for national organisations to help doctors in distress or with any form of mental health issue.
## Resilience

- Healthcare workers, especially doctors, experience more stress, burnout and mental health issues than other occupations. Resilience both protects us from the challenges of our work and is a positive force for enriching our work-life balance.
- Developing resilience is like learning a sport – it needs some background knowledge, practice on the sports field and training off it.
- Developing resilience starts with a commitment to taking control of your life, being self-aware and checking your feelings and thoughts before acting on them.
- Prevention is better than cure! Focus on wellbeing and lifestyle choices.
- Change the way you respond to stress by using the 7 Ps – permanence, pervasiveness, personalisation, personal control, perfectionism, prioritisation.
- Chronic stress can be pernicious. Having goals, making good choices, nurturing relationships and looking after our health is all protective.
- Work-life balance is unique, if we perceive an imbalance it is important to stop and take action. Burnout is the end point of stress, if we recognise the features it is essential to seek help.

### Keep a thought diary – learn to identify ‘warped thoughts’ and change them to a resilient response (David Burns’ self-help CBT book ‘Feeling Good, the New Mood Therapy, 2000; Harper Collins) tells you how to do this).

- Go on a mindfulness course (or do your own course at home using ‘Mindfulness: A practical guide to finding peace in a frantic world’ by Mark Williams).
- Have some coaching to identify where you could be making better life and work choices.
- Book a night out with good friends – just because.
- Learn something new – just for the sake of it.

### Articles


### Websites

- Link to a burnout self-test inventory: [www.mindtools.com/pages/article/newTCS_08.htm](http://www.mindtools.com/pages/article/newTCS_08.htm)
- This link takes you to a useful list of contact details for doctors experiencing any mental health issues: [www.gmc-uk.org/concerns/11551.asp](http://www.gmc-uk.org/concerns/11551.asp)

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*We make every effort to ensure the information in these pages is accurate and correct at the date of publication, but it is of necessity of a brief and general nature, and this should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular check drug doses, sde effects and interactions with the British National Formulary. Save insofar as any such liability cannot be excluded at law, we do not accept any liability for loss of any type caused by reliance on the information in these pages.*
Our comprehensive one-day update courses for GPs, GP STs, and General Practice Nurses. We do all the legwork to bring you up to speed on the latest issues and guidance.

### All our courses are:

<table>
<thead>
<tr>
<th>Relevant</th>
<th>Developed and presented by practising GPs and immediately relevant to clinical practice.</th>
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<tr>
<td>Challenging</td>
<td>Stimulating and thought-provoking.</td>
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<td>Unbiased</td>
<td>Completely free from any pharmaceutical company sponsorship.</td>
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<td>Fun!</td>
<td>Humorous and entertaining – without compromising the content!</td>
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### Are they for me?

Our courses are designed for:

- GPs, trainers and appraisers preparing for appraisal and revalidation or wanting to keep up to date across the whole field of general practice.
- GP ST1, 2 & 3, looking for the perfect launch pad into general practice and help with AKT and CSA revision.
- GPs who want to be brought up to speed following maternity leave or a career break.
- General Practice Nurses, especially those seeing patients with chronic diseases.

### What’s included?

- 6 CPD credits in a lecture-based format, with plenty of time for interaction, humour and video clips, to keep you focussed and awake.
- A printed copy of the relevant handbook including the results of the most important research in primary care over the last 5 years and covering the subjects more extensively than possible in the course.
- 12 months’ subscription to [www.gpcpd.com](http://www.gpcpd.com). With three times the content of the handbook, it allows you to capture CPD credits as you read on the site and use it in consultations! It also comes with Focused Learning Activities - online learning activities to provide evidence for your appraisal and earn hundreds of further hours of CPD credits.
- Buffet lunch and refreshments throughout the day!

### What’s not included?

Our courses contain NO theorists, NO gurus, NO sponsors, NO reps on the day! Just real-life GPs who will be back at the coal face as soon as the course has finished.

www.gp-update.co.uk
The GP Update Course – our flagship course!

With the amount of evidence and literature inundating us, it can be hard to know which bits should change our practice, and how. The GP Update Course is designed to be very relevant to clinical practice and help you meet the requirements for revalidation.

We collate and synthesise the evidence for you so you don’t have to! Using a lecture based format, with plenty of time for interaction, the GP presenters discuss the results of the most important evidence and guidance, placing them in the context of what is already known about this topic. The presenters also concentrate on what it means to you and your patients in the consulting room tomorrow.

Bristol  Wed 10 May  Cardiff  Wed 4 Oct
Exeter  Thu 11 May  Exeter  Thu 5 Oct
London  Fri 12 May  London  Fri 6 Oct
London  Sat 13 May  London  Sat 7 Oct
Newcastle  Wed 17 May  Leeds  Wed 11 Oct
Sheffield  Thu 18 May  Liverpool  Thu 12 Oct
Manchester  Fri 19 May  Manchester  Fri 13 Oct
Birmingham  Sat 20 May  Birmingham  Sat 14 Oct
Norwich  Tues 23 May  Cambridge  Tues 17 Oct
Bedford  Wed 24 May  London  Wed 18 Oct
London  Thur 25 May  Nottingham  Thu 19 Oct
Belfast  Wed 7 June  Inverness  Wed 1 Nov
Oxford  Fri 29 Sept  Edinburgh  Thu 2 Nov
Southampton  Sat 30 Sept  Glasgow  Fri 3 Nov

Lead. Manage. Thrive! – The NEW management skills course for GPs

Many of us have chosen to be salaried or portfolio GPs yet feel impotent or looked over when it comes to contributing to the effective running of our practices. We become frustrated and feel that we have little or no influence over what happens. It’s not your fault, most GPs (experienced and new) have had very little training in management and leadership skills for clinical practice. Here’s the good news, all of us ‘lead’ whether in an official or unofficial role.

Who is this course for? GPs at every stage in their career who aren’t quite sure how to get unstuck! Also highly relevant to anyone who recognises the need to build their personal resilience and leadership skills to meet the demands of modern primary care, i.e. practice managers, nurses, and administrative and support teams.

As usual Red Whale has done all the legwork to bring you a concise, practical and actionable one-day course and handbook. Not only have we trawled through lots of relevant management, leadership and development literature, but we have also distilled its content through the lens of real GPs, enabling you to apply it to the reality of your practice.

Newcastle  Thur 18 May  Exeter  Fri 17 Nov
Manchester  Fri 19 May  Oxford  Thu 23 Nov
London  Wed 24 May  London  Fri 24 Nov
Southampton  Thur 16 Nov

The Women’s Health Update Course

From the pill to pelvic pain, periods and prolapses, the one day Women’s Health Update course is a comprehensive guide to understanding and managing common gynaecological problems in general practice. Using a case-based approach will give you the skills to manage your female patients in a real surgery.

We aim to make the day fun, interactive as well as educational. You will leave the course feeling more confident, knowledgeable and with a much stronger pelvic floor!!!

The course is designed for all GPs and GP STs (male and female!) not just those with a special interest, however it does fulfill the CPD criteria for DFSRH/DFFP LoC IUD/SDI.

Glasgow  Fri 9 June  Manchester  Thu 2 Nov
Birmingham  Thur 15 June  Leeds  Fri 3 Nov
London  Fri 16 June  Nottingham  Thu 9 Nov
Newcastle  Thur 22 June  London  Fri 10 Nov
Manchester  Fri 23 June  Exeter  Fri 17 Nov
The Cancer Update Course

Within the next 15 years the need for cancer care will double and you will look after as many cancer survivors as diabetics. Shared care follow up will become the norm, and secondary care will pass responsibility to us.

A key 2015 Lancet Oncology commission paper warned that: “GPs are inadequately trained and resourced to manage the growing demand for cancer care in high income countries”.

Education for GPs was one of their five key recommendations – we can help you get ahead of the curve! Established GPs and GP STs can use this course to bridge the gap in traditional GP cancer education which has focussed heavily on referral and end of life care missing out the whole journey in between.

This course is able to look in much more detail at the big picture behind the disease perhaps most feared by our patients and, let’s face it, that 1 in 2 of us will be diagnosed with over our lifetime.

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<tbody>
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<td>Nottingham</td>
<td>Thur 9 Nov</td>
</tr>
<tr>
<td>Manchester</td>
<td>Fri 10 Nov</td>
</tr>
<tr>
<td>Norwich</td>
<td>Wed 15 Nov</td>
</tr>
<tr>
<td>Exeter</td>
<td>Thur 16 Nov</td>
</tr>
<tr>
<td>London</td>
<td>Fri 17 Nov</td>
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Our Consultation Skills Courses

One day small group courses designed for GPs, GP STs and General Practice Nurses. The courses have a practical focus and lots of engaging exercises allowing delegates to rehearse the most effective consultation behaviours.

But don’t worry, there won’t be any role playing in front of everybody!

For more information on each course, please visit [www.gp-update.co.uk/courses](http://www.gp-update.co.uk/courses)

The Effective Consultation Course

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
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<tbody>
<tr>
<td>Manchester</td>
<td>Wed 10 May</td>
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<tr>
<td>London</td>
<td>Fri 12 May</td>
</tr>
<tr>
<td>Leeds</td>
<td>Wed 4 Oct</td>
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<tr>
<td>London</td>
<td>Fri 24 Nov</td>
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The Telephone Consultation Course

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<tr>
<td>Leeds</td>
<td>Wed 17 May</td>
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<tr>
<td>Birmingham</td>
<td>Fri 19 May</td>
</tr>
<tr>
<td>London</td>
<td>Wed 7 June</td>
</tr>
<tr>
<td>Bristol</td>
<td>Fri 9 June</td>
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<td>London</td>
<td>Fri 6 Oct</td>
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<td>Manchester</td>
<td>Fri 13 Oct</td>
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<td>Glasgow</td>
<td>Sat 4 Nov</td>
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The Medically Unexplained Symptoms Course

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
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</thead>
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<tr>
<td>Manchester</td>
<td>Thur 18 May</td>
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<tr>
<td>London</td>
<td>Thur 19 Oct</td>
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Prices

**GP Update Course:**
GP £195 | GP Registrar £150 | Nurse £150

**All other courses:**
£225 or £210 for members of [www.gpcpd.com](http://www.gpcpd.com)

(GPCPD members, please log in and then click on the relevant button within the ‘Member information’ box on the right of the home screen to get your discount code)

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Plan ahead! Save £60 when you book three courses in 2017. Use discount code 3BUNDLE2017 when booking via [www.gp-update.co.uk](http://www.gp-update.co.uk) or by phone 0118 960 7077.
I would like to come on the following course(s) (please write legibly!):

☐ The GP Update Course (location) ............................................................... (date) ................................
☐ The Women’s Health Update Course (location) ............................................................... (date) ................................
☐ The Cancer Update Course (location) ............................................................... (date) ................................
☐ Lead. Manage. Thrive! Course (location) ............................................................... (date) ................................
☐ The Telephone Consultation Course (location) ............................................................... (date) ................................
☐ The Effective Consultation Course (location) ............................................................... (date) ................................
☐ The Medically Unexplained Symptoms Course (location) ............................................................... (date) ................................

I can’t attend a course, but would like to order your Handbook or DVD:
☐ GP Update Handbook and 12 months’ access to GPCPD £150
☐ GP Update Handbook, DVD and 12 months’ access to GPCPD £225
☐ Women’s Health Update Handbook £70
☐ Cancer Update Handbook £70

Name................................................................................................................. Address .............................................................................................................

(Please write your email address clearly as we’ll use it to send your confirmation letter and receipt.)

Price as stated in the flyer for each course. If applicable, please provide your discount code here. ...........................................................................................................................................

Please send this form with your cheque payable to GP Update Limited to: Red Whale, University of Reading, Reading Enterprise Centre, Earley Gate Entrance, Whiteknights Road, Reading, Berkshire RG6 6BU

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To book: online at www.gp-update.co.uk or call us on 0118 960 7077 or use the form below.

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