

GP TRAINERS – PLEASE PASS THIS NEWSLETTER TO YOUR GP SPECIALTY REGISTRARS

Welcome



Welcome to the summer 2008 edition of the GPC's GP Trainees subcommittee newsletter. We aim to keep you up to date with the issues affecting doctors training in general practice, and the work that is being done on your behalf by the GP Trainees subcommittee. I hope you find this useful.

Alex Smallwood
Chairman, GPC GP Trainees
subcommittee

Pay changes from April 2008 – the thirty-seventh DDRB report

The DDRB is an independent body whose role is to make recommendations to the Government on the remuneration of doctors and dentists taking part in the NHS. Each year, the DDRB considers many aspects in reaching its recommendations, including evidence submitted by the Department of Health (DH), NHS Employers (NHSE) and member bodies such as the BMA.

The 37th DDRB report was published in April 2008. Despite the BMA arguing strongly against any further reduction in the GP Specialty Registrar (GPStR) supplement, pointing to increased personal living, training and certification costs and concerns that a reduction would have negative implications for GP recruitment, the DDRB recommended that the supplement **be reduced from 55% to 50% for GPStRs entering training placements on or after 1 April 2008.**

The BMA had also called for an uplift in basic salary for GPStRs, and an inflationary **uplift of 2.2%** was recommended for **all doctors in training.**

Allowances for GPStRs are due to be amended with effect from 1 April 2008, and will be done so through a Direction issued from the Department of Health, although at the time of writing this had not yet been signed off. We have been given assurances from NHS Employers that those trainees with a contract of employment signed prior to 1 April 2008 will not see a reduction to their expected level of supplement.

Details of these changes pending the final Direction are available in the NHS pay circular M&D (3/2008) which is available on the NHS Employers website:

<https://www.nhsemployers.org/pay-conditions/pay-conditions-2339.cfm>

We are extremely disappointed by the DDRB recommendation to further reduce the GPStR supplement, and remain concerned that this will have a negative effect on the recruitment of trainees into general practice. The subcommittee are now taking work forward on the production of evidence for the 2009 report.

Contracts of employment in general practice

England

The GPC and COGPED national 'Framework for a written contract of employment' guidance for GPStRs, is available on the BMA website, and sets out the recommended terms and conditions of employment to be agreed between GP Trainers and GPStRs when undertaking training in general practice.

Following the increase in training in general practice to 18 months this year; we are

aware that in the South West and Severn deanery regions, trainees at ST1 level have been employed under hospital terms and conditions for those additional general practice placements at the start of their training.

We are concerned that this differing model of employment has left trainees in the South West region in general practice placements without access to the full GPStR supplement. We have raised our concerns with COGPED and NHS Employers with the full support of GPC, but have not yet been

able to resolve issues in the region. We have received assurance that it is not intended to see this adopted for employment of ST3 level trainees, and with the exception of Scotland (as reported below), are not aware of this being implemented in any other region of England, Wales or Northern Ireland.

We would like to hear from any trainees or training practices who have been affected in this way in other regions. If you would like to contact us then please e-mail Joe Read at **jread@bma.org.uk**.

The Scottish Government Health Directorates (SGHD) and NHS Education for Scotland (NES) have also recently revealed their intention to place trainees undertaking general practice placements at ST1 and ST2 level on hospital terms and conditions of service in Scotland. This has not been agreed with Scottish GPC (SGPC) who would wish to see all trainees in general practice placements in Scotland employed on the GPC/COGPED framework contract as in England, Wales and Northern Ireland.

SGPC are discussing the national agreement with SGHD and NES as despite continual pressure from SGPC, the framework contract has not been adapted and implemented appropriately in Scotland for some time. SGPC is advising ST1 and ST2 GP trainees about to enter their 6 month general practice placements in Scotland not to sign hospital contracts of employment which may be issued by Health Boards in an attempt to pre-empt agreement until these discussions are complete.

SGPC has prepared model letters for those affected trainees in Scotland to inform the relevant NHS Board that they do not intend to sign (or if already signed, accept) the offered contract and wish to await the

outcome of these discussions. The model letters have been designed to protect the doctor's right to receive the nationally agreed contract of employment once the discussions reach a conclusion.

GP trainees in Scotland due to enter their ST1/2 placements in general practice have been advised that if they do not sign and return the hospital contract of employment issued to them, they **must** send a letter notifying the NHS Board that they are in dispute regarding the terms of that contract. If they do not notify the NHS Board then even if they do not sign the contract it will be deemed to apply after a reasonable period of time has elapsed.

Further guidance on this and a copy of the model letters are available on BMA website <http://www.bma.org.uk/ap.nsf/Content/SGPCSTContracts0608>

The Chairman of SGPC, Dr Dean Marshall, has called on the Scottish Government to address the lack of a standardised GPStR contract as a matter of priority, and highlighted that it is the Government's responsibility to ensure that a robust and fit for purpose contract is in place for the August 2008 intake for all trainees entering general practice placements. SGPC will issue further guidance on this as appropriate.

Wales has had a successful recruitment round in 2008, recruiting 136 trainees to ST1 level for three year programmes, and also filling all ST2 vacancies. We are not aware of any proposed differing contractual arrangements for trainees undertaking general practice placements in Wales, and therefore expect that trainees in Wales will be employed under the GPC/COGPED agreed framework contract.

All deaneries are in the process of running panels for the Annual Review of Competence Progression (ARCP) and the results of these will be available by the end of June.

Extended hours

We reported in our last newsletter that the GPC were to poll the profession at the beginning of the year in relation to the government's intention to extend the working hours of GP practices, either through accepting proposed terms which were deemed unsatisfactory by the GPC, or through an imposed option from the government. GPs voted overwhelmingly to protect quality care and selected the less worse of two highly unsatisfactory options to provide extended hours, 'option A'.

The GPC has since been working towards the practical implementation of this, and in many areas practices have already signed up to provide extended hours surgeries under either the national agreement, or through a local agreement negotiated between the LMC and PCT.

The subcommittee has received a number of anecdotal reports from concerned trainees who are being asked by their practices to work in the extended hours period. The subcommittee have agreed a policy statement, which was supported by the GPC at its meeting of 20 March 2008, and included in our May 2008 e-bulletin:

The GP Trainees' Subcommittee notes that with regard to the current impositions by HMG over the offering of extended hours for routine general practice appointments, that:

- (i) A GP trainee's contract provides for seven clinical sessions and three educational sessions per week, with an additional benchmark amount of OOH sessions per annum.
- (ii) The role of the GP trainee within primary care is supernumerary in terms of service provision, for the purpose of high quality education and training experience.
- (iii) The extension of routine hours excludes ancillary and supportive primary and secondary care structures questioning the equivalent educational value of GP trainees replacing experience within core service hours with service in extended hours.

And calls for:

- (i) GP trainees' clinical sessions to take place, wherever possible, within core hours to offer the highest standard of education and training for the trainee.

- (ii) A GP trainee who wishes to undertake a clinical session within extended hours should be supervised and supported at all times on site by their trainer, or equivalent.
- (iii) GP trainees who wish to replace a core clinical session with a session in extended hours should do so only through individual choice and should face no coercion to do so.

The subcommittee will continue to work closely with the GPC and its Education, Training and Workforce Subcommittee to ensure that the terms of the statement above are met in all cases. Trainees who are concerned at being asked to work in this period can obtain further advice and guidance from *askBMA* on **0870 6060828** and inform their regional subcommittee representative.

The results of the GP poll on extended hours, and further information relating to this can be found on the BMA website: www.bma.org.uk/ap.nsf/Content/poll_results0308

LMC Conference 2008

'Standing up for General Practice'

The Conference of Representatives of Local Medical Committees took place this year in London on Thursday 12 and Friday 13 June 2008. The Conference provides the opportunity for LMCs to debate and vote on motions that will guide the policy and priorities of the General Practitioners Committee for the coming year. All representatives of the GP Trainees subcommittee are entitled to attend conference, and also submit motions and speak to influence debate.

LMC conference passed the following motions submitted by the subcommittee:

That conference deplores the lack of substantive job opportunities for newly-qualified general practitioners and calls on the GPC to:

- (i) commission immediate workforce planning investigations with regards to GP trainees, GP retirement and substantive GP positions
- (ii) encourage deaneries to create and support positions for newly-qualified GPs within surgeries with interests in further training of general practitioners
- (iii) encourage vocational training schemes to develop direct links with 3-12 month, post CCT/CEGPR substantive GP positions for doctors who wish to

- continue their practice in a more supported environment, supported by deaneries and local PCTs
- (iv) lobby all out-of-hours providers not to unreasonably deny requests by newly-qualified general practitioners to continue or commence work in the out-of-hours environment
- (v) pursue a media campaign to highlight the plight of unemployed, fully-qualified general practitioners.

(Proposed by Alex Smallwood, Chairman GPC GP Trainees subcommittee)
Carried, parts (i) – (iv) unanimously, part (v) with 2/3 majority

That conference values the experience gained by trainees in out-of-hours (OOH) general practice, but believes that:

- (i) there should be a specific out-of-hours curriculum devised by the RCGP
- (ii) training should be provided in the out-of-hours setting to help gain specific competencies
- (iii) all out-of-hours providers must provide appropriate out-of-hours training for trainees and the deaneries should work with PCOs to ensure that this happens
- (iv) out-of-hours training should be competency based and not based on

- the number of hours worked
- (v) the variation in the interpretation of COGPED out-of-hours guidelines in different parts of the UK is unacceptable.

(Proposed by Rafik Taibjee, West Midlands Representative, GPC GP Trainees subcommittee)
Carried

The following motion was proposed by Katie Bramall, Deputy Chairman of the GPC GP Trainees Subcommittee, through her LMC:

That conference welcomes the Tooke Report's recommendations to increase general practice specialty training length to five years, and calls upon the GPC and its GP trainees subcommittee to campaign to:

- i) ensure that additional training experience is relevant and focussed towards a career in general practice
- ii) protect GP trainees from posts which fulfil service provision requirements at the expense of educational quality
- iii) work towards trainees being protected by a five-year contract protecting their employment and pay.

(Proposed by Katie Bramall, Haringay)
Carried

The National Conference for GPs To Be 2008 'Aim High'

'Aim High', the National Conference for GPs to Be is jointly run by the BMA and RCGP, and covers a range of topics of interest to any doctor in training for, or considering a career in, general practice.

The conference will help delegates to:

- Benefit from the knowledge and experience of contemporaries and many prominent GPs
 - Learn first-hand how general practice is changing, and what challenges lie ahead
 - Develop the skills and resources to help trainees through their training and early professional years
 - Understand the variety of options available within general practice
 - Have the right information to help you maximise your careers options
- The themes of the conference are:
- Getting into general practice

- Helping GPs to Be make the most of training opportunities
- Career options for newly qualified GPs
- Making general practice work for you
- The future of General Practice

The conference will include a mix of plenary and parallel sessions and delegates will have the opportunity to attend three out of five parallel sessions each day on different career options and topics relevant to their future career. Sessions on maintaining quality and avoiding the common pitfalls in general practice will help to protect you as you begin your career.

The conference is taking place on 24 and 25 July 2008 in the newly refurbished conference facilities of the British Medical Association at BMA House in central London.

For further details, including details about how to book a place, visit <http://www.bma.org.uk/ap.nsf/Content/gpstobe08>



Job hunting and Employment Opportunities



It is quite daunting applying for your first job as a newly qualified GP. It is likely to be the first time in 3 years that you have to apply for a new job. It is for this very reason that I made a point of continually updating my CV during my VTS years. Of course it is never too late to start but my advice would be to get your CV professionally templated as it looks far more professional than something hashed together by yourself from a blank Word document.

I have recently been offered and accepted a GP partnership after some 6 months of applying. After 9 interviews and 8 rejections I finally got the job that I wanted.

In my experience my CV resulted in me being invited to interview for the majority of jobs to which I had applied. Of course a good CV alone is not enough. You have to convince your prospective future employers that you match or exceed the expectations that your CV generated.

In my opinion it is also a good approach to consider the interview as a two way process, i.e. that you are also vetting possible future employers. I went to several interviews where it became apparent to me that I was not suited to the practice or the partners.

A good quality advert is a good place to start when applying for a job. The advert should be explicit about what is being offered – is it a salaried position, salaried with a view to partnership or a partnership, etc?

I encountered a practice that claimed to offer partnership in the advert but this was changed to “salaried with a view to partnership” at interview. I was not impressed at being misled.

On the other hand I have been pleasantly surprised to find that the majority of practices in my area were genuinely offering partnership rather than salaried positions.

It is always a good idea to arrange an informal visit to the practice prior to interview. This can be requested prior to or after interview shortlisting though some practices prefer to wait until after they have shortlisted candidates. An informal visit puts a face to a CV or name and also breaks the ice so that the formal interview can be less daunting. It also, of course, shows more interest. I only ever attended one interview without arranging a prior informal visit and it felt distinctly awkward even though I did my best to discover as much as I could about

the practice on arrival.

It is important to dress in a smart and formal fashion at interview. I made the mistake of attending one interview wearing a suit but without a tie and this was noted in the feedback when I was unsuccessful in getting the job.

After attending a few interviews you get used to being asked the same sort of questions – eg what do you think you can bring to the practice? Where do you see yourself in 5 years? etc. Some practices may even request that you prepare a short presentation so a familiarity with Powerpoint is an advantage.

It is also a good idea to think of some questions that you can ask at interview, if not at the informal visit, though certain questions, e.g. salary, may be better negotiated after being offered the job.

You must be prepared for possible second interviews which may be longer and less formal. It is here where partners are looking to see whether personalities are compatible and who is most compatible with the job.

It can be hard to maintain your enthusiasm after many rejections but as long as suitable jobs continue to be advertised then you should always consider that the job for you is just around the corner and that you have gained invaluable experience along the way.

Julian Bashforth, Wessex Representative, GPC GP Trainees Subcommittee

Future Strategy Working Group

A working group has been set up to consider the changing climate in workforce issues for GPs, including changes in the recruitment of newly qualified GPs. The group is made up of representatives from the GPC's Trainees, Sessional GPs and

Education, Training and Workforce subcommittees. Its first meeting was held on 29 April 2008, at which its remit was agreed as considering partnership and employment opportunities, developing career pathways for GPs, suggesting ways

of improving opportunities for GPs and preparing an interim paper for the GPC meeting in May. A scoping paper was produced, and its principles were agreed at the GPC meeting. The group will be taking this work forward, and further updates will be provided on this in future newsletters and e-bulletins.

The Support NHS General Practice Campaign

The BMA launched an England-wide 'Support Your Surgery' campaign in May 2008 to defend and promote NHS GP services in England. The GPC is worried that plans to introduce more commercial providers and polyclinics into general practice could destabilise existing services, depersonalise care and put some GP practices at risk of closure. All GP practices in England were sent campaign packs, including a petition. At the time of presenting the petition to the Prime Minister on 12 June 2008, the number of signatures totalled 1,236,085. These signatures were collected in just three weeks. Further information about the campaign can be found on the 'Support your surgery website, where those wishing to register their support can also do so via the **online petition: <http://www.supportyoursurgery.org.uk/index.php>**

Tooke Report Update

Representatives of the GP Trainees subcommittee and the Education, Training and Workforce subcommittee will shortly be attending a meeting with the Department of Health and Royal College of Practitioners to discuss the Tooke Report's proposal to extend GP training to five years.

Greater Voice To GP Trainees



Interest within unions seems to be very much of a "Marmite" phenomenon. Some people love it, and will throw themselves at it whole-heartedly; others can barely hear the letters "B-M-A" without having to quash a little yawn. Whichever way your bread is buttered (or Marmite'd in this case!), we are all affected by decisions that are made by the few and imposed on the many. Some policies have significantly worse impacts on us than others, with the changes to the Motor Vehicle Allowance and seemingly endless downward pressures on the GPStR supplement to be notable examples. It is on occasions such as this where regional and national networks come into their own. By working regionally with GP trainees we are able to canvass opinion, that will be fed back nationally and ultimately impact on any decisions made.

As a regional rep, issues over pay, banding/increment allowances and leave entitlement are the most common queries. Trainees will approach me individually and on an ad-hoc basis with any problems encountered. If we are unable to solve things locally, then we are able to turn to the national network for assistance. This is true for all regional representatives in the work that they do. There are online forums for discussion that have been set up within most regions, which can be accessed by contacting the local BMA offices. Forums have the advantage of leaving a discussion trail so that others facing similar problems can review the outcomes.

Regional reps will meet at the GPC trainee subcommittee once per quarter to discuss any forthcoming issues for trainees to be aware of, and also any regional problems that may need further attention. There is also the opportunity to have an influence on the future direction of GP training and issues affecting GP trainees by way of voting.

We are trying to enhance regional services for GP trainees within each area by setting up regular meetings. The meetings will give trainees the chance to discuss issues pertinent to them, and also to find out about any new or proposed contract changes, and how they feel they want to proceed. Increased trainee involvement is about giving a greater voice to those who are directly affected, and also about supporting trainees regionally.

'Interest within unions seems to be very much of a "Marmite" phenomenon.'

The meeting will be both region and GP trainee specific. There are currently meetings run within each region, and ALL GP trainees are very welcome to attend. The dates of your next meeting can be found by contacting your regional reps, or by contacting your local BMA Office.

I have very much enjoyed my time on the GPC trainee subcommittee, and would strongly encourage anyone with an interest to get involved. It has made me more confident negotiating and has given me a better understanding of health care politics. It has also given me the opportunity to meet some fantastic people. Involvement could start by attending one of the regional meetings, and taking things from there. As a matter of interest, my tenure ends in July, along with several other regional seats. There will be a nomination process conducted nationally, so anyone who feels they might be interested then now is the time to act!

**Dan Bunstone, Mersey Representative,
GPC GP Trainees Subcommittee**

About the subcommittee

The GPC's GP Trainees subcommittee has a remit to look after the interests of all doctors in training in General Practice. Probably the largest policy area covered by the subcommittee is GPStR pay, and terms and conditions of service, and we regularly negotiate with NHS Employers and the Department of Health. We also present evidence each year to the Doctors and Dentists Review Body. The subcommittee also represents GPStRs' interests in other areas, either via direct negotiations, the development of guidance, or by responding to consultations.

We draw on the expertise of representatives from other BMA committees, such as the GPC, and the Junior Doctors Committee, and also have close links with a number of external organisations, particularly the Royal College of GPs and its newly formed Associates in Training (AiT) committee. The subcommittee also has a voice in wider BMA policy making through its seats on the GPC, and the representatives it sends to the BMA's Annual Representatives Meeting.

Regional Representatives

The subcommittee is made up of representatives from every region of England, plus three from Scotland and one each from Wales and Northern Ireland.

Many of our representatives have also successfully set up regional committee meetings, which are supported by the BMA regional office. We would encourage you to attend these meetings as they are an excellent way to ensure that your voice is heard, to influence GPC policy via the subcommittee's regional representative, and to meet with other GP trainees in your area.

Many of our representatives have also set up their own local websites and email contact lists to disseminate information locally to trainees. You can find a list of regional representatives on the GP Trainees subcommittee on the BMA website at: <http://www.bma.org.uk/ap.nsf/Content/GPRegMembers0902>.

Subcommittee vacancies

With the beginning of a new session fast approaching, vacancies are arising for representatives on the subcommittee for 2008-2009 in the following regions: **Kent, Surrey & Sussex; Mersey; Northern; North Western; Yorkshire (including South Yorkshire / South Humber); West Midlands; Scotland (North); Scotland (South East and Eastern); Scotland (West); , and Armed Forces.**

If you are on a GP VTS in one of these regions (whether you are a GP trainee in general practice or in a hospital post) and are interested in becoming a member of the subcommittee, please contact either Angela Button abutton@bma.org.uk, or Joe Read jread@bma.org.uk for further information no later than **8th August 2008.**

If you would like to know more about the GP Trainees subcommittee, including information on how to become an elected member, and how to contact your local representative, please visit our website:

<http://www.bma.org.uk/ap.nsf/Content/HubGPPregistrartraining>, or email Joe Read – jread@bma.org.uk

nMRCGP

The subcommittee is aware that there have been some teething problems with the RCGP e-portfolio for both trainees and trainers, If you have a technical problem with the e-portfolio you can send the e-portfolio team a message directly by clicking on the "e-

portfolio enquiries" in the bottom of the left hand column when you are logged into your e-portfolio. There are also FAQs which may answer your query – these are also in the left hand column.

Additionally, the AiT Committee have identified some common themes and

problems for trainees, which have been sent to RCGP College Officers for comment. These have been uploaded to the AiT website in the form of interviews. You can find these at http://www.rcgp.org.uk/the_gp_journey/new_professionals/online_resources/an_interview_with.aspx, or by clicking on the AiT icon on the main college website.

Need Advice?

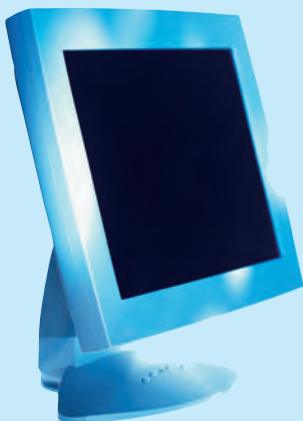
Contract problems and ambiguities, such as those involving maternity provision, are best resolved before employment commences, so we recommend that you carefully consider the implications of your contract before signing.

The subcommittee section of the BMA's website contains guidance on a wide range of issues, from detailed information about the Framework Contract to guidance on how to choose the right trainer for you. <http://www.bma.org.uk/ap.nsf/Content/HubGPPregistrartraining>

If the information you require isn't available on our website, askBMA are able to advise BMA members directly on their individual contractual and employment issues. Contact **askBMA** on **0870 60 60 828** or e-mail askbma@bma.org.uk.

We need your details!

Whether or not you are a BMA member, please ensure that your details held in the BMA's records are up to date, so that relevant documents can be sent to you. To update your contact details, please telephone the BMA's membership and professional records department on **020 7383 6595.**



Contributions to the newsletter – we want to hear from you

If you have any issues that you would like to see included in future editions of this newsletter, or suggestions for the website, please contact Joe Read at jread@bma.org.uk.



Any correspondence for the subcommittee should be sent to Angela Button, GPC Secretariat, British Medical Association, BMA House, Tavistock Square, London, WC1H 9JP, or email: jread@bma.org.uk.