

Welcome

This newsletter is produced on a quarterly basis. Our aim is to keep you up to date with the wide range of new and ongoing issues affecting salaried GPs and locum

GPs (known collectively as sessional GPs), as well as the hard work that the GPC's Sessional GPs Subcommittee undertakes behind the scenes on your behalf. We

hope that you find this latest update useful and, as always, we welcome your feedback.

What is the Sessional GPs Subcommittee? Is it representative?

The Sessional GPs Subcommittee is part of the General Practitioners Committee (GPC) of the BMA. There are a number of benefits with this. For example, the GPC is statutorily recognised as representing all GPs and it has sole negotiating rights with the Departments of Health for GPs employed under the national model salaried GP contract. The

Subcommittee is also supported by a dedicated GPC negotiator.

The Subcommittee itself represents **all** salaried and locum GPs throughout the UK. It is able to do this because it is elected democratically on a biennial basis by all sessional GPs regardless of their BMA membership status.

The Changing Climate for GPs

We are fully aware of concerns amongst sessional GPs about the lack of partnership opportunities and/or opportunities for career progression, as well as the fact that some salaried GPs do not appear to be being offered at least the model salaried GP contract. This concern is also recognised by the GPC, Local Medical Committees (LMCs) and the wider BMA.

In order to tackle this problem, the GPC has set up a working group to consider the changing GP workforce climate. The group is made up of representatives from the GPC's Sessional GPs, Trainees, 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. A scoping paper was subsequently produced, and the GPC approved its principles. The group is now taking this work forward, and further updates will be provided on this in future newsletters.

As noted above, LMCs and the BMA

have also recognised the issues currently facing sessional GPs and the need to provide assistance on this. The following motion passed at both this year's LMC conference and at the BMA's annual representative meeting is testament to this:

That conference recognises the invaluable contribution made by sessional doctors to the delivery of general practice patient care, and:

- (i) recommends that LMCs should continue to represent the interests of all GPs whatever their contractual status
- (ii) whilst noting the increasing tensions between GP principals, salaried GPs and freelance GPs, urges all GPs to work together to design flexible career pathways that meet everybody's needs
- (iii) recommends that all salaried GPs should receive terms and conditions of employment which provide security of tenure, reasonable pay to reflect their experience, qualifications and work, fair hours of work, redundancy and leave entitlements as per the model salaried GP contract
- (iv) calls on GPC to promote the desirability that these doctors be enabled to become practice partners whenever this is feasible for the mutual benefit of both parties.

Membership of subcommittee

The following sessional GPs are members of the subcommittee for the 2008-2009 session:

Elected Members

Victoria Weeks
Salaried GP, Chairman

Malcolm Kendrick
Salaried GP, Deputy Chairman

Mark Selman
Salaried GP

Franco Tacconelli
Locum GP

Janet Watters
Salaried GP, Northern Ireland

Lydia West
Locum GP

Paula Wright
GP Retainee

Bashir Qureshi
Locum GP

Non-Elected Members

Beth McCarron-Nash
GPC Negotiator

Ian Thompson
Locum GP, Scottish GPC Representative

GPC Representative, to be elected by GPC shortly.

Support Your Surgery Campaign

We are worried that plans in England to introduce more commercial providers and polyclinics into general practice could destabilise existing services, depersonalise patient care and put some GP practices at risk of closure. This directly affects salaried GPs as those who win these contracts will not be obliged to provide the model salaried GP contract.

To combat this the BMA is running a 'Support Your Surgery' campaign to defend

and promote NHS GP services in England. 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. We were delighted with the support received from the public, particularly since these signatures were collected in just three weeks. The campaign is still ongoing, and details of future work will be reported via the BMA website.



Salaried GP Pay

One of our main aims is to ensure that salaried GPs receive a salary that reflects their workload, professionalism and experience. We do this by putting forward evidence to the Doctors' and Dentists' Review Body (DDRB), as well as producing guidance for salaried GPs on how to negotiate their pay.

For our previous DDRB evidence, we commissioned the BMA's Health Policy and Economic Research Unit (HPERU) to conduct a survey to ascertain current contract arrangements for salaried GPs. The results showed that a number of GMS and PCO employed GPs did not have contracts that conformed to the nationally agreed minimum terms and conditions (the model salaried GP contract). We also highlighted the difficulties that many salaried GPs, particularly those who are only able to work on a part-time basis for family reasons, often face in negotiating on an individual basis. Despite our evidence, the DDRB only recommended that the salaried GPs salary range for those employed under the model salaried GP contract be increased by 2.2 per cent for 2008-09. The minimum salary for a full-time salaried GP working 37.5 hours is therefore now £52,462.

While we were disappointed with the 2.2 per cent uplift, we want to ensure that all salaried GPs employed by GMS under the model contract do receive at least this uplift. In order to achieve this uplift, you may wish to highlight to your employer that you are eligible for this under the model contract. If you continue to experience difficulty in receiving the 2.2 per cent uplift, please contact the BMA as soon as possible.

Revised Focus on Salaried GPs Guidance

The GPC's 'Focus On Salaried GPs' guidance is essential reading for all salaried GPs. It explains in detail the minimum terms and conditions for salaried GPs (the salaried GP contract), which came into effect under the new General Medical Services (nGMS) contract on 1 April 2004. The guidance was revised in April 2008 to take account of legal advice on continuing professional development (CPD) protected time and NHS GP appraisal, as well as statutory maternity

leave changes. The guidance is available at <http://www.bma.org.uk/ap.nsf/Content/FocusSalariedGps0604>.

The BMA website also contains copies of the salaried GP contract at <http://www.bma.org.uk/ap.nsf/Content/Hubsalariedgps>. Furthermore, the BMA provides a contract checking service that all members are advised to use prior to signing any new contract. Call 0300 123 123 1 for details.

Update from the Devolved Nations

This section of the newsletter provides updates on issues from the devolved nations as and when they arise.

Scotland

Dr Ian Thompson will continue to be the sessional GP representative on the Scottish General Practitioners Committee (SGPC) for the forthcoming 2008-2009 session. Dr Thompson is working with other committee members and the SGPC secretariat to facilitate discussion and promote greater communication amongst sessional GPs in Scotland. As a first step, work is being undertaken to identify and communicate with sessional GP representatives on Local Medical Committees in Scotland with a view to getting feedback on local issues affecting sessional GPs at a grassroots level.

SGPC recently raised several issues with the Scottish Government Health Directorates with regard to sessional GPs in Scotland, including access to training, education and clinical resources, and expect to discuss these further throughout the Autumn of 2008. Updates on progress with these discussions will be provided in future newsletters.

In addition, a number of locum GPs in

Scotland have reported that they have had difficulty in gaining access to the British Association for Immediate Care (BASIC) courses, particularly in remote and rural areas. Dr Thompson and SGPC are looking into this issue, and would welcome feedback from sessional GPs who have experienced difficulties accessing BASICs courses. If you have been experiencing problems, please contact Anne Jenkins at ajenkins@bma.org.uk.

Northern Ireland

Dr Janet Watters, our representative from Northern Ireland, is keen to ensure that sessional GPs have career opportunities. She is also continuing to work to ensure that there is a funded GP returner scheme in place and that this is fit for purpose.

Wales

Sessional GPs in Wales who wish to draw issues to our attention may do so by contacting Joe Read at jread@bma.org.uk.

Flu Pandemic & Locum GPs

GPC representatives have been in discussions with NHS Employers (NHSE) about how best to deal with a possible flu pandemic, particularly in relation to the work of locum

GPs. We have also been discussing this with the GPC negotiators, and the GPC fully recognises that locum GP fees must be protected during a flu pandemic.

At this stage the discussions with the NHSE are ongoing. We will provide an update when firmer conclusions are reached.

Prescribing Numbers

The Department of Health had previously agreed that sessional GPs should have their own prescribing numbers following pressure from the Sessional GPs and Prescribing subcommittees of the GPC. Sessional GPs around the UK, however, tell us that uptake has been patchy. Those GPs who were on the Flexible Career, Returner and Retainer Schemes should automatically have received prescribing numbers and

individualised prescribing data. Even they, however, report that uptake has not been uniform with some IT systems providers being unable to provide this facility for anyone other than principals in a practice. The revalidation process will require GPs to provide independent audit data, prescribing being one of the most important objective measures used for comparison, performance management and clinical

governance. For this reason we believe that it is unacceptable that so many locums and salaried GPs should continue not to have access to this resource. The Sessional GP Subcommittee is revisiting the prescribing issue in cooperation with the GPC Prescribing Subcommittee, and we will be approaching the Department of Health to ensure implementation of our previous agreement.

Smart Cards

Smart cards are essentially NHS ID cards which enable connection up to the NHS spine, giving access to the Choose and Book system, and potentially other services in the proposed future widening of connectivity between NHS providers. Once again Primary Care Organisations (PCOs) are variable in

providing these but are also constrained by the IT available in providing them for those who work between many different practices and PCOs. As a result many GP locums do not have smart cards, potentially hindering them in their every day practice. Those who work regularly in the same practice as locum

or salaried GPs should approach their practices to register them for a smart card with their PCO. We have already asked the IT Subcommittee of the GPC, and it has agreed, to open discussions with their English Department of Health contacts on this important issue.

Salaried GP Conference



The second salaried GP conference was held on 26 February 2008 in Leeds. The main themes of the conference were career development, employment rights, negotiating skills and the benefits of the model contract. The conference was very well received – 100% of delegates who filled in evaluation forms stated that they would recommend the conference to someone else. We are currently considering options for running salaried GP conferences in the

future. If you would like to be notified personally of future conference dates, please send an email to confunit@bma.org.uk with 'Salaried GP conference' as the heading. Please note that we do charge a notional fee for the conference which is to cover the cost of lunch, refreshments and (if being held outside of BMA House) the venue cost. We do not, however, charge BMA members for the expertise/advice being provided on the day.

GP Returners

The GPC has been concerned that national funding for the GP returners scheme, which was available for GPs who have been out of practise for a period of time, has ceased. We are pleased that other schemes have continued to be funded locally but are concerned that some of these schemes are

managed on an ad hoc basis. We have therefore been working with the Committee of GP Education Directors (COGPED) to try and produce national standards for the scheme. COGPED have set up a working group to discuss producing a national standard induction scheme for GP returners.

Representatives of the GPC Sessional GPs Subcommittee have been attending meetings of the working group. Further updates about this will be provided in future newsletters.

Extended Hours Guidance for Salaried GPs



Some GP practices are looking to extend their opening hours following the introduction of the new extended access Direct Enhanced Service (DES).

We have prepared a guidance note for salaried GPs who have or may be asked to amend their contracted hours of work on a permanent basis. It covers:

- What action you should take if your employer wants to change your hours
- Points to consider before making a decision
- How your employer may change your hours/terms and conditions
- Points to consider in responding to your employer's proposal
- Action to take if your hours are unilaterally changed without your agreement
- Action to take if your hours are changed with your agreement
- BMA support available to BMA members

This guidance note is available at <http://www.bma.org.uk/ap.nsf/Content/exthourssalgps0408>.

In House Performance Reviews

An in-house performance review (IHPR) of salaried GPs can be valuable to both the employer and the salaried GP. We have produced guidance on in-house performance reviews together with sample IHPR documentation. This is available at <http://www.bma.org.uk/ap.nsf/Content/inhoureview>

Revalidation

The development and delivery of a system for the revalidation of general practitioners represents one of the greatest current challenges for the profession. It is envisaged that revalidation should ideally incorporate the processes of relicensure and recertification and should be a seamless process occurring in five yearly cycles. As part of the procedure, developmental work is being done, led by the RCGP, on multisource feedback, practice accreditation, criteria, standards and evidence, and managed CPD systems. The GPC is committed to ensure that whatever system is finally in place, that it will be an equitable and inclusive process for all GPs, and that the difficulty of the process will not depend on the contractual status of the individual GP.

We Want to Hear From You

We are often informed of new issues through the media, Department of Health statements or through our own personal contacts. Sessional GPs are also actively encouraged to contact the group with issues that they consider we should be pursuing. Please contact Joe Read at jread@bma.org.uk with details of any such issues.