Sessional GPs Newsletter

BMA

www.bma.org.uk for salaried and locum/freelance GPs Summer 2011

Welcome to the summer 2011 Sessional GPs Newsletter

What is the Sessional GPs subcommittee?

The Sessional GPs subcommittee represents **all** salaried and locum GPs throughout the UK. The Sessional GPs subcommittee is part of the General Practitioners Committee (GPC) of the BMA and is supported by a dedicated GPC negotiator.

We aim to keep you informed about the wide range of new and ongoing issues affecting salaried and locum GPs. This newsletter features updates on what the Sessional GPs Subcommittee and General Practitioners Committee are doing to represent sessional GPs' interests and **make sure your voice is heard.**

The membership of the Sessional GPs Subcommittee

The Sessional GPs subcommittee has 16 members, elected on a regional basis to ensure representation from across the UK.

Following the report of a working group set up in 2009 to review the representation of salaried and locum GPs, the subcommittee has increased in size from 8 to 16 members, has an executive, which sits on GPC and handles day to day work, and, importantly, now has delegated authority for issues that relate wholly or primarily to sessional GPs.

The members are:

Alexandra Ames	London/Salaried
Kate Barusya	Eastern/Locum
Stephen David Bassett	Wales/Locum
Jessica Harris	Southern/Salaried
Linda Anne Jeffreys	Yorkshire/Salaried
Uday Katkar	West Midlands/Locum
Malcolm Kendrick	North West/Salaried
Mary O'Brien	Scotland/Locum
Bashir Qureshi	London/Locum
Mark Selman	South West/Salaried
Vijoy Kumar Singh	East Midlands/Locum
Clare Singleton	North West/Salaried
Victoria Weeks	London/Salaried
Lydia West	Southern/Locum
Paula Wright	North East/Salaried
Liz Rea	Northern Ireland/Locum (co-opted)

To contact your regional representative on the subcommittee see the **BMA website.**

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Contractual and professional issues

NHS Reform

In July 2010, the Department of Health published the NHS White Paper for England, 'Equality and excellence: Liberating the NHS' and a number of supporting consultation documents. These documents outlined significant changes to the structure of the NHS, and in particular the involvement of GPs in the commissioning of NHS services. This was followed by the introduction of the Health and Social Care Bill to Parliament on January 19th 2011.

The clinical commissioning groups (originally termed 'commissioning consortia') proposed by the government are not yet being formally established. However, in the meantime, practices are beginning to form shadow commissioning groups, which will not have full commissioning responsibilities. It is expected that, within each group, a "transitional leadership" will be put in place to provide strategic leadership.

Allowing all GPs to stand for election to the transitional leadership, regardless of whether they are partners, salaried or freelance/locum GPs, will give commissioning groups access to the widest range of talent, including the many salaried and locum GPs with significant managerial and commissioning experience, and will hopefully increase the transitional leadership's overall effectiveness.

The Sessional GPs Subcommittee particularly encourages sessional GPs to put themselves forward for these leadership positions. The guidance **Sessional GPs: GP Commissioning and the Impact of the White Paper**, available on the BMA website, provides more information.

We would also encourage Sessional GPs to establish themselves on the appropriate distribution lists for clinical commissioning groups in order to ensure that they receive all up-to-date communications, and are aware of new developments. Furthermore, where sessional GPs have specific expertise in a particular field, we would encourage them to involve themselves in commissioning decisions.

In April, the government announced that the Bill's progress through Parliament would be paused while it undertook a 'listening exercise' to allow further consultation on its reforms. Following this break, the government has accepted the core recommendations made by the NHS Future Forum, which was appointed to 'pause, listen and reflect' on the Bill. You can read the BMA's submission to the NHS Future Forum, plus its response to the government's statement on the NHS Future Forum's report on the **BMA website**.

The Bill is now in its Committee stage and is due to go to Report Stage and its Third Reading in the House of Commons in early September. Whatever changes are made during its further progress through Parliament, the Health and Social Care Bill will affect all GPs, and we firmly believe that sessional GPs should be included in local discussions about its implementation. Local Medical Committees (LMCs) have been advised to communicate regularly with all GPs in their local area about how the plans are developing and to help ensure that the proposals develop in a manner that is acceptable to the local profession. It is therefore vital that you contact your LMC to ensure that you are on their mailing list. Contact details for all LMCs are available on the **BMA website**.

You can keep up to date with all the work that the BMA is doing in relation to the current NHS reforms, including the complete series of guidance that the GPC has produced for GPs also available on **BMA website**.

LMC Conference

9-10 June 2011

Each year the British Medical Association (BMA) holds a conference of Representatives from Local Medical Committees (LMCs) from across the UK. This conference provides an ideal forum for lively discussion by allowing 365 Representatives from UK-wide LMCs the opportunity to debate topical issues of medical policy and practice both with each other, and with members of the General Practitioners Committee (GPC), GP trainees subcommittee and Sessional GPs subcommittee who also attend. It is also, most importantly, where GPC policy is formed.

Given the profound nature of the NHS reforms proposed by the Government's Health and Social Care Bill, and the central role which GPs would play in these changes, it will come as no surprise that this was one of the most animated conferences in recent memory.

The Chairman of the GPC, Laurence Buckman, opened conference with a speech which expressed concern that while the GPC can 'see the potential benefits of clinically led commissioning, the government's continuing attitude to competition takes an idea that could be fruitful and turns it into something rotten.' He urged the government not to allow the listening exercise 'just to be a re-spray job to try to persuade us to accept the unacceptable'.

He then turned specifically to sessional GPs in order to highlight the fact that it is GPC policy that 'GPs, whatever their contractual status, should be able to elect and be elected to consortia boards.' He underlined to conference that 'no GP must ever be able to say that they were disenfranchised from any part of the electoral process'. As the NHS reforms progress, it will be vital for all GPs to remember this fact.

This sentiment was later supported by conference when it passed motion 63(i) on Thursday morning. This section stated: 'that conference asserts that in order to commission effectively GPCCs (GP commissioning consortia)' need the active involvement of all primary care doctors, whether salaried, locums, sessional or partners.'

In addition to standing for elected positions, therefore, the Sessional GPs subcommittee would advise sessional GPs to ensure their active involvement. This may take many forms, but it will mean ensuring that you are part of all appropriate communication channels in commissioning consortia, and involved in commissioning itself in your relevant areas of expertise.

The Chairman then made reference to the work of the Sessional GPs subcommittee and reminded all present that sessionals are a 'large and important constituency' and that their 'presence is valued and welcome'. He stated that over the coming years it would be critical to ensure that 'their voice is also heard in LMCs locally, and within emerging consortia in England'.

On Thursday afternoon, conference discussed the two motions in the 'Sessional GPs' section, which had both been submitted by the Subcommittee. Subcommittee Executive member Jessica Harris proposed motion 255 about the detrimental effects of professional isolation on locum GPs. The motion was carried in all three parts so that it is now GPC policy to: facilitate networking between local and regional sessional GP groups; facilitate the sharing of good practice around the creation and running of local sessional GP groups; and develop a toolkit for the creation of local sessional GP groups.

It was noted during the debate, however, that one reason why sessional GPs may feel isolated is that it is not always easy for LMCs to find their contact details. The Sessional GPs subcommittee is already taking action to address this issue by assessing all the problems, and so possible solutions, related to 'information cascades' (see article on page 4).

Following this debate, Subcommittee Deputy Chair Mark Selman proposed motion 256 which called for the 're-introduction of a nationally-funded scheme that allows GPs who have taken a career break to re-enter the practice' while providing 'supervision, support and a salary'. It was important, he stated, not to allow valuable experience and expensive training to be lost and so every effort should be made to help GPs who have taken a break from work to come back. This motion was also carried and so has become GPC policy.

On the whole, therefore, it was a very successful conference and issues relating to Sessional GPs were an integral part of proceedings.

You can read a full report of the Conference on the **BMA website.**

Annual Representative Meeting (ARM)

Sunday 26 – Thursday 30 June 2011

Taking place shortly after LMC Conference, the BMA's Annual Representative Meeting (ARM) also proved a successful time for policy regarding Sessional GPs' issues.

Motion 333, proposed by GPC member and former subcommittee member, Dr Katie Bramall-Stainer, stated that 'this Meeting values retainer and returner schemes, is dismayed at the lack of national funding for these, and is concerned at the threats posed by proposed reforms. We therefore call on the BMA to work to protect and improve retainer and returner schemes'.

Dr Bramall-Stainer expressed deep concerns about the fact that the commissioner-provider split would mean that under-spent budgets could no longer be shared out for retainer and returner schemes. The BMA's Representative Body was extremely worried by this development, and the motion was passed with only one vote against.

Motion 431, proposed by subcommittee member, Dr Vijoy Singh, was also passed (with part (iv), (v), and (vi) as a reference) so creating new BMA policy. The motion reads:

That this Meeting, in respect of Sessional GPs,:-

i) calls for the BMA to negotiate arrangements for them to be included in NHS information cascades to general practitioners;
ii) calls for the BMA to develop a toolkit for the creation of local Sessional GP groups;
iii) calls for LMCs to scrutinise the performance of local GP commissioning consortia on compliance with GPC guidance on inclusion of Sessional GPs;
iv) regrets any exploitation of Sessional GPs by some practices; (PASSED AS A REFERENCE)
v) regrets that some GP practices are denying Sessional GPs the opportunity to become principals; (PASSED AS A REFERENCE)
vi) believes that the term "freelance GP" should replace the term "locum GP" for doctors working in this role in general practice. (PASSED AS A REFERENCE)

The Chairman of GPC, Laurence Buckman, advised the meeting that the Sessional GPs subcommittee would have the ultimate say over the decision whether the term 'freelance GP' should replace 'locum GP' in General Practice. It will, therefore, be under consideration in the coming months. The Sessional GPs subcommittee will look forward to working with these new BMA policies.

You can read a full report of the conference on the **BMA website**.

Revalidation

GMC

Following the consensus that revalidation must be streamlined, the General Medical Council (GMC) has published guidance on the supporting evidence required for revalidation and a new framework based on Good Medical Practice (GMP). This is available on the **GMC website.**

RCGP

The Royal College of General Practitioners (RCGP) are proposing the standards for GP revalidation, and a number of changes are made in the fifth version of the Royal College of General Practitioners (RCGP) revalidation guide, published in December 2010, and available on the **RCGP website.** It is mentioned within the guide that these changes were made to reflect the GMC's request for a simplified system. While we welcome the changes that have been made to simplify the system, we were perhaps expecting more fundamental modifications to be made.

GPC

The General Practitioner Committee (GPC) will continue to work with the GMC and the RCGP to try and ensure that revalidation is fair for all GPs. BMA members can read updates on the progress of revalidation on the **BMA website.** We continue to highlight the potential disadvantages that sessional GPs might face in acquiring the evidence to revalidate and the need for a further sessional GP pilot

Information cascades

Many sessional GPs have highlighted that they miss out on important information that is relevant to their work. This is particularly a problem for peripatetic locum GPs, who are not attached to a practice and therefore have no obvious way of accessing this information through a practice manager or other practice contact. Similarly, practice based salaried GPs are reliant on the practice contact passing relevant information to them and this often does not occur.

It is vital that information can be cascaded to all GPs. The Sessional GP Subcommittee is working hard to highlight any problems which Sessional GPs face in receiving, or when attempting to access, information. As part of this process, the members of the Sessional GPs subcommittee will be asking LMCs in their region about 'information cascades' in order to assess the scale and nature of the problems. The Sessional GPs Subcommittee would like to encourage all Sessional GPs to ensure they are on the appropriate distribution lists which cascade important news to GPs. It is vital that information can be cascaded to all GPs.

Sessional GP Conference 2011

The British Medical Association held a one day educational conference, 'Sessional GPs: Your pathway to success' for sessional GPs on Friday 11 March 2011 at BMA House, London. This conference provided salaried and locum GPs with expert advice, support and information on the key issues affecting their career, as well as offering the helpful opportunity to network with sessional GP colleagues from around the country to discuss shared issues and concerns.

Key themes discussed at the conference were:

- How to develop your career as a salaried or locum GP
- How to meet the challenges of appraisal and revalidation
- The different issues to consider when setting up and working as a locum GP
- The impact of the Health and Social Care Bill on sessional GPs, and the opportunities it provides
- Employment rights for sessional GPs
- How to get access to professional support, and the differing roles of organisations that provide this
- Representation of sessional GPs

The conference received positive feedback from delegates, who commented:

"I have nothing but praise for the entire day. It was well worth travelling 200 miles each way"

"Helped me to reflect on my career so far and consider how I might decide where I want to go next. I feel being a Sessional GP is a valued choice to make"

Next year's conference is planned for spring 2012. Look out for details soon on the BMA **website**

We want your details

The Sessional GPs Subcommittee represents all sessional GPs in the UK, regardless of whether or not they are BMA members.

If you are a BMA member you should make sure that your contact details are up to date and that you have registered your status as a sessional GP. You can update your membership details **online** or by emailing **membership@bma.org.uk**

If you are not a member but would like to receive future editions of this newsletter you should email **membership@bma.org.uk** to register your details.

Contacting your Local Medical Committee

Local Medical Committees (LMCs) are the local representative body for GPs. The LMC that represents you should keep you informed about any issues affecting general practice locally. It cannot be stressed enough how important it is that the LMC has your up-to-date contact details. You can find out how to get in touch with your local LMC on the **BMA website.**

Contacting the Sessional GPs Subcommittee about issues in your area

To ensure that we are addressing the issues affecting sessional GPs, we need to hear from you. If you are a BMA member and need individual employment advice you should contact the BMA on **0300 123 123 3**. If you would like to bring an issue to the attention of the subcommittee then please email the details to **sessionalgps.gpc@bma.org.uk**

Other work areas

In addition to the above, the subcommittee is working on the following areas:

- GP Retainer Scheme funding
- BMA benefits to Sessional GPs
- BMA website content for Sessional GPs
- Locum agreement guidance
- A handbook for locums

Become a BMA member

Join today and ensure you have our full support when you need it.
www.bma.org.uk/join

Northern Ireland

Currently in Northern Ireland, sessional GPs make up around 30% of the general practice workforce. Only a few permanent posts, both partnerships and salaried jobs, have been advertised over the past year. In addition, requests for sessional doctors to provide cover for GP Principals have reduced markedly over the last 12 months, meaning many sessional doctors have reduced employment and income. Northern Ireland Sessional Doctors Association (NISDA) is a voluntary organisation which provides an opportunity for sessional GPs to meet, in particular for educational evening events. The NISDA website contains useful information and a forum for discussing topics such as Significant Events. It has around 100 members, and convenes once a month.

Less than 25% of sessional doctors are registered with NISDA. Professional isolation continues to be a problem for many of the remaining 75%. NISDA plans to contact this year's GP registrars in order to inform them about the organisation and is also trying to make contact with all sessional GPs in NI. Cascading of information to sessional GPs in Northern Ireland continues to be an issue which will hopefully be resolved during the incoming year.

At NIGPC on 15 June Mr D Lambe, Secretary BMA(NI) updated the committee on his work with the Department on death in service benefits for sessional doctors. The BMA is continuing to press the Department to issue guidance/communication.

Wales

A successful 'Making the most of being a Salaried GP', Symposium was held earlier in the year in Cardiff. The event was well received by attendees; feedback has been very positive and it created an opportunity to recruit new members to the association.

Work is continuing to improve services and support to salaried / sessional GPs in Wales. GPC Wales is working with LMCs to achieve this and modern ways of communication will be introduced.

A second event is being planned for later in the year to be held in North Wales, details of this event will be published in the near future.

If there is an issue you would like to raise you can contact the GPC Wales secretariat on dmartin@bma.org.uk

Scotland

Prescriber Numbers for Sessional GPs in Scotland

Scottish General Practitioners Committee (SGPC) negotiators have continued to push for individual prescriber numbers with the Scottish Government Health Directorate (SGHD). This is to ensure that all GPs have a specific prescriber number which, like a practitioner's GMC number, never changes despite changes in status/job such as from principal to locum. This makes sense for a number of reasons including appraisal and audit. SGPC has raised this issue at a recent meeting with the NHS National Services Scotland, Practitioner Services Division (PSD) and it was agreed that they will produce a short business case for providing Sessional GPs with prescribing numbers. This business case would include information on potential costs and feasibility. PSD will be reporting back to the SGPC and the Scottish Government Health Directorate on this matter in due course.

Single Performers List

Although this issue has been raised on many occasions with The Scottish Government Health Directorate, there is still no evidence of any progress. A 'Single Performers List ' working group has been set up following a joint meeting of the two Scottish appraisal groups (SNGPRSG and NGPAG) and this working group has written to the Chief Medical Officer urging his support for a Single National Performers List as well as for prescriber numbers for sessional GPs.

Protecting vulnerable groups scheme

This scheme came into force on the 28th of February 2011. The SGPC has written to the SGHD to clarify how the PVG scheme will apply to Sessional GPs in Scotland.

Making the most of BMA membership

Contact the BMA for advice and support

If you are a BMA member, and require advice relating to your employment, please telephone **0300 123 123 3** or e-mail **support@bma.org.uk**. The BMA offers individual representation and advice, including a contract checking service, advice relating to maternity/paternity, sick leave and redundancy.

BMA