

# GP Trainees subcommittee



www.bma.org.uk

Winter 2007-08

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

## Welcome



Welcome to the winter edition of the GP Trainees subcommittee newsletter. There are some big challenges facing General Practice training and the profession at the moment, and you will almost certainly share the concerns of many over how these changes have, and will, affect your training and your career in General Practice. We aim to keep you up to date with all issues that may affect you, and this newsletter is just one of the ways where we detail how we – and our parent committee, the GPC (General Practitioners Committee) – are working on your behalf, to maintain the future of our valued profession.

Much has happened in the last few

months. Following last year's pay cut, it was important we made the case to resist any attempts to reduce the GP StRs' pay supplement any further. We met with the DDRB review panel in December 2007, who were receptive to the plight of GP Trainees over the last year, and we are now awaiting publication of the final report. Further details are below.

There has been marked scepticism regarding the emergence of large private healthcare providers into the market of General Practice. As private companies move in on more GP surgeries, the opportunities for us – the GPs of the future – are shifting. However, it is unsurprising that with all the changes in General Practice people remain concerned about their job prospects. Although there are few posts available at the moment, it is likely that there will be more opportunities for those qualifying over the coming months, due to the changes to the pension arrangements, and General Practice as a whole. We, with the GPC, have been encouraging surgeries with outgoing doctors to offer partnerships for new doctors, we hope surgeries will recognise the added-value that a partner brings to their businesses.

The new system of continuous assessment through the nMRCGP and

e-Portfolio, shifts the responsibility for continuing education onto the trainee. The trainee must also make sure their trainer is up to speed, and fills in the assessments. We have been working closely with the AiT committee of the RCGP to ensure the e-Portfolios are useful, and a benefit rather than a hindrance to trainees. It seems that as revalidation and re-licensing become more important over the coming years, familiarity with the e-Portfolio systems will be integral to the re-licensing process.

The ideals and foundations of General Practice are being shaken from all sides, and although GP trainees represent only a small group, it is vital that our voices are heard. We continue to fight for the future of General Practice and its trainees. There are still many opportunities as well as threats, and we hope to help you make the most of our future.

We hope you enjoy reading this edition of the newsletter, and as always, we welcome any comments and concerns you have; so as to overcome the challenges, produce the highest calibre GPs, and provide the best possible care for our patients.

**Alex Smallwood, Chairman,  
GPC GP Trainees Subcommittee**

## A future in General Practice – Imposed changes to the GP contract

In October 2007 the General Practitioners' Committee (GPC) entered into negotiations with NHS Employers acting on behalf of the government, designed to extend GP opening hours. The BMA submitted a workable proposal which would have produced extended opening hours and guaranteed quality of service for patients. However, the government refused to accept this offer and put forward an alternative proposal that placed undue emphasis on extended opening hours and access targets to the detriment of improvement in quality of care to patients. The government furthermore stated that if the proposal was not accepted, draconian contract terms would be imposed

upon GP practices without further consultation or negotiation with the BMA.

The GPC felt it was unable to accept the government's proposals and decided that it would seek the views of all GPs, and subsequent notice of a more draconian government imposition was given on 21 December 2007. There is universal condemnation about the way the Government has failed to agree contract changes with the GPC and has proposed a "final offer" (now referred to as option A) but also threatening to impose a much more penal contract (now referred to as option B) if this was not accepted by the profession.

At its meeting of 7 February the GPC

debated and passed the following motion; *That the GPC has come to the conclusion that Option A is less damaging for general practice, because the alternative option will harm the underlying fabric of NHS general practice more quickly and more lastingly.*

GPC remain deeply concerned about the rigidity of the planned extended hours Directed Enhanced Service and the way Government is trying to micro-manage general practice and would encourage all GP trainees to lobby their MP and inform their patients about what the Government in England is doing.

The BMA will shortly poll all General Practitioners on their views in relation to the

government's proposals, and it is vitally important that all GPs and GP Trainees, regardless of contractual status, have a say.

GP trainees in their ST1 or ST2 training years are able to participate in the poll. However, owing to difficulties with the data that is held for these members which makes it impossible to distinguish ST1 and ST2 GP trainees from junior hospital doctors, these trainees will need to register their details (full address, name, training level and **also including GMC number**) in an email to

gptrainees@bma.org.uk which will allow them to receive a poll paper. GP Specialty Registrars (ST3) who are already registered should receive documentation through the post automatically.

The BMA is working to improve how data for GP trainees is kept to avoid the need for this process in future surveys and communications.

Any GP who has not received the poll documentation who believes they should have, with the exception of ST1 and ST2 GP

trainees as referred to above, by Thursday 21 February 2008 should contact the Electoral Reform Society on 020 8889 9203

Further information regarding the imposition and the details for both options, as well as a webcast and letters to the profession from Laurence Buckman, Chairman of GPC, can be found on the BMA website at:

<http://www.bma.org.uk/ap.nsf/Content/GPwebcast0108>

## Annual leave entitlement

We reported in our December e-bulletin that the GPC/COGPED Framework for a contract of employment guidance for GP Specialty Registrars had recently been amended to reflect that GP Specialty Registrars who are on the third incremental point or higher of the Specialty Registrar payscale (NB this is not the same as ST3, and means those on STR point 03 or above), receive an additional five days annual leave in line with their hospital colleagues.

Whilst there is no legal obligation to do so, we asked that GP Trainers consider this amendment and, if their current GP trainee were eligible, to amend their contract to allow for this additional leave entitlement. However, we are aware that there is some confusion as to implementation of this change, and so are happy to make clear that:

- The change was an amendment to the Framework contract document. We would hope that this is supported by GP Trainers by ensuring that the current and future contracts of those trainees who are eligible are amended accordingly.
- Our aim was to ensure as far as possible equity between the two training specialities, and as such, we advise that in line with the hospital terms and conditions of service, those GP Specialty Registrars on point three or above of the Specialty Registrar payscale are those who are eligible for the additional leave. All other GP Specialty Registrars should retain the existing entitlement of 25 days annual leave.
- We have consulted with the executive of COGPED to clarify whether there are any concerns in terms of the educational

experience of GP Specialty Registrars and whether there would be any difficulties in light of PMETB (or extant JCPTGP) regulations. We are reassured that there are none.

The Framework for a written contract of employment is available on the BMA website: <http://www.bma.org.uk/ap.nsf/Content/framecontractGPregs0707>

The subcommittee would like to remind all GP Trainers and trainees that it is good practice to sign contracts of employment for any forthcoming placements at an early stage and that the BMA offers a contract checking service to members. [www.bma.org.uk/askbma](http://www.bma.org.uk/askbma)

## Doctors' and Dentists' Review Body and the GPStR Supplement

The DDRB is an independent body whose role it 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 BMA submitted its evidence, which included evidence on behalf of trainee doctors, to the DDRB in October 2007, and the Chairman of the GP Trainees Subcommittee also attended the DDRB oral evidence day, along with the GPC Chairman at the beginning of December to answer any further questions the DDRB may ask in relation to the submitted evidence. We are now awaiting publication of the final DDRB report, which is expected towards the end of February 2008.

Current GP trainees will remember that despite strong evidence submitted by the

BMA in the past which had ensured that the supplement was maintained at 65% for a number of years, the 2007-08 DDRB report saw the supplement reduced from 65% to 55% following increased calls from the NHSE and DH.

The evidence submitted from both the DH and NHS Employers for 2008-09 called for a further reduction in GP Specialty Registrar supplement to 50%. The BMA has argued strongly against this, and our evidence in respect of GP Specialty Registrars (GPStRs) focused on the increased personal living, training and certification costs, and called for an appropriate uplift to basic pay, whilst maintaining the supplement at its current level of 55%. The BMA's evidence also highlighted concerns that any further recommendations which did not address the effective reduction in disposable income for GPStRs would likely see further adverse implications on the recruitment of young

doctors into general practice.

Further information regarding the forthcoming DDRB report will be made available on the BMA website as soon as possible.

The BMA's 2007 evidence to the DDRB is available, in full, at: <http://www.bma.org.uk/ap.nsf/Content/DDRBevidence2007>

The NHSE's evidence is available at:

<http://www.nhsemployers.org/pay-conditions/pay-conditions-3077.cfm>

The Department's evidence is available at: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080117](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080117)

Further information on the remit of the DDRB is available at:

<http://www.ome.uk.com/review.cfm?body=5>

## November pay uplift

The Direction to Strategic Health Authorities Concerning GP Registrars were amended in England with effect from 1 November 2007 to uplift the payscales in accordance with the remainder of the £650 DDRB staged uplift in 2007. These uplifted payscales are available on the DH website here: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH\\_079915](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_079915)

We are aware that trainees in Wales have not yet seen any appropriate increase to their salary from 2007. The subcommittee representative for Wales has worked closely with the GPC Wales office to raise this, and we have recently received assurances from the Welsh Assembly Government that GPStR pay will be sorted imminently in Wales, with appropriate payments made over the coming weeks.

## PMETB

### Certification fee increases

The PMETB recently consulted on proposed certification fee increases for doctors applying for a Certificate of Eligibility to the General Register (CEGPR), or Certificate of Eligibility to the Specialist Register (CESR) equivalence routes to the Specialist and General Practice registers.

Most doctors who successfully complete postgraduate training are awarded a Certificate of Completion of Training (CCT) and the PMETB has proposed that these fees will rise from £750 to £770. However, the consultation focused on the equivalence routes which are undertaken by doctors who may not have followed a traditional training programme, but who have achieved the same level of competencies and skills as CCT holders. The PMETB proposed that these fees increase from £1250 to £1850.

The BMA was naturally very concerned by the proposal to increase fees and the General Practitioners Committee (GPC) lead

on the joint craft BMA response to the consultation, which was submitted to the PMETB at the end of January.

Following the outcome of the consultation any proposed fee increases will come into effect from 1 April 2008. Further information regarding the PMETB consultation can be found at: <http://www.pmetb.org.uk/>

We would like to remind all GPStRs to apply for their certificates, whether CCT or Article 11 (CEGPR), as early as possible to avoid delays at the end of training.

### National Survey of Trainees 2008

The PMETB has recently launched a National Survey of GP Trainees, and a National Survey of GP Trainers. Further information on both surveys is available at: <http://www.pmetb.org.uk/pmetbsurveys>

## Final Tooke Review

The Tooke Report on medical training has recommended a number of changes, including changing GP training schemes to 5 years (of which two would be spent as GPStR) and the loss of the FY2 year. The aims and competencies of the FY2 would be retained, and rolled into the first year of GP training.

In January the final report of the Tooke Review was published. Whilst this was broadly similar to the interim report, to which the BMA responded in November, there were some notable changes, including the recommendation that a new body be formed, the National Health Service Medical Education England (NHS MEE). It was proposed that the NHS MEE would be responsible for a number of functions, to include:

- Holding a ring-fenced budget for medical education in England;
- Acting as the professional interface between policy development and implementation on matters relating to PGMET;
- Working with equivalent bodies in the Devolved Administrations thereby promoting UK wide cohesion of PGMET whilst facilitating local interpretation consistent with the underpinning

principles NHS:MEE would be accountable to the SRO for medical education and be advised by an Advisory Board with professional, service, academic, employer, BMA and trainee representation.

Following the publication of the final Tooke report, the Parliamentary Under-Secretary of State, Department of Health, Lord Darzi of Denham made the following statement in the House of Lords: "I certainly guarantee that that (multiprofessional educational and training) budget will be ring-fenced for education and training needs", a statement that was later retracted by the minister. Hamish Meldrum, Chairman of BMA Council, has written to the press expressing the BMA's great disappointment with the way in which the matter has been dealt with by the Department, and stressing the importance of ring-fenced funding for education and training purposes.

The BMA's General Practitioners' Committee welcomes the Final Report's recommendation for General Practice training to be extended to five years. In order for this recommendation to be successful it is essential that the five years' training be targeted towards family and community medicine, with Directors of

Postgraduate General Practice Education (DPGPEs) having a significant input into the curriculum for this time. In addition, appropriate resources must be ring-fenced for this. The GPC will be meeting with the Department of Health in the near future to discuss these issues.

## GP Trainees' Handbook

**Work on a new GP Trainees' Handbook is now underway, and it is hoped that this will be completed in time for August 2008. It is intended that this will be a web-based tool providing information throughout GP training for BMA members, with a more general summary document available for all GP Specialty Registrars, watch out for future news in forthcoming newsletters.**

## GPs To Be conference 2007



Last July, on the eve of commencing my GP Registrar year (ST3) I attended the National Conference for GPs To Be, organised by the BMA's GP Trainees' Subcommittee.

At the time, I was myself a representative of this subcommittee, from the BMA's Junior Doctors Committee, but I nevertheless thought that this would be an extremely useful couple of days. I was pretty anxious about the nMRCGP – I was going to be sitting it, but no one seemed to know anything about it. Also the general lack of reliable, practical information about not just the GPR year, but the development of careers in General Practice as a whole, the feasibility of developing a specialist interest, and a whole host of other issues.

I was not disappointed. It turned out to be the best £220 I'd spent in a long time. The calibre of speakers was excellent.

Professor Steve Field, President of RCGP and creator of the nMRCGP was there to speak and answer all the (many) questions we had. Dr Hamish Meldrum, Chairman of Council of the BMA and former GPC Chairman spoke about the future of General Practice – a topic that is even more relevant this year...

Whilst I was an SHO (ST2) there was also substantial information, guidance and sessions on how to succeed in entry into GP Specialty Training, and indeed the entire conference would be suited to anyone from F2 to ST3.

It was also an opportunity not just to network with colleagues around the country, but to get such valuable information as a guide to our Pension planning from Dr Andrew Dearden, a GPC member who was Chairman of the BMA Pensions Committee – and who managed to make financial planning both interesting and understandable. Not an easy task to say the least. There were also other numerous excellent speakers, many of whom we had the opportunity of smaller sessions with, and always the chance to speak privately on an individual basis afterwards about our questions and concerns. Topics covered included Flexible Careers as a GP (including all you need to know re: Locuming vs Salaried/Sessional work); Academic options in Primary Care, GPW/SIs, Partnerships, Contracting, E-Learning, CPD and many many more. The last session was held by Dr Laurence Buckman, the charismatic

current Chairman of the GPC.

I know that this year, we will be holding the Conference in the new BMA Conference facility at BMA House, and it will be fantastic. If you want to meet the leading lights of General Practice, put your questions to them, and equip yourself with all the know-how you need to succeed in training, and beyond, then this Conference will be unmissable.

**Katie Bramall, Deputy Chairman, GPC GP Trainees subcommittee**

## GPs To Be Conference 2008

Following the huge success of the July 2007 GPs To Be conference held in Solihull, the BMA will once again hold a conference for trainees who are considering a career in general practice. This year the conference will be held in the brand new conference facilities at BMA House in London, **24-25 July 2008**, and is highly recommended to all those in GP training.

Please keep an eye on the BMA's website for up-to-date information and your chance to reserve a place visit <http://www.bma.org.uk/ap.nsf/Content/HubBoPConferences>

## Changing Views



The BMA has come in for some bad press recently – rightly or wrongly depends on which side of the fence you are on. There is a feeling amongst trainee doctors within

all specialities that they have not been adequately represented by the BMA on a number of issues, most obviously the MMC/MTAS fiasco. This is certainly how I have felt since returning from New Zealand over 2 years ago. I was amazed at what I perceived to be a complete lack of interest and action from the BMA, but I was also surprised at the indifference shown by fellow juniors who seemed intent on burying their collective heads in the sand, and yet were all too willing to complain at how bad things were.

After numerous attempts to contact local JDC reps or even join JDC as a rep, I felt the BMA was a club that only admitted its own. So when friends heard I was signing myself up to a BMA committee, they thought I was joking, so passionately angry was I towards

the establishment.

The driving force for this apparent change of heart was something I have already alluded to. Doctors in the UK seem to be an expert bunch at complaining to each other about what is going on, but shy away from being too vocal elsewhere, apparently scared of rocking the boat or being singled out as troublemakers. I don't believe in sitting quietly, grumbling to myself in the corner, but I do think getting involved is a must before assuming things don't work.

I was sceptical about going to meetings. My attitude towards the BMA is cool at best and, I believe, representative of many junior doctors. Having attended my first meeting, however, I was pleasantly surprised. There was good attendance, with intelligent conversation around topics relevant to

current trainees, and a good mixture of political movers and shakers as well as those who just want to see what's going on and why – an important mix when it comes to ideas and actions.

Pertinent issues of the day were raised, and most people had made some discernable efforts to communicate with their deaneries and fellow trainees to make sure concerns were fed into the committee.

The second meeting built upon the first, with many an email in between to summarise and clarify points, and it is slowly becoming clearer to me – and I admit this rather grudgingly as I am a stubborn sod – that for all its faults, the BMA (or, at least,

this particular committee) is responsive and there is a clear and genuine desire to improve things. The main hurdle to overcome, it seems, is breaking the apathy that is stagnating its members and all doctors in the UK.

The BMA is our union, and our representative body. They may not be perfect, and many a criticism is often levelled at them – but the same is true of any organisation. I believe the impression held by many juniors of the BMA is that it is inaccessible, aloof and unsupportive. Whilst this may be based on a few unfortunate experiences, it is also fuelled by an attitude of indifference: 'we can't change anything, so why bother trying'. A union is only as

strong as its membership, and so I would urge doctors at all levels to sit up and show interest in their profession, to seek out their local representatives and make sure their opinions are heard, and to realise that changes can be made only if we have the collective will to stand up and be counted.

Note: further information regarding the BMA's activities in relation to MMC is available on the website:

<http://www.bma.org.uk/ap.nsf/Content/Hu bNewmodernisingmedicalcareers>

**Hamish Duncan,  
South Western Representative,  
GPC GP Trainees subcommittee**

## Subcommittee membership

The subcommittee has representatives from each region of England, plus one each from Wales and Northern Ireland, and three from Scotland who support trainees in their regional areas and bring 'hot' topics to the subcommittee for discussion and any necessary action. Whilst there are currently representatives on the subcommittee for almost all regions within the UK, vacancies still exist in SE Scotland and W Scotland.

Regional representatives, in general, hold their seat for a 2 year session, and

therefore some vacancies arise on the subcommittee every summer. If you would like to get involved by becoming a representative please see information about the subcommittee, and what representation involves which can be found on the BMA GPC website:

<http://www.bma.org.uk/ap.nsf/Content/gpregrep>

Many regions have their own committees which act as discussion forums for local trainees and are hugely important for our work. If you would like to get involved and contact your regional

representative and find out what's going on in your area please email Victoria White ([vwhite@bma.org.uk](mailto:vwhite@bma.org.uk)) who will be able to put you in touch.

Details of the current membership can also be found on the website:

<http://www.bma.org.uk/ap.nsf/Content/gpregmembers0902?OpenDocument&Login>

You can also contact your local representative for help and advice or to ask for local issues to be raised and considered at a national level.

## Preparing for Retirement



One of the things we doctors don't always do well is to take care of ourselves. Preparing for retirement is one of the areas we often neglect until it is too late to do anything meaningful. Remember you have approximately 40 years in a career to "save"

for an average of 20 years of retirement, hence the need to start now.

It is impossible to cover this topic in a single article, so I will mention the main areas to consider and give you a list of 5 things to do straight away that will increase your choices when you start to approach retirement age. (As one who recently turned 45, believe me it comes around much sooner that you'd think!).

So what to do today? I would strongly suggest

1. Start by arranging a meeting with one / or several different Independent Medical Advisors (IFA) e.g. BMA Services.
2. Writing to the NHS Pensions Agency and ask for an annual statement / estimate of your pension. (Your IFA can help you with

actions 2-5)

3. In the same letter ask for a Service Record, which is their record of what jobs you've had, and how much you've contributed to you pension.
4. Ask the NHS Pensions Agency for an estimate for an Added Year Contract by 31st March 2008, this does not commit you to buying them, just registers your interest.
5. Contact the State Pension Agency and ask for an estimate of your state pension.

These 5 will start to give you the information that I would suggest you need to plan for the future.

### NHS pension

I personally think the NHS pension scheme is good value, even with increased contributions after April 2008, but ask your

financial advisor for an "independent" view. Remember that a cash value of 20% of our earnings goes into our fund, of which we have only been paying 6% ourselves. Even if this increases to 8.5% in the future, the employers are still adding nearly twice that amount into our pensions. You also need to know that you can set your personal contributions against tax. So even 8.5%, after tax, is actually a personal contribution of only 5.1%

You can maximise your NHS pension by:

1. Maximising your years of entitlement
2. Maximising earnings
3. Buying added years (see below)
4. Buying additional annual pension of up to £5000 after April 2008

**New Added Year contracts** will not be available after March 31st 2008. So, if you don't already have an Added Years contract, I would suggest you write to the NHS Pensions Agency (By March 31st 2008) for a statement of how many years you could buy and what it would cost to do so. This does not commit you to buying them but does give you the option of taking them out on your next birthday, if you decide to do so. Another discussion to be had between you

and your IFA.

We will also be able to purchase an additional £5000 of annual pension after April 2008. Once we've done the calculations on cost and issued information this may be an option some may want to consider.

I am often asked if transferring into the New NHS Pension Scheme is a good idea. At the moment we are working out the transfer "rules". Once we've done that then we will give advice on how to approach this. The good news is that you don't have to decide either way until the 12 months between July 2009 and June 2010, so no rush.

### Private pensions

We will all earn private or non NHS work income. You should also take this into consideration when retirement planning. The amount you earn may not be much now, but it could increase significantly once in practice. You should consider setting up a private pension for you and your spouse. You should discuss this with your IFA.

### State pension

You are entitled to a state pension, as long as we've paid / worked enough "years".

Don't assume you'll get the full rate so make a phone call and as for an estimate of your entitlement and that of your spouse / partner. The age of retirement for the state pension is increasing, as below

Age of state pension

- 2006 – 65 years
- 2026 – 66 years
- 2036 – 67 years
- 2046 – 68 years

### Summary

I could cover things like saving cash, investments, property etc, but I will leave these to the discussions between you and your IFA.

The best I can do is to highlight the need to start, if you have not already, give you a list of 5 things to do to get you started and hopefully made you think you'd better review where you are. If I've done that, I'll be content.

Dr Dearden will also be speaking at the 2008 GPs to Be conference.

**Andrew Dearden, GPC member and past Chairman of BMA Pensions committee**

## We need your details!

Whether or not you are a BMA member, please ensure that your details held in the BMA records are up to date, so that we can ensure you receive all the news and documents that are relevant to you.

To update your details, please telephone the BMA's membership department on 020 7383 6595.



## 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 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 [www.bma.org.uk](http://www.bma.org.uk). If the information you require isn't available on our website, *askBMA* are able to advise members directly on their individual contractual and employment issues. Contact *askBMA* on **0870 60 60 828** or visit their website: <http://www.bma.org.uk/ap/nsf/Content/Hubaskbma>



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