

WELCOME

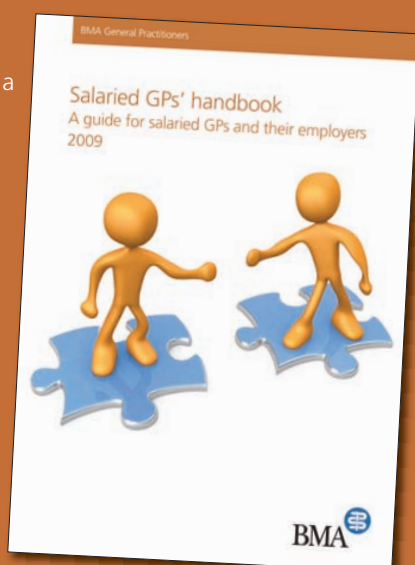
The aim of this newsletter is to keep you up to date with the wide range of new and ongoing issues affecting salaried GPs and locum GPs (known collectively as sessional GPs), as well as the hard work that the GPC's Sessional GPs Subcommittee undertakes behind the scenes on your behalf. We hope that you find this latest update useful and, as always, we welcome your feedback.

This issue covers the following topics:

- Aims of the sessional GPs subcommittee
- Elections to the subcommittee
- Whether the model salaried GP contract should be scrapped: article by Dr Vicky Weeks
- Salaried GPs' handbook – *NEW* guidance
- Increases to salaried GPs' pay
- Revalidation and how the subcommittee is protecting locum and salaried GPs
- Flu Pandemic
- Proposed conference for locum and salaried GPs
- The BMA's contract checking service for salaried GPs
- The new BMA website
- Forum for locum and salaried GPs
- Refer a friend scheme

BMA SALARIED GPs' HANDBOOK

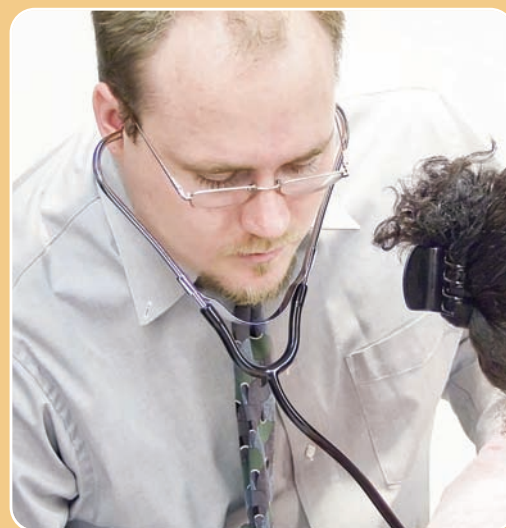
The new salaried GPs handbook for salaried GPs and their employers is now available to BMA members. It is a comprehensive guide to the legal entitlements of salaried GPs as employees. It helps to ensure that salaried GPs are aware of their statutory and contractual rights, and also helps to prevent GP employers contravening the law unwittingly. In addition, it explains the national and local representation of salaried GPs, how to become a salaried GP and the work involved in doing so. The handbook is a benefit of BMA membership. It was sent out in hard copy to salaried GP BMA members from 26th February 2009. If you are a salaried GP BMA member and have not received a copy of the handbook, then please contact the BMA about this by calling 0300 123 123 3 or e-mailing support@bma.org.uk. Locum GPs who are members of the BMA can also request a copy of the handbook using the same contact details as above.



WHAT IS THE SESSIONAL GPs SUBCOMMITTEE?

The Sessional GPs Subcommittee is part of the General Practitioners Committee (GPC) of the BMA. The Subcommittee 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.

ELECTIONS TO THE SESSIONAL GPs SUBCOMMITTEE



We are currently seeking nominations for membership of the sessional GPs subcommittee. Nominations close on 15th May, so if you're interested in becoming involved then please get your nomination form in as soon as possible. You can find further details about the elections at:

www.bma.org.uk/representation/branch_committees/general_prac/sessionalelections0409.jsp?page=1

SHOULD THE MODEL SALARIED GP CONTRACT BE SCRAPPED?



It is occasionally suggested that the model salaried GP contract should be amended or even scrapped altogether. This is on the grounds that the model contract is too favourable to salaried GPs.

SEEKING YOUR VIEWS

I have always been a strong proponent of the model contract. My views on this are set out below. I do though respect that these are my own views. For this reason, we will shortly be undertaking a survey of a sample of sessional GPs in order to gauge the attitude of the sessional GP profession. If you are chosen as one of the sample, I urge you to complete the short electronic questionnaire. I and the subcommittee really do want to know what you think in order to help shape the future direction of the contract.

MY VIEWS

The model salaried GP contract was negotiated between the GPC and Departments of Health as part of the new GMS contract negotiations. It was introduced in 2003 and became obligatory for GMS practices and Primary Care Organisations (PCOs) to use when employing a new salaried GP from 1 April 2004 – such that these employers must now offer terms and conditions which are no less favourable than the model.

Prior to 2004

Before the model contract, there was little protection for salaried GPs. There was no requirement for employers to pay any more than the statutory minimum for maternity, sick leave, redundancy, etc, and there was also little or no provision for continuing professional development.

From 1 April 2004

The model contract was a major win for us. In comparison to the situation before, the contract treats salaried GPs with respect and provides many of the benefits that hospital doctors enjoy. For example, it provides enhanced sick, maternity and redundancy pay. It also recognises your previous NHS service. Another major benefit is that it provides four hours of protected CPD time a week, which is vital for all GPs and will be particularly important since we will shortly be required to prepare for revalidation.

While the model contract provides minimum terms, it does allow a degree of flexibility. For example, an employer and salaried GP may mutually agree to different terms. Also, it is possible for an employer to offer replacement terms provided that the overall effect is no less favourable – and on this the BMA can provide guidance as to what would constitute no less favourable. Flexibilities therefore currently exist as part of the current model contract framework, and are available without the need for a national revision of the model contract.

How the model contract applies to those working in PMS and APMS

Unfortunately the Departments of Health continue to refuse to make the model contract obligatory for PMS and APMS employers. Nevertheless the model contract does have a potentially positive impact for those they employ. This is because salaried GPs and GP employers know that the model contract exists. It therefore acts as a benchmark for good practice, which all salaried GPs can potentially use as a negotiating tool.

Should the model contract be revised at national level?

In the name of making amendments, some have called for the CPD provisions and/or the continuity of service provisions to be removed from the model contract. In my view, that would be a severe watering down of the present contract for all salaried GPs. While such revisions might be agreed between the individual salaried GP and employer, this should not be the minimum standard that applies to all. There is also the risk that if we attempt only to revise certain clauses, so they remain but in a lesser form, we may not achieve all that we would wish to achieve in any re-negotiations and would be in danger of losing far more than we were intending.

The sessional GPs subcommittee's aim is not to do anything which may be detrimental to salaried GPs, current and future. Given the points above, I have serious concerns as to whether a revision would be the right thing to do.

Should the model contract be scrapped altogether?

As you will have gathered, I believe that the model contract provides salaried GPs with important protection. Even GPs who are not employed by GMS practices or PCOs do, hopefully, gain some benefit from the model contract. Without the protection which it provides, many salaried GPs may be left with only the bare statutory minimum.

Share your views

As I have said above, these are my views. Since there may be calls from some for the contract to change, I would like to be armed with your views.

We will shortly be conducting a survey of sample of those of you on our email distribution list. Whether you share the above views or have a different approach, if you are asked for your views PLEASE do respond. This really is your opportunity to shape the future for salaried GPs.



Dr Vicky Weeks, chairman of the GPC sessional GPs subcommittee

SALARIED GPs' PAY

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

When the BMA submitted its main evidence to the DDRB for its 2009 pay review, we called for a general percentage increase in the salary range that the DDRB sets for salaried GPs. We particularly drew attention to the current

unfavourable market conditions for salaried GPs, in terms of difficulties in insisting on the model contract.

The DDRB has recommended that **the minimum and maximum of the salary range** for salaried GPs be **increased by 1.5% for 2009/10**. This means that the minimum salary for PCO-employed and GMS-employed GPs is now £53,249. Salaried GPs employed on the model salaried GP contract should therefore receive an uplift from 1 April 2009 of 1.5%. We are obviously disappointed that the

rise was not far higher. However, the DDRB reiterated its view that salaried GPs should ensure that their employment contracts are fit for purpose, and that they should be able to negotiate a pay review without the DDRB's assistance. If you are having difficulty in achieving the necessary increase in your salary, BMA members should read chapter 7 of the BMA Salaried GPs' handbook for more details and, as appropriate, contact the BMA for further assistance (email: support@bma.org.uk).

REVALIDATION

The RCGP has recently published a document setting out its proposals for how revalidation will be delivered for GPs. This is available at the link below. The RCGP are currently carrying out revalidation pilots, which are due to be completed in the second half 2010. It is currently envisaged that revalidation will not begin until 2011 at the earliest.

www.rcgp.org.uk/revalidation/revalidation_guide.aspx

The Sessional GPs subcommittee is extremely concerned that under current plans, certain aspects of revalidation will be more difficult for sessional GPs to complete than GP partners. It is therefore working on your behalf to ensure that the process is fit for purpose and equitable for all GPs. The subcommittee has representation on various high-level groups, including the RCGP's revalidation stakeholder group, and puts the sessional GP agenda forward at every opportunity.

In addition to this, Dr Laurence Buckman, the Chairman of GPC, and Professor Steve Field, the Chairman of RCGP council, have written jointly to the four Chief Medical Officers, outlining issues of concern for all GPs regarding the revalidation process. One of the points raised in the letter is that each sessional GP should be issued with their own prescribing number linked with their GMC number, in order to help them collect some of the data required for revalidation purposes.

RECOGNISE YOUR TALENTS, REALISE OPPORTUNITIES: BMA CONFERENCE FOR SALARIED AND LOCUM GPs

In November (date to be confirmed), the BMA will be holding a new conference for salaried and locum GPs at BMA House, London. This will cover useful tips on 'marketing' yourself, career development workshops, and guidance on how to meet the challenges of revalidation.

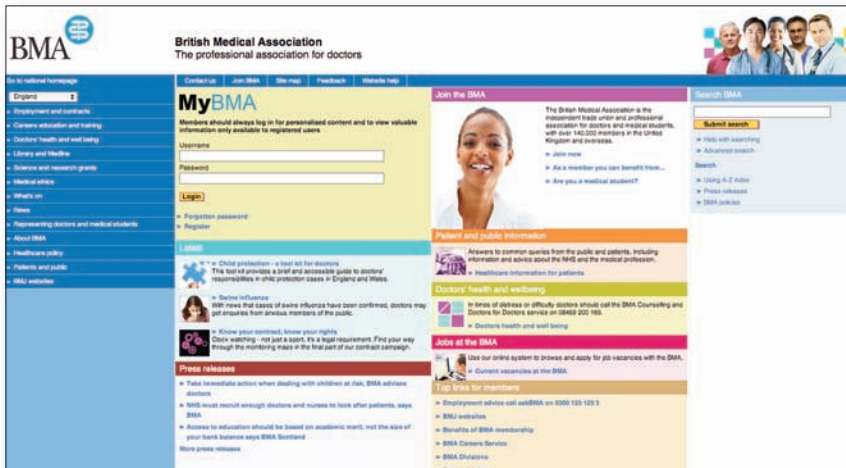
Details of the conference will be available on the website shortly. In the meantime, to register your interest for this event please email: jlewis@bma.org.uk with 'Realise opportunities: sessional GP conference' as the heading.

FLU PANDEMIC

As you would expect, flu pandemic planning issues, such as fees for locum GPs and death in service benefits for locum GPs' families, are high on the subcommittee's agenda. We are heavily involved in discussions with the Department of Health regarding these issues, and hope that these will be finalised in the very near future. Developments will be posted on the BMA website as they occur.



LAUNCH OF NEW WEBSITE



The new BMA website was launched recently and as well as having a new design, it includes new features such as a much improved search facility and an increased targeting of information based on your branch of practice and the country that you work in. You can visit the website at www.bma.org.uk.

In particular, please see information relevant to:

– salaried GPs at:

www.bma.org.uk/employmentandcontracts/employmentcontracts/salaried_gps/index.jsp

– locum GPs at:

www.bma.org.uk/employmentandcontracts/independent_contractors/gpfaqslocums.jsp

www.bma.org.uk/employmentandcontracts/fees/locum.jsp

www.bma.org.uk/employmentandcontracts/pensions/general_pensions_information/locumgpspension0106.jsp

CONTRACT CHECKING

One of the main benefits of BMA membership for salaried GPs is an employment contract checking service, which includes a comparison with the salaried GP model contract. We recommend that any GP who is offered a salaried GP post uses this service before deciding whether to take the post. If you are a member of the BMA, this service is available by contacting the BMA at **support@bma.org.uk** or on **0300 123 123 3**. If you are not a member of the BMA and are interested in joining, then call **0300 123 123 3** or visit **www.bma.org.uk/join**.

SESSIONAL GP FORUM

You may be aware that the BMA website includes a sessional GP forum. This provides you with the opportunity to interact with other sessional GPs and the BMA secretariat regarding the issues affecting your life as a sessional GP. You can find the forum at

web2.bma.org.uk/gpcforum4.nsf/Home?OpenForm

Please note that individual employment related questions should be directed to **support@bma.org.uk** or telephone **0300 123 1233** for BMA members.

REFER A FRIEND FOR BMA MEMBERSHIP

If you refer a friend for BMA membership, then you could both be rewarded with a £100 John Lewis gift voucher. The steps for being entered into the draw are described below. This offer closes at the end of May 2009.

STEP 1

Your friend logs on to www.bma.org.uk/join and completes an online application form and Direct Debit mandate (between 15 February and 31 May 2009). To enter the draw they must quote the promotional code 3204 and your BMA membership number.

STEP 2

Once your referred friend is confirmed as a BMA member you will both be entered into the draw to win one of eight £100 John Lewis gift vouchers.

