

Sessional newsletter – February 2023

Welcome to this month's newsletter from the sessional GP committee. The committee sessional GP committee forms part of the BMA's GPC (general practitioners committee). We provide national representation for all salaried and locum GPs. Our members come from a range of backgrounds and careers, and we use our knowledge and experience to speak up and fight for a better deal for sessional GPs across the UK. You can find your local representative here ([SGP webpage](#)).

As a BMA member, you can access employment support via the first point of contact service. If you feel that the committee needs to be informed of a general issue, you can contact us via sessionalgps@bma.org.uk.

This newsletter goes out to sessional BMA members across the UK. Some of the items in this month's newsletter relate to all four nations, some may only be relevant to one nation so please make sure you read any items that are relevant to you.

A message from the co-chairs

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We welcome any feedback on the newsletter - including what you would like to see in upcoming newsletters - and we invite you to submit any feedback via this [feedback survey](#) which should only take a few minutes to complete.

Annual salaried pay uplift (DDRB) – UK

The Sessional GP Committee decided to submit written evidence to the DDRB again this year. Our evidence centred around there being a continuing demand for a salaried GP pay range, and for DDRB to continue to make recommendations for an annual pay increase for salaried GPs – but crucially that the range must be realistic which currently is not the case. As a minimum, we asked the DDRB to increase the pay range by £9,000 before any further pay recommendation for this group.

Our position was informed by two surveys which evidenced the extent to which the pay range bears little relation to actual levels of pay. Our latest survey from Autumn 2022, found that 21% of respondents earned above the range in FTE terms and both the 2020 and 2022 surveys found that

there is a consistent discrepancy between the DDRB recommended range and reality with the bottom and top ends requiring an uplift of at least £9000 (before applying the pay recommendation for this pay round) if it is to fulfil its purpose and ensure a level of consistency across all salaried GPs regardless of their gender, work patterns and ability to negotiate locally.

The survey continued to show that the average annual pay increase was below the DDRB recommendation (3.1% for those salaried GPs who have received a pay rise since April 2022), despite the review body's emphasis that it is 'important that pay uplifts are passed on to salaried GPs, in line with the BMA model contract'. More disappointingly, around 12% of respondents stated they had not received any pay rises. This further supported our position that a pay range that does not reflect the current market forces will exacerbate this situation, as salaried GPs outside the range may find themselves excluded from any pay increase.

Across the association, the BMA last month also published a [critical report](#) which outlined the failings within the pay review process. The report concludes that the NHS staffing crisis cannot be resolved without wholesale reform of the pay review body.

A reminder that practices who have salaried GP employed under the terms of the model contract should offer the DDRB recommended 4.5% pay uplift as a minimum. There is a BMA template letter on the DDRB uplift for salaried GPs which can be found [here](#).

There are differences across the nations because of government decisions in previous years to implement the DDRB award in full or not.

The DDRB recommended pay range for salaried general medical practitioners for 2022 in:

Scotland is £66,030 to £98,555.

England is £65,070 to £98,193.

Wales is £66,674 to £100,611.

Northern Ireland is £66,013 to £99,615.

[Under investigation: support is available - UK](#)

As sessional GPs and locums, you can be up to date with learning and development and engage with your appraisal to progress through any review you may be the subject of. Read more in Rachel McMahon's recently published blog on [under investigation: support is available](#).

Many clinicians worry about coming under scrutiny by NHSE or the GMC. Such investigations can be extremely distressing, with significant impact on health, self-confidence, and income specially for those who are self-employed. Rachel McMahon's blog give an overview of the process, and how best to survive it in the unfortunate event that you find yourself under investigation.

[Superannuation Type 2 certificate submission - 2023 guidance – England and Wales](#)

Deadline approaching, have you submitted your Type 2 form?

If you have yet to submit your Type 2 form we have [guidance](#) in place that will help you complete the process easily including a recorded webinar.

In order for NHS Pensions to ensure you have paid the correct pension contribution tier across all your pensionable roles, the yearly Type 2 form submission is necessary and the responsibility of the individual GP. The deadline to submit your Type 2 form is **28 February**. Our guide covers:

- What pension tier to use.
- The forms you need.
- Annualization.
- Submitting forms and money
- Your total rewards statement, and more

Access Type 2 guidance [here](#).

Know your rep - Yorkshire and Humber – UK

I'm Amy Small and I'm the new sessional rep for Yorkshire and the Humber. I've recently moved to Sheffield after spending the last 12 years in Edinburgh working in the Lothians. Originally from London, having trained at St George's and doing my vocational training in Southwest London, I moved to Edinburgh in 2010 where I was a partner for 10 years in a deprived mining village.

COVID changed everything for me. My husband and I developed long COVID, and I lost my partnership which forced me out into the world of locuming which I had done in London all those years ago. Although I never would have left my partnership voluntarily, my eyes have been opened to the amazing world of flexible working and truly taking control of my workload and lifestyle.

Through my illness, I did a lot of work advocating for those living with long COVID. I was already elected to the Scottish GPs committee and Scottish council where I lobbied for special leave to cover not only GPs but their practice staff as well and succeeded in securing this. Long COVID opened doors for me, and I ended up securing a role as a clinical advisor to Scotland's largest charity CHSS (Chest Heart & Stroke Scotland) which, among other things, supports people living with long COVID.

My husband got offered a job in Sheffield and we moved last summer. I was thrown into a world of QOF, CQC, mandatory training modules, and new computer systems and pathways and boy, it was hard. It has made me realise what an isolating job locuming can be. I've been working hard locally to create better networks to ensure locums get the support they need, while also investigating how we can communicate better, and share resources and training.

I've also been trying to see how retainer and returner schemes are being run in the region to see if we can increase funding for these important positions. Recruitment and retention are at the forefront of many in our industry and we need to look at how we can encourage that. I've been reaching out to LMCs within the region I cover and trying to find out if there are any issues that I need to be aware of.

I'm fortunate that CHSS wanted to keep me on after I left Scotland, so I currently work for the charity two days a week and locum five to six sessions per week depending on other commitments and BMA work. In my 'spare' time I'm a busy mum to two primary school-aged children – ferrying them to

various parties and sports activities. I am rediscovering horse riding after a 25-year hiatus and am beginning to explore the Peak District on foot.

Please do contact me regarding any sessional issues that you may have via sessionalgps@bma.org.uk

GP Trainee committee: regional by-election – UK

The GP Trainee committee is looking for a representative from the Defence Postgraduate Medical Deanery. For more information or if you are interested in this role, please contact the elections team on [@elections](#)