Dear Trainees

Welcome to the Summer 2015 e-newsletter.

As I am sure you are aware, the Doctors’ and Dentists’ Review Body (DDRB) published their recommendations on Junior Doctors Contracts in July. They recommend removing the GP trainee supplement, which currently ensures that GP trainees are not financially disadvantaged for their choice of specialty and ensures consistent recruitment to General Practice. Even with the supplement in place, not enough junior doctors are choosing to apply to be GPs so the removal of the supplement could have a devastating effect on trainee applications to General Practice.

The report does advocate the use of flexible recruitment and retention premia (RRPs) or flexible pay premia in shortage specialties, saying that GP trainees would be likely to receive such a premium given current workforce and recruitment difficulties. However, a premium would be less stable than the current supplement; it might only be offered in certain geographic areas and could be removed over time.

After much debate and consideration the Junior Doctors Committee (JDC), which is leading on the negotiations on behalf of all doctors in training, have taken the decision not to re-enter negotiations based on the terms in the DDRB report. The full list of reasons for this can be seen here but worries about less pay for GPs was an important one. However, the Department of Health have responded by saying that ‘absolutely no suggestion has been made that the pay of GP trainees would reduce’.

The BMA are holding a ‘Thinking about a career in General Practice’ Conference on 26th November 2015. The event is aimed at junior doctors or medical students considering choosing GP as their specialty. It will include a series of presentations and discussion groups, covering everything from managing your money as a GP trainee to the GP training application process and how it works. The full programme for this day will be advertised shortly but please get in touch if you think you might be interested.

We are always improving our subcommittee web page, so it is worth checking in to find the latest news and guidance. There is a list of all the committee’s regional representatives and you can email your representative personally with any queries you may have.

There are elections going on over the summer for new GP Trainee representatives on the committee so if you are in either the Eastern, London – North, Central & East or Wessex region then please make your vote count by Friday 4th September 2015. If anyone is interested in being involved with the GP Trainees Committee then please get in contact.

Please do let us know if there are any issues that you would like us to cover in this newsletter, or an area of training that you feel needs to be addressed by our committee.

Best wishes

Donna Tooth
GPC GP Trainees Subcommittee chair

www.bma.org.uk/gptrainees

Please send any general enquiries to gptrainees@bma.org.uk
Shape of Training Review update

Dr Sam Merriel
Severn GP Trainee representative

Background
The final report for the Shape of Training Review was delivered in October 2013. It made a number of recommendations to try to improve postgraduate specialty training and ensure the UK medical workforce continues to meet the health needs of the population. Some recommendations, such as the need for more generalists and creating more flexible training pathways, were generally well received. Other recommendations in the report have proved more controversial, including the change to a ‘Certificate of Specialty Training’ (CST) to replace the current Certificate for Completion of Training (CCT) and moving the point of GMC registration to the end of medical school.

Current state of play
The UK Shape of Training Steering Group was established in 2014 to determine how the recommendations from the final report could be implemented across the four nations. Its membership has recently been expanded, after lobbying from the BMA and other concerned parties, to include representatives from patient and employer groups, and the BMA. Consultation workshops involving doctors at all career levels have been conducted across the UK.

Junior doctor input
The BMA Junior Doctor’s Committee, along with 15 other junior doctor representative bodies, released a consensus statement on the implementation of the Shape of Training Review in January of this year. It reiterated concerns junior doctors have about shortening the length of training and imposing another overhaul of specialty training without having learnt the lessons of the impact of the Modernising Medical Careers initiative. The statement also highlighted the potential for a better funded and expanded GP workforce to help meet the growing need for generalist, whole-person medical care.

How will the proposed changes affect GPSTs?
The push for more GPs and more generalists from key stakeholders in healthcare in the UK have been met with various promises of more GP training places and more funding by the conservative government, however the details are yet to be confirmed. The RCGP’s educational case is to eventually extend GP training to a four-year enhanced specialty training program in general practice. However, the idea of lengthening GP training in the context of unfilled training places and an insufficient GP workforce has proved to be a hard sell.

Get involved
There are still ways for you to input into the implementation of the Shape of Training review and the future of GP training in the UK. Log on to BMA Communities and have your say. Share your views with your local BMA GP Trainees committee representative. Get along to your regional junior doctor committee meeting and join the debate with your colleagues.
GP workforce

Dr Tom Gorman
North East GP Trainee Representative

‘Crisis’, ‘unprecedented’, ‘worst ever’. Whatever your superlative of choice it is clear that recruitment to GP training is experiencing difficulties across the UK. With a background of severe GP workforce pressures, this is a serious concern. The BMA has been working with partner organisations to develop understanding about the workforce position and to try to find ways to improve the situation.

Despite pledges from politicians to increase the GP workforce, the numbers remain worrying. Applications for GP training schemes have been struggling to reach targets, with many areas of the UK under filled on an annual basis. The squeeze is occurring at both ends, with a recent BMA survey of 15,000 GPs showing that almost a third of GPs are hoping to retire within the next 5 years.

Health Secretary Jeremy Hunt’s ‘New deal for general practice’ in June re-affirmed the pledge to boost GP numbers by 5,000 by 2020. The BMA has welcomed the focus on the workforce difficulties but, in order to ensure the government target is realistic, has been campaigning for greater investment in General Practice.

Figures for the 2015 GP training recruitment rounds in England and Scotland show that one in five GP trainee posts are currently unfilled, giving significant cause for concern. The North and the Midlands are particularly affected, with over half of GP trainee posts vacant in the North-East. Health Education England have confirmed that a third round is required.

At the BMA’s Local Medical Committee Conference in May, GPs voted overwhelmingly to call on the government to ensure that GP funding, recruitment and retention were tackled as its first priority for the NHS.

In the meantime the BMA GP Trainees Subcommittee has been feeding into the development of a multi-agency plan to boost the GP workforce. The BMA’s General Practitioners Committee (GPC), has developed a joint GP workforce 10 point plan initiative, partnered with Health Education England, NHS England and the RCGP.
The 10 point plan is a pilot that aims to provide solutions to the general practice workforce crisis through improved recruitment into general practice, retaining current GPs and making it easier for GPs to return to work.

To improve recruitment the four organisations will collaborate on a marketing campaign setting out the positive aspects of general practice as a speciality. Opportunities within training could be widened to include the potential for a further year in training prior to CCT to allow development of special interests such as a clinical specialty, leadership roles, academia or medical education. A concept of ‘training hubs’ will be developed to allow groups of practices to share inter-professional training to extend the skills base of general practice and primary care. In addition, the possibility of targeted incentives will be explored to support new GPs who commit to working in difficult to recruit areas.

Retention will be improved through possible enhancements to the retainer scheme, improvement in medical student and foundation year education within primary care, a review of incentives to remain within general practice such as mentorship, or support to develop portfolio careers towards retirement. Work will also be undertaken to look at support roles within primary care including exploring the use of clinical pharmacists and more advanced nurse practitioners. The Clinical Pharmacists pilot has already been launched and is looking at using clinical pharmacists to support the workload of GPs and help patients to self-manage their well-being and long term conditions.

A refreshed induction and refresher (I&R) scheme for those returning from career breaks or from work overseas was also launched in April this year. NHS England has pledged to increase targeted investment in order to attract GPs back into practice, including a review of the performers list.

The BMA’s GPC has given the clear message though that, whilst it supports the 10 point plan and is hopeful that its initiatives will have a positive incremental effect on GP workload and the workforce, the commitments will be undeliverable without addressing the broader issue of insufficient investment in General Practice.

Dr Krishna Kasaraneni, Chair of the GPC’s Education, Training and Workforce Subcommittee, said:

“It is clear that the government is falling well short of its targets for GP recruitment and that in many areas we are facing the prospect of practices not having enough GPs to treat the rising number of patients coming through the surgery door. The enormous pressure on GP services, that include flat lining resources, increased patient demand and staff shortages, are clearly having an impact.

“Ministers need to stop making overly ambitious promises about the numbers of GPs they can deliver. Instead we need the government to focus on a long term, sustainable plan that looks at the root causes of why so many GPs are leaving at the same time as aspiring doctors are turning their backs on general practice.”

The strength of 10,000+ GP
trainees

Dr Roberta Lindemann
North Scotland GP Trainee representative

Every week we are told of the challenges facing the NHS: resource constraints, increasing demand for services, tired healthcare professionals, not enough healthcare professionals, missed targets, the list goes on and on.

Although we can relate to these global issues, as front-line doctors we often see the strengths and weaknesses of the NHS from a very different perspective.

We, as GP trainees, are a group of more than 10,000 doctors working across the country in different hospitals and practices. We have the privilege of being exposed to a range of diverse systems during our 3 or 4 years of training. Imagine how much we could achieve if we consistently strived to improve the services we work in?

We are training to be generalists, to learn how to see the bigger picture. We look after the general health of our individual patients, but as future GPs, we also have a unique overview of the quality and range of services available to our patients. We get daily feedback from real-life individuals navigating "patient pathways" and see first-hand how system shortcomings can negatively affect them.

Some practitioners might feel that our remit is only to diagnose and treat disease, but can we really stand by if we see our patients receiving sub-standard care? Do we recognise that the skills needed to treat our patients are similar to the skills needed to treat the NHS?

Just imagine what we could achieve if every GP trainee in the country saw their placements not just as an opportunity to acquire new skills, but also as an opportunity to improve the services offered to patients?

At first it may look like an overwhelming task and we may feel very small in comparison. We could draw up a never-ending list of excuses of why we should not bother. The reality is it is easier than you think and incredibly rewarding. Start small, at a local level, and see your ideas become actions and your actions become legacies. Here are a few tips on how to get started:

1. **Observe and reflect:** Think about the placement you are currently in. Is there anything that could have improved the experience of patients, trainees or colleagues? Have you found yourself going home at the end of a shift with an issue that has really annoyed you?

2. **Gather information and define the issue:** Speak to those around you: trainees, consultants, nurses, patients, secretaries, managers. Is this a problem that also affects others? Is there a recurring issue most people complain about?
3. **Plan action:** What needs to happen to create positive change? Discuss possible solutions with those around you. Who needs to be involved to make it happen? What barriers do you anticipate? Come up with a clear, well-defined plan to tackle the problem, make sure it is achievable.

4. **Take action:** Get your plan in motion! This part should be relatively easy if you have carefully planned your steps. If you believe in your solution don’t take no for an answer. Make sure you have presented it to the right people that can help support your cause.

5. **Review outcomes:** Once your solution is in place, review it. Has it achieved what it set out to do?

6. **Share your stories:** And last but not least share your stories. Local meetings, online, journals. Can this solution be implemented in other areas? Encourage those around you to take action too.

Let’s create a generation of GP trainees who care, who are prepared to ask the difficult questions...

All of us can work on a local project that can lead to positive change. However, if you come across an issue that you feel would be better tackled at a national level then the BMA is here to support you.

If you would like to be more involved at a national level, why not consider joining the BMA GP trainees subcommittee? There is more information on how to do this on the BMA website. The only requirements are that you are on, or are about to begin, a GP training programme and have a desire to improve the experience of GP trainees across the country.

Let’s create a generation of GP trainees who care, who are prepared to ask the difficult questions and take action when it is needed, who are able to take responsibility for the quality of care their patients receive and work together to shape the future NHS.
Local Medical Committees

Dr Samira Anane
Lancashire GP Trainee Representative
Deputy Chair, GP Trainees Subcommittee

Local Medical Committees are a great way of getting involved as a trainee in medical politics and gain an understanding of the role of the GP both at a local and national level in the ever changing NHS.

What are Local Medical Committees?
Recognised by successive NHS Acts, Local Medical Committees (LMCs) are independent, self-financing bodies with statutory functions to represent the interests of general practice alone and act as its advocate.

Background:
Following the introduction of the National Health Insurance Bill (which would later transform into the National Health Service) in 1911, the British Medical Association (BMA) successfully argued that local committees of ‘panel doctors’ should be given statutory recognition. The BMA suggested that ‘there should be adequate medical representation on Local Health Committees and statutory recognition of Local Medical Committees (LMCs)’. As a result, LMCs gained their statutory status and began functioning in their current format.

The following year, the BMA established a national committee to represent the combined interests of the LMCs and this group later became the General Practitioners Committee (GPC).

Present
LMCs have been in existence for over a century and continue to be the only local elected representative body for General Practitioners. They are mandated to represent and negotiate on behalf of their local GP practices and must be consulted on issues that may affect GP practices in their locality.

Who do they represent?
Since 1999 the NHS Act extended the LMC role to cover all GPs regardless of their contractual status. Therefore GP Partners, Salaried GPs, Sessional and GP Registrars are all represented by the LMC.
What do they do?
LMCs are professional bodies that can advocate and help on all matters related to general practice. These could include:

- Disputes between GPs and other bodies, eg schools, councils, private employers etc;
- NHS regulations/legislation;
- GP contracts, terms and conditions of service and remuneration;
- Completion of medical reports/certification;
- Partnership affairs;
- Prescribing queries;
- Premises/estates issues;
- Occupational health issues, eg sick doctors;
- The NHS complaints process and disciplinary procedures;
- Workforce planning;
- Education and training – undergraduate, postgraduate and vocational training, continuing professional development;
- Professionally led regulation and professional standards – ethical, conduct and performance, including clinical governance.

LMCs are also a source of pastoral support for GPs going through difficulty in both their professional and personal lives.

Many LMCs run regular training events for both qualified GPs and GP trainees, as well as open meetings where members of the public can attend.

Are LMCs trade unions?
No. LMCs are the professional organisation with responsibility for representing individual GPs, and are not Trade Unions. The British Medical Association (BMA) is a trade union.

The Trade Union and Industrial Relations Act of 1974 led to the BMA being recognised as the Trade Union representing the medical profession.

What’s the relationship between LMCs and the BMA?
The LMC serves as the link between local GPs and their national negotiating body, the General Practitioners Committee. The GPC is a standing committee of the BMA, recognised as the sole negotiating body for NHS GPs. It comprises GPs elected from LMC-based constituencies, the LMC and BMA annual conferences, other representative organisations and professional bodies.

What does the General Practitioners Committee (GPC) do?
The GPC is the only body that represents all NHS GPs in the UK, regardless of whether they are BMA members. It is responsible for negotiating the GP contract with NHS Employers, and working to improve the care of patients and the working lives of doctors. The GPC is guided by policy decisions determined by the Annual Conference of Representatives of LMCs.

http://bma.org.uk/gpc

The GP Trainees Subcommittee (GPTS) is a subcommittee of the GPC and represents all GP trainees across the four nations, with representatives that meet three times a year to address all issues relevant to GP trainees, including contractual, training and educational matters.

http://bma.org.uk/gptrainees

What is the LMC Conference?
The LMC conference is the main policy-making body for the profession and the body to whom the GPC is directly accountable. Several hundred representatives from LMCs all over the country attend an annual conference to debate motions which reflect local GPs’ concerns and aspirations. GP Registrars can attend as LMC trainee representatives, through the GPC GP trainees subcommittee and also as observers from their local LMC.

http://bma.org.uk/lmcconference
**Who can sit on an LMC? How can you get involved?**
LMCs are democratic organisations with representatives elected to represent the different geographical constituencies as well as the roles of the chief officers. Elections are held in accordance with the LMC constitution and many LMCs have elected positions for sessional and salaried GPs as well as GP trainees (as well as those for GP partners).

GP trainees can be selected as the LMC trainee representative or attend meetings as an observer. There are opportunities to get involved in projects locally in order to enhance practical experience and knowledge. LMC work can also be pursued post qualification, so it’s well worthwhile getting involved early on in your career.

LMCs can also co-opt Practice Managers to sit on the LMCs. A BMA Industrial Relations Officer (IRO) also attends meetings.

**What about ‘super’ LMCs?**
LMCs are local organisations that represent the GPs and practices in defined geographical areas. However groups of LMCs can also group together across a region to ensure regular communication and feedback regarding local matters.

Examples of these include Lancashire and Cumbria LMCs, Greater Manchester LMCs, London Wide LMCs and Wessex LMCs.

**What next?**
Contact your local LMC and ask to be involved!

Look up the contact details below for your local LMC office, including postal address, telephone numbers and emails.

**England**
**Northern Ireland**
**Scotland**
**Wales**
GP Post-Graduate training course

The BOFAS Education Committee invites you to attend an interactive Educational Morning, specifically designed for GPs.

- Common primary care diagnoses
- Multi-disciplinary guest speakers
- Practical sessions—foot & ankle examination
- Foot injection models
- Course accredited by RCGP

Venue G-Live, Guildford
Thursday 12th November 2015 08:30—13:00hrs
Cost £30, coffee and lunch provided

Registration now open
www.bofas.org.uk/Meetings-Courses/Annual-Meeting
For info please contact administrator@bofas.org.uk