

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# NEWSLETTER

## AUGUST 2008

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### ***MEDICAL REVALIDATION – PRINCIPLES & NEXT STEPS***

The Department of Health (DOH) has recently published the above report, which sets out the principles and next steps for implementing revalidation in the UK. The proposal is that doctors will be required to renew their professional registration every 5 years, in order to provide assurance that they are practicing to the standard that patients, the public and the profession itself expect. As part of the process, patients will be asked about their doctor's ability to communicate, co-ordinate care, and involve them in decision-making. The report covers issues such as:

- The purpose of revalidation
- Appraisal
- Licences to practice
- Recertification
- Continuing personal development
- Patient involvement
- Involvement of employers and their sub-contract with doctors
- Timetable for England

A copy of the report can be downloaded from the DOH website at:

[www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh\\_086430](http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_086430)

In addition, the BMA plans to produce a series of updates on the introduction of revalidation. The first of these updates – BMA

*Statement of Principles on Revalidation* - has recently been issued and can be downloaded from the BMA website at:

[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFrevalidationstatement0708/\\$FILE/BMAstatementrevalidation.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFrevalidationstatement0708/$FILE/BMAstatementrevalidation.pdf)

### ***GOOD MEDICAL PRACTICE FOR GENERAL PRACTITIONERS***

The Royal College of General Practitioners (RCGP) and GPC have jointly updated *Good Medical Practice for General Practitioners*. This document provides guidance on the standards of care and behaviour expected of family doctors and follows the structure of the General Medical Council's (GMC) Good Medical Practice guidance. It has been updated to account for changes in the profession and to support revalidation. Key amendments include a new section on appraisals and modifications to reflect changes such as out of hours (OOH) arrangements and the upsurge in web/email communication. A copy of the guidance can be downloaded from:

- The RCGP website at: [www.rcgp.org.uk/pdf/gmp\\_web.pdf](http://www.rcgp.org.uk/pdf/gmp_web.pdf)
- The LMC website at: <http://www.sheffield-lmc.org.uk/guidance.htm>

### ***GPSOC PCT-PRACTICE AGREEMENT GUIDANCE***

The General Practitioners Committee (GPC) and NHS Connecting for Health (CfH) have jointly developed guidance on GP Systems of Choice (GPSoC). There is a section of frequently asked questions (FAQs), which cover the key issues likely to arise in discussions between practices and PCTs. The sections on escalation and dispute resolution, in the FAQs are of particular importance. It is essential that practices understand how to trigger the dispute resolution process. A copy of the guidance can be downloaded from the CfH website at: [www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc/news/downloads/GPSoC-PCT.doc](http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc/news/downloads/GPSoC-PCT.doc)

Further information on GPSoC can be accessed at:

[www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc](http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc)

### ***NHS CHOICES: RELEASE 5***

The latest release of NHS Choices includes three new important features:

1. A series of 'NHS Guides' to common long-term conditions, designed to help those at risk of, or who suffer from long-term conditions, to better understand and manage their illness. These cover stroke, diabetes, asthma, depression, and dementia.

2. A new pregnancy care planner which provides women with a step-by-step guide to each stage of their pregnancy and information to make important choices about ante-natal care, type of birth, and maternity services.
3. Survival data for four procedures. Standardised mortality ratios are used to band each hospital trust into one of four bands.

More details about Release 5 can be accessed via:

[www.nhs.uk/aboutNHSChoices/Documents/R5shortbriefingnote.pdf](http://www.nhs.uk/aboutNHSChoices/Documents/R5shortbriefingnote.pdf)

The contract for the delivery of NHS Choices for the next three years has been awarded to Capita, who take over the £80 million contract from Dr Foster Intelligence in August.

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### **ACCUSATIONS OF FRAUDULENT BEHAVIOUR**

The BMA's Private Practice Committee has drawn to the GPC's attention the fact that the NHS Counterfraud Service and private medical insurance companies have been much more active in seeking out fraud than has been the case in the past. New legislation under the Fraud Act 2006 makes it much easier for people to fall foul of the law.

A number of private practitioners have been brought before the GMC over issues of fraud and the BMA is developing guidance for private practitioners to help them avoid accusations of fraudulent behaviour. During research it has been noted that the changed definitions of fraud do not require a perpetrator to have made any personal gain. They need to have had the intention of gaining or causing a loss or risk of loss to another but the gain or loss does not need actually to have been made.

The Private Practice Committee has noted that GPs could, therefore, fall foul of the Act merely by trying to be 'kind' to a patient by, for instance, omitting adverse information from a medical report, as this could be interpreted as resulting in a loss to the medical insurance company.

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### **METABOLIC BONE SERVICE CHANGE: UPDATE**

Following the publication of the article in the June 2008 edition of the LMC newsletter, an LMC member

raised the question as to who would take responsibility for interpreting the results formed by the Metabolic Bone Unit. We have received clarification from the Metabolic Bone Unit stating:

“For those patients with additional investigations these will be given in the report, together with an interpretation and management advice. If the patient has a diagnostic work up, we will include a print out of the results, again with our clinical interpretation. GPs will of course be welcome to discuss reports that are sent out and the unit will continue to see patients in the clinic as and when requested by the GP.”

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### **INTERIM SENIORITY FIGURE FOR 2008/09**

The GPC, NHS Employers and the Department of Health have agreed that the interim seniority figure for 2008/09 is £105,524. This figure will be used by the NHS payment agencies to make seniority payments from September 2008.

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### **PARTNERSHIP AGREEMENTS**

Most of the partnership problems on which the BMA's help is sought arise either from the fact that there is no written agreement, or from inadequately drawn up partnership agreements. The BMA strongly recommends that GPs enter into a written partnership agreement. Partnerships at will are an unstable basis for a business relationship and few GP partners would dispute the importance of having a comprehensive partnership agreement in place. Even if a practice already has an agreement in place, it may well be outdated, or no longer meet its needs. An up-to-date, formal partnership agreement will help to reduce the risks – both financial and non-financial – for all partners, while clarifying the basis on which the practice is to be run. If partners are concerned about partnership finances, profit sharing, maternity leave or even termination, it is essential that their practice has a robust agreement in place – to protect all partners. Under the terms of the contract practices sign with the PCT, it is suggested that practices must have a practice agreement in place. It may well be that practices without such an agreement would be considered in breach of contract. It

would be in their best interest to ensure their documents are up to date.

The GPC produced guidance on this issue in February 2006, which can be downloaded from:

- the GPC website at: <http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFpartneragreementsfeb2006.pdf>
- the LMC website at: <http://www.sheffield-lmc.org.uk/guidance.htm>

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### **FOCUS ON THE CORPORATE MANSLAUGHTER ACT**

This guidance note has been produced by the GPC to alert GPs to the details of the Corporate Manslaughter Act 2007, which came into effect on 6 April 2008. The guidance:

- was introduced in response to high-profile disasters, ie Potters Bar/Paddington train crashes;
- highlights the difficulty of securing criminal prosecutions against large corporations;
- advises GPs to familiarise themselves with the act and adapt the day to day running of the practice accordingly.

This guidance can be accessed via:

- the GPC website at: <http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFfocusmanslaughteract.pdf>
- the LMC website at: <http://www.sheffield-lmc.org.uk/guidance.htm>

Please forward any articles, comments etc for inclusion in the LMC newsletter to the LMC office via:

Email: [administrator@sheffieldlmc.org.uk](mailto:administrator@sheffieldlmc.org.uk)

Fax: (0114) 258 9060

Post: Sheffield LMC, Media House, 63 Wostenholm Road, Sheffield S7 1LE

Articles for the September 2008 edition of the LMC newsletter to be received *by Monday 8 September 2008*.