

GP Trainees Subcommittee Newsletter



bma.org.uk

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Dear trainees



The last 12 months have certainly been interesting and turbulent for GP trainees. As your representatives we have been involved in protecting the

interests of the GP trainees during these very testing and difficult times.

To start with, I'd like to first welcome the new trainees who started GP training in August. I hope you have found the first few weeks very fulfilling and got to know your new best mate – the e-portfolio! This newsletter is particularly important to you. The details of the elected representative for your region is included in the newsletter and please do contact them if you have any issues locally that you are concerned about.

Krishna Kasaraneni
Chairman, GP Trainees Subcommittee

Contract renegotiation

Following the conclusion of 'Heads of Terms' discussions with NHS employers, we have now commenced negotiations about a new contract for UK junior doctors. This process is going to take a significant amount of time and I will provide regular updates in the newsletter.

Follow the progress of these negotiations.

Shape of Training Review

Professor David Greenaway's review of postgraduate training has now been published in full.

See the shape of training review.

This report is an important contribution to the debate about the future of postgraduate medical training and whilst we support many of the suggestions we do have some concerns about the implications that some of them may have on GP training.

The BMA supports the concept of broader-based training that incorporates generic capabilities, which could enable doctors to train more flexibly and possibly alleviate some of the pressures facing the GP workforce. However, the report does not give a clear indication of how it will impact the currently proposed 'Enhanced GP Training' (EGPT), which recommends increasing GP training from three years to four years. Whilst this report contains several positive suggestions it lacks detail and is potentially suggesting that, even before the EGPT proposals are put into place, GP training should go back to the drawing board yet again. Further work is needed to explore the report's findings and we will continue to monitor the implications of its recommendations before moving to implementation.

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Enhanced GP Training (EGPT)

There hasn't been much movement in this area since I last wrote to you and we are waiting for the financial and implementation work to be completed. Although there is a lot of work that is going on behind the scenes, there isn't a lot to report back from the last quarter.

MRCGP – Differential Pass Rates

It is important that we ensure we have a workforce that is free from any discrimination. The NHS depends on the valuable contribution of medical professionals from a diverse set of backgrounds who on a daily basis deliver excellent services to patients. The ongoing concerns with the differential pass rates raises more questions about the selection and quality of postgraduate training as well as the assessments used. The BMA is taking this matter very seriously and we will work with the relevant bodies to ensure the CSA exam is fair to all those who take it. Prof Aneez Esmail's independent review of the CSA which was commissioned by the GMC has been published. [Read Prof Esmail's review.](#)

Following the publication of the report, I have written to the RCGP to express our concerns with the CSA examination. We also had a constructive meeting with the British Association of Physicians of Indian Origin (BAPIO) and have agreed to support the judicial review process looking at the CSA. We will work towards taking concrete steps to help this case. To this effect the following were agreed that:

- The BMA legal team will provide an organisation based impact statement to form a part of BAPIO's evidence in the JR.
- The BMA will publicise the JR and link to the BAPIO fund raising activities in its newsletter and on its website.
- The BMA and BAPIO will seek a written legal opinion with a view to explore avenues for further support to the JR.

This issue is progressing rapidly and I will provide an update in the next newsletter.

MRCGP – Exam Costs

I have written to the treasurer of RCGP, Dr Stokes-Lampard about the costs of the exams and the e-portfolio. The college is considering our proposals of costing the exams and the e-portfolio differently and I hope this will translate into a fairer costing for the exams in the future for the trainees. We hope to see more of the exam costs transferred into the membership fee thereby reducing the costs of individual examinations and increasing the proportion of fees eligible for tax relief.

Change of guard

After 6 years as the chair of the General Practitioners Committee, my boss –

Dr Laurence Buckman has now finished his term of office and has returned to full time General Practice. The new leader of the profession is Dr Chaand Nagpaul, who is a London GP in a training practice. I look forward to working with him over the next 12 months which is going to be very testing time for GP trainees. If you have any concerns about your training or employment, please do contact the BMA helpdesk. You can also find me on twitter as [@Dr_Kasaraneni](#) if you prefer to have a more informal chat about issues affecting GP training and trainees.

Krishna Kasaraneni



Dr Chaand Nagpaul

As you read this newsletter, you may be thinking... who are these people? How did they get onto this committee? What can they do for me?

We are a subcommittee of the BMA's General Practitioners Committee (GPC) and provide national representation for all doctors on GP training programmes. This includes GP trainees in a hospital placement as well as those in GP practice, both BMA members and non-members. We are deeply involved in representing the interests of trainees in many issues but

particularly relating to examination, training and contractual issues including pay and terms and conditions. We regularly respond to national and Government consultations that might affect GP trainees and their training. The GP Trainee subcommittee is made up of representatives from all the regions in the UK. Normally one trainee is elected onto the committee per region; however some areas require more representatives due to their size – for example Scotland and London.

At present the regional representatives attend meetings three times a year at BMA house in London where we bring to the table collective issues from our regions, as well as discussing and debating topics at a national level. A smaller executive group meet in the interim to follow-up matters raised and ensure the committee is responding to any new issues promptly. We are all GP Trainees, but also have some representation from other allied practitioners such as hospital doctors, qualified GPs, academics, public health doctors, medical students and the armed forces doctors. Current on-going work includes involvement in national matters like enhanced/extended GP training, the new junior doctor contract negotiations and responding to topical issues such as the recent CSA exam review to mention just a few examples. Matters raised are initially addressed through online discussion groups, which all representatives contribute regularly to, before being actioned through the GP trainee subcommittee or the overseeing GPC.

Representation is most effective when it is well informed, so make sure you get involved by contacting your representative or the BMA where you think they might be able to help or if there is an issue that needs raised. We also want to hear your views to help us represent you better on the broader issues and reforms affecting trainees. You can do this by getting involved in your local trainee think-tanks, LMC or social media groups and be part of shaping the future for trainees, general practice and the NHS.

Details of your local representation can be found on page 6.

Paddy Stirling



TOP TIPS FOR THE APPLIED KNOWLEDGE TEST (AKT)

When is the right time to tackle the AKT? Most GP trainees tend to take the exam at the end of ST2 or at the start of ST3, however, you may want to take it earlier or later than this. Consider factors such as personal commitments and job intensity leading up to the exam when making your choice. Only you will know when you are best ready or in a position to take on a period of intense study. The AKT currently costs £456 for AiT members; not passing can be costly both financially and psychologically. So here are some tips to help conquer the AKT:

- Cliché but try and start revising early. Studying whilst working can be difficult and the curriculum is vast. Download, print or buy a copy of the curriculum – going through the content and acknowledging size of the curriculum document can be helpful (albeit daunting too!)
- Start thinking about the exam and your preparation about 3 months before the exam date.
- If it is important for you get a preferred location or exam time (morning or afternoon), apply early. Examination spaces are allocated on a first come serve basis.
- Doing questions is a good way to focus and consolidate revision. Do as many questions as you can. As the exam is done on computer, online questions are good preparation.
- Passmedicine (www.passmedicine.com) and BMJ's onexamination (www.onexamination.com) tend to be most commonly used online question banks but there are others too. Do the trial questions available from each online bank to see which suits you and your learning style before you buy!
- Do get used to how much time is available for each question. Set yourself practice exams as part of your revision. In the actual exam there are 200 questions to be answered in 180 minutes (that's 54 seconds per question!).
- Check with your Hospital Trust's library; often they purchase bulk access to an online question banks, which are then available for members free-of-charge.
- See if you can create a study group with other GP trainees taking the exam. It is especially useful to work with others on difficult (or dull) topics. Teaching others can be a great way of learning the information yourself too.
- Oxford handbook of GP, BNF and NICE guidance/ clinical knowledge summaries are staple AKT study resources.
- Innovait journal is geared towards trainees and the AKT; make sure you take it out of its cover, open and read it! The BMJ can also be useful particularly to keep up-to-date with the latest guidance and research.
- The e-Guidelines book is also another fantastic resource. Most GP practices have a copy. The most relevant and updated NICE and SIGN guidance is summarized here. It is a useful A5 sized book to carry and is easy to use in consultations too! You can access the same information free online (www.eGuidelines.co.uk)
- Don't forget...practice management. A good introduction can be found in the Oxford GP handbook. Your trainer or practice manager may also be able to help.
- Don't neglect revising statistics- easy marks can be gained with these questions!
- Look at the **DVLA's** current medical standards for fitness to drive.
- See the UK **Civil Aviation Authority's** fitness to fly guidance.
- Do look at the RCGP website. Topics that were poorly covered in past exams are identified. Make sure you have covered these more challenging topics in your revision.
- Courses for the AKT are not necessary. However, you may want to consider one if you enjoy learning this way or are the type of person that needs a scare tactic to begin revision!
- GP update type courses may also be a helpful way to consolidate the latest evidence based practice and management of a variety of clinical problems. Companies often offer discounted rates for GP trainees.
- Some deaneries (now HEE's) allow reimbursement of course costs from the personal study budget. However, this does vary, so check with your study budget co-ordinator.
- The night before the exam make sure you are certain of the location, start time and have photo id to take with you. You will not be allowed to enter the exam if late or have not bought correct documentation with you.
- Are you someone who needs total silence during the exam? Ear plugs are available at the exam centre. You may wish to practice at home with these to ensure they are comfortable. Even if you are not usually bothered by noise, the constant mouse clicking by the other candidates can become annoying – take in the offered ear plugs with you just in case you change your mind!
- During the exam don't spend too much time on one question, if you are unsure of an answer, flag that question to go back to. It is more important that you complete the entire exam than focus on one difficult question
- Try not to compare answers or panic after the exam, particularly as there is a long(ish) wait for results. Make sure you have a post exam celebration – you deserve it!

Good luck!

If you have any other AKT tips that you would like to share and to add to this list please email cscott@bma.org.uk.

Sangeetha Sornalingam



Charges for occupational health vaccinations

It has come to our attention that some GP trainees working in a general practice setting are being asked to pay for occupational health vaccinations. Under no circumstances should GP trainees or any other doctors in the NHS be required to pay for vaccinations where they are involved in direct patient care. This is outlined in the Department of Health 'Green Book' on Immunisation against infectious disease (pages 83-90), which states:

"Employers need to be able to demonstrate that an effective employee immunisation programme is in place, and they have an obligation to arrange and pay for this service."

The Control of Substances Hazardous to Health (COSHH) Regulations also requires an assessment to be made (by an employer) of a range of hazardous substances, including "biological agents", in order that suitable "control measures" can be implemented to minimise the risk. Where a risk has been identified and where effective vaccines are available these should be used as a method of control. The employer is required to make provision of the vaccines to staff who are not already immune.

Section 9 of The Health & Safety at Work Act 1974 requires that this be offered free of charge to staff.

If you are a GP trainee and have been charged for occupational health vaccinations please contact Christopher Scott via cscott@bma.org.uk

Sick leave guidance for GP trainees

An updated version of the sick leave guidance for GP trainees is now available **online**. This guidance is intended to clarify sick leave arrangements in line with the Framework Contract agreed between GPC and COGPED.

GP trainee maternity leave – to do list

Below is a list of things it is important to do to make sure that your maternity leave is hassle free. Though a lot of people choose to have babies during GP training, it is still very complicated to get everything sorted and sometimes you do feel a bit on your own. Hopefully this will help a little and always remember you can refer to the BMA website or call an advisor for personal advice if you get stuck.

1. Inform your current employer – Deanery and School of General Practice or Hospital Trust depending on placement. Out of courtesy it's also good to tell your Educational Supervisor.
2. You will need to find out your new 'completion date' i.e. when you will finish your GP training. To do this you will need to contact the Certification Unit at the RCGP, Tel 02031887656 certification@rcgp.ac.uk (best to do when you are fairly certain of your return to work date i.e. can be left until you are on maternity leave if necessary).
3. If you have not been at your current employer (i.e. hospital trust, individual GP surgery) for long enough when you go off on maternity leave (26 weeks service at 25/40) they will not pay you your statutory maternity pay (SMP). You therefore need to contact the Job Centre Plus who will pay statutory maternity allowance (SMA) instead (same amount of money) tel 08000556688 and ask for MA1 form. They will send you some forms which you need to return with your MATB1 (which you get from your midwife after 20/40) and your SMP1 (which you get from your employer- confirming that they will not be paying you SMP). There is a useful website – www.direct.gov.uk/benefits. Additionally your trusts' human resources website and the BMA website also have useful info about all this. NB – this can be the most complicated bit of mat leave so don't panic if you find it a mindfield initially!
4. The RCGP don't currently offer a discounted rate when you're on maternity leave, but they charge a reduced rate for the extra period of time over and above 3 years that you are in training as a result (2012 £125 per each additional year). RCGP Tel 08454564041.
5. Inform the GMC – 01619236602. If you choose to come off the register all together and then reapply the following year, they say they can't guarantee that you will be allowed straight back on and that it involves a lot of forms, references etc. To start with you would need to fill in a voluntary erasure and employee's declaration form (via GMC website: registration for doctors; fees). Alternatively, you can fill in a low income discount form (50% off) if your income is less than £26,000 in a subscription year
6. Inform your indemnity provider – they will suspend your fees whilst on mat leave, so you're covered for good samaritan acts only. They will refund any money due to you if you pay annually. The BMA also offer a reduced rate (approx 50%) for those with an income less than £34K.
7. Start to think about whether you may wish to return to work less than full time, as you ideally need to apply 6-12 months in advance.



Out-of-hours

That's it! The end of hospital jobs, no more on calls! Oh, hang on a second... What's this all about?!

What exactly is out-of-hours?

Although your GP surgery might only be open during the day, General Practice is actually a 24 hour specialty! Out-of-hours (OOH) refers to those times outside of normal surgery hours. Historically the surgery would be responsible for OOH arrangements either independently or in conjunction with other practices. The new contract in 2004 gave surgeries the ability to opt out of this. Since then all surgeries in Wales have to provide a service between 08:30 and 18:30 on normal working days. Outside of these hours and on weekends and bank holidays, the local OOH provider is responsible for providing the service.

Why do I need to know this?

For all trainees in general practice posts, there is a training requirement to complete a set number of hours with the local OOH service.

How many hours?

The number of hours required varies between deaneries, so you will need to check with yours to find out how much OOH you will be expected to do.

How do I arrange these?

This depends on where you are working. At some point before starting with the OOH service you will receive an induction explaining how OOH works locally and the ins and outs of organising your hours. It is important to remember though that the European Working Time Directive (EWTD) applies to your GP posts just as it did to your hospital posts.

How does it apply?

What's important to remember in this situation are the requirements regarding rest breaks. The EWTD states that an employee must have 11 hours of uninterrupted rest per day. If you've scheduled midweek sessions, you need to be mindful of this and discuss with your practice. Bear in mind that if you do need to reschedule your following morning's surgery for example, it is reasonable for your practice to expect you to make up the missing hours at some point.

What can I expect?

There will always be a trainer working when you are doing OOH and this trainer should always be available for help and support. Initially in ST2 you will be closely monitored. With a nod to the CSA, OOH sessions allow you to see patients that are completely new to you. If you can get some of the consultations observed, try to do this, as it can be very valuable.

OOH sessions also allow you the opportunity to be observed on home visits and to engage in the telephone triage process – areas in which you might not get much experience or feedback in your normal job but are important areas to hone your skills, both for the CSA exam and for your career as a GP.

Any final thoughts?

If you do have any problems while on a shift, make sure you talk to your designated trainer either there and then or to your educational supervisor as soon as you can. Remember too that just because OOH is a requirement, it doesn't mean that it doesn't mean that it can't be an enjoyable and clinically useful experience!



GP Trainees Subcommittee membership 2013-2014



Chairman
Krishna Kasaraneni



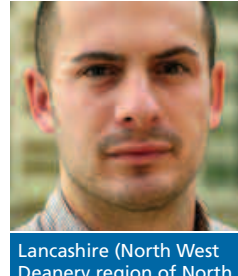
Eastern
Donna Tooth



East Midlands
Kalindi Tumurugoti



Deputy Chair, Kent,
Surrey & Sussex
Sangeetha Sornalingam



Lancashire (North West
Deanery region of North
West LETB)
Benjamin Brown



London North Central & East
Dami Adedayo



London North West
Bhu Bakshi



London South
Brendan O'Brien



Mersey (Mersey Deanery
region of North West LETB)
Nicola Pierce



North East
Tom Gorman



Northern Ireland
Patrick Stirling



Peninsula (Peninsula Deanery
region of South West LETB)
Laura Dunn



Scotland, North
Roberta Lindemann



Scotland, South East/East
Sarah Mills



Scotland, West
John Kyle



Severn
Nick Jestico



Thames Valley
Richard Wood



Wales
Kashif Samin



Wessex
Sarah Kay



West Midlands
Pooja Arora



Yorkshire
Dariush Saeedi

There will be elections for some subcommittee seats this summer.

If you are interested in getting involved in the subcommittee, please email CScott@bma.org.uk or visit the subcommittee's **web page** for more information.