

GP Trainees Subcommittee Newsletter



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Dear trainees



Krishna Kasaraneni
Chairman, GP Trainees
Subcommittee

The last few weeks have certainly been the most challenging for our profession. The government's withdrawal from negotiations and imposition of a new GP contract has made our futures very uncertain. Needless to say, once we find out the details of the imposition I will inform you. Although these changes may seem irrelevant to some, they have the potential to destabilize general practice significantly and it is important that we make our voices heard.

Enhanced GP Training (EGPT)

The next step in the EGPT process is for the Department of Health and the GMC to consider the full case for enhancing and extending GP training. COGPED (Committee of General Practice Education Directors) with the support of the RCGP have been asked by the Department of Health for England to develop a UK-wide implementation strategy covering areas such as affordability, curriculum and assessment, workforce and transition and support delivery. This work will be undertaken in parallel with the economic modelling being led by DH England. I will represent the trainees at these discussions to make sure that we come up with realistic and financially viable modelling.

Industrial Action

The BMA Council has ruled out strike action in hospitals in Scotland this winter. Council carefully considered ballot results from hospital doctors in Scotland. Although a majority of junior doctors and staff and associate specialists who voted were willing to take strike action, overall levels of support were not enough to mount effective action. Ballots of consultants and public health doctors did not provide a legal mandate for the strike action proposed.

Get ahead – the essential GP trainee skills day

The skills day, which was held on 21 November, was very well attended by foundation doctors and GP trainees. Initial feedback was very positive and we look forward to the next event in 2013. Trainee doctors had the opportunity to learn about LMCs, CV writing skills and various job options. This was also served as an opportunity for trainees to come along and meet me and the rest of the subcommittee members and hold us all to account!

LMC Conference – May 2013

Next year's conference of Local Medical Committees will be held at Logan Hall in the Institute of Education, WC1H 0AL. If you are interested in attending the conference, finding out about what is important to GPs and engaging in political debate, please do get in touch with your LMCs and put yourself forward to attend the conference. More information about the conference can be found [here](#)

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Five things you need to know about reclaiming expenses

(by Sarah Mills)

When training as a GP it is important to know which of your work-related costs you can recuperate, either from your training programme or where you can reclaim taxes on them through HMRC.

- 1. Transport.** GP trainees are entitled to claim mileage and general car expenses. In GP placements, mileage is calculated from your 'base' (usually your GP practice) to your place of work, capped at 20 miles round trip. When in practice you can only claim mileage on days where you use your car for work purposes, i.e. home visits. Most practices are fairly flexible at giving the trainees lots of home visits to help with this. When in hospital posts you can also claim mileage to work.
- 2. Phone line installation and costs.** This may vary from deanery to deanery, and is often restricted to phone lines installed by BT. You can claim for the cost of installing the line, including having an extension to your bedroom, and for the monthly line rental.
- 3. Study leave expenses.** Every deanery has a budget for GP trainees to use for study expenses, eg conferences or courses. Some deaneries have an individual budget, in which each trainee has a set amount of money they can claim, and some keep the money in a central pot and allocate proportionate to need. Make sure you know your deanery's guidelines, and ensure you submit the form the required amount of time before the study leave.
- 4. Professional membership and medical indemnity.** A portion of these costs – including BMA membership – can be recouped by claiming tax back on them. Do this by writing to or phoning HMRC. Don't forget that this includes indemnity insurance, which is also tax deductible.
- 5. Work-related equipment.** There are a number of other work-related expenses that can be claimed back from tax: stethoscopes, medical equipment and even, in some cases, computers and office furniture. Given how many work-related expenses there are, it is worth keeping all your receipts for anything job-related and hiring an accountant who specialises in dealing with doctors to do your taxes professionally.

All members of the BMA have free access to BMA financial services, who can put you in touch with accountants and financial planning specialists. The BMA is also an excellent port of call to clarify any questions, queries or problems you are having with any reimbursement claims.



Junior Member's Forum – make your voice heard!

(by Laura Edwards, Vice Chair JMF, 2013)

Is there anything that you moan about in the coffee room? Pension? Working hours? Car parking? Is there any cause that you feel is ignored – carers, sex workers, mental health, medical students? Come and talk about issues that are dear to your hearts and meet colleagues from all over the UK from all specialities. This is your opportunity to find out about the BMA, what it can do for you and what you can for it in a very sociable, relaxed atmosphere. Most attendees have not been to other BMA events. Feedback is usually excellent – come and find out why!

The JMF is a weekend conference for BMA members that will help you hone your debating skills; network with other doctors, medical students and the profession's current leaders; and provide the chance to listen to high profile speakers talking around Patient Safety. It will also provide an interesting insight into the BMA policy making process and how to get your voice heard in the profession.

This year the conference is in Cardiff on Saturday 23 and Sunday 24 March 2013. Doctors who are within 12 years of provisional registration or 11 years of full registration, plus medical students, can attend. Overnight accommodation, travel expenses and meals will be provided from Friday evening. There will also be a special Saturday evening reception. Attendees will receive a CPD certificate. Childcare will be available during the conference.

Attendance is through application. There are very limited numbers so you need to apply early as this is a popular event. Applications will open in January and will be advertised on the BMA News e-mail. You will need to apply via a form on the BMA website. We hope to see you there!



What gets you out of bed?

(By Rachel Brettell, specialty trainee 1 in general practice in Oxford)

I slept through my alarm clock last week. After a mad dash to get dressed and a hair-raising cycle ride, I made it into my GP practice with literally minutes to spare, sat down at my computer and called in my first patient. Over lunch, I was trying to work out why I felt so strangely pleased with myself, despite the fact I had missed my morning weetabix and made my journey to work much more stressful than it needed to be. The whole situation was very unsettling and I couldn't understand why. And then it hit me – missing my alarm had signalled so much more. It wasn't just about sleeping late on one day, rather it represented a gradual change (perhaps even a metamorphosis?!) that had taken place in me over the preceding few months. It meant that I had, without really realising it, stopped waking up early worrying about work. Similarly, I'd proven to myself that I no longer needed to get in an hour early to cram-revise about my patients' possible presenting complaints in advance. I'd just seen the patients, dealt with whatever was going on, and got on with my surgery. Something had happened to me – I was no longer crippled by 'GP fear.'

Thinking back to my first days as an ST1, starting in general practice after two years as a foundation doctor, all I remember is that fear. Extreme fear. On reflection I cringe, but it sort of makes sense. Fresh out of the foundation programme, I turned up on day one in general practice to a full surgery of patients. A list of people I didn't know, all waiting expectantly to see ME. To come in and talk about the intricacies of their lives, and throw down 'the gauntlet.' I would have to develop a rapport, work out what was going on with them,

examine them, address their anxieties, negotiate a management plan before watching them walk off into the unknown whilst I tried to type it all up on the pre-historic computer system to ensure I didn't get sued in 5 years time. All in 15 minutes. To say the task daunted me is somewhat of an understatement. However, slowly but surely, that gauntlet has become a standard day at the office.

I was acutely aware that coming straight from F2 into GP training would leave me woefully under-skilled and lacking in experience compared to my worldly wise colleagues and superiors. As a foundation doctor you are often left feeling like a tiny cog in an enormous machine, a team dogsbody or a TTO machine, but you are ultimately very much a team player. Whilst night shift and bank holiday on-calls often feel hopelessly unsupported, it is very rare that you would ever take ultimate responsibility for a patient. Then, seemingly overnight, you are expected to start acting as an (almost) independent practitioner. The decisions you make in GP may not always be life-threatening, but nevertheless they are regularly life-changing for your patient. You have just a few minutes to make decisions which won't be reviewed on a post-take ward round. When you discharge someone from hospital you rarely end up seeing them again whereas in GP they come back, sometimes every week, and they will remember the decisions you made previously, particularly the less 'insightful' ones. There is no consultant to take the rap for you if you make a bad call, no speciality reviews and no nurses to do obs. The change is a big shock to the system, and something that takes some getting to grips with.

Whilst I'm starting to really enjoy things, I maintain it is good that general practice still scares me every day, and I hope it continues to do

so. The responsibility is immense – people are coming to see me and tell me about their precious lives. Anything could be going on, and the human body is a mysterious beast. That fear I feel is important because it stops me getting sloppy and it stops me being casual with people's feelings. It reminds me every day how much there is to remember and how much there is still to learn. It keeps me on my toes and reminds me to always keep an open mind, a crucial skill in general practice. However, I am pleased to say that I am learning to live with that fear. Because ultimately the fear is not about the patients, the illness or the most up to date management, but instead is fear of the unknown. And medicine is all about this unknown. Now, slowly, I am starting to get better at managing this unknown and uncertainty, at taking responsibility for my own decisions and, with my best friend the safety net, at taking risks. These are the real skills of general practice and I am realising they are just as important as the facts, pathways and guidelines I am trying to get my head around. By mastering these skills I will, hopefully, manage my patients well, avoid unnecessary health anxiety, and not be swept up in the relentless tide of over-investigation that is drowning modern medicine and crippling the NHS. I too, will hopefully personally avoid unnecessary stomach ulcers and be able to start really enjoying the excitement, intrigue and diversity of general practice rather than being overwhelmed by it. All of the very things that made me so scared when I first started this job are now the things I consider to be the very best thing about the profession. The independence, the responsibility, and the long term relationship with patients whom you support from cradle to grave. This freedom is an enormous responsibility, but also a liberating, and exceptionally rewarding one. And, alarm clock or not, those are the things that will be getting me up out of bed every morning.

News from the Membership Development Team

The November meeting of the GP Trainees subcommittee heard from the Head of Membership Marketing about new initiatives and investment to extend the careers advice and support to GP trainees. As part of a wider BMA initiative to increase the services provided to doctors in the 25 to 35 age group, an extended portfolio of careers services are now available. This includes free-to-member **online learning modules** on interview, application and CV writing techniques. A recent addition to these is a module specifically for locum GPs. A new series of **webinars** on management skills have also been launched. These are also free to members and supplement the management skills workshops that are already available at reduced rates to members.

A team of four development managers based across the UK are available to arrange talks for groups of trainee GPs on diverse subjects including careers advice, ethics, employment support and personal finance. In 2013 two specialist careers consultants will join the team to work with deaneries and postgraduate centres, providing additional sessions to the GP training programmes.

The subcommittee will continue to work with the Careers team to develop the service to the benefit of GPs in their training programme. Please contact Christopher Scott (CScott@bma.org.uk) if you have suggestions for how this new service could assist your training programme.



GP Trainees Subcommittee membership 2012/13



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Krishna Kasaraneni



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Kalindi Krishna
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Eastern
Rahhiel Riasat



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If you are a BMA member and have any issues relating to your employment or training, please contact 0300 123 123 3 or follow this link to web chat with an adviser:

<http://web2.bma.org.uk/webchat>

If you wish to contact your regional representative, please send an email to Christopher Scott via:

cscott@bma.org.uk

