

GP Trainees Subcommittee Newsletter



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July 2013

Dear trainees



I am writing this following the last meeting of the 2012-13 session, which was held at the BMA House on 6 June. Since I last wrote to you, the conference season has kept me busy and I am pleased to finally returned to some normality. Some important motions were debated by the profession and made it into policy, which the subcommittee will be working on over the next 12 months. I've highlighted the important points below as well as some of the other matters we are currently working on.

Krishna Kasaraneni
Chairman, GP Trainees
Subcommittee

Motions from the conference season

Conference of LMCs (Local Medical Committees)

That conference asks the GPC to work, as a matter of urgency, with all those responsible for GP trainee education to ensure that the proposed extension of GP training to four years:

- (i) is used to increase practical experience for trainees and not to supply cheap labour
- (ii) is appropriately funded for primary care including a full trainers grant for all time in primary care
- (iii) includes business skills in general practice, health policy, leadership and medical politics
- (iv) reflects the development needs of the individual trainee.

Conference of LMCs (Local Medical Committees)

That conference is concerned that the MRCGP examination pass rates for international medical graduates (IMGs) are consistently lower than UK graduates and the discrepancy is getting worse, and:

- (i) is worried that this raises concerns about the validity of the MRCGP exam
- (ii) calls for a GMC, RCGP and BMA investigation into the reasons for the disparity, which is robust and establishes definitively at which part(s) of the training or examination process any problem lies
- (iii) calls on the RCGP to set up a career guidance service for trainees who had to leave GP training as a result of being unsuccessful in obtaining the MRCGP
- (iv) demands the feedback from the MRCGP exams to be improved immediately.

Annual Representative Meeting (ARM)

That this Meeting is concerned that the quality of GP training is being compromised and calls on the BMA to lobby COGPED to:-

- i) ensure adherence to the current guidelines for GP training which include a minimum of 18 months training in general practice;
- ii) ensure, when four year GP training is implemented, a minimum of twenty four months training in general practice;
- iii) ensure hospital training posts are of an appropriate length for GP training;
- iv) publicly name the deaneries (or equivalent bodies) that are failing to adhere to their guidance.

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Enhanced GP Training (EGPT)

As highlighted by the conference motion, the profession continues to have concerns about the implementation of EGPT. As I have said many times in the past, the educational case is indeed very strong, but the lack of appropriate funding and the complexities of a 4-nation implementation strategy is making the process very difficult. Our meeting with GOCPED and RCGP representatives had to be cut short due to unforeseen circumstances and we hope to meet them soon again. I will update members again after the next meeting.

We are waiting for the financial and implementation work to be completed and 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

The GMC review led by Professor Aneez Esmail is nearing its end and is due to report at end of July. BMA has also written to all the other royal colleges asking them to provide breakdown of their exam data to assess how widespread the problem of differential pass rates is and more importantly how best we can deal with this. BMA organised a round table meeting where I met representatives of British International Doctors Association, British Association of Physicians of Indian Origin, Association of Pakistani Physicians and Surgeons, British Sikh Doctors Organisation, Medical Association of Nigerian Specialists and General Practitioners in the British Isles, General Medical Council, National Clinical Assessment Service and the NHS Employers. We had a very productive meeting where we discussed about the ways we can help breakdown barriers for doctors from ethnic minority backgrounds.

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. I have also written to HMRC to seek further clarification on the matter and will keep you informed of the developments.

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 is returning to fulltime General Practice. There will now be a new chair following elections on 18 July. I couldn't finish this message without thanking Laurence, who has been a tremendous help for trainees during his time. His leadership, passion, energy and work ethic are second to none and he will be sorely missed.

I also want to thank the 14 members of the subcommittee who have finished their term of office. The nominations for elections to these seats are now open and I would encourage you to get involved.

If you have any concerns about your training or employment, please do contact the [BMA helpdesk](#). You can also find me on twitter as @GP_Trainee if you prefer to have a more informal chat about issues affecting GP training and trainees.

Krishna Kasaraneni

Subcommittee activity 2012/13

It has been a busy year for the GP trainees subcommittee. Some important issues have arisen that will continue to be on the agenda for the foreseeable

The Clinical Skills Assessment (CSA)

The CSA has been under renewed attack for the extreme disparity between the results of International Medical Graduates and those trained in the UK. There have also been concerns about the disparity between ethnic groups amongst those who have trained in the UK.

Following extensive discussion, the subcommittee wrote to the RCGP seeking assurances that a full investigation into the causes of the disparity would be carried out, and to suggest some possible ways forward, such as the use of video recording in examinations. The Chairman also attended a meeting with the RCGP, BAPIO and BIDA following the latter organisations' threats of legal action. The subcommittee's policy has been to work with the RCGP to seek a resolution, but with the caveat that the process must speed up considerably. The BMA is not involved in the legal action that is now underway means that the RCGP have been forced to restrict their communications on this issue. A pan-BMA group is looking into the broader issue of IMG results discrepancies across medical examinations and we are also awaiting the outcome of the GMC investigation into pass rates, and we will be meeting with the GMC to discuss this soon.

The GP trainee contract

Discussions have taken place on the negotiation of a new junior doctor contract. These preliminary discussions have now concluded, with the intention to move on to negotiations in the near future. The scope of these negotiations will include GP trainees, with the GP Trainees Subcommittee and the GPC negotiating on trainees' behalf. A formal contract for GP trainees

would be a significant departure from the current Framework contract, which is not negotiating with government but has been created by the GPC in conjunction with COGPED, and is based on Department of Health directions.

A survey is underway to establish junior doctor and trainee views on contract negotiations. This, along with more information on the negotiations can be accessed [here](#).

Enhanced GP training

Following the BMA's decision to support the educational case for extended/enhanced GP training, the subcommittee has been involved with an implementation group, which also included the RCGP and COGPED.

Progress has thus far been very slow and it is not entirely clear when a final implementation proposal will be put to the DH, however the subcommittee and the GPC will be continuing to hold the group to the nine agreed implementation principles as follows:

1. RCGP, COGPED and GPC agree that general practice training should be extended to at least four years in duration, subject to agreement on funding and implementation issues;
2. All posts included in a four-year general practice specialty training programme will be in curriculum-matched posts, approved by the GMC for general practice training;
3. All training and supervision roles undertaken by GPs will be supported by an agreed payment/ trainer grant;
4. An extended training programme should be predicated on maintaining the trainer/ trainee Relationship;
5. Doctors in ST4 are trainees, and will not qualify as an independent general practitioner until they gain a CCT;
6. In accordance with their GPST Contract, trainees are considered to be supernumerary whilst in their designated GP training practice;
7. Extending GP training should ensure an equitable approach towards producing better equipped GPs to deliver future patient care;
8. Remedial training should occur as now, in extensions of training, at the appropriate time arranged through the existing ARCP panel process described in the Gold Guide to Specialty Training;
9. Extended training programmes should be integrated and planned across the four year training period, rather than amended from the current format for the fourth year only.

Guidance notes

- The subcommittee produced guidance on 'Confidential transfer of Information' which relates to a form new GP trainees are required to complete. This can be accessed [here](#).
- New guidance on study leave was published in 2013 and is available [here](#).



GP Trainees Subcommittee regional elections 2013 – 2015

The GP Trainees subcommittee are holding elections for 14 regional constituencies this summer:

- Eastern
- Lancashire (North West Deanery region of North West LETB)
- London – North Central and East
- London – North West
- London – South
- Mersey (Mersey Deanery region of North West LETB)
- North East
- Northern Ireland
- Peninsula (Peninsula Deanery region of South West LETB)
- Thames Valley
- Scotland, North
- Wessex
- West Midlands
- Yorkshire

If you would like to get involved in the work of the subcommittee, and really make a difference to the lives of your fellow GP trainees, please consider standing for election.

Anyone can stand who is either:

- a) on a GP training programme that will not finish before 24 September 2013; or
- b) starting a training programme between 28 June 2013 and 29 June 2014.

Successful candidates will be elected to serve for two full sessions; 2013/14 and 2014/15 unless the representative is set to qualify as a GP during the first session, in which case they will only serve for one session.

Full details of the election and nomination forms can be found on the BMA website [here](#):

Nominations close at **5pm, Friday 19 July 2013**.

If you have any queries, please don't hesitate to contact either Christopher Scott (cscott@bma.org.uk) or Karly Jose (kjose@bma.org.uk) in the office.

As you read this newsletter, you may be thinking... who are these people? How did they get onto this committee? How might I contact them?

We are a subcommittee of the BMA's General Practitioners Committee (GPC) and provide national representation for all doctors on a GP training programme. This includes all doctors in hospital or GP practice placements, BMA members and non-members. We are deeply involved in training and contractual issues, matters of 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 quarterly meetings in BMA house, where we bring to the table collective issues from our regions, as well as discussing and debating topics on a national scale. We are all GP Trainees, and have representation from other aligned crafts such as hospital doctors, qualified GPs, academics, public health doctors, medical students and the armed forces doctors. At present the easy part is discussing the national matters like enhanced/extended GP training, conference motions, issues with pay and workforce to name only but a few. These topics are usually discussed online on a daily basis through the medium of email Listservers which all representatives can post on.

In my experience the more difficult part of the role is to get in contact with the GP Trainees in my area and this seems to be an issue which is echoed across some other constituencies. At present we mainly rely on word of mouth, social media sites and the GP Trainee Newsletter for members (and non members) to get in contact. As a committee we have discussed this and we feel trainees need a more robust way in which to contact their representatives. The details of this are still to be worked out but we hope to improve the way in which representation works locally.

Being a regional representative is a fantastic opportunity for any current or prospective GP Trainee to take on. The opportunity to be the Northern Ireland representative since January 2012 has given me a great insight into medical politics, and without doubt improved my communication skills and public speaking ability. It has given me a wealth of knowledge into contractual issues surrounding medicine and has inspired me to become more involved with my local LMC and GPC in the future as a GP.

Dr Conor Bradley

Local Medical Committee Conference (LMC)

LMCs are local representative committees of NHS GPs and represent their localities to the NHS local authorities. They interact with the General Practitioners Committee and other committees in various ways, including conference.

The LMC conference is an annual event where representatives from all of the LMCs propose and debate motions that affect grass root GPs and GP trainees. This year's much awaited annual LMC conference took place in London on 23rd and 24th May 2013. A few of us from the GP trainees subcommittee attended the conference as observers. The conference was opened by an awe-inspiring speech from Laurence Buckman, the GPC chairman, who strongly defended general practice and said that the NHS and general practice are at a critical point. He urged politicians to start listening to doctors. At the end of his speech there was a standing ovation and prolonged loud applause. Various motions were debated throughout the course of the two days. Here are some of the issues that were discussed:

- *The NHS is in a crisis, there are funding problems, but general practice has long been recognised as a cost effective healthcare model*
- *NHS reforms have increased workload, placed quality patient care at risk and risk widening health inequalities*
- *It was mentioned that the Francis report was 'not caused by a lack of compassion, but a lack of time and resources'*
- *The implementation and delivery of NHS 111 was criticised*

- *The contract negotiation team were defended by the GPC chairman, despite valiant efforts; GPs have been helplessly forced to accept the contract imposition*
- *Concerns about the differential pass rates in the MRCGP exam received support from all GPs*
- *Withdrawal of NHS England funding for the development of occupational health services was condemned by the conference*
- *Conference was adamant that GPs did not want responsibility for out of hours care*

In the evening, we attended the LMC formal dinner at the Dorchester hotel, Mayfair. The food was delicious and there was plenty of opportunity to indulge in local and national medical politics and social networking. It was amusing to hear the Chairman's after dinner jokes and it was good to see senior GPs relax and unwind after an intense conference. The evening ended with a motivational speech from Andrew Murray, a GP with a special interest in sports medicine. It made me reflect on 'work-life balance' as he went on to tell us how he ran marathons, climbed mountains amongst other adventures, all whilst working as a GP.

Overall, the conference was a great learning experience and an opportunity to network and share ideas with GPs from all over the UK. I truly recommend getting involved in the LMCs and attending the LMC conference.

Dr Rahhiel Riasat

How to get involved in your LMC

What is an LMC?

They are the representative organisations who represent and negotiate for GPs at a local level. They are paid for from GPs income and are therefore politically independent. Each LMC has a committee of democratically elected GPs who come together to highlight current issues in General Practice and feed back to their constituency. The LMCs usually employ someone to do any work they set for them and to be available on a day to day basis to provide help and advice. These employees may be medical or non medical.

Are they the same thing as the CCGs?

No. CCGs are different. They are commissioning bodies which means they are involved in designing, purchasing and monitoring patient care. They are membership organisations but CCGs are answerable to the government as well as GPs. LMCs are advisers and only answerable back to GPs.

Who are they representing GPs to?

They represent General Practice to everyone around GPs. That may be working with Area Teams, CCGs, RCGP, the LETB (Deanery) or charities. They can iron out misunderstandings and help engender mutual understanding.

LMCs also offer other services from expertise around disciplinary issues, contract changes to medico-legal issues eg data protection act

interpretation and sometimes education and training. They are experts at the time when you can't think of anyone else who would know the answer.

Who are your local LMC?

If in doubt ask your practice manager or senior partner – they will know.

Why should I be involved?

The LMC represents General Practice, now and for the future. The strength of LMCs lies in representing the breadth of General Practice. As a trainee you may not yet have a wealth of experience in General Practice but you have fresh eyes, the understanding of hospitals' way of working and many years career ahead of you at stake.

So how do I see whether I am interested?

Contact your LMC directly and ask if you can attend one of their meetings or visit their office. See if your trainer knows anyone who already goes to meetings. It may be more useful if you can tag along with someone as sometimes the acronyms and topics are unfamiliar to start with and a chat beforehand to demystify the agenda can be helpful!

What if I like it?

The representatives are democratically elected. Stand for election!

Dr Laura Edwards



GP Trainees Subcommittee membership 2012/13



Chairman
Krishna Kasaraneni



East Midlands
Kalindi Krishna Tumurugoti



Eastern
Rahhiel Riasat



Kent, Surrey & Sussex
Sangeetha Sornalingam



London North
Adam Borowski



London South
Thomas Nolan



Mersey
Mark Willcox



North West
Vacant



Northern
Oliver Jardine



Oxford
Kiren Collison



Northern Ireland
Conor Bradley



Scotland, North
Vacant



Scotland, West
John Kyle



Scotland, South East/East
Sarah Mills



Severn
Nick Jestico



Wales
Kashif Samin



South West
Wayne Sturley



Wessex
Laura Edwards



West Midlands
Jairam Kaasula



Yorkshire
Ansar Hayat



Armed Forces
Toby Holland

**Nominations are open now –
please see page 4 for more detail.**

If you are interested in getting involved in the subcommittee,
please email CScott@bma.org.uk or visit the
subcommittee's [website](#) for more information.