

Sessional GPs Newsletter



bma.org.uk

for salaried, locum and freelance GPs

May 2013

Welcome. This is the first edition of our newsletter for 2013.

We aim to keep you informed about new and ongoing issues that affect sessional GPs, and about the continuing work of the Sessional GPs Subcommittee and General Practitioners Committee of the BMA. As part of our commitment to you as sessional GPs, and given the current and impending changes impacting upon general practice, the focus of this newsletter is on examples of support mechanisms for sessional GPs. We have our own Paula Wright with three additional guest contributors, who will be covering various models such as sessional GP groups and chambers.

If you have any suggestions for how we might improve this newsletter, or have any ideas of articles you would like to see included in future editions, please let us know by contacting us at the following email address: sessionalgps.bma.org.uk

What is a Sessional GP?

'Sessional GP' is an umbrella term to collectively refer to salaried, locum and freelance GPs.

The BMA Sessional GPs subcommittee represents all sessional GPs in the United Kingdom, including BMA and non-BMA members.

The Sessional GPs subcommittee has 16 members, elected on a regional basis to ensure representation from across the UK.

If you would like to contact your regional representative, let us know at this email address: sessionalgps.gpc@bma.org.uk

Elections to the Sessional GPs subcommittee

Voting is now open in the election for the BMA's Sessional GPs Subcommittee Election for 2013-2016. There are 26 candidates from across the subcommittee's 13 regional constituencies and the list of candidates is now [on the BMA website](#).

The Sessional GPs subcommittee deals with important policy that affects you as a salaried or locum/freelance GPs, so it's important you have a say in who represents you.

Voting packs have been sent out in the post this week to salaried and locum/freelance GPs across the UK. When you receive your pack, you will be given the option to vote either by returning a completed ballot paper in the post or online. The closing date for the return of ballot papers is 30th May and we expect to announce the results on 3rd June.

If you are eligible to vote as a sessional GP and have not received a voting pack, please contact the BMA's Membership department to register your details before 21st May.

You can vote regardless of whether or not you are a BMA member but we need your contact details in order to send you a ballot.

There are a number of ways you can get in touch – please [see the BMA website](#).

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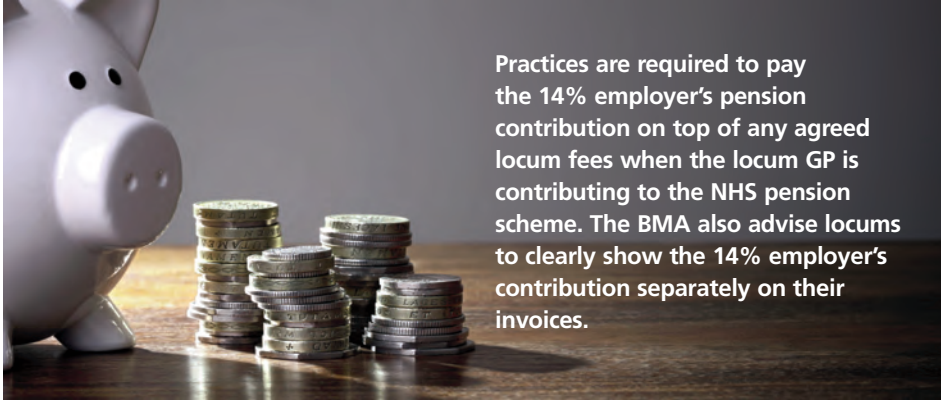
Join the BMA

If you are not a member of the BMA you could be missing out on the support of your national and local committees when protecting your terms and conditions of service, individual representation on personal employment issues and the online guidance and information available to consultants.



**Don't be left out,
join today.**

Money matters: Pensions and Sessional GPs



Practices are required to pay the 14% employer's pension contribution on top of any agreed locum fees when the locum GP is contributing to the NHS pension scheme. The BMA also advise locums to clearly show the 14% employer's contribution separately on their invoices.

As of 1 April 2013, responsibility for paying locum employer's pension contributions in England and Wales has been transferred from PCOs to GP practices. This change has been made, despite sustained resistance from the GPC and sessionals subcommittee, as a part of the GP contract imposition.

The funding for the payments has been reassigned from PCO budgets to Global Sum Equivalent payments for GMS practices. The employer contribution is paid by the practice to the locum then passed on directly by the locum to their Area Team or Local Health Board while paying their own employee contributions.

We are aware that many locums are concerned about this issue and the BMA has called on the Department of Health to reverse the changes. Mark Porter, Chair of BMA Council, has written to the Secretary of State for Health, Jeremy Hunt, to ask for the payments to be made centrally. You can see that letter [on the BMA website](#).

The BMA has put together a special 'survival guide' for both locums and practices which is available at <http://bma.org.uk/sessionalgps> and includes a pro forma template for locums to model their invoices on. Additionally, there is a section for locum pension FAQs at <http://bma.org.uk/practical-support-at-work/pensions/faq-locum-gps>.

If you are a BMA member with an individual pensions query, please contact the BMA Pensions Team. Write to: Pensions Department, BMA House, Tavistock Square, London, WC1H 9JP Telephone: 020 7383 6138 or 020 7383 6166 Fax: 020 7383 6484 Email: pensions@bma.org.uk

In the event of non-payment by an employer of the additional 14% please contact the BMA's First Point of Contact helpline for advice and assistance. Call 0300 123 1233 or see the BMA website for further contact details: <http://bma.org.uk/about-the-bma/whowe-are/contact-bma>

Changes to the Injury Benefit Scheme

The NHS Injury Benefit Scheme, which currently provides for the payment of either a Temporary Injury Allowance (TIA) or a Permanent Injury Benefit (PIB), has been removed as of 31 March 2013. NHS staff covered by the current Injury Benefit scheme will still be able to claim either TIA or PIB in respect of an injury or illness which is wholly or mainly attributable to NHS employment and that occurs on or before 30 March 2013.

GP contractors will not be covered by these new arrangements in their current form. Whilst the BMA participated in the review discussions it did not agree with the

radical changes that have been made and we have responded to the consultation to this effect. We understand that salaried GPs employed on the model contract will be eligible for Injury Allowance as the contract is linked to the NHS terms and conditions of service handbook. However, it would be the employing practice's responsibility to pay this benefit for successful claimants.

Please visit <http://bma.org.uk/practical-support-at-work/pensions/faq-nhs-injury-benefit-scheme/changes-to-nhs-injury-benefit-scheme> for more information on these changes and how they may affect you.

Claims for Unfair Dismissal

Following changes to legislation from April 2012, where employees previously required at least one year's continuous service with the current employer to be able to bring a claim of unfair dismissal, they must now accrue two years' employment. This could have a significant impact on salaried GPs who have recently changed employer and have yet to meet the qualifying period.

It is worth noting that this qualifying period does not apply where the dismissal is due to discrimination on the grounds of sex, age, race, disability, sexual orientation, religion or belief. There are also other specific statutory reasons for dismissal which are regarded as automatically unfair and do not require the one year qualifying period, including dismissals over pregnancy or maternity leave, trades union membership, whistleblowing or reporting health and safety risks.

Please be aware, the unfair dismissal claim to an employment tribunal must be commenced within three calendar months (less one day) of the effective date of dismissal (EDT). This deadline can be extended in very specific circumstances. Given the strictness of the time limit it is vital that salaried GPs contact the BMA immediately on being faced with any disciplinary procedure or dismissal. This service is only available to BMA members.

Locum GP Handbook

The BMA's 'Locum GP Handbook – the essential guide for freelance GPs' is now available for members on the BMA website. A hard copy has been sent to all members who are registered with the BMA as being a locum GP.



To read the new handbook, log in at www.bma.org.uk/sessionalgps

If you are a locum member and have not received your copy, please email sessionalgps.gpc@bma.org.uk

Locum Supervision of Trainees

Following some concerns raised by members of the Sessional GPs Subcommittee about locum GPs being asked to supervise GP trainees, COGPED have now outlined their position on this issue for us. They have stated that a locum wishing to supervise should possess basic supervisory skills for single sessions and that they must not assume ongoing responsibility for trainee supervision. There should be a clear and well-defined handover procedure which has been arranged with the trainee's formal clinical or educational supervisor.

COGPED have also stressed that locums who have agreed to supervise trainees should be afforded specific time in their session to provide this support.

Locum GPs should be aware that they are not obliged to provide supervision on behalf of a GP Trainer. As such, the BMA advises that locum GPs should be asked and should actively agree to undertake the supervision beforehand.



Revalidation

Revalidation and Sessional GPs: things you should know

1. Revalidation commenced in December 2012 and each Responsible Officer (RO) will now have determined a system for selection of doctors in their region by revalidation year. If you do not know already, you need to find out who your Responsible Officer is and ensure you are on a mailing list for the organisation in order to promptly receive communications regarding your appraisal and revalidation.
2. The requirements for supporting information are set out in the GMC document 'Supporting Information for Revalidation and Appraisal' (available at: http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp) which also refers to College guidance. The GMC guidance states that doctors must submit an example of quality improvement, and that the Medical Royal Colleges will provide guidance on the type of activity that would be most appropriate for doctors working in each specialty.

The RCGP guidance (available at: <http://www.rcgp.org.uk/revalidation-and-cpd/revalidation-guidance-for-gps.aspx>) states that your revalidation portfolio will be expected to contain information to demonstrate that you have taken part in audit activity. This will normally be at least one full-cycle (initial audit, change implemented, re-audit to demonstrate improvement) clinical audit during the revalidation period. However, many locum and salaried GPs have no involvement in the management of quality in practices in which they work. For this reason, showing quality improvement in a **practice's** clinical care via a standard audit may not be feasible, or relevant to the sessional GP's role or responsibilities.

A more feasible and relevant way for such GPs to show quality improvement is in relation **to their own practice**, for example reviewing an aspect of their personal clinical practice such as:

- a) record-keeping
- b) referrals or investigations
- c) prospective case based condition reviews
- d) random case analysis or review of telephone triage outcomes
- e) prescribing

The relatively small numbers of events involved, when reviewing one aspect of a single doctor's diverse practice, means that it will usually be possible to provide **qualitative, but not quantitative**, evidence of change. This is because for example the breadth of focus (range of clinical decisions being reviewed in one disease area) means there is no single standard or criterion or no evidence on which to base criteria.

Learning points arising from such review exercises will be key outputs. Case reviews may be particularly useful, both formatively and to demonstrate that learning points are subsequently incorporated into practice.

3. You should be able to access a pool of trained and quality assured appraisers who understand your role.
4. Patient feedback is a GMC requirement and is feasible for many sessional GP including locums. However, response rates may be lower so it may be necessary to sample a larger number of patients. Patient feedback questionnaires also present possible problems as follows:

GPC/RCGP Statement on Appraisal Ready Revalidation and Quality Improvement Activity



We have agreed the following joint statement with the RCGP on Quality Improvement Activity:

The GMC state that quality improvement activities 'could take many forms' depending on the role a doctor undertakes and the work that they do.

The RCGP has defined the significant event audit and clinical audit as the core information for GPs to include under Review of Practice

GPs would, in most circumstances, be expected to provide evidence of these

It is recognised, however, that clinical audit may be challenging for GPs without a fixed practice base, or those who work in out-of-hours, walk-in-centres or similar environments.

GPs who feel that it would not be feasible for them to participate in clinical audit activity should produce alternative evidence of quality improvement and discuss this with their appraiser.

For such GPs, the RCGP has identified a range of alternative approaches to enable them to demonstrate evidence of quality improvement

If conducted properly, and with sufficient evidence of reflection, these alternative approaches should not be considered of any less value to conventional clinical audit activity.

Revalidation

- a. Doctors working in an out of hours centre where the predominant consultation method is telephone or home visits may not be able to carry out a patient survey. These doctors should discuss this with their appraiser and expect appropriate flexibility from their Responsible Officer. It may be that it is possible to collect some form of patient feedback in another way.
 - b. GMC guidance states that patient questionnaires should be distributed by a third party but where it is not possible for a freelance/locum GP to arrange this, it may be acceptable for the locum to distribute the questionnaires themselves. Locums who do this may wish to consider a deposit box for the completed questionnaires, and it is important that they do not have access to individual completed responses. Further information about this is provided in the [GMC's guidance on questionnaires](#).
 - c. It is known from GMC pilots and guidance (See: http://www.gmc-uk.org/Item_9_Revalidation_Projects_and_Pilots_Annex_C_33221377.pdf) that patients rate a doctor who is not "their usual doctor" less well than they rate a doctor with whom they have an ongoing relationship. Results from these questionnaires should be interpreted in the light of benchmarks based on their locum peer group.
 - d. Prison GPs will also face particular challenges in gaining patient feedback (See the results of the RCGP secure environments revalidation pilot: <http://www.rcgp.org.uk/policy/rcgp-policy-areas/~media/Files/Policy/A-Z%20policy/RCGP%20secure%20environment%20pilot%20report%20v6.ashx>)
5. Colleague feedback can also present challenges for many doctors. This is especially so for freelance/locum GPs who have much more limited contact with colleagues at any one time, due to the peripatetic nature of their work. They may only be able to acquire the relevant number of responses by running the survey over a longer period of time. There may also be a need to ensure appropriate peer specific benchmarks are available (for locums or OOH doctors).
 6. Significant events are normally discussed at practice meetings. However, locums may not be invited to participate in these. It is acceptable to discuss significant events in a practitioner group or self directed learning group or, if you are not part of one, then a discussion with a colleague (ideally from the practice where the significant event occurred) would also be acceptable. If you cannot arrange either of these, then an alternative would be to talk about the significant event during the appraisal discussion itself. If you think you will need to do this, you should raise it with your appraiser. You should aim to use a standardised template for writing up the Significant Event Audit (SEA).
 7. You should seek advice from your appraisal lead and Responsible Officer (in writing) early on in your appraisal cycle if any of the problems mentioned above affect you. If you are concerned about the response you receive you should contact your local BMA office again for further support (in writing/ email). It is important to keep written records.

P Wright, Sessional GPs Subcommittee

Sessional GPs Conference 2012

On October 11th, nearly 90 sessional GPs attended an event at BMA House designed to offer expert advice, practical information and guidance to support all sessional GPs in making the most of their careers. The Conference, "Sessional GPs – Redefining Success" also saw the official launch of the BMA's new Locum GP Handbook, with copies distributed to all attendees. The day

featured talks on issues ranging from pensions to revalidation, as well as break out groups on a variety of topics, including 'role play' of common challenging situations faced by sessionals. It finished with a lively question and answer session for some of the members of the Sessional GPs Subcommittee. You can view a webcast of the employment law talk from BMA Senior Industrial Relations Officer,

Claire Ashley, on the BMA website at: http://www.bma.public-i.tv/core/portal/webcast_interactive/88496

This year's conference will take place on Friday October 11th 2013. See <http://www.bma.org.uk/events/2013/October/sessional-gps-conference>

Support for Sessional GPs

As a sessional GP, it's important to avoid professional isolation. This is something that we know has a negative effect, especially on locum GPs. Indeed, a 2010 study by the Royal Medical Benevolent Fund (RMBF) found that many sessional GPs felt 'outside the loop' regarding drug updates, QOF updates and CPD opportunities.

There are a number of ways that sessional GPs can prevent becoming isolated, such as by joining a locum chambers or a local sessional GP group. Here, 4 GPs share their experiences of these support organisations.

Paula Wright



Paula is a salaried GP who also works as a deanery lead on sessional GPs, GP tutor and appraiser. She also chairs her local sessional GP group which has over 280 members (NESG.org.uk). She has carried out research into support for sessional GPs which looked into the factors which make self directed learning groups successful. She is the northern representative on the GPC sessional GPs committee.

I was fortunate to be part of the Royal Medical Benevolent Fund funded project looking into support mechanisms for sessional GPs. As part of these our team looked into, amongst other things, sessional GP groups and also self directed learning groups.

The full report can be found at: http://www.rmbf.org/data/PDFs/RMBF_Sessional_GP_Research_2010_final.pdf.

Sessional GP groups are geographically based, mainly self-funded groups run by volunteers to provide peer support, job vacancy information and education. They help reduce isolation both professionally and socially, offer opportunities for sharing experiences and opportunities, and help improve communication locally. These groups vary in size from 20 to over 300 and have websites of varying levels of sophistication. Many have links to local deanery tutors and LMCs. Some provide speakers to vocational training schemes to help facilitate the transition for newly qualified GPs and make them aware of the value of the group. If you are new to freelance/locum work or newly qualified or new to an area it is particularly important to seek out your local group to avoid isolation and keep yourself 'in the loop' locally.

Professional isolation can have many far reaching adverse consequences. Apart from missed educational and work opportunities, isolated doctors may also miss out on key information like prescribing newsletters and service developments/new referral pathways. We also know that informal clinical discussion between peers acts as an important means to benchmark your practice, especially in complex areas where guidelines cannot easily be applied. Attending a regular sessional GP group meeting can be an important means to fill this gap for those who find themselves shut in a consulting room for most of their working time.

Self-directed learning groups (SDLGs) are informal groups of GPs who meet regularly for peer support and education. There is no formal leadership and normally no external paid or unpaid facilitation. They follow on from the tradition of 'young practitioner groups' and recently many have also taken on explicit roles in support processes for appraisal. For example, they can provide a forum to discuss Significant Event Audits (SEAs) and to demonstrate CPD activities and their impact. The term 'self-directed' refers to the fact that members determine the learning agenda. They often evolve from MRCGP study groups, but many

form 'de novo' through deanery initiatives or those offered by sessional GP groups. Their activities include discussions based around presentations of topics, journal papers, audits, complaints and SEAs. Activities may also include role play, Balint style discussion, social events, and reporting back on courses attended.

Once formed, the groups generally function independently with no formal anchor to any organisation. Whilst this autonomy is valued, it can make it harder for isolated GPs to find out about existing groups and also makes it difficult for groups to share experiences with each other.

Self directed learning groups face their own challenges: maintaining commitment and being sustainable. Factors that were found by the RMBF to contribute to success include: clear ground rules and aims, planning of activities and regular review of satisfaction and efficacy. Group size had an effect on sustainability (with larger groups maintaining momentum even when some members attended less frequently) but also on cohesiveness and trust, which was easier to establish and maintain in a smaller group. For more discussion on this it's worth looking at the full report or my shortened practical Guide "Seedlings: A guide to self directed learning groups" which can be found on <http://www.nelg.org.uk/content/Education%20and%20CPD>.

Support for BMA members to set up a sessional GP group

If you think you might like to set up your own local sessional GP group, have a look at the useful BMA guide on 'how to set up and develop a sessional GP group' prepared from a paper by [Paula Wright](#). Support can be a problem in the first instance and to help you, the BMA can provide assistance to book meeting rooms, send out invitations, and arrange catering or speakers.

To be put in touch with your BMA Regional Office to discuss how they can help, call 0300 123 1233. A service specification detailing the support offered by the BMA is available to download alongside the guidance.

Richard Fieldhouse



Richard has been a freelance GP for 18 years. After setting up the NASGP in 1997, he set up the UK's first freelance GP chambers in 2004 and is now helping other locums set up chambers across the UK.

Our Chambers used to be an informal sessional GP group, but we grew tired of the paradox of wanting to be a well-organised group of professionals at the cutting edge of general practice, versus an informal loosely affiliated disparate bunch of locums. So we took the Chambers idea from the National Association of Sessional GPs (NASGP) and tried to persuade our local PCTs to set one up for us, which they were really keen to do but unfortunately just couldn't manage to ever get around to doing it. So my two friends and I decided instead to start Chambers ourselves.

We began very simply by persuading one of our well organised parents to handle all our work-related emails and phone calls. Armed with a spreadsheet and an Outlook calendar, they began by not just handling all aspects of our bookings, but also programming a regular schedule of educational and business meetings.

Meanwhile, my two colleagues and I took on the role of what we later called clinical directors. We adapted the NASGP's terms and conditions of bookings for our own use and made absolutely sure that when practices were to use any of our members, it would be very clear what both parties were to expect for each and every session. And because a Chambers operate as a 'single undertaking', whereby all its members remain self-employed but work within the umbrella of the Chambers, and with all members performing all their locum work within the Chambers, we were able to make the process even easier by setting a plain and simple rates structure for our members.

It wasn't long before local practices started asking other locums that they knew to join us, with a lot of new members being recommended by their appraisers and GP trainers (although nowadays most applicants are existing GP partners). We met up with all potential new applicants over a coffee to take them through what we felt being a member of a 'locum team' meant to

us. As numbers grew, the regular team meetings became too large, and practices from further afield began to get in touch with us, so our original Chambers became two and over the years has now become 10 different individual chambers.

Over a very short period of time, local locums changed from isolated working and competing against each other, to instead working as part of a highly organised group in a collaborative, co-operative way. As we grew, we took on several new managers to handle every aspect of our members' paperwork, including banking every payment and organising all their superannuation requirements. And over the last eight years that we've been going, we've created around 20 different types of feedback forms, significant event analysis pathways, various audit projects led by our own 'audit portfolio lead partner', a regular blog on national guidelines edited by our guidelines portfolio lead partner, and even our own revalidation toolkit specifically for locums working in Chambers. Our education lead portfolio partner even organises regular education evenings to which we invite all other local GPs.

From what started out as a simple, commonsense solution to all the disadvantages of working as a freelance locum GP, it has been an immensely satisfying journey working with dozens of really lovely GPs, hundreds of practices and some really great staff to create highly respected local 'virtual practices'. There have been challenges, particularly in relation to developing and commissioning two different iterations of a highly complex bespoke IT system to handle over 1000 bookings per month for our 70 members. However, what has been absolutely clear throughout is the complete belief amongst not only our members, but also the practices that use us, of the need for freelance/locum GPs to work alongside each other in well-organised teams, with friendly and mutual support, in a stimulating and fun environment. This ultimately benefits the wider GP community and the patients they care for.

Such has the enthusiasm been for this working in Chambers, we've now successfully set up Chambers for locums in other parts of the country. Although Pallant Medical Chambers was the first, and is currently the largest group of freelance GP locum Chambers in the UK, there are now plenty of other chambers successfully running completely independent from us. To my mind, this only goes to show that we're not just here to stay, but that we are also the future.

Carol Cooper



Carol Cooper is a part-time GP in London, tutor at Imperial College Medical School, and a busy journalist, author and broadcaster. She has written many health and parenting books and also co-authored a textbook of general practice. She is The Sun newspaper's doctor and honorary consultant to the Twins and Multiple Births Association (TAMBA). Carol regularly appears on TV and radio, to provide an expert opinion. No matter how hard you work as a doctor, says Carol, you reach more people with your pen than you can with a stethoscope. Now Carol has set up GP chambers to benefit freelance GPs and help them with their professional development. She loves her work in all its variety.

When you're a child, GPs are held in awe and apprehension. They help us get better, and exude the calm pragmatism of a superhero. Or at least this is what my colleague Khalida Lovell tells me.

She carried out research into freelance GPs whilst at Oxford University. It often takes a lay person to identify challenges we all accept as part of our profession, and Khalida found plenty of them. As she says, 'Freelance GPs have it so unnecessarily hard.'

Not surprising, you might say, with pressures of NHS reform and the sceptre of rising demand and patient litigation. However, most of the challenges on GPs appear to be attributed to the profession itself. Us.

Lack of support and professional isolation, two challenges highlighted by this research, both hit a chord with me. Having worked on the retainer scheme, as a partner, salaried and a locum, I can relate to the professional isolation that we know can hit those who work freelance.

When faced with a patient showing signs of stress, we offer non-judgemental support and we offer it in abundance. And yet we are sometimes unable to do so within our profession.

The appraisal process and lack of feedback are added stressors for us GPs. All this sounds so familiar. This is why I have set up freelance GP chambers for my colleagues.

Already pioneered by Richard Fieldhouse of NASGP, chambers allow GPs to work as other professionals have done successfully. Working in chambers provides access to peer support, much needed feedback and support for appraisal and revalidation. My initial thoughts were that this was just an agency, but I learned quickly it wasn't. The cornerstone of chambers is the vested interest in members' professional and personal development, and that includes GP well-being.

With chambers working, GPs maintain pensionable earnings. There is also the advantage of having more free time instead of spending it on a phenomenal amount of admin. The arrival of revalidation tells me that there isn't a better way to work together as freelance GPs. I can't wait to work with more of my peers in this environment.

Elizabeth Rayment



Elizabeth is the founder and Clinical Director of Freelance GP Chambers. She currently combines her clinical work with being a Board Member of the Guildford and Waverley Clinical Commissioning Group. Most recently she spent several years as a salaried GP in Surrey before becoming a Freelance GP. She has a special interest in Children's health and Auditory Processing Disorders.

Freelance GP Chambers was formed after making the decision to move out of a sessional GP position in a practice, to enjoy the flexibility of being a freelance GP. We looked at the different options available to locums, including working completely independently, via agencies, using online booking/calendar tools or joining a Chambers. Having been working in a practice for a number of years and being fully integrated with the local GP network, we agreed that the future for locuming was to work within a team of locums that operated as a 'virtual GP practice.' This was evidenced by the number of locum Chambers popping up around the country although there were no local Chambers operational in our area. Our research showed that in some instances membership costs to existing chambers could be as much as 10-15% of income and that, from local practices perspective, they were reluctant to engage with teams of locums who have set sessional rates.

So with this in mind, we decided to create a Chambers model that supported locums, allows flexible session rates and which is fully integrated with the local information loop/wider GP community. We do this by engaging with local practices, education events, Clinical Commissioning Group priorities and clinical governance, whilst minimising the Chambers' membership fee.

We decided to build a Chambers that would be very cost efficient to run and also include the best of all the available tools currently available to locums, along with some key additional support tools. Our core belief is that the members within a Chambers should be focused on clinical excellence, with technology taking care of administration tasks. Equally, the Chambers staff should not be focused on matching locum positions to roles but on creating a supportive environment for Chambers members.

We do this by embracing modern technology. We have developed an IT system not only for use in running our own local Chambers in Surrey and Sussex but which allows other Chambers to be set up anywhere, without the huge initial start up cost (in terms of investment of both money and time.) By investing in technology, we do not need to employ administration staff/managers and this results in much lower administrative costs and membership fees for our members.

We strongly believe that Chambers should be tailored to suit a particular area and owned by local teams with local knowledge. We therefore offer our technology to other groups (e.g. informal sessional groups) to use to quickly establish themselves as a professional body with a formal structure, attracting a higher professional standing. For those locums who wish to join a Chambers but not run it, we are happy to set it up for them in their area and support them until someone locally wishes to take over the reins.

Some common challenges of locuming and solutions provided by Freelance GP Chambers are shown on the following page.

LOCUM'S CHALLENGES	FREELANCE GP CHAMBERS SOLUTION
Professional isolation, no peer support or benchmarking opportunities	Working within a team – regularly meeting to discuss cases, perform significant event analysis, audits, etc.
Difficulty obtaining regular feedback or collecting multisource feedback (required to be collected and collated by a third party)	Constructive feedback collected regularly from practices and fed back to you to provide you with a good set of data for your PDP and appraisal
Lack of knowledge of local education events and job opportunities	Education events both run by Chambers, along with local events and opportunities posted on the member's area of the website
Lack of practice specific knowledge and integration into the local information loop decreases risk	Practice information packs accessed easily via member's online account – signposting to the appropriate referral and prescribing information for each practice
Sessions not standardised with variable work loads	Chambers standardise and pre-define work load & terms and conditions to ensure they are fair and safe
Administrative burden – managing bookings, invoicing and pensions forms, etc.	Technology built to automate and manage administration, saving precious time, money and effort for members
Some practices do not engage with independent locums due to concerns over lack of clinical governance – increasing risk	Clinical governance structure provided and trust established with local practices

Devolved nations



Scotland

SGPC continue to work on a range of issues affecting sessional GPs in Scotland; one of the most recent being the Proposal of the UK Government to move the PCO held funds for the employer's contribution of superannuation for Locum GPs into the Global sum.

We are currently in urgent talks with the Scottish Government in opposition to them following suit and this happening in Scotland.

Other issues include a national performers list, prescribing numbers for sessional GPs, Controlled drugs guidance and the retainer scheme. We will fully update you on progress to date in our Newsletter which will be out soon.



Northern Ireland

NI GPC has recently published its first newsletter for sessional GPs.

It is available to download at the bottom of the GPC page on the BMA website:

<http://bma.org.uk/about-the-bma/how-we-work/negotiating-committees/general-practitioners-committee>



Wales

The national appraisal training day has further clarified and addressed some inconsistencies of approach and this is reassuring. Appraisal in Wales continues to be a formative, supportive and developmental process for GPs.

All practices in Wales have had a letter from GPC Wales asking if they will join an affiliation scheme which enables sessional doctors to link to a practice for access to clinical governance activities / information that they may otherwise struggle to get. The take up has been very good although we recognise that many sessional GPs will have organised their own support groups in many parts of Wales. If any sessional GP wants more information on the affiliation scheme then please contact GPC Wales.

The Welsh LMC conference was well attended with a significant number of delegates being sessional doctors thus enabling the sessional voice to be heard on a variety of issues. We are always keen to hear from sessional doctors and would urge you all to vote in the sessional elections that are currently ongoing and engage with your local LMC if you wish to get more involved.

Finally, following the escalation of the measles outbreak, Welsh sessionals have been heavily involved in providing emergency MMR and catch-up jobs, clearly demonstrating the value and positive impact of a flexible workforce.