What the FCUKGP* now?

Life After Vocational Training for General Practice

**Future Contributors to UK General Practice*

advice for GPs at the start of their career

Seventh Edition

Dr. Ramesh Mehay

Programme Director (Bradford VTS)

General Practitioner & Trainer

www.bradfordvts.co.uk

Aug 2008

Are you a registrar going into your last 6 months of vocational training? Or perhaps you are a newly qualified GP? Still a bit worried about going out there on your own?

Some of the things you will gain by attending this course:

- *Where do you start at as locum & the implications of being self employed*
- *What to look for in a partnership or contract. Should you buy in?*
- *How to maintain your accounts; Pensions and Tax; Income Protection. Want to make sense of all this financial talk?*
- *Career choices in primary care*
- *Educational Portfolios, Higher Professional Education, Appraisal & Revalidation?*

All course material is presented in an easy to understand manner and in a relaxed, stress free environment that is inducive to learning.

This book accompanies the "Bradford Exit Course"

Details available from Bradford's VTS Secretary, Field House Postgraduate Centre, Bradford Royal Infirmary, Duckworth Lane, Tel 01274 364 267

Acknowledgements

Many thanks to:

- Professor John Lord & Dr. Martin Islip for their permission to reproduce the "2 minute" development without tears guides.
- Money Management Services for their input on finances for doctors
- Media Services, University of Leeds for printing the material

1st Edition Feb 2003 as "The Exit Handbook"
2nd Edition Aug 2003 as "The Exit Handbook"
3rd Edition Feb 2004 as "The Exit Handbook"
4rd Edition Feb 2005 as "The Exit Handbook"
5th Edition Feb 2007 as "What the FCUK now?"
6th Edition Aug 2007 as "What the FCUK now?"

Printed by Media Services
University of Leeds

CONTENTS

THE BRADFORD EXIT COURSE – Aims & Objectives

Criteria for Entry
Registrars/SHOs going into their last 6 months of vocational training.
Doctors who have recently completed vocational training (within 1 year).

Aims

- To encourage interaction between doctors at a similar stage of their careers and possibly develop further links with each other
- To raise individual awareness of the options available at the end of GP training, to enable registrars to think about future plans (incl. financial) and about ways of preparing for them
- To create a relaxed and open atmosphere in which people can air their views and concerns (small group work)
- To encourage interaction and cross-fertilisation of thought between those starting GP training and those leaving - hence exit & induction courses running at the same time
- To enjoy the course and have some fun during the learning process (social evenings)

Objectives

- Career choices in primary care and striking a balance between them.
  At the end of the course, participants will be able to list the different types of GP posts available: locums, assistants, retainers, salaried, partners (and the implications each imposes).

- The reflective practitioner, revalidation & the educational portfolio – tying it all together.
  Participants will understand the key principals of reflective practice, developing and maintaining educational portfolios, knowledge regarding higher professional education, appraisal, revalidation, and role of mentoring.

- Partnerships, Contracts & Finances
  At the end of the course, participants will be aware of the financial implications of personal choices – eg partnership, the partnership contract, maintaining accounts, buying in, NHS pensions, tax, medical sickness protection and the implications of being self employed.

- Preparing to be a locum
  At the end of the course, participants will be equipped with practical advice on how to get started off as a locum, maintain personal records and accounts, look after themselves and be aware of the existence of the National Association of Non-Principals (NANP) and how it might be able to help them.

SPEAKERS/FACILITATORS

Dr. Ramesh Mehay	Programme Director, Bradford Vocational Training Scheme, GP Trainer (Bradford), GP Bradford *Exit Course Organiser, Preparing to be a Locum*
Dr. Paul Bolton	GP Keighley *Continuing Professional Development*
Dr. Nicola Gill	GP Tutor Retainer Scheme (Yorkshire), GP York *Career Choices in Primary Care*
Dr. Lynsey Fielden	Locum GP (Leeds) *Preparing to be a Locum.*
Mr. Chris Hopkinson	Independent financial advisor, formerly national negotiator for cost rent schemes Buying *into a practice & financial issues*
Mr. Kelvin Turner	Independent financial advisor *Buying into a practice & financial issues*
Marie Butterfield & Shan Sadiq	Employment Advisors BMA (Leeds Office) Partnerships & Contracts

COURSE TIMETABLE DAY 1 (THURSDAY)

9.30	**Arrival & Coffee**
1000am	Introduction. What do you want to know? Dr Ramesh Mehay GP Bradford. Course Organiser for Bradford.
1015am	Continuing Professional Development Dr Martin Islip, CME Tutor Leeds Reflective Practice Educational Portfolios Higher Professional Education Appraisal, Revalidation, and Role of mentoring. Open floor for discussion
1100	**Coffee**
1130	Continuing Professional Development II (Martin Islip) Ram – intro to the SCHIN revalidation toolkit (?online demonstration) Open floor for discussion
1pm	**Lunch**
2.00pm	Career choices in Primary Care. Striking a balance Different types of GPs. Locums, Assistants, Retainers, Salaried, Partner, GPSI Nicola Gill, GP Tutor (Retainer Scheme) + GP Locum/Salaried GP
3.00 pm	Small group work. Exploration of individual's priorities. (Nicola Gill)
1530 pm	**Tea**
1600pm	More small group work (Nicola Gill)
1730 pm	**Close**

COURSE TIMETABLE DAY 2 (FRIDAY)

0900am	Partnerships & Contracts Marie Butterfield & Shan Sadiq, BMA (Leeds) Q&As
1045	**Coffee**
11 am	Buying into a Practice. Financial Issues. Mr Chris Hopkinson, independent financial advisor, formerly national negotiator for cost rent schemes Mr Kelvin Turner, independent financial advisor input on accounts, pension and medical sickness More hard data on finance/tax implications about being self-employed.
12 noon	**Coffee**
1205	More on Finances Q&A session Chris Hopkinson & Kelvin Turner
1pm	**Lunch**
2.00pm	Preparing to Be a Locum I practical advice about getting started as a locum Pitfalls to be aware of Lynsey Fielden & Ramesh Mehay
3.30	**TEA**
3.45	Preparing to be a Locum II Lynsey Fielden & Ramesh Mehay
1700	**Evaluation**
1730	**Close**

List of Contributors

DEVELOPMENT WITHOUT TEARS

John Bibby	GP and GP tutor	Bradford
Peter Darbyshire	GP and GP tutor	Leeds
Peter Dickson	GP and GP tutor	Airedale
Nicola Gill	GP and GP tutor for non principals	York
Peter Green	GP and GP tutor	Northallerton
Martin Islip	GP and GP tutor	Leeds
Sanjeev Kapur	GP and GP tutor	Hull & East Yorkshire
Prof. John Lord	GP and GP tutor	Huddersfield
Paul Metcalfe	GP and GP tutor	Scarborough
John Moroney	GP and GP tutor	York
Anne Parkin	GP and GP tutor	Hull & East Yorkshire
Mike Scatchard	GP and GP tutor	Harrogate

LOCUMING MADE SIMPLE

Ramesh Mehay	GP and Course Organiser	Bradford
Lynsey Fielden	GP locum (West Yorkshire)	Leeds

FINANCES MADE SIMPLE

Chris Hopkinson	Financial Advisor	Leeds
Kelvin Turner	Financial Advisor	Leeds

PARTNERSHIPS AND CONTRACTS

Marie Butterfield	BMA	Leeds Office
Shan Sadiq	BMA	Leeds Office

Continuing Professional Development

Dr. Martin Islip
GP Leeds
GP Tutor (Leeds)

Continuing Professional Development

Government Schemes
Section 63
PGEA
Appraisal
Revalidation

Self Directed Learning
Choosing what we learn (educational needs assessment)
Choosing how we learn (preferred learning styles)
Time to think about what has been learned (reflection)
Making the learning work (application)
Studying the effects of what we have learnt (evaluation)

Appraisal
Formative, developmental, supportive
Starts April 2003
Should result in a PDP

Revalidation
An assessment of fitness to practise
Starts Spring 2005
5 satisfactory appraisals necessary
Based on 'Good Medical Practice'

Mentoring
A one to one relationship with a colleague
Voluntary
Confidential
Facilitating personal and professional development

HPE (Higher Professional Education)
Available within 2 years of completing VTS
Financed (20 locum sessions + expenses)
Group work and tutor encourage PDP

Help available
<u>Individuals</u>
Trainer
Course Organiser
GP Tutor
HPE Tutor
Mentor
Appraiser

<u>Groups</u>
HPE
Revalidation without Tears (RWT)
NANP / local NP groups
Retainer groups
Young principal groups

<u>Guides</u>
Development without Tears

Books and websites (see handout)

Some useful reference sources

Websites

http://www.rwtleeds.co.uk

https://www.appraisals.nhs.uk/menu.html

http://homepage.ntlworld.com/jl/download.htm

http://www.yorkshiredeanery.com

Books

The Toolbox for Portfolio Development by Roger Pietroni (Radcliffe)

The GP's Guide to PDPs by Amar Rughani (Radcliffe)

Where Do I Start?
Form 1 – basic details
Form 2 – current medical activities
Form 3 – material for appraisal
Form 4 – formal summary / actions agreed
Form 5 – confidential record (optional)

Good Medical Practice
Good clinical care
Maintaining good medical practice
Relationships with patients
Working with colleagues
Teaching and training
Probity
Management activity
Research
Health

a series of two minute guides for busy GPs

What's In this Section?

How to use this guide

These two-minute guides have been put together by a group of enthusiastic Yorkshire GPs who also work as GP tutors.

The guides and attached information with links to other useful resources are also available at http://www.john-lord.net/download.htm.

The guides give you information at 4 colour coded levels. Like skiing Green is very basic and Black is only for the very keen. Red and blue and for intermediates

The headings

Level 1:

Is designed match the column titles in the personal development template in form 4 of the national appraisal documentation and gives basic information to help you complete them.

Level 2:

explains (for people who have time and are interested) in more depth about learning theory

Level 3:

Gives information on how to claim PGEA for your PDP. It also contains forms on which you can record your learning. If you are a reflective learner then there is also a second PDP, which may be more suited to your learning style

Level 4:

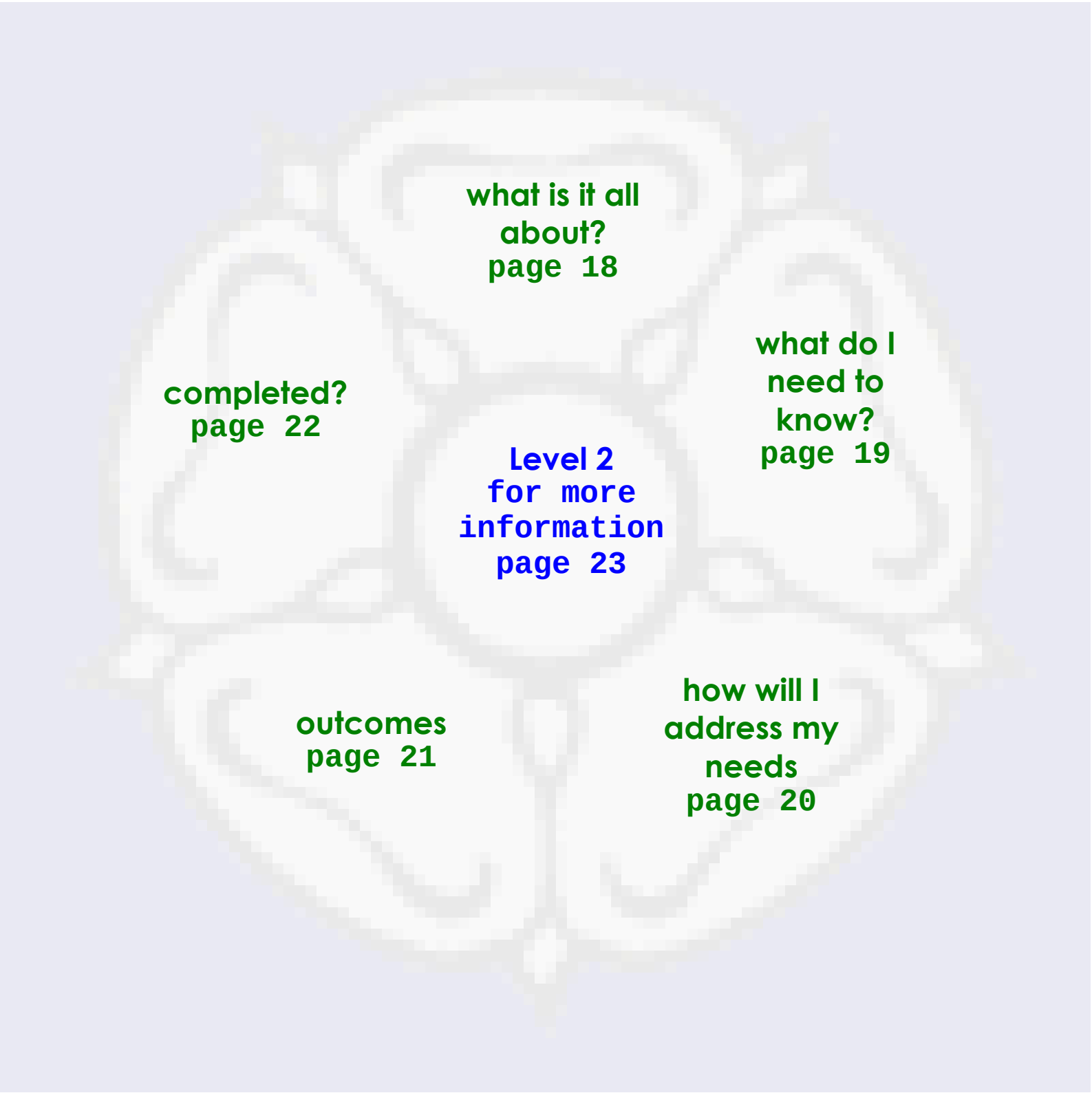
Is appendices, which explain more fully the guides, a bibliography and internet guide so you can learn more

The levels have page numbers for paper copies and hyperlinks' which can be used in a word text file and will help you navigate the site.

We hope you have as much fun using this resource as we did creating it

The GP Tutors, Yorkshire Deanery

Contents Level 1 The basics



What's it all about? - Appraisal and Personal Development

GP Appraisal is designed to encourage and support GPs in reflecting on their work and identifying developmental needs. It will result in the GP producing a development plan (PDP) that will help focus their education over the coming year

Meeting both patient and government expectations while trying to keep up to date is challenging and frequently very difficult.

But

- Learning is fun.
- Learning is life-long.
- Learning is a vital part of being a GP

Planning your learning by using a PDP is an efficient way of keeping up to date.

Beginning to assess your own learning needs may feel daunting. However, it is a good preparation for your appraisal. We hope that the 'help' sheets accessed through this booklet/site will provide useful advice on how to make a development plan work for you.

It is not intended to read this information as a book but to use pages as a reference to help you move through the learning cycle. It is just a starting point for your learning.

A personal development plan serves 3 functions:

1. helps you get the education most relevant to you.
2. evidence for appraisal and revalidation.
3. a claim for PGEA or evidence for HPE.

More information is available on the website http://www.john-lord.net/download.htm

What do I need to know? or Educational Needs Assessment

Background

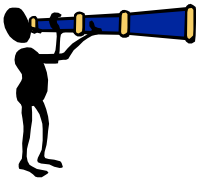
It takes time and effort to learn something new. It is not surprising we usually only make that effort in areas of personal interest. Professionals have a variety of responsibilities in their work. Learning needs are questions derived from issues in our working environment that will in some broad way improve our ability (knowledge, skill or attitude) or insight.

Discovering our learning needs involves both observing the range of our responsibilities and assessing the importance of the needs we uncover.

Awareness

Awareness means thinking about issues as they arise in our varied daily working roles, formulating questions out of the issues and recording them in a learning diary before they are lost.

Observing



The needs of individuals will vary depending upon their roles, responsibilities and interests. Observing our needs in our different fields of interest and responsibility helps define the range of our needs. Are you involved in teaching, research, or even regular "out of hours care"? These types of variables affect the range of your needs.

Reviewing our needs also helps us to adapt to our changing professional roles.

Measuring

External assessment methods can help you test the importance of a particular need.

For example a test of knowledge (multiple choice questionnaire), or skill and attitude (video-consultation analysis) can identify needs for an individual.

Audit and significant event analysis measure performance at personal and team level.

Educational needs that have been quantified can be very stimulating for individuals and teams.

Sharing

Sharing the analysis of needs with a colleague has many advantages and is a model proposed for appraisal. A colleague may identify blind spots in our needs and if the relationship allows support constructive development within our area's of personal hidden agenda or façade (see Johari window). Pragmatically sharing is supportive, motivating and focused on a time schedule.

Conclusion

A wide variety of methods can be used to establish our educational needs. Awareness of questions in our daily work and a willingness to record them as they arise is a good start and educationally a powerful method of answering the question: "What do I need to know"?

How will I address my needs?

Having identified and prioritised my development needs, how do I go about addressing them?

What do I hope to achieve – my aim?

Ask yourself, 'once I have completed this activity, what will I be able to do that I could not do before?'

The aim may be in the form of:

- A new skill, such as injecting joints
- Providing a new service, such as a diabetic clinic
- A new level of knowledge or understanding, e.g. learning more about the pathology of Parkinson's Disease
- A different attitude, such as increased confidence in managing drug addicts

What are my specific objectives?

An aim is the ultimate purpose of an activity, whereas the objectives are those tasks which need to be completed to achieve that aim. Objectives help you to map out the route. They should be written so that the task is clear, and it may be helpful to remember the acronym S.M.A.R.T.

- Specific – e.g. 'I want to become proficient in diagnosing diabetic retinopathy', rather than, 'I want to learn more about diabetes'.
- Measurable – possible to demonstrate an improvement.
- Achievable – the learning is attainable within the time and resources available.
- Relevant – both to the aim and to my working practice.
- Time-bound – the date set for completion is realistic.

How do I intend to achieve these objectives?

The learning methods you use should reflect the way in which you prefer to learn (your 'learning style') and should be both suited to the objective and readily available. Examples are as follows:

- Reading – privately and/or shared in a journal club.
- Lectures – receiving information passively.
- Workshops, seminars, peer groups – often more interactive learning between colleagues.
- Meetings, discussions – one-to-one or in a group with partners, colleagues, mentors etc.
- More equally useful ways are - Personal tuition e.g. by sitting in with a GP or Consultant colleague work experience e.g. clinical assistantships, sabbaticals etc; distance learning packages; teaching (the learning is in the preparation and is reinforced by teaching it); audit and research; degree courses; multimedia – videos, CDs, online.

  Discussion of your learning methods with a mentor or peer group may produce more ideas. Most learning is enhanced if it is interactive and based on experience. Solitary learning has a place but discussion allows more effective understanding and application of that learning.

Where can I find out more? Rughani, Pietroni, While and Attwood, Gallen (all referenced at the end)

A final thought …

'Experience is not what happens to you … it is what you do with what happens to you' (Aldous Huxley)

Outcomes

Or have I got there - Evaluating Learning

What is Evaluation?

Evaluation allows us to examine the value, to ourselves and others, of the work in our completed **PDP** (**VALUE** is at heart of this word). This is not just about saying the task has ended or we have achieved a goal but what effect this work has had on us. We can evaluate the **OUTCOMES** (what we achieved) and the **PROCESS** (how we did the work).

What outcomes can be evaluated?

Outcomes from your **PDP** can take many forms:-

- You may gain new **KNOWLEDGE** (facts about a disease, developments in therapy such as a new drug).
- You may have learned a new **SKILL** (an ability to do something for example, teach someone to measure their peak flow, inject a joint)
- Your **ATTITUDE** to the subject may have changed (you may have realised that you were imposing barriers because of discomfort with a topic, or have decided that you now wish to offer a service you were previously unhappy about)
- There may be change in **PERFORMANCE** in yourself or in the practice because of working in new or different ways.

How can outcomes be evaluated?

Kirkpatrick developed a hierarchy of evaluation. You may find this useful as a different way of looking at outcomes of PDPs. These levels of outcomes are ranked in increasing order of achievement

- Level 1 Your own satisfaction with having undertaken with the activity
- Level 2 That you learned something
- Level 3 That your behaviour changed and you are making use of your learning
- Level 4 That your patient has benefited from your learning

Examples of this are shown in Appendix 2

Not all activities will achieve the higher levels of outcome but at least you should be satisfied that you decided to include the activity in your plan. If this was not the case could you say why? Changes at level 4 may take many years to achieve and it may be your wish to review the activity in a couple of years (for instance having developed a new protocol for managing patients with high cholesterol you may be able to see changes in cholesterol levels on audit in 1 to 2 years).

So it is worth while thinking about what outcomes you may expect when developing your learning objectives.

How does the process affect outcomes?

Finally it is also helpful to think about how you did the work – the **PROCESS**. If you have not made progress, can you say why? Did you choose a difficult topic or is there a better way to learn about it? What worked for you and what didn't and why? What would you do differently next time? Are there any learning needs that you have identified?

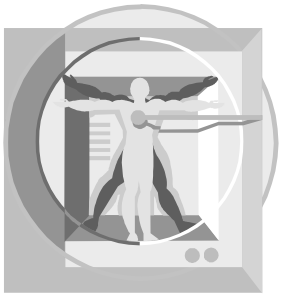
Completed?

Continuing / Completing the Development Cycle

- Firstly, well done for getting this far – very few people do!
- We trust that you will be able to consider these few suggested prompts.
- Quick answers will suffice; "deep and meaningful" answers are, mercifully, not required.

Looking back over the past year:

- Can I remember why I actually started this plan?
- Has it turned out as expected, or have there been any surprises?



Where am I now?

- Can I list 1 or 2 ways of learning that have worked:
- Well, and Badly?

Looking to next year:

- Could I better meet these four important dimensions:
    1. As a GP
    2. As a part of my practice team
    3. In my role(s) outside my practice
    4. As a "real person" outside medicine?
- Learning from last year and changing for next year is a positive process, and not a negative one, part of a "learning spiral or helix"
- Could I better balance personal learning and learning with colleagues?
- Could I benefit from using colleagues more to help set more honed learning objectives (and hence feel an even greater sense of achievement?)
- Should I begin to plan some objectives further into the future, say 3-5 years hence?

Knock-on effects:

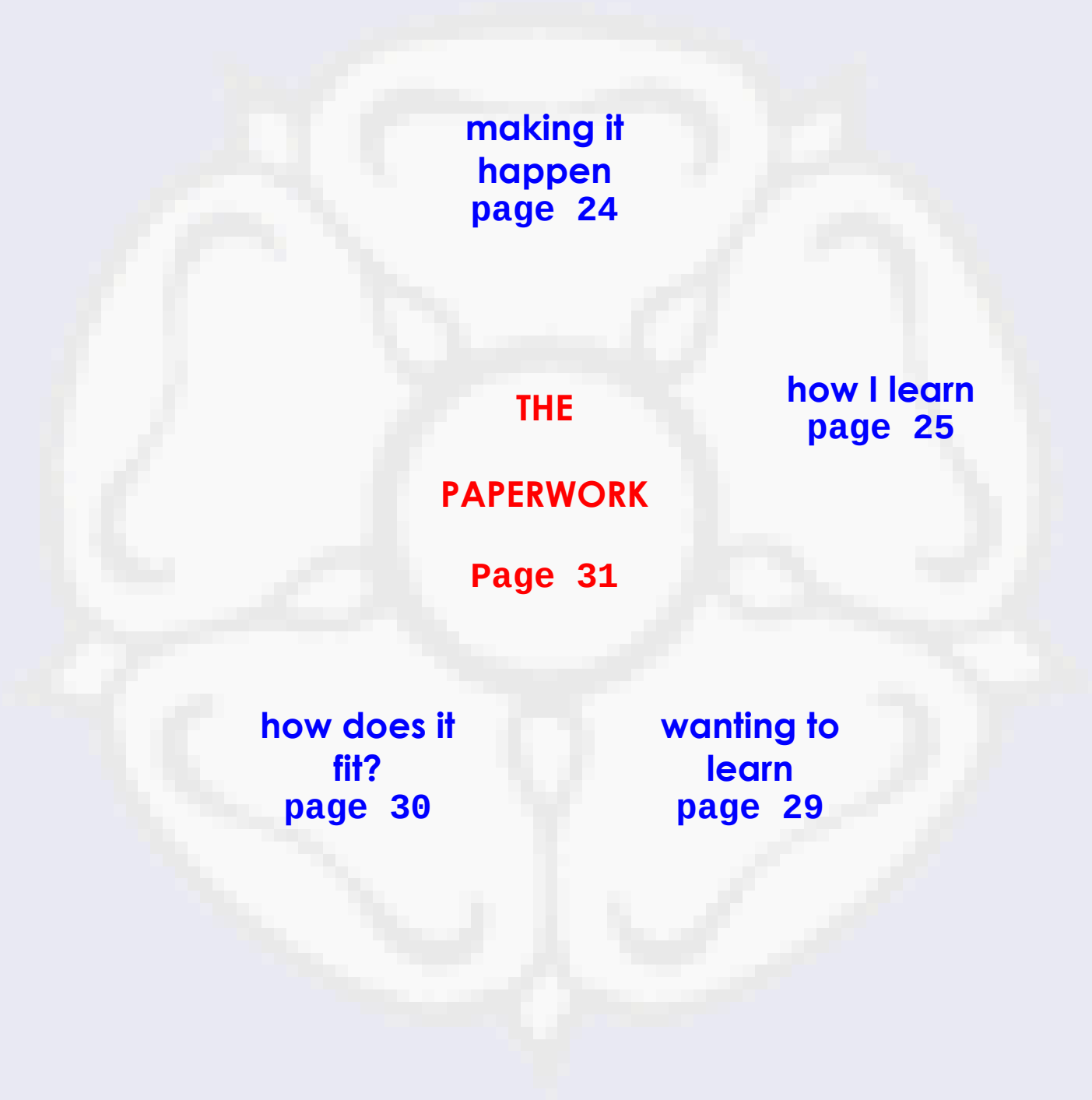
- Have I achieved some sense of control over my learning and professional development?
- Has it had any effect on my morale?
- Could some outcomes be fed into my Practice's Professional Development Plan?
- Could some outcomes be fed into my PCT's plans?
- Could I help my GP Tutor re-write these guide notes to be more useful?

Useful Resources:

Paul Robinson's (GP near Scarborough) very easy-to-read and navigate around website: http://www.scarbvts.demon.co.uk/ This gives brief thoughts re Kolb's theory of Experiential Learning, Praxis and Dialectics

More available in the references

Contents Level 2 More Information



Making it happen - Educational Change

What is change?

Change is a process and not an event.

Why is change important?

We live in an environment that is continually changing.

Understanding change is an essential part of professional practice.

Change is a necessary part in the process of gaining new knowledge and skills, and changing attitudes.

What factors influence our ability to cope and manage change?

You are more likely to be motivated to make a change if:

The change is simple

It shows an advantage over your existing practice.

It can be tried in practice and seen to work.

It fits with other areas of established practice.

Personal, profession, social and cultural factors, influence change.

Why do we need to think about change when using a PDP?

It is learning not teaching that leads doctors to change their practice.

In trying to meet your educational needs it is important to select an educational activity that will enable you to learn, and not just be a 'bottom on a seat' in a lecture theatre!

The changes that results from your learning may be unintended or unintended. (See guide to evaluating learning)

Where can I find out more?

Fox R D. Bennet N. (1998) and Khanchandani R. (2001)

Something you already know

Personal reasons for change are associated with greater change.

Professional and social reasons with simpler changes.

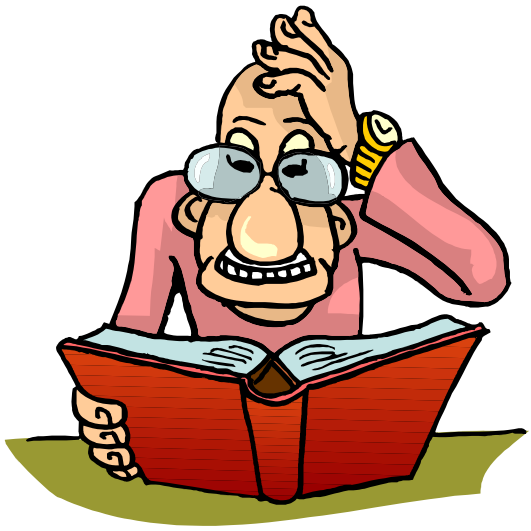
Regulations produce only small change.

Something to think about

'The only man who is educated is the man who has learned how to learn; the man who has learned how to adapt and change; the man who has realised that no knowledge is secure, that only the process of seeking knowledge gives a basis for security.'

Carl Rogers (1967)

How I Learn - Learning Styles



To help you address your learning needs and develop your personal education plan you may wish to consider learning theory and learning styles.

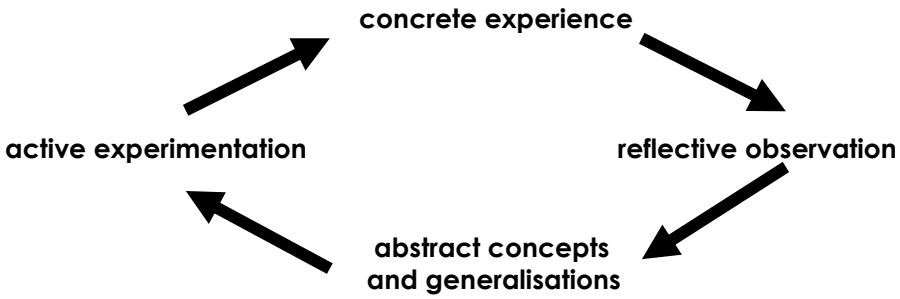
How do you learn?

What methods of learning suit you?

Adult Learning

Brief history - most theories on adult learning come from work by Kolb, Jarvis, Brookfield and many others.

Kolb's Model of experiential learning illustrates current concepts of the learning cycle:



Adult learning is self-directed.

Allows you to take charge of your own learning i.e. learner-centered.

Based on learner needs rather than wants.

Lifelong.

Other characteristics may include work based experiential reflective problem solving and high relevance.

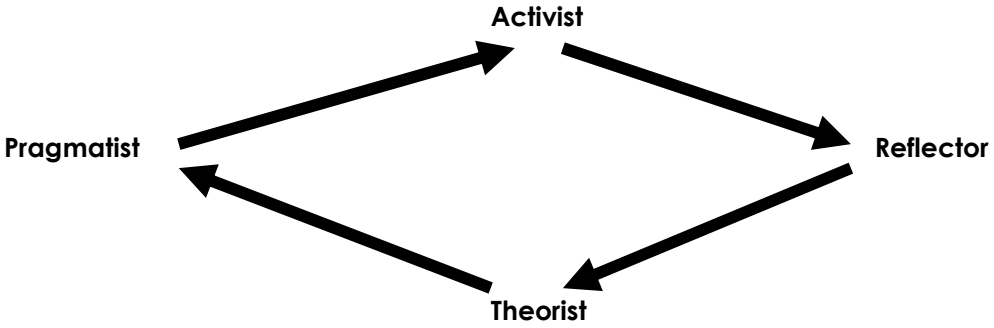
What methods of learning suit you? - What is your learning style?

It may be important to discover what learning style best suits you.

Learning styles became popular in the UK and USA initially to recruit the right sort of person in business.

In the UK Honey and Mumford came to the fore developing learning style theory questionnaires. These are copyright but available on the Internet.

Learning Styles:



Most people are a mixture of styles, they may have a strong preference and it is useful to know.

Summary description of learning styles

ACTIVIST:

Thrive on the challenge of new experiences.

Enjoy coping with crisis.

Once the excitement has died down, easily bored with implementation and consolidation.

They enjoy working with others but tend to hog the lime-light.

They learn best when:

There's is a wide range of experiences, problems and opportunities.

Thrown in at the deep end with a task they think is difficult.

They are given a free rein to lead and organise.

There are games, competitive team work, role play.

There is excitement, drama or crisis.

They have high profile, chairing, leading, presenting.

They are allowed to generate ideas without constraint.

They learn less well when:

In a passive role i.e. lectures, watching.

They have to work on their own i.e. reading, writing notes.

They are asked not to get involved.

They have to follow precise instructions.

Required to analyse and interpret data.

Asked to assess before hand what they will learn and to appraise afterwards what they have learnt.

Repeating the same activity over and over again.

Asked to do a thorough job, attending to detail, trying up loose ends.

REFLECTORS:

Cautious, like to think weighing things up before doing.
Look at the facts, view from many angles.
Cautious, dislike making definite conclusions.
Prefer to take a backseat, observing and listening to others.

They learn best when:

They can do things in their own time without deadlines.
They are allowed time to think and prepare.
They have opportunities to stand back, listen and observe, review what has happened and think about what they have learned.
They are able to do pain-staking research.
They are able to exchange views with others.

They learn less well when:

Worried by pressure or rushed.
Given insufficient data.
Forced to act as a leader or make a presentation.
They have insufficient time to prepare i.e. comment immediately without planning or thrown in at the deep end.

THEORISTS:

Like a logical approach.
Do no like intuition.
Like to work step by step to integrate their observations into complex theories.
Tend to be perfectionists.
Like to fit all their facts neatly into their scheme of things.
They favor models, theories and systems, rejecting anything that doesn't fit.
They like to be certain of things and feel uncomfortable with intuitive judgments.

They learn best when:

There is clear structure and they know what is required.
They have time to think logically about how ideas, events and situations are inter-related.
They are intellectually stretched i.e. being tested in a tutorial session.
They can see it fits into a logical pattern
In structured situations with a clear purpose.

They learn less well when:

They are pushed into doing things without knowing the context of purpose.

They feel out of tune with the other participants e.g. amongst activists.

They feel the activity is unstructured or without clear organisation.

They are not given chance to use their reasoning skills.

PRAGMATISTS:

Like to make practical decisions.

Don't like uncertainty.

Return from courses full of ideas and want to try them out.

Get straight to the point and act quickly and confidently on ideas that attract them.

Down to earth people whom like practical decisions and solving problems.

Are more comfortable with things they know are going to work.

They learn best when:

They are learning things with obvious practical advantages.

Given tasks to do with their current job.

They are given immediate opportunity to put into practice what they have learnt.

They are given chance to try things out for themselves with feedback from an expert.

They are exposed to something they can emulate especially if there a proven tract record.

They can concentrate on practical issues i.e. drawing up an action plan with an obvious end point, suggesting short cuts, giving tips etc.

They learn less well when:

They cannot see any immediate benefit in what they are learning.

The learning is distant from practical reality.

They are not given guidelines or chance to practice things.

They feel people are going round in circles and not getting anywhere fast enough.

Other sources of information and references

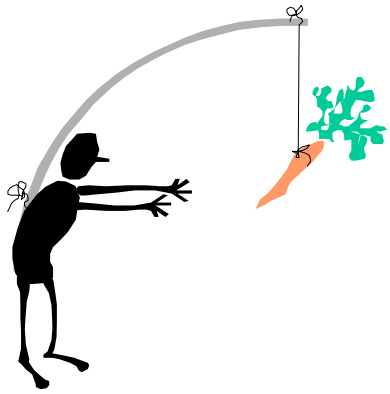
Brookfield S. D. (1986)

Schon Donald A. (1983)

Kolb D.A. (1994).

Jarvis Peter ( )

The websites in the Bibliography plus lots of others, get searching!



Wanting to learn - Motivation

hat is motivation?

'Those factors that energise and direct behavioural patterns.'

Motivation is influence by intrinsic factors (inner pressures) and extrinsic factors (external incentives or pressures).

Why is it important?

The ability to develop and sustain high levels of motivation is central to your ability to perform your job effectively.

What motivates you to learn?

You need to know why you are learning something before you undertake to learn it.

You are more motivated to learn if you are trying to solve problems you have encountered than just acquire new knowledge.

You are more motivated to learn if you feel valued and secure, have job satisfaction, feel in control and can see the results of your actions.

What de-motivates GPs?

Exhaustion, cynicism, awareness of declining competence and disenchantment etc.

Recent studies have shown GPs frequently feel de-motivated to continue learning, 10 years into their careers as principals.

How can I improve my motivation to learn using a PDP?

A PDP is based on your own needs. You will find it easier to remain motivated to undertake learning with a PDP if you choose to look at improving your knowledge, skills, performance and attitude in areas that you recognise as being important and relevant to your work as a GP.

You will be more motivated to learn and to make changes in your practice if you set yourself goals that are achievable, using the easily available resources.

Where can I find out more?

Alan Rogers; The Adult Learner by Malcolm Knowles.

Final thoughts

'Learning is something which takes place within the learner and is personal to him; it is an essential part of his development, for it is always the whole person who is learning. Learning takes place when an individual feels a need, puts forth an effort to meet that need, and experiences satisfaction with the result of this effort.

Legans 1972

How does it fit? *Linking your PDP to Practice Development Plans*

Having identified a collection of learning needs and wants, some method needs to be found to prioritise. **Try to decide :**

- What will make the most difference to me as a GP, and so to my patients?
- What is my most urgent need?
- What does my team need most?
- What is locally/nationally important?
- What do I want to do (first!)?
- What is the most achievable (easiest)?

When using your Personal Development Plan remember that you have four areas of need to consider :-

My development as a **GENERAL PRACTITIONER**

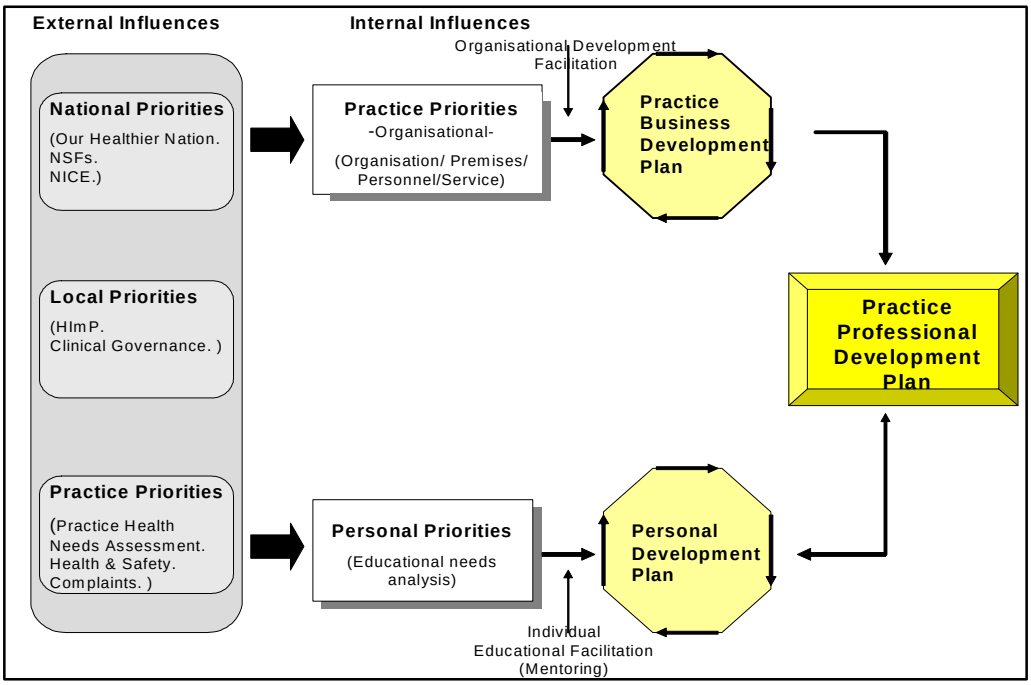
My development as a **PRACTICE MEMBER**

My development in my **OTHER WORK RELATED ROLES**

My development as an **INDIVIDUAL**

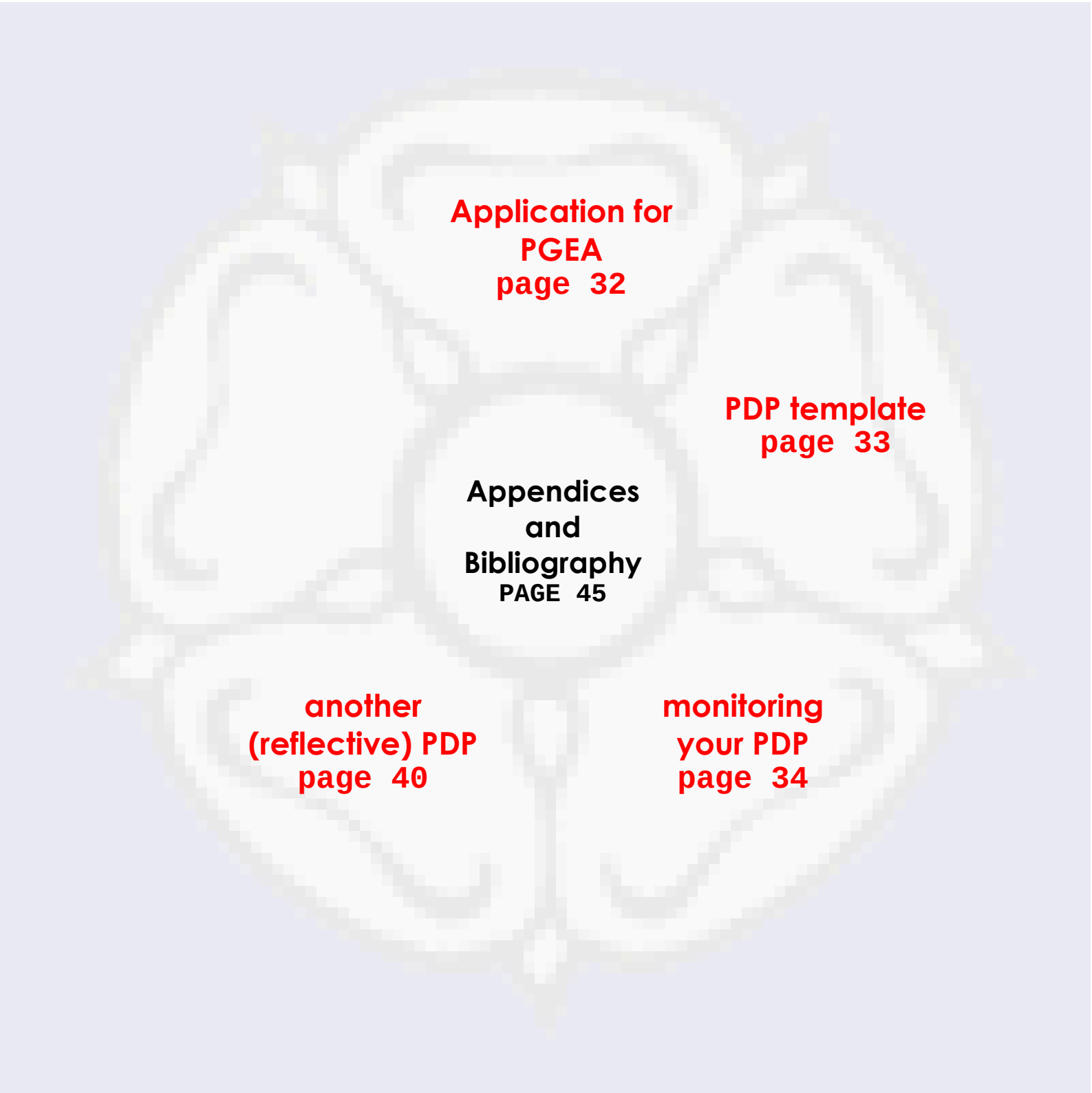
Remember also that in addition to your personal needs there are also 3 external influences upon your development needs: -

- National Priorities (NSFs, NICE, National Plan etc)
- Local Priorities (PCT priorities, See the PCT Business Plan)
- Practice Priorities (See your Practice Business Plan/PPDP)



The Model for Practice Professional Development Plans

Contents Level 3 The Paperwork



UNIVERSITY OF LEEDS: DEPARTMENT OF POSTGRADUATE MEDICAL EDUCATION

Development Without Tears

Personal Development Plan Summary / Application for PGEA

(personal development plan, learning & development plan, personal education plan & individual development plan are synonyms)

for Dr (Name or stamp)

Address:

Telephone Number: e-mail:

Name of the mentor / educational supervisor:

Name of the GP Tutor:

Name of appraiser:

Please accredit my **attached** personal development plan (either from form 4 of the appraisal documents or any other similar PDP) for up to 5 days per year.

Signed _____ Date _____

Please forward this form for accreditation

by post to : *GP Tutor,*

Or by fax to

Or by email to

To obtain your PGEA certificate you will need to fill in the certification pack which will be returned to you when this form has been countersigned by the GP tutor

Approved for UP TO 5 days PGEA: Category & quantity to be decided when the monitoring section of certificate pack has been completed

Signature of GP tutor: _____ Date _____

This document is available online at http://www.john-lord.net/gp/idp.rtf

Personal Development Plan Template

Either fill in this page in detail, or if you have been appraised, copy the 1st 3 columns of the development plan from form 4 of your appraisal documents. This is a summary that matches the appraisal document. The reflective PDP will help you to prepare this summary!

Summary of specific intentions for Personal development for the coming year based on assessment of learning need, your particular clinical responsibilities and local / national priorities					
What development needs have I? (explain the need)	**Learning Objectives** (list them)	**How will I address them ?** (explain action and resources)	**Date** by which I plan to achieve the development	**Outcome** (How will your practice change as a result)	**Completed** (Date development need met)
This row is an example cross it out if you feel it does not apply to you *I need to maintain a current understanding of a wide range of clinical and non-clinical issues relating to general practice*	*I intend to identify papers relating to 6 key clinical developments and summarise and present these to my colleagues*	I intend to read a peer reviewed journal regularly (e.g. BMJ / BJGP) and to make written notes and/or save/file extracts. I may summarise my findings as protocols of or other documents that I may present to the practice.	31/3/2002	My practice will have been updated in 6 key areas	
This row is an example cross it out if you feel it does not apply to you *I have a need to learn how to assess my learning needs*	*I intend to produce a more detailed development plan for next year*	I intend to attend regular ***revalidation without tears*** group meetings, and to undertake private study assessing my needs. I shall claim PGEA for all of this activity	31/3/2002	My next development plan will have a greater impact on patient care	

"Certification Pack"

Monitoring sheets and claim form for Personal Development Plan

UNIVERSITY OF LEEDS: DEPARTMENT OF POSTGRADUATE MEDICAL EDUCATION

Dr Given Name _____ Surname _____

Address:

Telephone Number: e-mail:

Monitoring of Personal Development Plan – Summary for Year							
date	activity	duration	% education	education hours	expected category		
					A	B	C
Totals							

Continue on next page - Please photocopy this page if you wish to add more items

Record of education / development activity ***Please photocopy this page as required for further events***				
Date	Subject / Title			Duration
Location	Educational resource (e.g. name of group, lecturer, journal or book)	% of time that was education (excluding managing your own patients / business / caseload transfer)	Category (ABC) (your assessment)	Method of teaching / learning

Education gain / review of educational activity

If this involved a lot of time (e.g. half a day or more) or has a specific outcome (e.g. an audit a formulary or a document to present to others in the practice) please append this or other details.

End of year review
What have been your major achievements?
How has this year's educational effort helped you? How could it be improved next year?
What are the outstanding needs not yet addressed

Tutors Comments

Please issue a certificate for:	
	Hours category A
	Hours category B
	Hours category C
	Hours in total
Dated	
Signature of GP tutor	
Date signed	

REFLECTIVE PERSONAL DEVELOPMENT PLAN

NAME:
ADDRESS: TELEPHONE: EMAIL:
DATE OF THIS PLAN:
QUALIFICATIONS:
JOB TITLE: PRACTICE:
OTHER INTERESTS / RESPONSIBILITIES: (This may include things like special areas of expertise or interest. You may also wish to comment on research projects, special responsibilities in your practice like well women clinics, diabetic clinic.):

1. My own strengths in my job are: (I am good at):

(Areas that you feel you are good at. These may include clinical areas for example musculoskeletal problems; rational prescribing, care of teenagers. Management areas may be included (financial planning, chairing meetings, strategic planning). Others areas you may want to include may be abilities to communicate with certain groups of patients, ability to analysis and appraise medical papers, knowledge of guidelines, computers etc.)

2. My weaknesses in my job are: (I am not so good at):

(These are the areas that you feel less secure about or would like to learn more about. They again may include clinical and management areas. They may be areas were you always seem to feel you lack knowledge. Some may be areas of skills – for example shoulder injections or time management.)

3. Over the last 12 months I have become better at;

(What things are you doing better this year - generic prescribing, treatment of hypertension or depression. Management of complaints, time management, use of computers, surgical techniques could be examples)

4. Over the last 12 months I have been particularly helped by: (any training, reading or meetings)

(What things helped you last year? Was it a book, a meeting or a chance conversation? Help from the health authority, colleague, friend? Medical Defence Union? Or were you helped by knowing you had to change?)

5. Over the last 12 months I have been particularly hindered by:

(Which things have slowed you down over the last 12 months – time, lack of resources –if so where specifically? Have you had a problem at home, or work that has slowed down progress? Have you been unable to get funding for something you wanted to study?)

6. I have used the following methods to identify my learning needs

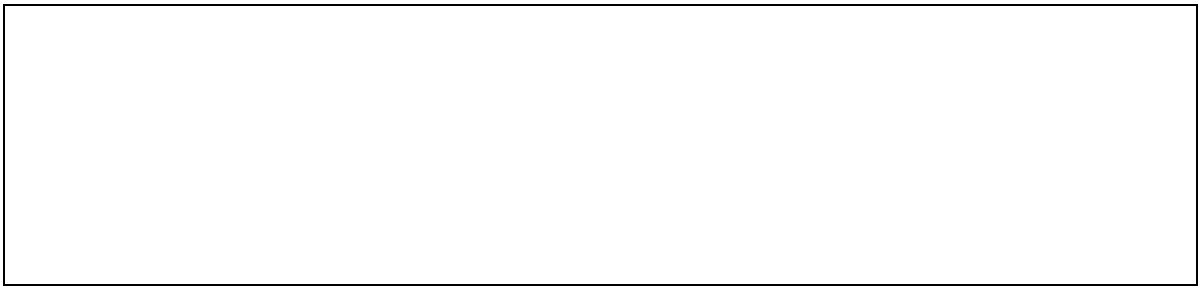
(What things have made you aware of what you need to learn? Was it at a meeting, a chance conversation with a colleague, a patient complaint? A National Service Framework (NSF) – try and provide a few examples. It may be just feeling you knew less about a topic when discussing it or when a patient came in with a specific problem. The prescribing advisor may have highlighted prescribing areas to address. Some people do MCQs or tests of knowledge others keep a log diary. Other useful needs analysis tools include Audit data or significant event analysis).

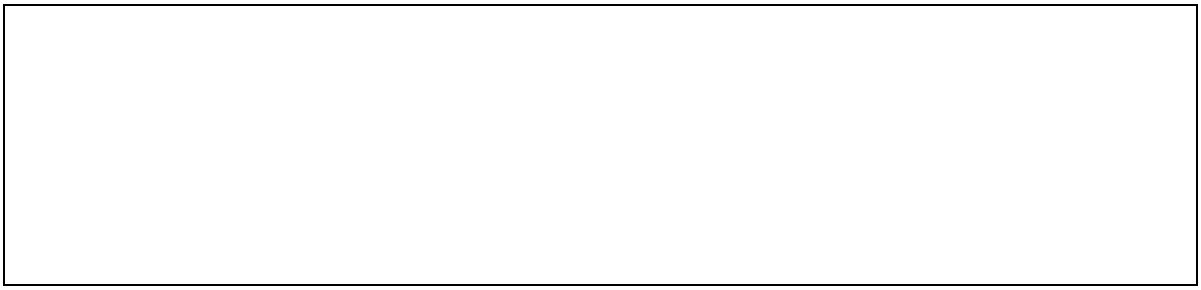
(Please state how your learning needs correlate with the objectives in your Practice Business Development Plan and your Practice Professional Development Plan).

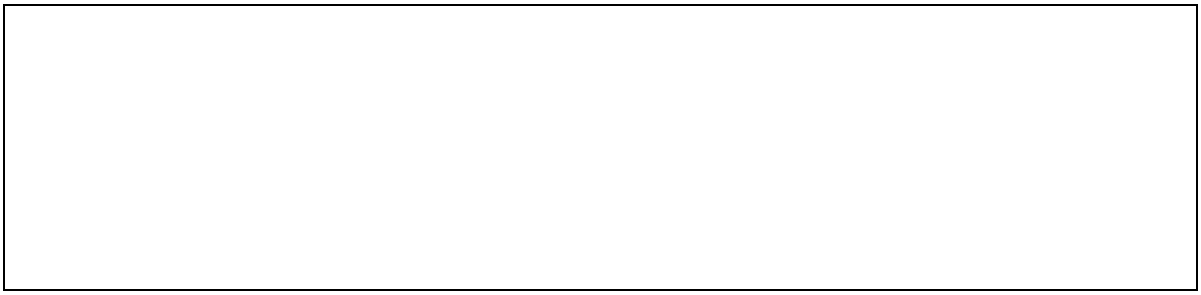
7. Over the next twelve months I plan to:

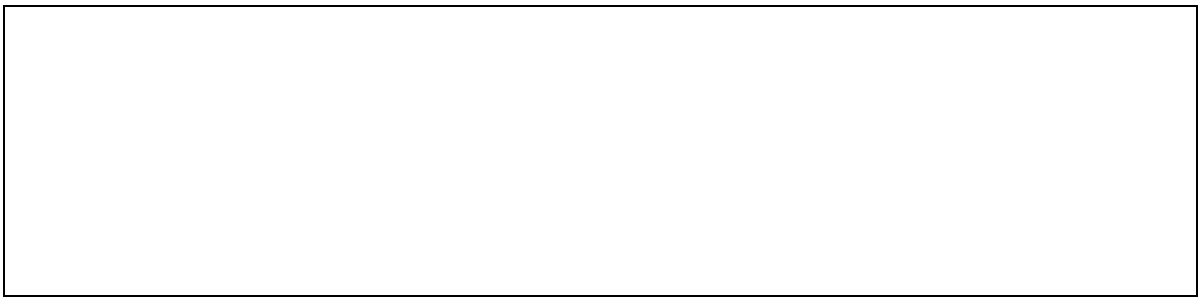
(What do you intend to learn about in the next 12 months. Try and be specific e.g. the management of hypertension rather than cardiology update. Most people would like to keep generally up to date with background reading – which journal would you read. Keep the areas manageable at first.)

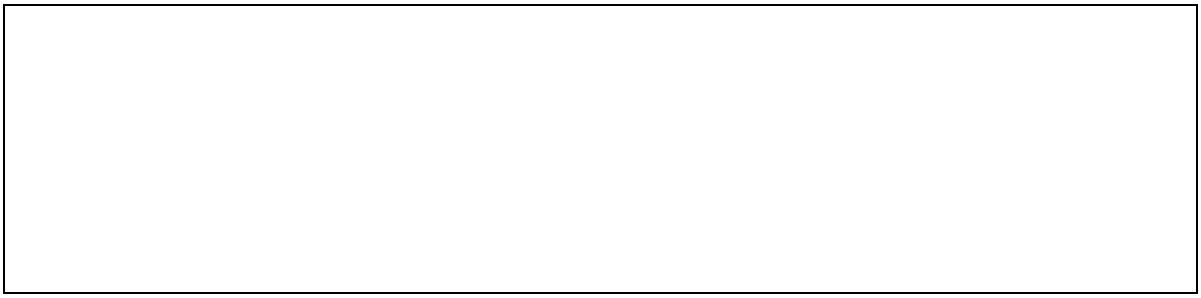
Areas to address











8. In the longer term, I would like to:

(What do you hope to be doing in 3 – 5 years time? Do you want to be able to use the internet, do a literature search on medline, consult in less than 10 minutes, prescribe fewer cough bottles, become a consultant? Be realistic – a lottery win is unlikely as is retirement for many of us!)

Please copy these pages and complete one for each area

Area no:

A. Area to Address

B. I will achieve this by: (meetings / reading / audit)

(How will you learn about the topic above? Will it be meetings at the PGMC, reading a book, a literature search, some outpatient clinics at the local hospital, a distance learning package? How long will these take?)

C. I will be able to assess how good I have been by (evaluation of my learning)

How will you know you have achieved your plans? Could you look at PACT data? Do an audit? Or more simply reflect (think) carefully about how your practice has changed and write it down in say half a page of A4. Some people may want to sit for a formal examination when studying for a diploma)

YOU WILL ALSO NEED TO ATTATCH A COPY OF YOUR PDP FROM THIS DOCUMENT OR FORM OF THE APPRAISAL DOCUMENTATION

Contents Level 4 Appendices and Bibliography

The End

Appendix 1: Jo-Hari's window

The Johari window developed by Joseph Luft and Harrington Ingram (1955) is a model of self-disclosure.

Through communication the participants in any relationship get to know one another. Self-disclosure is an area of communication study that describes the way people share with others information about themselves.

In the Johari window model the "open" area represents characteristics I have purposefully shared with others. The hidden area represents characteristics I have not shared. The blind area represents public characteristics that are not self-knowledge. Closed characteristics are known to no one; including myself.

	I KNOW	**I DON'T KNOW**
THEY KNOW	*Open*	*Blind spot*
THEY DON'T KNOW	*Hidden*	*Closed Or unknown*

The area designated as open represents free exchange of information; this area increases in size as trust develops. Sharing the identification and prioritising of our educational needs with an educational supervisor we trust can increase the open area to allow free discussion of needs that we may have otherwise not recognised or not felt comfortable to openly pursue.

Appendix 2: Kirkpatricks hierarchy of levels of evaluation

Levels of evaluation (based on Kirkpatrick's hierarchy)		**Positive – Achievement**	**Negative - Not yet achieved**	**Outcome assessed by**
1	**Reaction**	Satisfaction with having undertaken the activity - are you happy you decided to do this?	No satisfaction with undertaking the activity	How you felt after the activity
2	**Learning**	Did you learn something from this?	No new knowledge, skills or change in attitude	Testing knowledge Different attitudes New skill found
3	**Behaviour**	Are you using the skills or knowledge in your work? Has your attitude to a problem changed, do you look at it differently?	No new knowledge, skills or changes in attitude used to improve patient care	Protocol development Practice specific guidelines Review of individual patient records Video's
4	**Results**	Have patients benefited by your learning, has patient management improved?	No benefits seen for patients No change in patient management	Audit Significant events Changes in patient care

Bibliography

BROOKFIELD SD (1986) Understanding and Facilitating Adult Learning Jossey-Bass, San Francisco

FOX RD BENNET N (1998) Education and debate. Continuing medical education: Learning and change: implications for CME. BMJ 316: 466-468 (7 February)

GALLEN D (2000) Personal Development Plans – A Practical Guide to Getting Started Update Publications

GMC (2001) Good Medical Practice GMC

GRANT J (1999) The Good CPD guide – a practical guide to managed CPD Open University

HUXLEY

JARVIS P ( ) The Theory and Practice of Learning Kogan Page. ISBN – 07494 2497-4

KHANCHADANI R (2001) Motivation, reflection and learning-the theoretical considerations and a new integrated model. Education for Primary Care. 12, 249-57.

KIRKPATRICK (1967) Evaluation of training in Craig R and Bittle L (eds.) Training and development handbook McGraw-Hill, New York

KNOWLES M (1984) The Adult Learner , a neglected species (3rd ed.) Gulf, Haslam Texas

KOLB DA (1994) Experiential Learning Prentice Hall, New Jersey.

LEGANS cited in ROGERS A (1986) Teaching Adults Open University Press, Buckingham Philadelphia

LUFT J and INGRAM H (1955) The Johari window; a graphic model for interpersonal relations,Univ Calif, Western Training Lab.

PEARSON R (2000) ADEPT Toolkit RCGP East Leeds

PETRONI R (2001) The Toolbox for Portfolio Development Radcliffe Medical Press

RCGP (1999) Good Medical Practice for General Practitioners RCGP

ROGERS A (1996) Teaching Adults Open University Press, Buckingham Philadelphia.

ROGERS C (1967) Humanising Education reproduced in HARRISON et al (2002) supporting Life Long Learning Vol. 1 Perspectives on Learning Open University Press, Buckingham Philadelphia

SCHON DA (1983) The Reflective Practitioner. Arena, Oldershot. ISBN – 1 857423194

RUGHANI A (2000) The GP's Guide to Personal Development Plans Radcliffe Medical Press

WHILE R and ATTWOOD M (2000) Professional Development – A Guide for General Practice Blackwell Science Ltd

WILLIS J (1995) The Paradox of Progress Radcliffe Medical Press, Oxford and New York

Websites

Websites

- Online versions of this booklet are available at http://www.john-lord.net/download.htm
- Practice meeting log (to keep as a loose leaf book in the practice as a record for claims etc) http://www.john-lord.net/gp/log.rtf
- Significant event analysis (Brief notes on some ways of organising SEA in practice) http://www.john-lord.net/gp/sea.rtf
- How to assess learning needs http://www.john-lord.net/gp/lna.rtf
- NHS appraisal forms and guidance – The NHS GP appraisal site has some information, www.doh.gov.uk/gpappraisal but more is available in the toolkit (where you can fill in form 3 on line too) http://www.appraisals.nhs.uk/
- PGEA regulations Yorkshire deanery http://www.yorkshiredeanery.com/downloads/2001920_52032107.doc
- Paul Robinson (a GP near Scarborough) has written a website on general education theory. It is very easy-to-read and navigate http://www.scarbvts.demon.co.uk/
- An overview of Brookfield's work on adult learning www.nl.edu/ace/resources/documents/adultlearning.html
- US Education database http://www.eric.ed.gov/
- Learning styles and how to make the best of them http://www.ncsu.edu/felder-public/ILSdir/styles.htm
- More information on learning styles www.peterhoney.com
- Sowerby centre for health informatics – includes Prodigy home http://www.schin.ncl.ac.uk/
- For self help in all sorts of life stress areas http://www.mentalhelp.net/psyhelp/

Continuing Professional Development - Other useful reference sources

More Websites

www.rwtleeds.co.uk

Here you can access details about the Revalidation Without Tears programme for Leeds GPs. Under 'about the programme', the section on design discusses the practical aspects of the course as well as the educational theory. There are useful references in the bibliography for those who are interested in finding out more.

www.appraisals.nhs.uk/menu.html

This is the NHS Appraisal Toolkit. If you register with them you can keep an electronic appraisal folder. Examples are provided on completing the DoH appraisal forms, which can also be downloaded.

http://homepage.ntlworld.com/jl/download.htm

Professor John Lord, GP Tutor in Huddersfield, has provided this site for downloading useful documents. The Yorkshire GP Tutors' booklet, 'Development Without Tears – a 2 minute guide for busy GPs', is available here.

Books

The Toolbox for Portfolio Development by Roger Pietroni (Radcliffe)

This is an easily readable guide to starting and maintaining a portfolio and contains useful templates for the reader's use.

The GP's Guide to PDPs by Amar Rughani (Radcliffe)

An alternative guide to producing a personal development plan in easy stages.

Martin Islip, GP Tutor, Leeds

TASKS

Task 1 – CPD (in pairs)

In turn, think of a learning need that you know you have, one person to act as learner, the other as mentor, then swap round.
For each person's learning need record the following:

1. How did I identify the need?

2. Why did I prioritise this topic?

3. What are my objectives?

4. Which method will I use to address this need?

5. How will I evaluate what I have learnt?

Task 2 – CPD (Group Work)

Using the post-it notes provided, record your ideas under the following 4 headings:

1. Methods for identifying learning needs (consider Johari's window)

2. The criteria you use for prioritising your needs

3. Methods of addressing your needs (consider different learning styles)

4. Ways in which you might evaluate the effects of learning on your practice

Task 3 – Revalidation (Group Work)

Using the post-it notes provided, record your ideas under the following 4 headings:

1 Methods for identifying learning needs (consider Johari's window)

2. The criteria you use for prioritising your needs

3. Methods of addressing your needs (consider different learning styles)

4. Ways in which you might evaluate the effects of learning on your practice

Financial Issues for Doctors

Chris Hopkinson &
Kelvin Turner
Independent Financial Advisors
Medical Money Management(MMM)
Authorised by the Financial Services Authority

What's in this Section?

Borrowing Cost Reimbursement - Cost Rent vs Notional Rent

At this stage in your careers some of the most pressing questions are likely to be around joining a surgery, buying into a practice, or PFI (private finance initiati
This section is designed to answer some of your questions:

Question
Why was the Cost/Notional Rent Scheme Introduced?

Answer
(In its simplest form) Because it saves the Government a lot of money!

COST RENT IS:
Approved Costs x Prescribed Percentage
The rental paid by the PCT to the Practice for the use of the DOCTORS' SURGERY, thereby allowing the PCT's Patients to be treated

NOTIONAL RENT IS:
The current Market Rent assessed by the District Valuer based on the Alternative use "VALUE OF THE DOCTORS' SURGERY.
The rental paid by the PCT to the Practice for the use of the DOCTORS' SURGERY, thereby allowing the PCT's Patients to be treated

EITHER COST OR NOTIONAL RENT

Continues for as long as the building is used to treat the PCT's patients
Providing the Cost/Notional Rent is mostly sufficient to cover the interest on a loan, there is little financial consequence should a doctor

Die
Leave } from a practice
Retire

You can move from cost rent to notional rent but once you've moved, you cannot go back.

The fact that most Doctors have to borrow money to build or buy into a Surgery is largely irrelevant to the payment of the Cost or Notional Rent.

Key Questions to ask when you are considering "buying in" ?

1. When will I be expected to buy a share of the surgery premises?
2. How will the share be valued?
3. Is the Practice in receipt of Cost or Notional Rent?
4. Whichever – how much and when was the last triennial review?

Additional Details Required
Existing Loan Details: *Amount, Term, Rate (Fixed or Variable)*
Repayment Method
Security

The NHS Pension Scheme (NHSPS)

The NHSPS is one of the finest occupational pension schemes available and forms the bedrock of most doctors' financial planning strategy. This section is designed to outline the key features of the NHSPS

We are assuming at this stage that all delegates joined the NHSPS prior to April 2008, and not joined the "new" NHSPS

AGENDA
Summary of main scheme conditions and benefits.
Retirement benefits: calculation
Early retirement: the effect
Maximum service
Topping-up benefits - added years, AVCs
Ill-health retirement
Death benefits
The "New" NHSPS – from April 2008

CONTRIBUTIONS
Between 5 – 8.5% of superanuable earnings, depending on earnings. Personal contribution for both practitioners and officers receive Income tax relief.
Lower NI for salaried officers; contracted out
Employing authority (e.g GP Surgery) : 14% contribution should be part of "Global Sum"
Remainder: Subsidised by DOH (Treasury) - not 'funded', pay-as-you-go.

Annual Pensionable Pay	Contribution Rate
Up to £19,165	5%
£19,166 - £63,416	6.5%
£63,417 - £99,999	7.5%
£100,000	8.5%

NHSPS BENEFITS
Tax free lump sum on retirement
Inflation-proof pensions (normal, early, widows & dependants) - 60 onwards (55 special classes)
Death in service gratuity: 2 x pensionable pay

CALCULATING PENSION BENEFITS
Officers: accrual basis = 1/80th pension plus 3/80th TFC for each year of service/additional lump sum available subject to computation of pension
An officer is anyone who is EMPLOYED (e.g. hospital posts and salaried practitioners)
General medical practitioner 1.4% of "total dynamised career averaged NHS pensionable earnings" for each year of service (pension) plus 4.2% as minimum lump sum
1.4% x total dynamised income PLUS a lump sum of (3x Pension)

Salaried GP
Pension = 1/80 x final salary for each year of service PLUS
Minimum lump sum (of 3 x Pension)

Dynamising factor takes into account inflation and other variables

Worked example: Officer
Officer joins NHS at age 24

Assume retirement at age 60
Assume final earnings at retirement are £90,000

- Total Service = 36 years
- Pension = 36/80ths x £90,000 = **£40,500** pa (Index Linked)
- Lump sum = 3 x £40,500 = **£121,500 (Tax Free)**

Worked example: Practitioner
Practitioner joins NHSPS at age 24
Assume retirement at age 60
Assume dynamised career *average* is £ 90,000 pa

- Total (revalued) career earnings = £3,240,000
- (36 years x £ 90,000)
- Pension = 1.4% x £3,240,000 = **£45,360** pa (index linked for future years but is taxable)
- Lump sum = 3 x £45,360 = **£136,080 (not taxable)**
- Additional lump sum available subject to computation

Pension Simplification was introduced in April 2006 and introduced a Standard Lifetime Allowance (SLA). This was initially set at £1,500,000 and will rise broadly in line with inflation. When an individual takes there pension benefits, the benefits are assessed against the prevailing SLA. Any excess will be subject to the Lifetime Allowance Charge, which in effect is a tax at 55% on the excess.

The Practitioners pension benefits shown above would absorb £931,500 or 56.4% of the current allowance

NHS PENSION SCHEME (EARLY RETIREMENT)

From April 2010 Voluntary early NHS retirement from age 55 is possible, but NHS pension benefits will be actuarially reduced if taken prior to age 60. The table below shows the current reduction factors that would be applied if benefits were taken early.

Age	55	56	57	58	59	60
Pension	75%	80%	84%	89%	94%	100%
Lump Sum	86%	89%	92%	94%	97%	100%

No reduction applies for ill health retirement, and dependants' are benefits based on unreduced pension

If an existing member leaves the NHS for 5 years or more, and then comes back, (a disqualifying break), they are unable to rejoin the existing NHSPS but do have the option to join the "new" NHS Pension Scheme

MAXIMUM SERVICE ALLOWED
Pensionable "service" may not exceed….

1. 40 years by age 60
2. 45 years by age 65
3. (different for special classes)
4. service after age 70 does not count and benefits will be paid

FUNDING FOR MAXIMUM PENSION BENEFITS (practitioners / salaried NHS appointment)
To obtain maximum benefits from the NHS pension scheme 40 years service at 60 is normally needed. Doctors do not to qualify at age 20 and therefore will have a pension shortfall at age 60. This can be made up by making additional contribution:

NHS EARNINGS - NEW ADDED YEARS SCHEME
- STAKEHOLDER/PERSONAL PENSIONS

Be aware of the Standard Lifetime Allowance (SLA) (currently £1.65million) and do not exceed it.

ILL HEALTH RETIREMENT

Unfortunately, not everyone will work in good health to their normal retirement date and therefore the NHSPS provides pension benefits for those who are forced to retire early on the grounds of ill health. Therefore, we have outlined details of the ill health retirement package.

Prior to 31st march 2008 an ill health retirement pension would be payable when permanently incapable of discharging duties efficiently due to physical or mental infirmity. Ill health pension would be enhanced depending upon length of service.

From 31st March 2008:
Tier Two

- payable when a member is "permanently incapable of doing both their current job and other regular employment across the general field of employment of like duration"
- "Their previous training, qualifications and experience, and not just the medical conditions will be taken into account in assessment of their permanent incapacity"
- Entitlement to early payment of the retirement benefits earned to date could be paid.
- Increase in pension by 2/3rds of the member's prospective membership to NRD (60 or 65).
- A minimum increase of 4 years capped at 60 until March 2016 (but not for the new scheme).

Tier One

- Where a member is assessed as being "permanently incapable of efficiently discharging the duties of their present job in the NHS".

- Benefits will not be increased.

Terminal Illness

A member, who is terminally ill and does not expect to live longer than 1 year, can apply to exchange all of their pension for a one-off, usually tax-free, payment.

DEATH BENEFITS (Overview)
Worse still death (which the NHSPS class as permanent ill health) can also catch us before we reach or normal retirement date.
There are 3 elements - what are they?

1. Lump sum gratuity
2. Spouse's/civil partners pension
3. Dependants' allowance

DEATH GRATUITY

Death in pensionable employment before 70

- 2 x pensionable earnings
- paid to surviving widow or widower or civil partner (unless notice in writing to not do so)
- if no spouse or civil partner (or as above), paid to personal representatives

Death after pension becomes payable

- 5 years pension (less amount already paid)
- (provided not greater than 2 x last pensionable earnings less TFLS

WIDOWS/CIVIL PARTNERS BENEFITS

3 months member's final pay (6 months if 1+ child)
Then pension of 50% of member's pension based on ill health retirement
In retirement, widow's/civil partners pension is 50% of non-actuarially reduced pension

WIDOWERS CIVIL/PARTNERS BENEFITS

Largely as for widows but only based on service since April 1988
'past' service may have been bought up to July 1989
Pre 88 service may be taken into account if demonstrable dependent widower/civil partner
Widows, widowers and civil partners pension are now known as survivors pension

DEPENDANT CHILDREN'S ALLOWANCES

Child under 23 or in full time education
25% of member's pension (50% if 2 or more children)
33% and 67% for orphans
Dependant's allowances are based on non-actuarially reduced pensions

PENSION SIMPLIFICATION

Pension Simplification introduced an annual allowance, this means that any UK Relevant Individual can invest up to £3,600 pa or 100% of their earned income and obtain tax relief on those contributions. This is subject to a cap of £225,000. If an individual has qualifying income in excess of the Annual Allowance, and contributes in excess of £225000 they will normally be subject to an Annual Allowance Charge, which will nullify the excess rate tax relief.

NEW JOINERS ON OR AFTER 1/4/08 "NEW NHSPS"

- New scheme with different rules and regulations
- Normal pension age 65
- Increased accrual rate (1/60th) – with no automatic lump sum
- Final pensionable pay – average of best 3 consecutive years in the last 10
- Actuarial increase on late retirement after age 65
- Pensionable re-employment allowed
- Changes to Ill Health Retirement benefits

PENSION FOR A DOCTOR'S SPOUSE

If a doctor is employing his wife it is important to consider private "stakeholder" pension arrangement, which can be very attractive as both a savings vehicle for retirement, and a way to reduce your tax bill.

- Employer contributions to spouse pension attract tax relief at the employer's top rate of tax, based on "qualifying" Income.
- pension fund accumulates virtually tax-free and is returnable to employing spouse/civil partner as tax free fund should spouse die before retirement
- Use new Stakeholder Schemes - £300 per month.
- tax-free lump sum of up to 25% of accumulated fund
- benefits can be taken at any age after 55 (from 2010)
- A non earning spouse can contribute £300.00 pm and receive basic rate tax relief (ie £240.00 net).

NHSPS CONTRIBUTION/BENEFIT RECORDS – Addresses

Scotland:
Scottish Public Pension Agency
7 Tweedside Park
Tweedside Bank
Galashields
TD1 3TE
TEL 01896 893 000

England/Wales:
NHS Pensions Agency
Hesketh House,
200-220 Broadway
Fleetwood
Lancs, FY7 8LG
Tel: 01253 774980

Northern Ireland:
HPSS (Superannuation)
Waterside House
75 Duke Street
Londonderry, BT47 6FP.
Tel: 028 71319000

If you have worked in a combination of England/Wales, Scotland and/or Northern Ireland, please note that if you ask for a statement of service to date from say the England/Wales division, it will not show your total statement of service whilst you were in Northern Ireland or Scotland. In such cases, you will need to write to the Northern Ireland or Scotland branch to get that information, and you may consider writing to them to transfer to statement of service to their equivalent in England and Wales; this will unify them.

Basic Financial Planning/Protection Issues

Life Assurance
The NHS Pension provides a generous lump sum gratuity benefits equivalent to twice the member's superannuable income. In most cases this will not be enough to support a family and repay debts, so consideration should be given to the following:

- Term Assurance - Level, Convertible and Decreasing
- Family Income Benefit
- Whole Life - With Profit and Unit Linked
- Endowment - Low Cost, With Profit and Unit linked
- Writing Policies under Trust

Critical Illness Cover
Provides a capital sum in the event of a policy holder being diagnosed with a qualifying critical illness. Whilst this money can be used for any purpose it is normally recommended to protect a mortgage or other debts.

Income Protection (Permanent Health Insurance) PHI
Whilst we never imagine that it could happen to us, anyone can be stuck by long term illness at any stage. Whilst the NHSPS provides ill health retirement benefits, these are minimal in the early part of your career, and will never replace your income even after years of service. As your earnings potential is your greatest financial asset it is important to protect this against illness or accident. As you consider this area of your financial planning you should be aware of the following issues:

Permanent Health Insurance (PHI)
Provides a regular income after a waiting period (deferred period) to a pre-determined age (normally age 60) or until you return to work
Benefits are tax free

Points to Consider:

- Definition of Illness
- Definition of Occupation (Own or Any)
- Practice Agreement
- Level of Cover (How Much cover is required)
- NHS Ill-health Retirement Benefits (What level would you receive)

Locum Cover
Provides a regular income after a waiting period for a specific period (usually up to 12 months after incapacity). Monies would normally be used to employ a locum doctor whilst the member was off work sick
Premiums qualify for tax relief

What the PCT Provides?

1. Superannuable Income for up to 12 months providing medical services continue to be provided for patients
2. PCT Locum Allowance for up to 12 months subject to residual list size (and other factors)

Locum Protection Cover – General Key Points

- Cover should dovetail with Practice Agreement
- Do not over insure
- Benefits are taxable unless Locum is employed
- Income Protection (PHI) Cover
- Locum Costs vary
- PCT support varies
- Current Locum Costs are £2,400+ per week

GUIDE TO GP CAREER CHOICES

Dr. Nicola Gill

There are many paths you can choose to take on your career in general practice.
This guide has been written to help you choose the right path for you.

What's in this Section?

Guide to GP Career Choices

If you are on the GMC GP Register and a PCT Performers List, you are eligible to work as a GP anywhere in the UK.

Historically once a doctor entered general practice they became a principal and worked on in the same post until retirement. The 1990 GP contract and 1997 NHS Primary Care Act which introduced PMS contracts brought with them much change. The changes paved the way for doctors to have more flexible career paths in general practice.

You may be clear about which direction you wish your career to take.

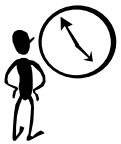
However, many GPs find it hard to decide the right career path.

You may be

A GP at the end of your VTS

A GP returning to the workforce

A GP wishing to change her career path



A GP approaching retirement

If you are looking for some help in deciding how to continue your general practice career then this guide may help you.

The first step

Take time to think about how you wish to work as a GP.

Choosing a job is a bit like buying a house, you should be clear about what your requirements are.

You will need to balance what you want with what is available in the job market.

You might find it helpful to think about the following questions before embarking on finding the right job for you.

1. Which geographic location do you want to work in?
2. How far are you prepared to travel to and from work?
3. Do you want to work full time or part time?
4. Are you looking for 1 job or several different posts to make up your hours?
5. Do you have other commitments that set boundaries to your working day, e.g. children, an existing job you wish to continue?
6. Do you want to be: A partner in a practice?
   A salaried GP?
   A locum?

7. Do you feel you would like to be part of a scheme that offers educational support?
8. How much money do you want and/or need to earn?
9. How important are the demographics of the practice you will be working at?
10. What is your ideal practice team?
11. Do you know what gives you job satisfaction?

    Most individuals find that if they work in a job that has meaning, is suitably challenging and they feel valued then they will experience high levels of job satisfaction.
12. Are you looking for a long term or short-term post?
13. Do you know where you want to be in five years?

The second step

The following pages will help you think about the choices open to you.

This is **not** intended to be comprehensive guidance, but aims to cover in brief some of the main aspects to be considered.

Where you see a  you will be given guidance on where to find out more from other sources.

Your options

- A GP Partner
- A salaried GP
- An associate or assistant GP
- The Retainer Scheme
- A Career Start Scheme
- A GP Locum
- Working abroad
- Returning to work

A GP Partner

- As a partner you will be running your own small business. As well as clinical responsibility for your patients you will be responsible for the premises you work from, your staff and the day-to-day running of your surgery.
- GP Partners may work in a single-handed practice or as part of a partnership.

  'A partnership is the relation which subsists between persons carrying on a business in common with a view of profit'

  1890 Partnership act
- Partners practice under a PMS contract or nGMS contract. Both contracts have brought many changes to the way GPs are able to earn money and structure their working day.
- It is essential that any practice you plan to join has a written partnership agreement and allow you access to the accounts.
- Most practices will ask you to work a period of mutual assessment (usually 6 months) before you formally decide to join the partnership.
- Many practices still ask GPs to work 'to parity'. This means that for a period of time you will earn a percentage of your final salary, this is supposed to be in recognition of a settling in period.
- The term 'salaried partner' is a misnomer that leads to misunderstanding. Posts advertised as such should be treated with caution and the exact status of the post fully explored.

The RCGP website has several downloadable information leaflets on many aspects of working as a GP partner

The BMA have several booklets on aspects of working as a GP partner which are available to members.

A salaried post

- A salaried GP is employed by a practice, PCT, or private provider.
- This role allows a GP to avoid the employment responsibilities of a GP partner.
- You can be employed for any number of hours. Full time is classified as 37.5 hours/week.
- The BMA are not allowed to recommend pay rates. Salaries vary dramatically across the country depending on availability of GPs and experience.
- The GPC have negotiated a salaried GP contract which was published with the nGMS contract. The contract (or one no less advantageous) should be used by all employers of salaried GPs.

The BMA website has an excellent section on issues to consider when looking at a salaried post.

If you are a member of the BMA you can seek advice from them regarding contractual issues.

The National Association of Sessional GPs website is a very useful source of information and support www.nasgp.org.uk You need to pay a membership fee to access this site.

An associate or assistant GP

- The associate scheme enables single handed, isolated GPs to employ a doctor. They are often employed by two practices.
- Assistants can be employed as a salaried GP by any practice. Some practices in certain areas may get funding for these posts. (An assistant allowance)

The BMA website is a source of more information on this form of employment.

The National Association of Sessional GPs website also has a section on Assistant GPs. www.nasgp.org.uk

Schemes with educational support

The schemes described below all have educational support and paid protected time for CPD.

In each scheme the GP is employed as a salaried GP for which there is a contract of employment.

Retainer Scheme

- Started in the 1960s. The scheme is organised by the Deanery for any GP who has a need to work part time, e.g. have children, sick relative, or recovering from illness themselves.
- Any GP who is eligible can apply.
- A retainee can work a maximum of 4-sessions in an approved practice. They can also work an additional 2 sessions in any other non-GP employment.
- The scheme is time limited usually for five years.
- Retainees are paid by the practice as a salaried GP and the practice receives a sessional grant for supporting the GP on the scheme.
- A nominated GP at the practice provides support.
- The Deanery organise educational study days and small learning groups.

The Deanery has an information guide to this scheme which is available on the Deanery website www.yorkshiredeanery.com

The scheme is organised for the Yorkshire Deanery by Dr Nicola Gill njgill@doctors.org.uk

Career start/ retention and recruitment scheme

- Bradford PCT launched a supported salaried GP scheme in 2000 to improve recruitment and retention in the area.
- GPs work is divided between clinical care, peer support and continuing development.
- The aim of the scheme is to enable GPs to gain experience working in an inner city practices with the hope that they may continue their career long term in the practice .
- GPs can work on the scheme full orpart time.

At the time of this going to print I have been unable to establish whether the scheme is still recruiting. I would suggest that any GP interested in the scheme make contact with Dr Peter Dickson at Bradford tPCT PDickson@bradfordha.nhs.uk

Locum

- Many GPs choose to spend time working 'freelance'. This may involve working short term in many different practices, or longer term e.g. as a maternity locum in one practice.
- This is an excellent way of getting to know a new area. Many GPs choose to work long term in this way.

The EXIT course booklet available from Dr Ramesh Mehay includes an excellent guide to the practicalities of being a locum.

The National Association of Sessional GPs website. www.nasgp.org.uk is also very help.

Working abroad

The BMA has a series of useful articles on working abroad.

Including articles on
- Emigration
- Taking time out to work or volunteer overseas
- Opportunities for doctors within the EEA
- Overseas contracts

You don't have to be a member to access this information.

Returning to work

Guidance for GPs who have had a career break from general practice can be found on the Deanery website using the following link

http://old.yorkshiredeanery.co.uk/page.aspx?sectionIdentifier=9282003_968709&subSectionIdentifier=6202006_691260&pageIdentifier=6202006_533372

(Soon, this link will become obsolete. However, you will find it on www.yorksandhumberdeanery.nhs.uk/general_practice)

- All the career options describe above can be full time or part time.
- GP work is often described in term of sessions.
  For an employed GP full time is 37.5 hours/week or 9 sessions.
  This equates to a session being 4 hours and 10 minutes work.
  As a partner a session is usually defined as half a day and the number of hours will vary between practices.
  Full time varies with geography; full time is usually equivalent to either eight or nine ½ days weekly.
- You can also choose to job share, the BMA has a useful leaflet describing how this can work in practice.
- GPs can also use their skills in other ways e.g. Clinical assistants, GPwSI, teaching, medical journalism, to mention just a few.
- The term portfolio career refers to GPs who have chosen to try their hand at different career paths and are now working in several posts, one or all of them in general practice.

Step Three

How do I decide what is right for me?

- Spend time deciding what it is you are looking for.
- Your ideal job may not exist but there is nothing wrong with knowing what you are looking for and what is likely to give you job satisfaction.
- Jobs are advertised in the BMJ, GP magazines, PCT, local postgraduate office. You can approach local practices directly.
- BMA series Career Focus has produced many useful articles.
- Work a few sessions in a practice as a locum before deciding whether it is the right place for you.
- Make time to regularly review the direction your career is going in.

Final thoughts

General practitioners are the first port of call for patients seeking the help of a NHS medical professional. As the lead clinicians in primary care, where some ninety percent of healthcare episodes take place, they provide a wide range of personal medical care and refer patients to specialist services when they need them.

This factual definition of general practice does not convey the true nature of the varied, challenging, and demanding work involved in being a GP.

General practice in the 21st Century offers individual doctors a varied experience and career path.

The aim for you is to find the path that meets **your** needs and helps you make the most of **your** individual skills as a GP.

It is unfortunate that stress features highly in a GPs working life.

Studies have shown that having job satisfaction protects against suffering from stress.

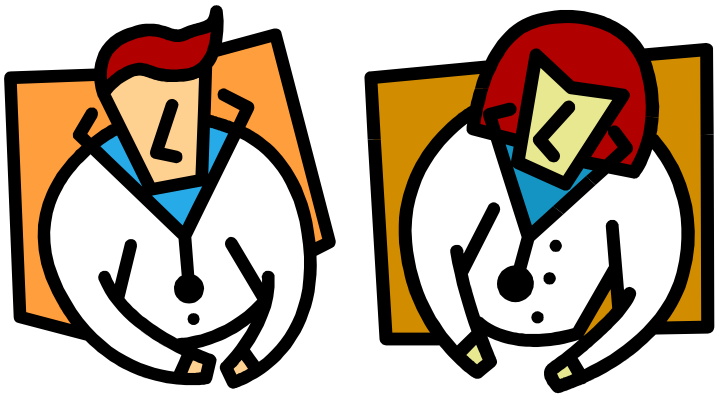
Try to find a job where you are able to have job satisfaction.

You need to feel valued in your work and be in a job that is challenging and has meaning to experience job satisfaction.

This guide was written by Dr Nicola Gill GP Tutor for Career Development, it is based on her experiences working as a salaried GP, clinical assistant, locum, retainee GP and now part-time partner in York. Feedback and additional items for inclusion in this guide would be gratefully received. Thank you.

July 2008

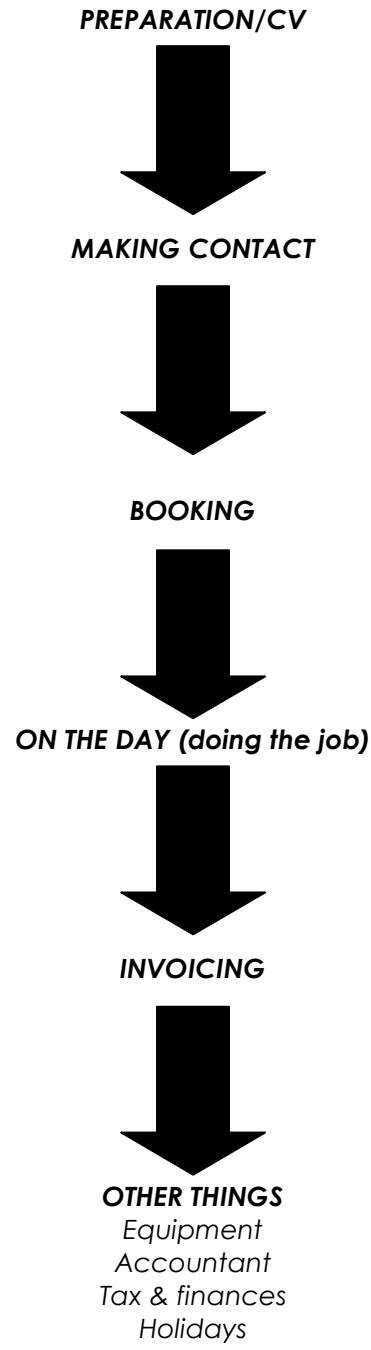
Locuming Made Simple



Dr. Ramesh Mehay
General Practitioner (Bradford)
Course Organiser (Bradford VTS)
RCGP Tutor (Yorkshire MRCGP Course)

What's in this Section?

1. THE PROCESS OF BECOMING A LOCUM



SUMMARY OF THE PREPARATION TASKS

- Notify Inland Revenue that you are self employed now.
  There will be forms to fill in!
  You may want to enlist the help of a good accountant

- Call your Local Health Authority
  Ask them for a list of all local practices and
  get on the Supplementary List (list of locums in the area)

- Mail shot all local practices
  with a CV and covering letter

- Get your stationary sorted.
  eg headed paper for invoicing practices
  sample available in Appendix 3

- Get working!

- Send, photocopy and keep copies of all invoices
  use Med Economics for suggested rates of pay

- Keep all receipts to do with work
  eg petrol & garage receipts, stationary etc.

- Engage the services of an accountant A.S.A.P.

What's the different between Locums and Retainees/Salaried Doctors/Clinical Assistants

Locums	Retainees/Salaried/Assistants
Are self employed non-principals	Are employed non-principals
Do not have a long term contract	Have a written contract
Pay tax and NI under schedule D	Pay tax under schedule E
Are paid for ONLY the work that they do ie no annual leave pay and no sickness pay (exception to this rule: long term locum cover – see FAQ section)	Get paid for absence due to allowed leave (full time : 6w holiday, 1w study, 8d bank holiday, pro rata for part timers)

2. Before Becoming A Locum – *The Preparatory Work*

> "if you fail to prepare, then prepare to fail!"

I don't know who wrote this, but who ever it was, they were bang on!

Certificates

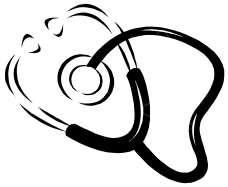
You cannot work without the following :

PMETB certificate

Defence Union Certificate

GMC certificate

Practices **will** ask for a copy of these – so keep plenty at hand! Don't give out the originals – they'll get lost somewhere!



Equipment Needed

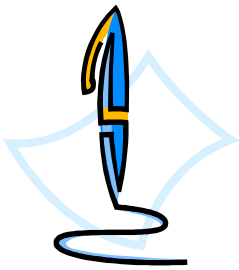
Emergency Drugs – i.m. Benzylpenicillin, Aspirin soluble and GTN spray

Medical Equipment – steth, sphyg, eye/ears, BNF

Mobile Phone

Diary (paper or electronic)

Answering Machine



Stationary

Envelopes

Paper

Stamps

Receipt Book/Computerised Invoices

Log Book for Mileage

Don't worry about expense – it is all claimable against tax! **- BUY IN BULK AND KEEP RECIEPTS !**

Preparing a CV

Prospective employers do not like reading reams and reams of paper. However, it is also essential that they get a 'feel for you' from what you submit. Look at Appendix 3 for a sample CV.

Key Points :

- Keep it simple and concise (no more than 2-3 pages)
- Make sure it is up to date
- Type it!
- Make loads of copies for distribution

Registering as a Locum

It is important that your presence as a locum is well publicised if you want to ensure regular work! To do this, send a curriculum vitae (appendix 2) and a covering letter (appendix 1) to:

1. the local non-principals group (most areas have one; ask a fellow locum or your local health authority for details)
2. the local health authority (the central services section) – Apply to go on the Supplementary List (essentially a locum list for the region). Central Services often get requests from practices for details of available local locums
3. the local practices in the area you wish to work

Consider joining the National Association of Sessional GPs, NASGP (formerly the National Association of Non-Principles (NANP)) – they offer excellent advice, standard forms and other guidance. Check out their website http://www.nasgp.org.uk/ (simply excellent!)

Making Contact with Local Practices.

If you want work, people need to know you are available for work. Simple!

Decide on the area(s) within which you wish to work. Sometimes it is helpful to define areas you definitely don't want to work in.

Make contact with the relevant practices. Submit :

- a covering letter (sample in appendix 1)
- an up to date CV (sample in appendix 2)

You can obtain a list of practices and their contact addresses from the local health authority (central services section keep a list of regional practices, addresses, telephone numbers and fax numbers – in both paper and electronic format!)

For Yorkshire: contact WYCSA (West Yorkshire Central Services Agency), Brunswick Court, Bridge Street, LEEDS LS2 7RJ Tel: 0113 295 2500 Fax: 0113 295 2555)

Keep a telephone list of other locum doctors.

If you can't make a session, practices will invariably ask you if you know of anyone who can. Keep a list of other locums and their mobile numbers – help each other out. Believe me - the favour will be returned. This behaviour encourages networking with other locums and reduces the feeling of social isolation. Some of the benefits of networking include: discussing difficult issues, ventilating feelings, obtaining a black list of practices to avoid, and the best bit - going on socials with each other.

3. Booking Sessions

Once you've got the foundation work (as per section 1 & 2) sorted, be prepared for your mobile getting hot! To ensure things progress smoothly, it is important that both parties (you and the surgery), establish right from the start the terms and conditions of the agreement. Otherwise….prepare for arguments and loss of future work!

Checklist for Booking Sessions

Dates & Surgery Times

- A*gree on times and dates.*
- *Book them into your diary straight away.*

Surgery Size, Consultation Rates, Extras

- *Is it a lone surgery or is it a session (ie surgery + visits +/-admin)?*
- *How long will the actual surgery be?*
- *How many patients are you expected to see (14, 16, 18)?,*
- *How many extras? (if any)*
- *Are you on-call?*

Visits/Mileage

- *? maximum number of visits*

Extra clinics, On Call, Free afternoons

- *Especially important if you are doing a locum for several weeks e.g. maternity cover*

Administration

- *Is there any admin work involved like signing scripts? Ask them to be specific.*
- *scripts, letters, results*

Fees/Timing of Payment

Confirmation in writing of agreement

- *To avoid confusion between you and them, get them to send you a letter confirming the agreement*

Practice Leaflet profile – *not always necessary, but it is often useful for long term bookings.*

Find out where they are exactly located (look them up on a map).

Remember, you can call the shots!

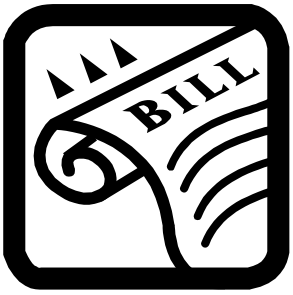
What the Average Locum Does

Maximum of 16 patients in a 2.5 hour surgery

No more than 3 visits per session.

Terminally ill patients should not be imposed on locums; they should be reviewed by their regular (or nominated) GP who needs to be aware of their progress

4. Sending Invoices & Charging For Sessions



For a sample invoice, see appendix 3.

Sending Invoices

Get into a schematic way of sending out invoices. Most locums print off an invoice before they set off to the surgery and leave it with the practice manager at the end. This is a good method but it does have its pitfalls – what do you do if extra work has been unexpectedly undertaken? An alternative method is to send off an invoice as soon as you get back home – don't do it tomorrow (tomorrow never comes!).

Computer Generated Invoicing and Faxing

There is another method which makes this whole process even easier – Computer Generated Invoicing and Faxing! Sounds complicated but it isn't! In this day and age of advanced technology, one cannot survive without computer skills. Most of us will have acquired the basics (if you want to improve on yours, consider going on a European Computer Driving License Course – more info at http://www.ecdl.co.uk/).

Prerequisites

A basic computer with a modem

A word processing package like Microsoft Word™

A Fax Utility program like Winfax Pro™ (the latter is excellent).

A phone line connected to your computer.

This is how to do it.

- Create an invoice template in Microsoft Word or a similar word processing package. You don't have to do anything fancy. Simple text layout will do.
- Enter practice details, details of work undertaken and the fee into the generic template. Save this as a separate file in a Windows folder for your records.
- Fax off the document using the fax software. Fax numbers are easy to obtain – ring the health authority for a list. You can even use the faxing utility to create a directory of fax numbers to make light work the next time round.

E-mailing Invoices

You could consider emailing the invoice as an attachment to the practice manager. However, to do this, you need the CORRECT email addresses of all the practice managers for all the practices you will be working for. Nevertheless, this may be something worth exploring.

Defining Sessions

One Session equals 3.5 to 4 hours of work; includes all aspects of the GP's work eg consultations, visits, travel to anf from visits and administrative tasks.

Longer sessions (ie >4 hours) should attract an additional hourly rate pro rata

Shorter Sessions (ie <3.5 hours) should be paid at the hourly rate, with a premium for the first hour

What should I Charge?

According to the Department of Trade and Industry, you are no longer allowed to recommend a fixed level of fees *(The Competition Act 1998 effective from 1 March 2000).* The Act prohibits agreements which have the object or effect of preventing, restricting or distorting competition in the UK.

Therefore the rates you suggest should be negotiable. To obtain an idea of suggested rates refer to the back pages of 'MedEconomics' magazine (under 'locum & deputising rates). Alternatively, refer to the national association of sessional GPs website for latest figures http://www.nasgp.org.uk

Notes

Locums used to charge separately for various duties eg 2 hour surgery charge + signing repeat prescriptions charge + paperwork charge + charge per visit etc. This practise has been abandoned and it is now usual to charge per session (a session is 3-4 hours of work). The rate is the same irrespective of the number of visits and the amount of paperwork.

In summary :

- If a practice books you for a surgery – then charge only for the surgery.
- If a surgery books you for a surgery and visits (= a session) then charge the sessional rate.

If a practice books you for a session, you should be paid for that session, even if that session incurred no visits or paperwork. The fact that you made time out to be available for visits should be appropriately rewarded (you wouldn't do on-call for a deputising service for 8 hours and accept no pay if no one turned up would you!). Practices often think that this is unfair, but they are wrong! They are paying you for the time they have booked you for; whether you have 1 or 3 visits during that time is irrelevant - time is money!

So, just to re-cap: if you have been booked for a morning surgery and visits, then that by definition is a session, even if it turns out that there were no home visits. Beware of practices stating you **may** be required for visits – you either are or not. Define your terms clearly.

Fees for Medical Cover in General Practice
(Formerly known as the "BMA Rates")

The BMA no-longer publish recommended locum rates. The following figures are based on the last published BMA Rates (01/04/1999) increased by successive percentage pay increments as recommended by the Doctors & Dentists Review Body (DDRB) to arrive at a suggested rate for 2002. This was then increased by a figure of 12% for 2003, as a 12% increase seems to be the figure quoted by most industry analysts. A subsequent increase of 2.9% was made for 2004.

DDRB recommended pay increments
01/04/00 to 31/03/01 = 3.3%
01/04/01 to 31/03/02 = 3.9%
01/04/02 to 31/03/03 = 6.1 or 6.8% - For the purposes of information - the rates stated below use a 6.8% increment
01/04/03 to 31/03/04 = 12%
01/04/04 to 31/03/05 = 2.9%

Examples of Rates In Use (2006) – gross rates before deductions

2 h surgery alone	£140-150
Surgery per hour pro rata	first hour £65-£75each hr thereafter as above
one session (i.e. around 3.5-4h)	£200-225
sessions lasting less than 3.5h	charge for each hour pro rata no rate – use hourly rate
full day rate (no night responsibility)	£400-425
Saturday Surgery (i.e. surgery + visits til 12 noon)	£200-225
Suggested weekly rate (i.e. 9 sessions in 5 days)	£1800

***Important**: Please note that these are examples of rates in use, NOT fixed recommended rates. The office of fair trading feel that it is not the role of any organisation to recommend locum rates of pay. As such we do not 'recommend' any of the rates detailed above. The suggested rates stated are to act as a guide for negotiations between GPs and practices themselves. The authors of this book cannot recommend a pay rate.*

- If you are required to work from home (eg on-call from home only), an appropriate retainer might be half the hourly rate (this includes all patient encounters and mileage incurred)
- Contact your local non-principals group to find out what the average locum in your area charges

5. On Arrival at the Practice

FIRST THINGS FIRST

Find out where the practice is and how to get there. Arriving late doesn't look good and might mean practices looking elsewhere for locums in the future.

Where are Things?

Key Point: Find out where things are and get a rough idea of how the systems work. New surroundings mean that things take twice as long to find. They say that familiarity breeds contempt – but so does unfamiliarity! In order to make life easier….be prepared.

orientation rids inefficiency

- Headed paper, Envelopes
- Prescription Pads, Med 3s
- Blood forms/x-ray cards
- Patient Information Leaflets
- Dictaphone (& tape & working batteries)
- Eye equipment
- Emergency equipment and drugs
- DOES THE PRACTICE HAVE A LOCUM PACK (a pack containing all the common things you will need - prescription pads, med 3s, common referral forms etc)

How Does the System/Service Run?

Appointment system/Calling in patients

Computers - Password, claims e.g. FP1001 (if still GMS)

Clinics - e.g. asthma, HRT, Family Planning, Counselling/Psychology, Minor Ops, ECGs, Phlebotomy

The Panic Button

What does on-call involve?

Basic Essentials – where are they?

(1) The Loo (2) The Common Room (3) Tea/Coffee facilities

Key Point on VISITS: Never forget to take AND return FP10s (prescription pads).

Other Notes

- If your consultation overruns, consider charging the practice for the extra time
- Also consider charging for any extra work (not previously agreed upon)

6. Finances, Accountants & Tax

Key Points

- Get into the habit of recording all information in a systematic way
- Be meticulous in keeping ALL receipts and bills (credit card, bank statements etc)
- It is loads easier trying to do this as you go along rather than trying to pull it all together at the end of the financial year.

Penny Perfect

This software program provides automated invoicing and pension forms specifically for GP Locums. Take a look at their product tour demo which shows how you can complete your monthly paperwork in less than 10 minutes! It only costs £19 which is a bargain in my books! (Don't forget to keep the receipt and put it down as a work related expense). Most locums I have spoken to consider it essential.

http://www.pennyperfect.co.uk/

Record your sessions on Outlook style calendars or spreadsheet like grids, then all your invoices and pension forms are prepared in a few clicks. Just print and sign!

Saving For Tax

Now that you are self-employed, you will no longer be a PAYE employee. This means you no longer Pay [tax] As You Earn (ie you are not taxed automatically at source). When the tax year is up (April of the following year), you will be required to pay tax as two lump sums – in January and June. The amount (around 25-30% of your total earnings) can seem quite large and give you a bit of a shock, especially if you have not taken prior account of it. You will be required to pay this by a certain deadline. If you pay late, the Inland Revenue will not only fine you but charge interest for the period of delay.

It is a good idea to religiously put away at least third of ALL payments into a dedicated high interest savings account, thereby making that money work for you (if you haven't got one - open one up!). But NEVER dip into this account for anything other than tax purposes.

By doing this, you will feel comfortable:

1. at the prospect of having money to pay the taxman at the end
2. from the extra cash as a result of the high interest and any monies in surplus (?money for a few extra beers!)

Don't be fooled by low tax returns in January.

Quite often, the tax owed in January might seem unexpectedly low. It often follows that the June bill will be much higher. Be aware and carry on saving

Getting an Accountant

The Inland Revenue requires you to fill in Self-Assessment Tax Forms - these still don't look very simple and are quite long. It might be worthwhile investing in an accountant to sort out your financial maze and filling in the forms. They really are worth considering and are a good cure for headaches!

Accountants with a special interest in dealing with "doctor finances" are probably the best ones to opt for. Your situation will not be unfamiliar to them and they can advise you exactly on what you can and cannot claim.

Don't know where to look for a good accountant?

Then try :

Institute of Chartered Accountants of England & Wales
website address: http://www.icaew.co.uk

Click on the following:

- Find a chartered accountant
- Find a chartered accountant
- Online director of firms
- If you are looking for an accountancy firm with specific skills then please click HERE. There are over 130 specialisations to choose from.
- Specialisations by industry or market
- Select "doctors" under industry market
- and then click search

The Accountant's Bill

- The accountant's bill is claimable against tax (it is, after all, a business related expense).
- The accountant should send you a bill.

A breakdown of their costs will typically be:

For Professional Services rendered in connection with:

a) preparation of the locum financial statements for the financial tax year

b) preparation of the Capital Allowances and Schedule D Class II Computation for the financial tax year

c) preparation and submission of your Self Assessment Tax Return for the financial tax year (based on information supplied by you)

d) Correspondence up to the current date with HM Inspector of Taxes in connection with your personal taxation affairs

e) Calculating your overall tax liability for the financial tax year

f) Advising generally on taxation and financial matters as and when required and dealing with general correspondence in connection with your taxation and financial affairs up to the current date.

(taken from Sandison, Eason & Gordon, Medical & Dental Accountants, Leeds)

What Stuff Do I Need to Keep For Tax Purposes?

A good accountant will always tell you what you should be filing in a safe place

Key Point

Unfortunately, electronic records are not acceptable. All paper records must be available and kept in a safe place.

*This means that you **cannot** scan your records and shred the paper version.*

*This means that you **cannot** use document management software like Paperport Deluxe ™ unless you keep the originals too!*

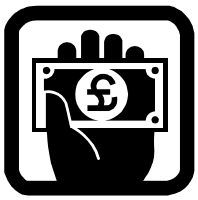
Method of Filing

Obtain TWO Lever-Arch Box Files or a Filing Cabinet with dividers.

Keep one for INCOME and the other for EXPENSES.

Keep the following records (see next page) in an orderly fashion by using sub-folders for each.

INCOME



There are 2 types of income - medical & non-medical.
These can be further subdivided into those which are taxed at source, and those which are not.

You will need four cardboard folders to represent these.

MEDICAL INCOME

Medical Income **NOT** Taxed at Source

- Locum Income

Self employed locum work is usually not taxed at source.
If you work for a locum agency, it is likely that won't be either. However, some of them do – so don't confuse the two!

- Private Medical Income (for other medical work)

Eg. cremation forms - law dictates that you must declare these!, medical reports, insurance reports

Medical Income Taxed at Source

- Employed Medical Work

  eg clinical assistant sessions at the hospital or at another practice

NON MEDICAL INCOME

Non-Medical Income **NOT** Taxed at Source

- Shared Dividend Income

Detail needed - number of shares held for each company
Submit COPY of dividend voucher

- Rental Property INCOME and expenses
- Investment Income: sale of shares etc
- Details of any deeds of covenants to you

Non-Medical Income Taxed at Source

- Bank/Building Society Interest

Bank name, account number, joint or sole names, total interest received after tax.
Banks often yield an annual statement of tax paid on your account near the tax year end. Keep it in a safe place.

- Other Employed (non-medical) work – sorry, can't think of examples! You will know if this applies to you.

EXPENSES

The following are claimable against tax providing:

- you have paid for them personally
- you have receipts to prove it *(KEEP ALL RECIEPTS – even little amounts add up!)*

Again, keep all receipts in some orderly fashion.

If you are not sure whether a specific expense is reclaimable or not, ask your accountant.

Car Expenses

Fuel (keep a petrol log book….further details below)

Road Tax, MOT, Servicing, Repairs, Cleaning

Insurance & Breakdown Cover (eg AA)

Interest on bank loan or Hire Purchase (HP) finance

Car exchange details (details of any old cars sold, any new cars)

Car Hire (if work related)

Motoring expenses are getting dearer by the minute. It is therefore essential you claim the maximum tax relief available. If you are using your car for practice related matters then you can claim not only the motoring expenses but also depreciation (this is called Capital Allowances).

It is too easy to lose receipts for things like petrol. One way around this is to get a credit card and to use it for business related matters only. In that way, the statement can act as a replacement for receipts (although tax law dictates you should keep all receipts for at least 8 years)

Capital Allowances

= Claiming a portion of the depreciation of your car against tax

- You can claim 25% of the cost of your car per year, on a reducing basis (ie 25% per year of the previous year's depreciated figure).
- However, there is a maximum of £3,000 Capital Allowances per car allowable in any one year. So, if your car cost more than £12,000 your Capital Allowance would be £3,000 per year or 25% - whichever is the greater.
- The 2002 Finance Act introduces: 100% tax allowable depreciation on cars that are electrically propelled or emit not more than 120g/km of carbon dioxide. You might wish to consider referring to "What Car" magazine before your next purchase to see which cars emit low levels.
- Once the depreciation value has been calculated, one then needs to reduce this amount to take into account the personal mileage to enable one to reach a business use claim.

Tax Deductible Mileage (Business Use)

Principals will usually practise from a surgery which is separate from their home. The surgery is therefore considered the business address and one CANNOT claim for travel from home to business address (the surgery). Travelling to places from the business address (the surgery) and back again are allowable (eg home visits, trips to the PCT/hospital).

What can principals claim?

- Surgery rounds
- business trips from surgery to a) pharmacy b) bank c) solicitor d) accountant etc
- Surgery to hospital appointment, industrial appointment, lecturing etc (PROVIDING THE INCOME IS POOLED IN THE PRACTICE)

If you receive earnings for work done in your own time (and not pooled), you may be able to claim tax relief on part of your motoring expenses relating to this income. If the work is done at a number of locations, it may be possible to claim the home to work journey. Discuss this with your accountant if it applies to you.

Locums usually work at a number of practices. They can therefore class their home as their business address. Therefore the journey from home (business address) to the different surgeries is claimable.

What can locums claim?

- Home to surgery, for locum GPs working at more than one practice.

Telephone Bills

You can claim both mobile and landline phones bills against tax – but only that proportion which is work related.

Working out the work usage proportion

Keep a telephone log of all calls for 1 month

Add up the duration of work related calls

Calculate the percentage work related use (numerator = total work related call time, denominator = total duration of all calls)

The amount you can claim against tax is this percentage against all phone bills for that type of phone line.

Professional Subscriptions

GMC, MDU, BMA, RCGP etc

Course Fees

Are you doing a masters or a diploma? Only the proportion that you have had to pocket out yourself is claimable against tax

For example:

Course fee for Master in Medical Education = £3800

Local deanery reimbursed 75% (£2850)

Means you have paid 25% (£950) yourself

Only this amount (£950) can be claimed against tax

Other courses – Revalidation Group Fees, Updates in general practice, MRCGP course Fee, Family Planning Training Sessions, Minor Surgery Course Fee etc.

Books/Journal subscriptions

BMJ, BJGP, Education in Primary Care, The trainer's handbook etc

Drugs/Medical equipment

New Stethescope, Auro/Ophthalmoscopes, Automatic BP machine etc

Miscellaneous expenses

You can claim the following as expenses providing they have been incurred through being a GP locum. For certain items, you will need to specify what proportion of it is used for work – eg computers, the printer, the organiser.

eg

stationary – papers, envelopes, postage stamps (buy stamps in bulk)

computers, work related software (eg WinFax Pro, Microsoft Word), work related hardware (external modem, printer, printer cartridges, scanner) – all to do your invoices

handheld organiser (eg an IPAQ or palm handheld computer) – for your essential locum diary and bookings

Room Use – If you either have an office or you use a certain room in your house for doing the invoicing, you can claim for this. Ask your accountant for more details.

Non-Work-Related Expenses

Details of deeds of covenant to charities/donations (under the 'Gift Aid' Scheme)

Name of charity, amount given.

Where charities are concerned it is charitable to offer the tax back to them by ticking one of their boxes (at the time of donation) to say they can reclaim it.

OTHER THINGS THE ACCOUNTANT WILL WANT TO SEE

- **Pension contributions**

eg Superannuation, AVCs and PPP contributions

- **Old Wage Slips, Tax Returns, P45s and P60s**

THE PETROL LOG BOOK

Key Point :

You CANNOT charge practices for travelling expenses AND reclaim the petrol usage from the tax man – one or the other, NOT both!

So there are two options. Either :
charge practices for your travel OR
reclaim petrol and car use back from the tax man but DON'T charge practices.

The 2nd option is the easier of the two - some practices will kick up a fuss if you charge travel expenses.

To reclaim petrol expenses from the Inland Revenue, you must have a record of your average work related petrol usage. To calculate this, you need to keep a petrol log book. This only needs to be carried out for 4 weeks but **repeated for each tax year**

How to do a Petrol Log
Choose a good 4 weeks which reflects your typical work related car usage.
For each day of the four weeks, keep a log of the distance travelled (in kilometres) and work out how much of it was work related.

Now for the maths bit.....dont worry, it's quite simple.
At the end of each week, add up the number of work related kilometres and then work out a percentage by using the total number of kilometres travelled (personal + work related) in that week as a denominator.
This will give you a percentage estimate of how much of your petrol expenditure was work related for that week.

Do this for a total of four weeks and work out the average (arithmetic mean) to get a good final estimate of work related distance. This in turn is a good reflection of the % work related fuel costs.
It is this percentage of your petrol expenditure that you can claim against tax (hence the reason for picking a truly reflective week!)

Keep this petrol log book in your file. The tax office may wish to validate your claims at a later date.

Example of a Petrol Log Diary

Date **Week 1** **Jan 2003**	Work Destination	Work Related Distance	Total Distance Travelled during the Day
Mon 5th Jan	Home to Hyde Park Surgery (incl. 3 visits)	26 km	32 km
Tues 6th Jan	Home to Kirkstall Lane Surgery (incl 2 visits)	32 km	38 km
Weds 7th Jan	Home to Upton, Pontefract (incl 3 visits)	72 km	72 km
Thurs 8th Jan	Home to Upton, Pontefract (incl 2 visits)	68 km	68 km
Fri 9th Jan	Home to Lupsett, Wakefield (incl 1 visit	24 km	35 km
Sat 10th Jan	no work	0	24 km
Sun 11th Jan	no work	0	12 km
TOTAL		222 km	281 km

Distance related to work for the week 1 = (222÷281) × 100 = 79 %
Lets say the averages for the other weeks were as follows
Week 2 = 81% Week 3 = 65% Week 4 = 80%
Arthmetic mean = (79 + 81 + 65 + 80) divided by 4 = 76.25%
Hence, average work related weekly fuel use = 76 %

.....easy peezy lemon squeezy!!!

FINAL CHECKLIST BEFORE SENDING STUFF TO THE ACCOUNTANT

Tick	N/A	
		1. Details of all LOCUM INCOME earned
		2. Details of any OTHER INCOME earned
		3. Details of income earned prior to your year end but paid after your year end
		4. MOTOR & TRAVELLING 1 or 2 vehicles if applicable Ideally motor expenses should be paid for by credit card and we therefore require your statements:- i. Insurance and Road Tax ii. Petrol and Oil iii. Repairs and Servicing iv. Car Hire **MILEAGE LOG REQUIRED** **CAR 1** : Business Use ……% (please complete) **CAR 2** : Business Use ……% (please complete) **MOTOR VEHICLES** Sale proceeds and acquisition cost of motor vehicle(s) if applicable. We require copies of the garage bill and loan agreement if applicable. Please confirm which vehicles you own at the year end.
		5. TELEPHONE CHARGES including mobile telephone expenses. Indicating quarterly rental charges. Preferably enclose your bills. If your bought a mobile phone during the year, please supply the bill. **HOME PHONE** : Business Use ……% (please complete) **MOBILE PHONE** : Business Use ……% (please complete)
		6. COMPUTER If you bought computer equipment during the year, please supply the bill. Please give us an approximate business use for your computer. **COMPUTER** : Business Use ……% (please complete)
		7. PROFESSIONAL SUBSCRIPTIONS e.g. BMA, GMC, MDU etc Please indicate the amounts.
		8. LOANS i. Bank loan account statements – for equipment etc. ii. Leasing charges (please send lease agreement)
		9. SALARY TO SECRETARY & SPOUSE Please note that your spouse must be paid his/her salary, preferably by cheque into his/her own bank account
		10. SPOUSE's EMPLOYEE PENSION SCHEME It should be an executive/employee pension scheme and not a personal pension plan. Including details of the insurance company and the premiums paid. Are the premiums index linked?
		11. OTHER EXPENSES Incurred personally relating to the locum income.
		12. USE OF HOUSE If specific rooms are set aside at your home for your locuming work i. Council Tax, Rates and Insurance ii. Heat and Light iii. Repairs and Renewals THERE ARE CAPITAL GAINS TAX IMPLICATIONS WITH THIS CLAIM
From Sandison, Easson & Gordon, Medical & Dental Accountants, Leeds & Rochdale, 0113 237 4729		

7. Frequently Asked Questions (FAQs)

Q1 Can long-term locums ask for holiday and sick pay ?

I am doing a long-term locum covering five sessions a week for GP who is on a six month sabbatical.

Can I ask the practice for paid holidays, study leave or even superannuation?

Yes

You are entitled to ALL of these. Non-principals who work regular sessions for a particular practice, for three months(13 weeks) or longer are regarded by the Inland Revenue and employment tribunals as employees of that practice, rather than self-employed. Whether you have a contract of employment or not makes no difference. The fact you may be working elsewhere in addition to these regular sessions is irrelevant too.

So, What are You Entitled To?

- Working Time Regulations (Oct 1998) state:
- four weeks paid annual leave per year
- statutory sick pay entitlement
- and holiday entitlement - this should be in proportion to that of comparable full-time workers.

There must be no discrimination about the length of service needed to qualify for payments or access to training and pension schemes.

In 2001, the European Court of Justice in Luxembourg gave its opinion that UK legislation was flawed and did not comply with the European Union's working time directive. They felt that the fact that people in Britain need to work for a minimum of 13 weeks before they can accrue the right to paid leave was unlawful. They believe paid annual holiday should be a right. What this basically means is that locums on short-term contracts in the UK, ie fewer than 13 weeks, could win the statutory right to paid holiday leave.

Q2 Can Locum GPs to be allowed to join the NHS Pension Scheme ?

Locums have been able to contribute to the pension scheme since April 2001.

"Locums play a key role in delivering NHS services to patients and we welcome this recognition of that role. It is particularly important that locums will have access to the NHS Pension Scheme and the greater security and ability to plan for the future which that entails"

Rebecca Viney (Chairman of the GPC non-principals sub-committee at the time)

Q3 My BNF is old and way out of date. Can I get an up-to-date BNF free of charge ?

Locums are entitled to up-to-date British National Formularies on a twice yearly basis without charge. Send your request to : email dh.bnf.amendments@etdsolutions.com with your full name, job, GMC No., address, and telephone number, or telephone 08701 555455 (have had more success with telephoning) and they will send regular BNFs and Children's BNFs to your home.

See appendix 4 for a sample letter.

Q4 Do Locums Need to Undertake Revalidation ?

Yes. Join a revalidation group. Ask you GP Tutor (postgrad centre) for more information.
GP locums who want to practise in the NHS will be required to take part in annual appraisal schemes and the regular check up on fitness to practice known as revalidation and be eligible to take advantage of opportunities for continuing professional development.

"We need to properly value support locums in order to ensure that they too can play a full part in ensuring that services are delivered to the highest possible standards. I therefore want to see, in general practice, doctors who work as locums or for deputising services on an appropriate list monitored by the HA. This will cover relevant qualifications, criminal records, and would reflect full participation in clinical governance to the same rigorous standards as principals, and subject to appropriate appraisals. I believe that the inclusion on an appropriate list is also our opportunity to bring NHS locums into the NHS Pension Scheme"

John Denham (health minister at the time)

Q5 I can't make heads and tails of practice accounts… I'm thinking of joining this particular practice. Can you help me?

Personally, I can't but there's a super book that's recently been published called **"Understanding Practice Accounts by Jenny Stone and Ese Stacey.** It's only got 60-70 pages and most of that is taken up by sample practice accounts and is pretty easy to understand. I have personally felt I've got a better grasp of things than in the last 7 years or so of being in my current practice. Go get it.

(Ramesh Mehay, Declared conflicts of interests: none)

USEFUL WEB ADDRESSES

Institute of Chartered Accountants of England & Wales
www.icaew.co.uk

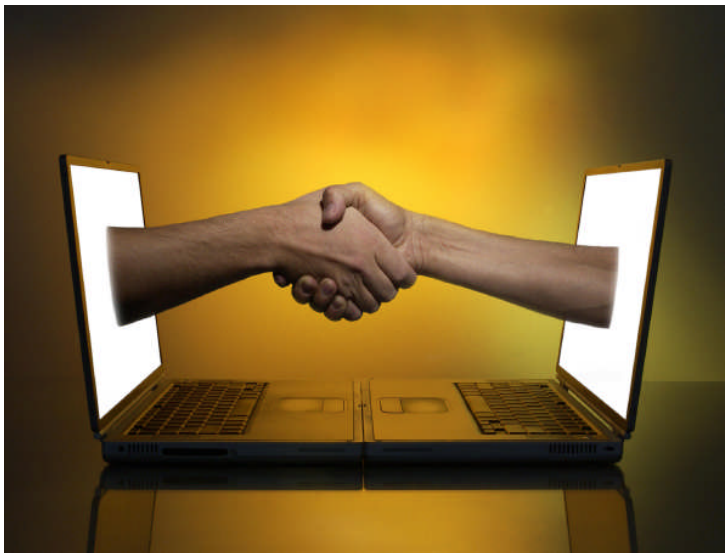
NHS Pensions
www.nhspa.gov.uk

National Association of Sessional GPs
(formerly the National Association of Non Principals)
www.nasgp.org.uk

- Excellent non-principal's handbook available to download from this site.
- Contact local non-principal groups in your area
- Essential site for anyone considering non-principal work

Others
HM Revenue & Customs www.hmrc.gov.uk

The Art of Negotiation



What's in this Section?

Negotiation

I strongly recommend you buy the following book. It is small, easy to read in one sitting, in lecture note format and costs under a tenner.

The Negotiator's Pocketbook, 2nd Edition, Patrick Forsyth, Management Books

Before we commence this session, it would be a good idea to try and get some insight into your present state of thoughts about negotiation. To do this, please try the following questionnaire. Please do NOT skip this bit.

How Good A Negotiator are You? A Questionairre.

First rate your answers according to the importance you give to each quality. Then answer "Yes" or "No", according to whether you feel you possess each quality or not.

1. Being aware of the underlying needs and trends in one's own organisation, as well as those of the organisation one is dealing with
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

2. Knowing how to lead and control the members of one's team
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

3. The ability to identify power levers and use them to attain objectives
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

4. Past experience in negotiation
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

5. Perseverance and determination
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

6. A sense of personal security
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

7. An intuitive understanding of the feelings of others
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

8. A tolerance of others' points of view
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

9. Good self control, especially when it comes to emotion
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]

I possess this quality: Yes No

10. A competitive spirit and desire to compete and win
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

11. An analytical mind and the ability to solve problems
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

12. The ability to communicate and co-ordinate different objectives within ones own organisation
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

13. The ability to gain respect and confidence in the people one is dealing with
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

14. Being a good speaker skilled in answering questions
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

15. Being decisive
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

16. Accepting the risk of not being liked
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

17. Patience
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

18. The ability to negotiate well in different roles and situations
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

19. The ability to persuade others
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

20. Good standing or high ranking position in one's organisation
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

21. Integrity
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

22. Tolerance in the face of ambiguity or uncertainty
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

23. Good judgement and common sense
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

24. A mastery of non-verbal gestures
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

25. The ability to listen
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

26. An accommodating nature
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

27. The ability to express thoughts verbally
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

28. An endearing personality and sense of humour
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

29. The ability to think clearly and rapidly under pressure, and in unfamiliar situations
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

30. Natural self confidence _-
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

31. Knowledge of the subject under negotiation
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

32. Being ready to take risks that are unusual in business
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

33. The ability to prepare and plan
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

34. Being ready to use force, threats and bluff in order to avoid being exploited
Useless [ ] Slightly useful [ ] Useful [ ] Very useful [ ] Extremely useful [ ]
I possess this quality: Yes No

Results

- Now that you have filled in your responses, here in descending order of importance, are the qualities which 32 executives considered most valuable to a good negotiator.
- Don't consider only the first few. It is just as useful to know what they considered to be unimportant.
- Comparing your responses to theirs will give you food for thought, especially if, for example, you consider aggressiveness an important quality for a negotiator.
- The number of each question is given in brackets, so that you can easily compare your response:

1. The ability to prepare and plan 33
2. Knowledge of the subject under negotiation 31
3. The ability to think clearly and rapidly under pressure, and in unfamiliar situations 29
4. The ability to express thoughts verbally 27
5. The ability to listen 25
6. Good judgement and common sense 23
7. Integrity 21
8. The ability to persuade others 19
9. Patience 17
10. Being decisive 15
11. The ability to gain respect and confidence in the people one is dealing with 13
12. An analytical mind and the ability to solve problems 11
13. Good self control, especially when it comes to emotion 9
14. An intuitive understanding of the feelings of others 7
15. Perseverance and determination 5
16. The ability to identify power levers and use them to attain objectives 3
17. Being aware of the underlying needs and trends in one's own organisation, as well as those of the organisation one is dealing with 1
18. Knowing how to lead and control the members of one's team 2
19. Past experience in negotiation 4
20. A sense of personal security 6
21. A tolerance of others' points of view 8
22. A competitive spirit a desire to compete and win 10
23. The ability to communicate and co-ordinate different objectives within ones own organisation 12
24. Being a good speaker skilled in answering questions 14
25. Accepting the risk of not being liked 16
26. The ability to negotiate well in different roles and situations 18
27. Good standing or high ranking position in one's organisation 20
28. Tolerance in the face of ambiguity or uncertainty 22
29. A mastery of non-verbal gestures 24
30. An accommodating nature 26
31. An endearing personality and sense of humour 28
32. Natural self confidence 30
33. Being ready to take risks that are unusual in business 32
34 Being ready to use force, threats and bluff in order to avoid being exploited 34

The Theory and Practical Suggestions

Types of Negotiators

There are four types of negotiators (see if you can identify which one you might be; they're pretty self explanatory):

i. Logical/Reasoning
ii. Bargaining/Dealing
iii. Robust/Tough
iv. Warm/Genial

(after Gottschalk)

The most effective type of negotiators are those which are in touch with their inner core negotiating style but are able to adapt their style according to the situation they are in.

Key Principles of Effective Negotiation:

- Having good verbal and listening abilities
- Having good non-verbal communication skills (reading and using appropriate body language)
- Being prepared and knowledge concerning the subject under negotiation
- Knowing what (s)he wants (high aspirations, realistic target setting)
- Being aware of power; the ability to assess his/her own strength and that with whom you are negotiating
- Being flexible to the options available (knowing when to give and accept concessions)
- Avoiding counter productive behaviour

Let's Talk About Power

- Power is important because it influences negotiations. There are some things you need to remember about power:
- Power is always relative - neither side will have complete power
- Power is perceived, real or apparent. If neither party perceive an advantage then there is none.
- Power can be exerted without action
- Power may be limited buy situations, regulations, ethical values.
- Power exertion entails cost and risk.

Giving Concessions

Giving concessions is important especially if you are aiming for a win/win situation.
It is important to work out:

1. What you want
2. What you can give
3. What you are not prepared to give

Karass suggests

- Leaving the room for negotiation
- Ask for concessions
- Let the other side make the first move
- Don't be the first to make a big concession
- Give in small amounts

How To Put It All Into Practice

Basic Approach: PREPARATION
* Work out your core style, strengths and weaknesses
* Extend your range into other styles
* Develop communication skills
* Collect information about the other party's needs
* Plan negotiations in advance '

Planning:
* What is the bottom line?
* What is the target or aspiration level? (work out the most desirable and least desirable outcomes)
* What is the starting position?
* What is the power balance?

Also plan to:
* Check validity of assumptions
* Gather information
* Decide tactics or style
* Organise the team

Outcomes **WIN/WIN, WIN/LOSE, LOSE/LOSE**

Good negotiation should usually end in achieving mutual satisfaction. So if possible try to make both parties win (win/win situation).

How To Arrive at a Win/Win Situation:
- Focus on interests NOT positions
- Think about the other party's interests NOT just your own
- Try to identify common ground

Cope with win/lose negotiators by
- Not responding to attack or pressure
- Building relationships
- Exploring joint needs
- Looking for other options

Final Remarks
Try not to use force or threat – a very last approach, if at all
You need to appear confident (even if it means faking it).
You don't have to be sarcastic or serious but neither should you rely solely on your likeability.
Advertise your strengths.

The ten most important qualities for a successful negotiator, in order of importance are:
1. Knowing how to prepare and plan
2. Knowing your subject
3. The ability to think clearly and rapidly
4. The ability to express your thoughts
5. Knowing how to listen
6. Good judgement
7. Integrity
8. The ability to persuade people
9. Patience
10. A decisive mind

Appendices

APPENDICES

Dr. AMY LOCUM
123 Locum Bank House
St Annes Road
Headingley
Leeds LS6 4XX
MOBILE : 07976 123456

The Lodge,
Woodsley Road,
Headingley
Leeds LS6
Telephone: 0976 123456

Date 27 May 2007

Dear Practice Manager

I am available to do any GP locum work, daytime/evening/on call, short or long term. I have recently completed the Bradford Vocational Training Scheme and consider myself to practise a patient-centred approach to medicine. I can confirm registration on North Bradford's Performers' List. In addition, I am also on the child health, minor surgery and obstetric lists. PMETB, Defence Union and GMC certification are all update and available to hand. Should you require a locum, please do not hesitate to contact me (mobile preferred).

I enclose a copy of my Curriculum Vitae and look forward to hearing from you.

Note:
Performers' List = formerly known as the Supplementary List

Yours faithfully

Amy Locum

appendix 2 – a sample curriculum vitae

DR. AMY LOCUM

MB ChB, DFFP, MRCGP
The Lodge, Woodsley Road, Headingley,
Leeds LS6
Home 0113 123 3456 **Mobile** 0976 654321
email amylocum@doctors.org.uk

PERSONAL DETAILS

Sex:	Male	**Marital Status:**	Single
Date of Birth:	27th April 1980	**Nationality:**	British

ACADAMIC HISTORY

Qualifications: MB ChB, MRCGP (Distinction), DFFP

Others
Minor Surgery Certificate 2008
Child Health Surveillance Certificate 2007
Advanced Life Support Provider Certificate 2006

Registration
GMC (Full) Registration No. 1234567, 1st Feb 2005
PMETB Cert 2008

Education
Bradford Vocational Training Scheme (2005-2008)
Medical School, University of Leeds (1998-2003)
The Broadway, Birmingham (1991-1998)

- 3 'A' levels at high standard (Biology, Chemistry, Mathematics)
- 9 'O' levels at high standard

POST-GRADUATE EXPERIENCE

Aug '08-Feb '09 GP Registrar: Front Street Surgery, Acomb, York, North Yorkshire

Feb '08-Aug '08 GP Registrar: Beech Grove Surgery, Sherburn in Elmet, North Yorkshire

Aug '07-Feb '08 SHO: Paediatric Medicine & Ambulatory Paediatrics (3 months)
Paediatric Surgery including ENT & Orthopaedics (3 months)
Booth Hall Children's Hospital, Manchester

Feb '07-Aug '07 SHO: Department Of Liaison Psychiatry
North Manchester General Hospital

Aug '06-Feb '07 Clinical Fellow: Care Of the Elderly Medicine
Withington Hospital, Manchester

Feb '06-Aug '06 SHO: Medicine for Care of the Elderly (3 months)
Cardiology & General Medicine (3 months)
Ards Hospital, Newtownards & Bangor Hospital, Bangor, N. Ireland

Aug '05-Feb '06	SHO: Accident & Emergency Altnagelvin Hospital, Londonderry, N. Ireland
Feb '05-Aug '05	SHO: Obstetrics & Gynaecology Lagan Valley Hospital, N. Ireland
Aug '04-Feb '05	House physician: Cardiology (3 months), General Medicine (3 months) Lagan Valley Hospital, N. Ireland
Feb '04-Aug '04	House surgeon: Orthopaedics (3 months), Vascular Surgery (3 months) The General Infirmary at Leeds

Courses Attended

Sept 2006	Emergencies in Medicine, Southern General Hospital, Glasgow
Oct 2006	Theoretical course (Family Planning) Northwick Park & St Marks Hospitals, Middlesex
Dec 2006	Advanced Life Support Course, Holly Royde, Manchester
Apr-May 2007	Psychiatric Training Course for GPs, Manchester Royal Infirmary (mainly re-attribution of somatising complaints)
May-Aug 2007	Child Health Surveillance Course, Burnley/Bury, Greater Manchester
June 2007	Minor Surgery Course, York District Hospital

PERSONAL PROFILE

My personal philosophy is one based on honesty, integrity and trust. I am a committed punctual general practitioner who places the patient as his first concern. I see myself as a patient centred consulter who reflects continuously on his practice. I also feel I am a good team player who generally gets on with those around him.

I am a keen squash player; I also engage in Tae Kwon Do (a Korean form of martial arts) and have been a member of the Tae Kwon Do Association of Great Britain (TAGB) since 2000. I am an active member of a local hiking group in Leeds and an avid reader of fiction (favourites: Brick Lane, The Life of Pi, The Lovely Bones).

REFERENCES

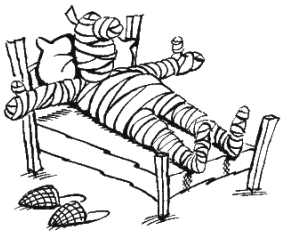
Dr. Braines
Consultant Psychiatrist
North Manchester General Hospital
Crumpsall
Manchester

Dr. A Trainer
Front Street Surgery
Front Street
Acomb, York
North Yorkshire

Dr. Amy Locum MB ChB, DFFP, MRCGP

Invoice for GP Locum Work

Dr. AMY LOCUM
123 Locum Bank House
St Annes Road
Headingley
Leeds LS6 4XX
MOBILE : 07976 123456



INVOICE REF: 191527042004

PRACTICE MANAGER, LAUREL BANK SURGERY, HEADINGLEY, LEEDS

HINT : A good way of generating invoice numbers is to use the following format

<time you created invoice> <date of invoice>

The advantage of this system is that the number can never be generated twice.

So, invoice ref 191527042004 tells us it was created at 1915h on 27/04/2004.

Date	Session Details	Hours	Amount
29/11/04	Morning Surgery (+visits)	3-4	£175
30/11/04	Evening Surgery	2	£110
2/12/04	Full day including on-call (morning & evening surgeries)		£350

Cheque Number ☐☐☐☐☐☐☐☐

Branch Sort Code ☐☐☐☐☐☐

TOTAL £ 635

Please make all cheques payable to Dr. A. Locum

Dr. AMY LOCUM
123 Locum Bank House
St Annes Road
Headingley
Leeds LS6 4XX
MOBILE : 07976 123456
21st March 2007

Pharmacy & Prescribing Branch
NHS Executive
Department of Health
Quarry House
Leeds LS2 7UE

Re: 'Free copy of BNFs to all doctors'

Dear Sir or Madam,

I am currently working as a locum general practitioner for NHS practices in the West Yorkshire region. I am registered with the West Yorkshire Non-Principals Group and West Yorkshire Health Authority. I believe all GPs are entitled to a free copy of the BNF on a twice yearly basis.

I would therefore be most grateful if you would furnish me with the latest copy of the British National Formulary as the present one in use is out of date.

I am obliged to you for your help in this matter

Yours Sincerely

Dr. Amy Locum, *MB ChB, DFFP, MRCGP*

Dr. AMY LOCUM
123 Locum Bank House
St Annes Road
Headingley
Leeds LS6 4XX
MOBILE : 07976 123456

NHS Pensions Agency
Hesketh House
200/220 Broadway
Fleetwood
Lancs FY7 8LG

Date:

Your Ref:
Our Ref:

Name : Dr. Amy Locum
Date of Birth : 27-04-1970
SD Superannuation Reference/NI Number(s): NS891871D (NI number)

Dear Sirs
I would be grateful if you would release information in respect of my NHSPS benefits directly to myself at the above address. Please write with the following:

1. Date of joining the NHS pension scheme
2. Details of any breaks in service
3. Current Pensionable Pay or Schedule of income for each year of service and current value of total uprated earnings if a GP
4. Estimate of current ill-health retirement benefits
5. Estimate of current death in service benefits
6. Details of normal pension benefits to date
7. Details of estimated pension benefits at age 55 and 60
8. Cost of purchasing the maximum added years in order to retire on full pension
9. Details of Added years/AVCs, already purchased (if applicable, projected fund value of AVC assuming a growth rate of 6% pa)
10. Statement of Service

Thank you in anticipation of your early response and co-operation.

Yours faithfully

Date:

Print Name : AMY LOCUM

Terms and Conditions of Use

It is important to let you know information on these websites does not constitute financial advice. All information is based on journalistic research and analysis rather than tailored advice aimed for individuals. Decisions should be taken only after considering the effects of all specific circumstances. Pease read their Full Legal Terms and Conditions.

www.moneysaving expert.com

MoneySaving is about cutting bills not cutting back. It's about being a sassy consumer. Companies try to screw us for profits. MoneySaving shows you how to screw them back.

Martin Lewis, Money Saving Expert is a 34-year-old ultra specialised journalist. He's in constant media demand, including his own ITV1 series 'Make Me Rich', regular Radio 2 phone-in, weekly Guardian column and his 'Money Diet' book is a bestseller.

Martin created this site in Feb 03 and it's now the UK's biggest money site, with over a million users every month due to its binding principles that it's 'Free, Ad Free, Independent, Unbiased and Journalistic'. And all the analysis, recommendations and MoneySaving logic still come directly from him.

Benefits:

- **The Weekly 'Martins Money Tips' E-mail.** The real key to MoneySaving is to be on the distribution list for the weekly e-mail. Over two-thirds of the best deals date within a week; the aim of the e-mail is to make sure you hear before it's too late.

- **MoneySaving Articles.** The main site has a huge range of articles, from Childcare Vouchers to Cheapest Contact Lenses; Balance Transfers to Boots Bargain Hunting. Rather than saying 'shop around' the articles are prescriptive, and include unique super-detailed product research. Articles are regularly updated, and each then links through to a discussion in the Chat Forum (see below), allowing newbie MoneySavers to ask questions and more experienced MoneySavers to discuss the practical implementation.

- **MoneySaving Tools.** This site is a cuckoo; articles unapologetically link to the best money tools on the web on other sites too, after all why be precious?, if something's good, it's good. And if good enough tools don't exist elsewhere, then they're built here, such as the FlightChecker, CallCheckers, RewardsChecker, Budget Planner and Tart Alert.

- **MoneySaving Forums.** Taking companies on isn't the job of any one individual. This site has a huge community of MoneySavers' at any one moment thousands of people are in the Chat Forum talking about ways to save. In fact there are roughly 9 paperback books' worth of MoneySaving info written there daily.

The Motley Fool www.fool.co.uk

The Motley Fool is an independent, award-winning company dedicated to helping people compare financial products online and switch to the best products for their needs.

They're one of the UK's most popular financial websites, with two and a half million members and 500,000 site visitors a month. Their site is free to use (with the exception of Champion Shares, our premium share-tipping newsletter), and the editorial team writes several impartial articles each day on every aspect of personal finance and investing. The content is featured on many high-traffic websites, such as Yahoo! and Sky News. They even go offline - they make media appearances and have published several books, including three editions of the best-selling Motley Fool UK Investment Guide.

An independent financial company

Although they are independent, they are a commercial organisation, which means most of their comparison centres contain top deals from their advertising partners or a single sponsor. That said, the idea is for you to find the right financial products for your needs, so in many comparison centres you'll also find a search option that will allow you to scour the entire market, using data provided by Moneyfacts.

www.uswitch.com

uSwitch.com is a free, impartial online and phone based comparison and switching service that helps customers compare prices on a range of services including gas, electricity, home phone, broadband providers and personal finance products. Our aim is to help customers take advantage of the best prices and services on offer from suppliers. The company has developed a series of calculators that evaluate a number of key factors including price, location, service and payment method, and advises customers on the best deal to suit their needs.

Shopping on the Net

Try shopbots like: (type make and model number)
www.froogle.co.uk
www.pricerunner.co.uk
www.kelkoo.co.uk

……more available on www.bradfordvts.co.uk (click the links section)

INDEX

A

B

C

D

E

F

G

H

I

J

K

L

N

O

P

R

S

T

V

W

NOTES