What the FCUKGP* now?

life after general practice training

**Future Contributors to UK General Practice*

advice for GPs at the start of their career

Eighth Edition

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

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Introduction

Are you a GP trainee going into your last 6-12 months of GP training? Or perhaps you are a newly qualified GP? Still a bit worried about going out there on your own?

Here are some things you will get out of this book:

- *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?*

And here are some of the objectives we hope this handbook will help you achieve:

- **Career choices** in primary care and striking a balance between them.
  At the end of reading this book, you should 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.
  You will also 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**
  This book will also help you be aware of the financial implications of some 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**
  And finally, you 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.

All the very best for your future career.

Ramesh Mehay

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 Reflective practice, educational portfolios, appraisal, revalidation and the role of mentoring. *Maryam Sabir*
1100	**Coffee**
1130	Continuing Professional Development II *Maryam Sabir*
1pm	**Lunch**
2.00pm	Career choices in Primary Care. Different types of GPs: locums, salaried, retainer, partner, GPSI *Nicola Gill, GP & Programme Director (York)*
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)*
1045	**Coffee**
11 am	Buying into a Practice. Financial Issues. Practice premises, accounts, pensions, medical sickness, tax and other finances. *Chris Hopkinson, financial advisor, formerly national negotiator for cost rent schemes* *Kelvin Turner, independent financial advisor*
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 and pitfalls to be aware of. *Clare Hyland*
3.30	**TEA**
3.45	Preparing to be a Locum II *Clare Hyland*
1700	**Evaluation**
1730	**Close**

Continuing Professional Development

Dr. Martin Islip
GP Leeds (retired)
Dr. Paul Bolton
GP Keighley

Continuing Professional Development and Revalidation

Extracts from presentation

Revalidation

- Relicensure via GMC for all practicing doctors
- Recertification by relevant royal college
- Both processes done simultaneously every 5 years. If successful = **Revalidation!**

Continuous Professional Development

"A continuous learning process that complements formal undergraduate and postgraduate education and training. CPD requires doctors to maintain and improve their standards across all areas of practice." *GMC*

Why is it important?

- Individual: job satisfaction, decreased burnout, develop PDP, revalidation
- Patient: trust, increased Dr knowledge, ?better Rx
- Profession: trust
- Society: Changes to medical regulation, rapid increase in medical knowledge, Janet Smith inquiry

How do I do it?

You probably already are!

1. Choosing what to learn (Educational needs assessment)
2. Choosing how we learn (Learning Styles)
3. Time to think about what you learned (Reflection)
4. Making the learning work (Application)
5. Studying the effects of what we have learned (Evaluation)
   (Write it down!)

Educational Needs Assessment

Setting aims/objectives. What skill/knowledge do I want after I've done the learning? How do I check I've done it?

Specific
Measureable
Attainable
Relevant
Time bound
Evaluate
Record

Honey and Mumford Learning Styles – see later for more

Appraisal Now

- Started April 2003, all GPs appraised yearly
- Formative process
- Mixed responses from GPs, depends on area
- Aim to discuss previous year and plan learning objectives for the next
- Produce PDP at end of the process
- Review each PDP at next appraisal
- You can choose appraiser from a list
- Documents in 2 weeks prior to appraisal
- Meet and discuss for 2-3 hours
- Post appraisal documents to be signed off
- Paid full day if a locum by PCT

Revalidation

- The process by which a regulated professional periodically has to demonstrate their fitness to practice
- Professional regulation is all about patient safety

Purposes?

- Minimally acceptable care
- Reassure patients and the public
- Improve quality of care

Relicensure

- License issued every 5 years by GMC
- You should be registered now! Starts officially 16/11/09
- Standards for relicensing based strongly on Good Medical Practice
- New GP version of GMP out (July 2008) – new focus on CPD
- Relicensure will only be problematic if fitness to practice concerns
- Local GMC affiliates and “responsible officers” can raise concerns

Recertification

- Every 5 years
- Only for those on specialist register
- Run by relevant College
- Based on standards in GMP
- Each college has different CPD plans and requirements
- Annual appraisal forms bulk of evidence

RCGP Proposals

- From Revalidation for GPs v2
- Pilots 2009/10 Merseyside
- Enhanced Appraisal will form basis
- Collect evidence across 12 GMC Standards
- Greater role for appraisers
- Additional compulsory elements

Portfolios

- Appraisal portfolio links into (and is part of) Revalidation portfolio
- Appraisal portfolio currently the online NHS toolkit or paper
- Revalidation portfolio online only
- Will all be merged into ePortfolio

Revalidation Portfolio

1. Basic details
2. Exceptional Circumstances
3. Evidence of appraisals
4. PDP's from each appraisal
5. Review of PDP and reflection
6. Learning credits
7. MSF
8. Feedback from patients
9. Causes for concern / complaints
10. SEA
11. Audits
12. Statement on probity and health
13. Evidence from extended practice

RCGP Proposals

- RCGP managed CPD scheme
- Members free, non members charged
- Credit system for CPD
- Scored by impact and challenge
- Higher score (potentially double credits) if followed learning cycle
- Includes reflections/reading etc
- 250 credits needed over 5 years for recertification

Impact → / Challenge ↓	Low	Minor	Moderate	Significant	High
Low	1-2 Credits Example 1	2-4 Credits	3-5 Credits	4-8 Credits	5-10 + Credits
Minor	1-3 Credits	2-4 Example 2	3-7	5-10	6-12 + Credits
Moderate	2-4 Credits	3-6	4-8 Example 3	6-12 Example 4	8-15 + Credits
Significant	3-5 Credits	4-7	5-11	7-15 +	10-20 + Credits
High	4-6 Credits	5-10	6-14 +	10-20 +	20 Credits + Example 5

Example 1: Remembering to use generic lansoprazole
Example 2: Quick search splenectomies on correct Rx, 4 patients
Example 3: Presentation changed practice of attendees and yourself
Example 4: RCGP update on CFS, impact on patients directly, evidence of reduced prescriptions
Example 5: Approval as trainer and training practice status

Essential Knowledge Updates

- Knowledge updates for credits released every 6 months by RCGP
- Linked essential knowledge challenge, voluntary, 70% pass rate
- Pilot online now
- Based on curriculum for GP and latest developments

Role of Appraiser

- Effective delivery of appraisal
- Maintenance of standards
- Develop and analyse PDPs
- Validation of credits
- Feedback on MSF
- Feedback concerns to GP and RO if needed

What do you need to do now?

- Protected by VTS/MRCGP until now
- Plenty of material to date, all in ePortfolio
- Read GMP for GPs
- Record your learning and prepare well for appraisals
- Ideally, write reflective comments after each learning activity
- Consider doing an audit, SEA etc.
- Take care if locuming – CPD trickier but revalidation still applies!

THE MOST IMPORTANT THING TO DO IS REFLECT, IMPROVE AND RECORD

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 at least 2 functions:

1. helps you get the education most relevant to you.
2. evidence for appraisal and revalidation.

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

What do I need to know?
Educational Needs Assessment

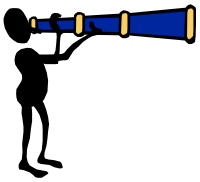
Background

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

Evaluating Learning: outcomes
Or have I got there?

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?

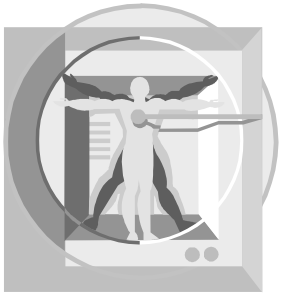
Finally it is also helpful to think about how you did the work – the **PROCESS**. If you have not made progress, can you say why? Did you choose a difficult topic or is there a better way to learn about it? What worked for you and what didn't and why? What would you do differently next time? Are there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

Completed?
Continuing / Completing the Development Cycle

- ❖ 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

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

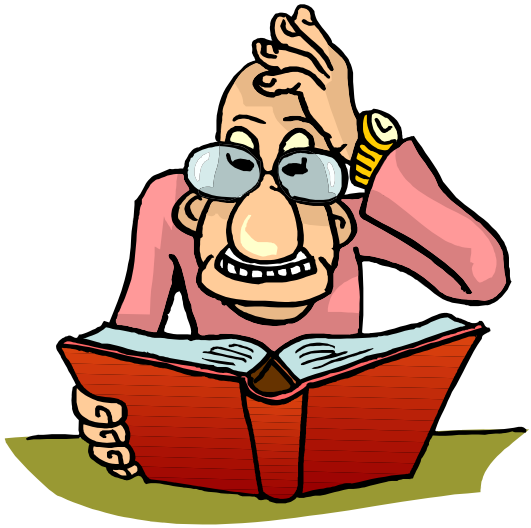
- Personal reasons for change are associated with greater change.
- Professional and social reasons with simpler changes.
- Regulations produce only small change.

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)

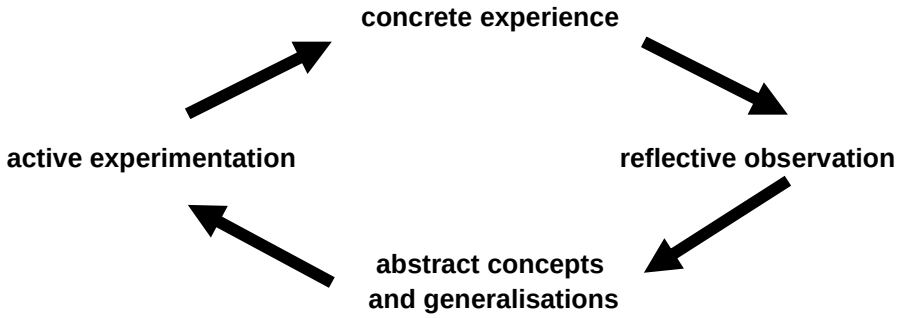
How I Learn - Learning Styles



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.

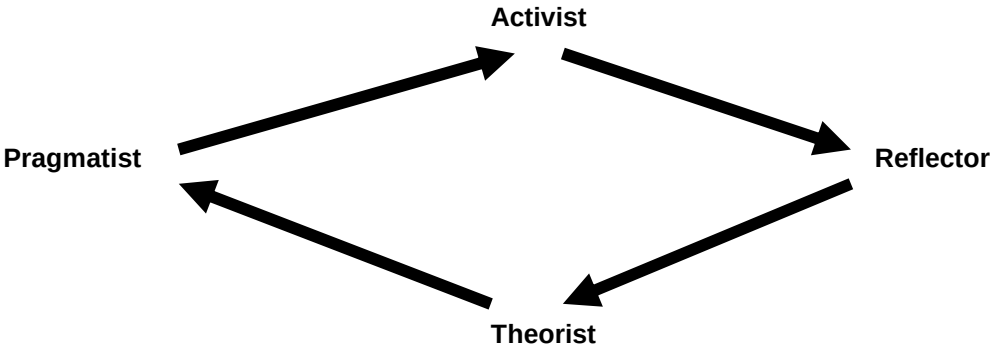
Allows you to take charge of your own learning i.e. learner-centered.
Based on learner needs rather than wants.
Lifelong.
Other characteristics may include work based experiential reflective problem solving and high relevance.

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:

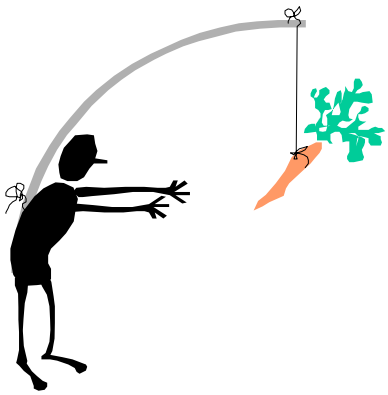
- They are learning things with obvious practical advantages.
- Given tasks to do with their current job.
- They are given immediate opportunity to put into practice what they have learnt.
- They are given chance to try things out for themselves with feedback from an expert.
- They are exposed to something 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
What 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 thought

'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)?

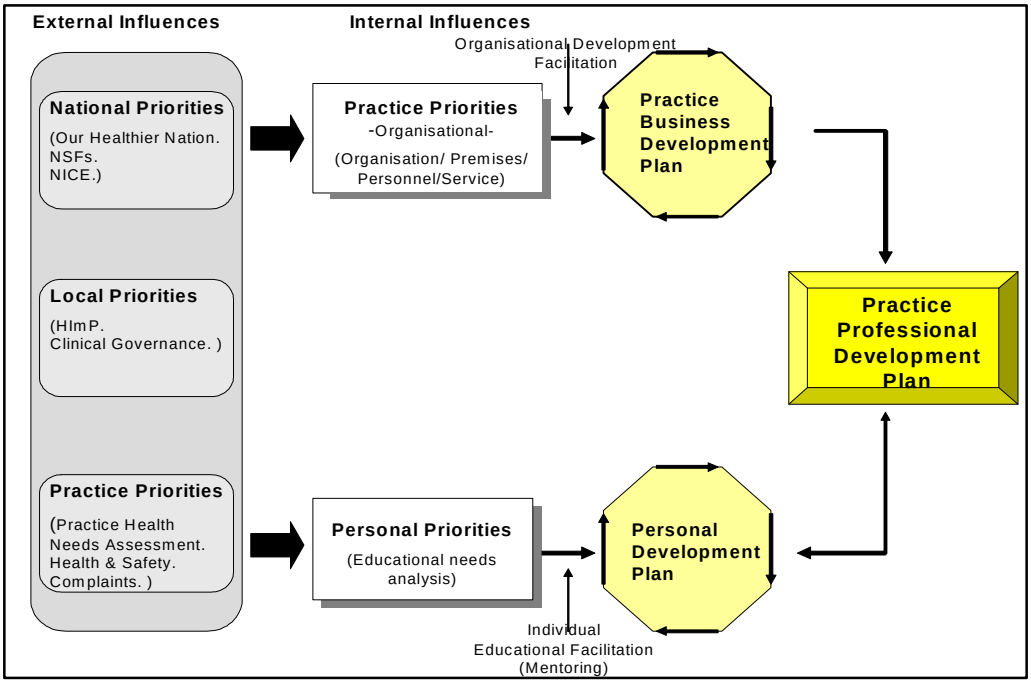
When using your Personal Development Plan remember that you have four areas of need to consider :-

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



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	

Appendix 1: Jo-Hari's window

The Johari window developed by **Jo**seph Luft and **Harri**ngton 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

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- 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/

Financial Issues for Doctors

Chris Hopkinson & Kelvin Turner

Independent Financial Advisors
Medical Money Management(MMM)
Authorised by the Financial Services Authority

Medical Money Management

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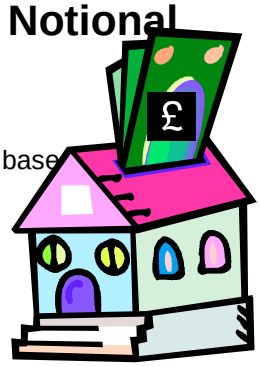
Borrowing Cost Reimbursement - Cost Rent vs Notional Rent



At this stage in your careers some of the most pressing questions are likely to be base joining a surgery, buying into a practice, or PFI (private finance initiative).
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

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
Retire
} from a practice

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 NHS Pension Scheme (NHSPS) is one of the finest occupational pension schemes available and it forms the bedrock of most doctors' financial planning strategy.

The NHSPS now has two sections: The **1995 Section** for those members who joined the scheme before April 2008. Members who joined the NHSPS on or after 1st April 2008 will have joined The **2008 Section**. Members of the **1995 Section** will have the choice to transfer into the **2008 Section**, although great care and specialised independent financial advice ought to be taken before doing so.

Contributions

Personal contributions into the NHSPS are between 5 – 8.5% of superanuable earnings (depending on the level of your earnings) and contributions receive income tax relief.

Annual Pensionable Pay 2009/10	Contribution Rate (indexed)
Up to £20,709	5.0%
£20,710 - £68,392	6.5%
£68,393 - £107,846	7.5%
£107,847 plus	8.5%

NHS pension scheme benefits

- Tax free lump sum on retirement
- Inflation-proof pensions at normal retirement, early retirement, widows/widowers/civil partners and dependants pensions. Death in Membership lump sum: 2 x pensionable pay
- Normal retirement age 60 in the 1995 Section (Age 55 for special classes)
- Normal retirement age 65 in the 2008 Section

Calculating pension benefits

Hospital posts and salaried GP posts pension contributions are calculated differently to that of a non salaried GP partner. The term 'Officer' is widely used in the NHSPS literature and refers to anyone who is EMPLOYED e.g. hospital posts and salaried GPs.

The calculations of retirement benefits for the two sections are different and therefore outlined separately.

The 1995 SECTION

1995 Section - Salaried GP: accrual basis = 1/80 x final salary for each year of service PLUS a minimum lump sum of 3 x annual pension.

1995 Section - General Medical Practitioner: accrual basis = 1.4% of "total dynamised NHS pensionable earnings" plus 4.2% (3 x 1.4%) as minimum tax free lump sum. The dynamising factor takes into account inflation and other factors.

Worked example - 1995 Section: An employed hospital doctor (officer) who becomes a salaried GP having joined the NHS at age 24 and retiring at 60 years of age.

Assume final earnings at retirement are £90,000 pa.

- 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)
- Additional lump sum is available by commuting part of the pension

Worked example - 1995 Section: A self employed GP partner who joined the NHSPS at age 24 and retires at 60 years of age.

Assume dynamised career averaged earnings are £ 90,000 p.a.

- Total (revalued) career earnings = £3,240,000
- Pension = 1.4% x £3,240,000 = £45,360 pa (Index Linked)
- Lump sum = 3 x £45,360 = £136,080 (Tax Free)
- Additional lump sum is available by commuting part of the pension

THE 2008 SECTION

2008 Section - Salaried GP: accrual basis = 1/60 x final salary for each year of service at age 65 with no automatic lump sum. A lump sum can be taken by commuting part of the pension.

2008 Section - General Medical Practitioner: accrual basis = 1.87% of "total dynamised NHS pensionable earnings" at age 65 with no automatic lump sum. A lump sum can be taken by commuting part of the pension.

Worked example - 2008 Section: An employed hospital doctor (officer) who becomes a salaried GP having joined the NHS at age 24 and retiring at 65 years of age.

Assume final earnings at retirement are £104,335 pa (i.e. a salary of £90,000 pa at 60 increased by 3% pa to age 65).

- Total Service = 41 years
- Pension = 41/60ths x £104,335 = £71,295 pa (Index Linked)
- No automatic tax free lump sum
- A lump sum can be provided by commuting part of the pension

Worked example - 2008 Section: A self employed GP partner who joined the NHSPS at age 24 and retires at 65 years of age.

Assume dynamised career averaged earnings are £104,335 pa

- Total Service = 41 years
- Total (revalued) career earnings = £4,277,735
- Pension = 1.87% x £4,277,735 = £79,994 pa (Index Linked)
- No automatic lump sum
- Lump sum is available by commuting part of the pension

Pension simplification

Pension Simplification was introduced in April 2006 and introduced the Standard Lifetime Allowance (SLA). This was initially set at £1,500,000 and will be frozen at £1.8million for the tax years 2010/11 to 2015/16. When an individual takes their 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 amount.

The 1995 Section Practitioners pension benefits shown above would utilise £1,043,280 or 57.96% of the £1.8million SLA. The 2008 Section Practitioner example above would absorb 88.88%.

NHS pension scheme (early retirement)

Voluntary early NHS retirement from age 50 is possible from the 1995 section and age 55 from the 2008 section, However, NHS pension benefits will be actuarially reduced if taken prior to normal retirement (60 or 65). No reduction applies for ill health retirement.

Please note: 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 1995 Section of the NHSPS but do have the option to join the 2008 Section NHS Pension Scheme.

Maximum service allowed

Pensionable "service" may not exceed….

- 40 years by age 60
- 45 years by age 65
- Different for special classes
- Service after age 70 does not count and benefits will be paid from the 1995 Section
- Retirement benefits arising in the 2008 Section will be actuarially increased if retirement is delayed beyond 65

Funding for maximum pension benefits

(practitioners / salaried NHS appointment)

To obtain maximum benefits from the NHS pension scheme 40 years service at age 60 is normally needed. Doctors normally qualify in their early 20s and therefore will have a pension shortfall at age 60. This can be made up by making additional contributions

NHS EARNINGS - NHS ADDITIONAL PENSION SCHEME
- STAKEHOLDER/PERSONAL PENSIONS

But be aware of the Standard Lifetime Allowance (from 6th April 2010 £1.8million) and aim not to exceed it!

Action Point: Write to the NHSPS to obtain a statement of service and details of benefits accrued to date, as well as a projection of benefits at normal retirement date.

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 a member is 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 and,
- Increased by a pension of 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 be based upon actual service and not uplifted

Following these changes the need for an Income Protection Policy has increased, as the ill health pension (tier 1) is even less likely to sustain a family's income needs.

Action Point: Examine your own situation and consider whether your own Income Protection arrangements are adequate, or if they ought to be reviewed.

Terminal illness

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

Death in membership benefits (Overview)

Death in Membership benefits are calculated based on a members superannuable income with reference to their tier 2 members ill health pension.

There are 3 elements - what are they?

1. Death in Membership lump sum paid tax free
2. Spouse's/civil partners pension
3. Dependants' allowance

Death in membership – lump sum

Death in pensionable employment before 70:

- 2 x pensionable earnings at the date of death (but not if an ill health pension is already in payment)
- Paid to surviving widow or widower or civil partner
- If no spouse or civil partner then they are paid to personal representatives

Death after pension becomes payable

- 5 years pension (less amount already paid)

Widow and civil partner benefits

- 3 months member's final pay (6 months if more than 1 child)
- Then a pension of 50% of member's pension based on tier 2 ill health retirement (1995 Section)
- Or a pension of 37.5% of member's tier 2 ill health retirement pension if a member of the 2008 Section
- In retirement, widows/civil partners pension is 50% of non-actuarially reduced pension

Widower benefits

- Largely, as for widows, but only based on service since April 1988.
- 'Past' service may have been bought up to July 1989
- Pre 1988 service may be taken into account if they widower/civil partner can demonstrate financial dependency
- Widows, widowers and civil partner's pension are now known as survivor's pension

Dependant children's allowances

- Dependent child = under 23 or in full time education

1995 Section

- 25% of member's tier 2 ill health retirement pension (up to a maximum of 50% if there are 2 or more children). Tier 2 ill health pension will be based on service to age 60.

2008 Section

- 18.5% of member's tier 2 ill health retirement pension (up to a maximum of 37.5% if there are 2 or more children). Tier 2 ill health pension will be based on service to age 65

Action Point: Examine your own situation and consider whether these benefits would support your spouse and family in the event of your death.

New joiners on or after 1st April 2008 (2008 section)

- New section 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 after taking pension benefits.

Pension for a doctor's spouse

If a doctor is employing his spouse 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
- Tax-free lump sum of up to 25% of accumulated fund
- Benefits can be taken at any age from 55
- A non earning spouse can contribute £300.00 pm and receive basic rate tax relief (i.e. net contribution £240.00)

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 should 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 generous Death in Membership lump sum benefits equivalent to twice the member's superannuable income. In most cases this will not be enough to support a family and repay debts. Hence the need for Life Assurance, in the form of a lump sum or regular income payable in the event of death within a specified term.

Benefits are normally tax-free and can be used for:

- Family protection to maintain the family's standard of living and aspirations
- Mortgage protection to clear or reduce an outstanding mortgage debt
- Inheritance tax planning to provide funds via a trust to help pay any inheritance tax liability

Life assurance policies fall into two main categories:

1. Protection policies designed to provide cash (tax-free) in the event of death only.
2. Investment policies to provide cash in the future, not just in the event of death, as the result of regular savings.

Trusts

Life Assurance benefits should normally be written under Trust to ensure that the life assurance benefits are paid to the right person(s) quickly and without the need for probate, outside the deceased's estate, making the payment usually free from inheritance tax.

Action Point: Are your existing life assurance contracts placed under a suitable trust?

Critical Illness Cover (CIC)

CIC provides a capital sum in the event of a policy holder being diagnosed with a qualifying critical illness (usually a limited list of common significant conditions). While this money can be used for any purpose it is normally recommended to use it to protect a mortgage or other debts.

Action Point: Are any outstanding loans/liabilities properly protected?

Income Protection

While we never imagine that 'it could happen to us', anyone can be struck by an accident or long term illness at any stage in their career. Statistics show that under the age of sixty-five, we are more likely to develop a long term disability than to die, so income protection insurance can be more important than life assurance.

The NHS pension scheme provides ill health retirement benefits; however, these are minimal in the early part of your career and will never fully replace your income, even after many 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:

An Income Protection Plan (IPP) is designed to pay an income in the event of a policyholder suffering from an illness or injury, whether permanent or not, that results in a loss of earnings.

- It pays a tax-free income in the event of a policyholder being unable to work in their chosen profession, as a result of illness or injury
- It should normally commence payment when a salary or practice drawings reduce or cease
- It continues to be paid until the policyholder is fit to return to work, or the insured's normal retirement age, whichever is earlier
- It can supplement any NHS ill health pension. Benefits payable under an income protection plan may be reduced if the plan holder is also in receipt of an NHS ill health pension

Points to Consider:

- Definition of Illness
- Definition of occupation (Own, Any or Suited)
- Practice agreement
- Level of cover (How much benefit is required?)
- NHS ill health retirement benefits (What level would you receive?)

Action Point: Would your existing income protection arrangements be adequate, to replace your income and continue to support your family's current standard of living?

Locum Cover

Locum insurance provides a regular income after a waiting period (usually 4 weeks) for a specific period (usually 12 months after incapacity). Monies would normally be used to employ a locum doctor while the member is off work sick. Premiums qualify for tax relief.

What does the PCT Provide?

1. Superannuable income may continue to be paid 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.

It is for this reason that many partnership agreements terminate partnership if a partner has been off due to illness for more than 12 months.

Locum Protection Cover – General Key Points

- Cover should dovetail with your Practice Agreement
- Do not over insure, as cover is expensive!
- Benefits are taxable but the cost of a Locum is tax deductible
- Income Protection Plan (IPP) already in place
- Locum Costs vary between areas and with supply & demand
- PCT support varies across the country
- Current Locum Costs are £2,500+ 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.

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 partner 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 a more flexible career path in general practice.

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

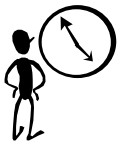
However, many GPs find it hard to decide the right career path.

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 and what you are prepared to compromise.
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? Remember the practice team may change with time, but the patients will be the same, so if you struggle with working with patients for whom English is not their first language, don't like working in an affluent area with the worried well or have a wish to work with patients from deprived backgrounds think carefully about the patient population before applying for a post.
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.

Your options:

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' often 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 a GP who is employed by a an organisation to provide primary care to patients e.g. a private provider, OOH service, a GP practice, Darzi centre, homeless centre.
- The role allows a GP to avoid the employment responsibilities of a GP partner.
- You can be employed for any number of hours. Full time under the EU working time directive 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.
- Salaried GPs can negotiate their hours and the duties they undertake in their employed hours. They are often just employed to see patients but are frequently encouraged to develop their role by teaching students, undertaking minor surgery, mentoring a nurse practitioner.
- HYMS has a number of academic salaried posts that combine time as a salaried GP with research or teaching work for HYMS.

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

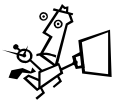
- The associate scheme enables single handed, isolated GPs to employ a doctor. They are often employed by two practices. This is only really an option in romote areas of Scotland and Wales.
- Assistants can be employed as a salaried GP by any practice. Some practices in certain areas may get funding 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

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, the scheme needs the financial support of the local PCT.
- 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.yorkshireandhumaerdeanery.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. www.yorksandhumberdeanery.nhs.uk

- 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.

Dr Nicola Gill TPD and GP York
njgill@doctors.org.uk
March 2011

Applying for a new job

Once you have found a post you want to apply to you need to

ACTIVELY ENGAGE IN THE PROCESS OF APPLYING FOR THE POST

Look carefully at the advert
Is this really the post for you?
Are there any details you need to clarify?
Can you apply for fewer/more hours than advertised?
Arrange to visit and look round
Find out as much as you can about the post and the people you will be working with

TO FOLLOW ALL THE INSTRUCTIONS EXACTLY

The application process often involves a combination of:

Your CV
A letter of application or application form
An interview

Curriculum Vitae

DO

- Ensure your layout is logical and easy to read
- Use a readable font- size
  - Be consistent with using tabs/tables/bullet points
- Be relevant
- Be succinct
- Be honest
- Check your spelling and grammar very carefully
- Get a friend or colleague to check your CV
- If you have to email your application consider converting your CV to a PDF document

DON'T

- Leave any unexplained career gaps
- Include a photo unless asked to do so
- Be afraid to take out information that is out of date
- Put anything in your CV that you can not discuss and talk about
- Think that this information does not apply to you

Now for some ideas of how to organise you CV

Section 1

Personal details
Only include details relevant to your application, take care not to duplicate
Qualifications and education
Medical qualifications first then education
Current employment
Employment experience
Use reverse chronological order and include only appropriate detail

Section 2

This is the section where you really sell yourself.
Possible headings
Current role
Your current responsibilities/ contributions to your post/ how you keep up to date
Don't forget to include any teaching and management responsibilities that you have.
Main achievements
Things you are proud of e.g. teaching, management, organisational tasks, research, audit, facilitating change, involvement in a small learning group, working while raising your family.
Skills and personal qualities
Outline your strengths highlighting how your experiences have developed your skills and qualities.
E.g. I am organised and efficient, and adept at using the practice computer system. I like working in a team and think I contribute well. I have taken over the management of QOF for learning disabilities and worked with the nurses to set up a recall programme for patients and developed a template for the team to use. We scored maximum points in this area this year. I was prompted to take over this area as a result of a significant event we had at work involving a patient with learning disabilities.
Career aims
Summarise where you hope your career path will take you, making sure this is relevant to the post you are applying for.
Or how about the following headings
Previous experience and achievements, current roles and responsibilities, career aspirations.

Section 3

Personal/life outside work
An opportunity to share something about yourself outside work
Do make sure this is up to date.
Sentences work better than bullet points.
You might wish to highlight how you maintain a good work life balance and relieve stress
Don't forget to highlight non work roles that demonstrate specific skills e.g. organising the school fete, running a Brownie Pack, a fund raising charity run.

Section 4

Referees
Ensure contact details are up to date and include email and phone numbers.
Remember to ask your referees first and inform them about the post you are applying for so their reference can be relevant.

If you are going to be looking for a new job make sure your CV is up to date and ready, adverts often don't give you much time to apply.
Remember your CV not only documents your experience and skills it is also an example of your written communication and presentation skills.

Letter of Application and Application Forms

DO
Say why you are applying for the post.
Ensure you tailor your letter to the person specification and job advert
Offer a positive explanation if you are moving posts
Explain why you are applying if the post is not geographically near you

This is an opportunity to highlight why you should be shortlisted.
Remember all the do's and don'ts for CV writing.

TO FOLLOW ALL THE INSTRUCTIONS EXACTLY

The Interview

An opportunity to see if your written application is representative of you as a person
A chance to see if you will fit into the team
A two way process
A professional discussion

So
Find out before who is on the interviewing panel
Be on time on the right day
Look the part
You are bound to be nervous so be prepared
Be familiar with your CV/letter of application/application form
Try and imagine yourself in the post and who you might be looking to recruit
Be familiar with what is happening in the media that might be relevant

Do
Smile and make eye contact
Remember why you are applying
Remember first impressions are very important
Be clear, confident and concise
Ensure your answers are relevant to the question
Look and act as if you want the job

Don't
Forget the importance of non verbal communication
Be over confident
Recite your answers
Say too much or too little!

The panel are listening as much to <u>what</u> you say as <u>how</u> you say it.
They will be thinking, can I work with this person, can I see this person undertaking the advertised post?

You should take time to think about questions you might be asked

You
How do you balance work and home life?
What causes you stress and how do you deal with it?
Why do you want to come and work with the practice?

Your experience
What experience and skills can you bring to this post?
Are there any areas you feel you need to develop more to undertake the post?

Being a GP
What are the greatest challenges about being a GP?
What do you think are the most important attributes of a GP today?
What do you feel patients value most about their GP?

Specific scenarios
Tell us about an event that demonstrates you can communicate well.
Have you had any complaints and what did you learn?
Using the STAR model can help you answer questions like this.
S= situation T=task - give a brief introduction to put the task into context.
A= Action- what did you do and how did you do it? What skills and qualities did you exhibit?
R= result or reflection- what did you learn from the event

The workforce
What do you feel are the issues for GPs working part time?
What do you feel currently has the greatest influence on general practice?

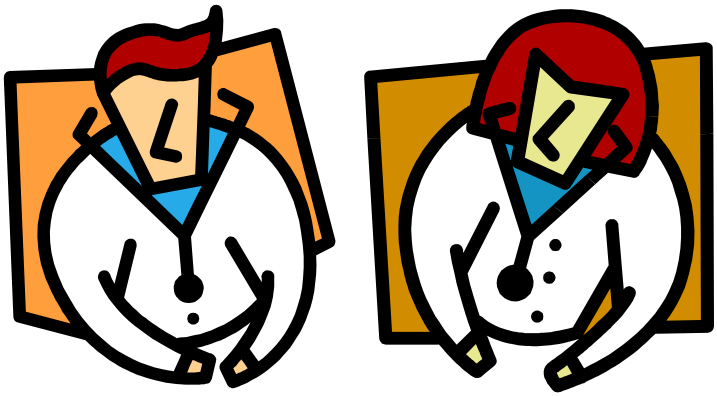
You may be asked about anything that you have written on your CV or application form

There will always be an opportunity for you to ask any questions.
Only ask questions that are relevant and need to be asked at the interview
If you have already had all your questions answered when you looked round then say this

- Ask when the interview panel will be making their decision and how they will let you know.
- Remember to thank the panel
- Most importantly if you think the post is not the right one for you don't be afraid to say so.
- If you don't get short listed or appointed at interview, ask for feedback to help you with future applications

Use this guide to help you make the best possible application

Locuming Made Simple



Dr. Ramesh Mehay
General Practitioner (Bradford)
Programme Director (Bradford VTS)

At the end of this chapter, you will find the following three sections:

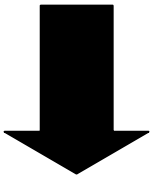
1. **Frequently Asked Questions (FAQs)**
   Q1 Can long-term locums ask for holiday and sick pay ?
   Q2 Can Locum GPs to be allowed to join the NHS Pension Scheme ?
   Q3 My BNF is old and way out of date. Can I get an up-to-date BNF free of charge ?
   Q4 Do Locums Need to Undertake Revalidation ?

2. **Useful Web Addresses**

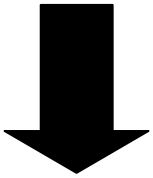
3. **Appendices**
   appendix 1 – a sample mail shot letter
   appendix 2 – a sample curriculum vitae
   appendix 3 – a sample invoice
   appendix 4 – a letter requesting an up to date BNF
   Appendix 5 – a letter requesting superannuation information

1. THE PROCESS OF BECOMING A LOCUM

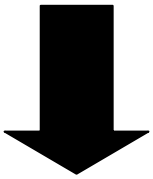
PREPARATION/CV



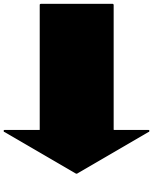
MAKING CONTACT



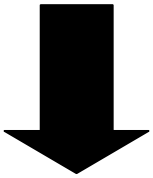
BOOKING



ON THE DAY (doing the job)



INVOICING



OTHER THINGS

Equipment
Accountant
Tax & finances
Holidays

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 difference between locums and retainees/salaried doctors?

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 whoever it was, they were bang on!

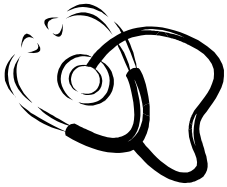
Certificates

You cannot work without the following :

- PMETB certificate
- Defence Union Certificate
- GMC certificate

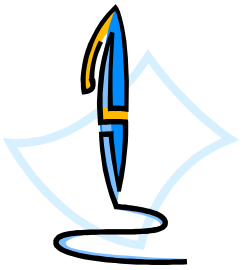
Practices **will** ask for a copy of these – so keep plenty at hand! Don't give out the originals – they'll get lost somewhere!

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.

<u>Key Points :</u>

- 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

- *Agree 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

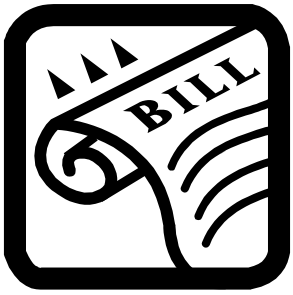
- *To avoid confusion between you and them, get them to send you a letter confirming the agreement*

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 – either by email or 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 internet connection
- A word processing package like Microsoft Word™
- A Fax Utility program like Winfax Pro™ (optional; you don't need this if you're considering email)

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.
- Email or fax off the document using email browser or 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.

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!

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.

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!*

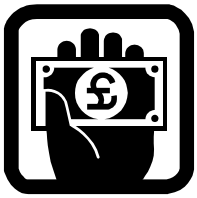
Method of Filing

Get 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 car fuel 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 :

1. charge practices for your travel OR
2. 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 9 years or so of being in my current practice. Go get it.

(Ramesh Mehay, Declared conflicts of interests: none)

Useful Web Addresses for Locums

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

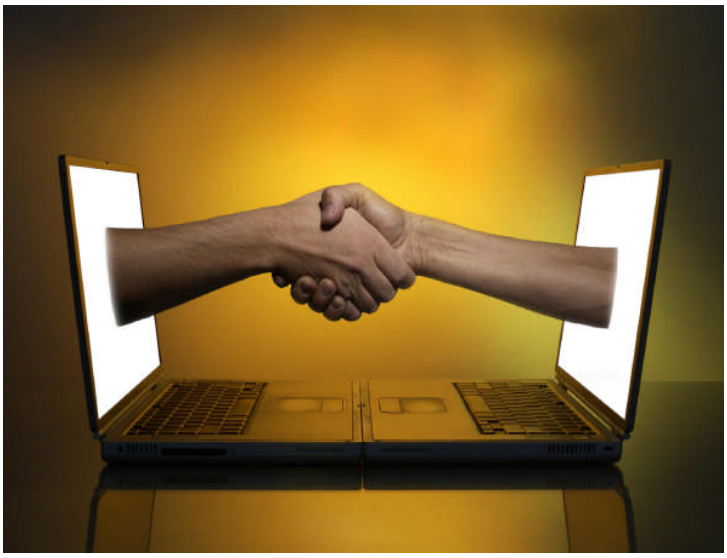
NHS Pensions
www.nhspa.gov.uk

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?

- *The Art of Negotiation*
- *How Good A Negotiator are You? A Questionairre.*
- *The Theory and Practical Suggestions*
- *Types of Negotiators*
- *Key Principles of Effective Negotiation*
- *Let's Talk About Power*
- *Giving Concessions*

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 Questionnaire.

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

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, and The Lovely Bones).

REFERENCES

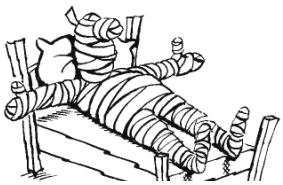
Dr. Braines
Consultant Psychiatrist
North Manchester General Hospital
Crumpsall
Manchester

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

TOTAL £ 635

Cheque Number ☐☐☐☐☐☐☐☐

Branch Sort Code ☐☐☐☐☐☐

Thankyou

appendix 4 – a letter requesting an up to date BNF

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
Your Ref:
Our Ref:

Date:

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

appendix 6 – Great Money Saving Websites

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 Ram's secret web corner section)

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