



## EUROPEAN UNION OF GENERAL PRACTITIONERS

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### UK NATIONAL REPORT OCTOBER 2003

#### **The new GP contract**

GPs voted in favour of the new GMS GP Contract on 20 June 2003 after much debate and deliberation. 70% of UK GPs took part in the vote, and 79.4% of them were in favour of the contract. The new contract comes into effect on 1 April 2004. Many benefits are expected to arise from it.

- The new practice-based structure will give GPs new freedoms to organise their services as they see fit.
- The new quality and outcome framework will improve the quality of care for patients.
- The Contract proposes major investment in Information Technology. This will greatly help to improve practice infrastructure.
- For the first time GPs will be able to transfer the responsibility of Out of Hours care to their Primary Care Organisations. This will allow doctors to benefit from a better work/life balance.

The Contract promises benefits not only to GPs, but also to Primary Care Organisations. These benefits might include:

- Better local management of chronic disease leading to fewer hospital admissions.
- Improved access to clinical services for local people.
- The ability to shape Primary Care Services according to local needs.

The new Contract delivers remuneration to GPs in three forms:

- A Global Sum payment that is calculated according to criteria specific to each practice.
- An Enhanced Services structure that will allow doctors to enter contracts to provide extra services.

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- Quality and Outcome frameworks whereby GPs will be remunerated for providing higher quality services.

Changes are already being made to support the new Contract. Primary Care Organisations (PCOs) have been given advice and advanced funding from the Department of Health (DoH) to establish the necessary infrastructure before 1 April 2004.

Intensive discussions are continuing with the BMA GP Committee (GPC) striving to ensure that the implementation process takes place successfully. Joint evidence is being prepared together with the DoH for submission to the Doctors and Dentists Pay Review Body (DDRB).

### **The UK Competent Authorities (PMETB)**

As part of a wide-ranging review of the organisation of postgraduate medical education in the UK, the competent authorities responsible for overseeing the training and licensing of both general practitioners and specialists are being abolished and replaced by a new, single, competent authority. This will be called the Postgraduate Medical Education and Training Board (PMETB).

At one level this has considerable organisational logic however the profession in the UK remains very concerned about this development for the following reasons:

- The existing competent authorities are very much creations of a profession concerned to implement a continuous drive for improving standards. The PMETB will be a creation of government and whilst nominally it may be independent there is considerable scepticism within the UK about the potential for government interference.
- Both current competent authorities have established robust procedures which are having considerable success in driving up standards and there is concern that much very good practice will be lost as the new Board establishes its own identity, structure and procedures
- It is likely, though the identity of the Board members is not yet known, that this development will represent another significant marginalisation of the profession itself, particularly the BMA, from involvement in matters which are its rightful concern. The fact that this is merely an extension of a trend that has been developing over the last four to five years is of no comfort to the profession.
- As the problems of an adequate workforce, complicated by the European Working Time Directive, become increasingly clear, there is concern that there will be a temptation to compromise on educational standards in the interest of securing the services of the largest possible number of doctors.

The new Board will be required to have two statutory subcommittees, the Training and Assessment Subcommittees, but the further development of structures and processes will be for the Board to decide. The energy of the profession has been focused on persuading the authorities that there has to be adequate representation of the profession in general and general practice in particular at all levels of the new organisation and on ensuring that the good work of the current competent authorities continues. This work is ongoing and there will be a particular drive when the identity of the members of the new Board is known and when the profession learns to what extent its fears of marginalisation appeared justified.

### **Modernising Medical Careers**

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The government has been undertaking a review of the structure and content of the training of doctors in hospital training posts. This applies to both specialists and to general practitioners undergoing the hospital component of their training.

It is a widely shared view in the UK, frequently supported by the findings of teams inspecting the quality of hospital training posts, that training posts are often structured in such a way that the balance of service commitment and educational content is inappropriately biased in favour of service delivery.

If implemented as proposed, the new system will require all doctors following qualification to undergo two foundation years, the first of which will be the legally required pre-registration year. Its purpose will be to further develop the core skills required of all doctors, including communication skills training, and to give exposure to general practice to all doctors in training whatever their intended specialty.

Following the foundation years doctors will enter programmes which will be dependent on their intended career choice. The general practice programme will be a further three years, i.e. making the total duration of training following full registration with the General Medical Council four years rather than the current three.

There has been widespread support for the principles of this review. However, against the background of the very significant shortage of doctors in the UK, there is still a concern that the government may yet shift the emphasis away from the very proper focus on the education of young doctors in training, towards the need for them to support service delivery.

Implementation has in fact already started with the process of establishing a number of pilot projects. The aim of the profession is to work with the government as the implementation of this review proceeds, while watching carefully to ensure that the end result is indeed proper educational provision for young doctors in training.

### **GP Trainers' Pay**

The GPC will be sending out questionnaires to GP trainers to ascertain what their thoughts are on the current situation surrounding GP trainers' pay. At present GP trainers in the UK are paid only £6000 (c. €530) per annum. Given the increasing demands made on GP trainers, this is seen as a woefully inadequate sum. GP trainers are now expected to work in four main areas: overseeing their registrars' preparation for MCQ examinations; assisting with an audit project; writing a trainer report; and, supervising the videotaping registrar consultations in the practice.

The GPC will negotiate with the DDRB and the DoH to ensure that GP trainer pay reflects the real level of responsibility and effort involved in this task.

### **GP Educators' Pay**

Negotiations with the DoH are ongoing over the issue of GP educators' pay. The following points have now been agreed: changes in the nature of descriptors for certain GP educator pay scales; the relation of pay scales to NHS GP earnings; hours of work; and, an annual mechanism for pay review.