From your BMA GPs committee chair

Help for GPs in need

The pressures of general practice are greater than ever, which can lead to illnesses and breakdowns resulting in financial difficulties for some GPs and their families. I am pleased to be able to use this newsletter to remind everyone of the Cameron Fund and the services it provides. It is ‘the GP’s own charity’ and the only medical benevolent fund that solely supports GPs and their dependents.

I am proud that it was founded by a legendary predecessor of mine – Sir James Cameron, past BMA GPs committee chair (then called General Medical Services Committee) in 1970 with the following objectives:

- The relief of poverty and the prevention of hardship and distress in qualifying practitioners
- The education and advancement in life of the children and dependents of qualifying practitioners.

Typically the fund helps those whose careers have been interrupted by illness, accident or mental health problems, including substance abuse or practice disputes.

Not infrequently individual situations are complicated by the outcomes of local
performance procedures or restrictive conditions imposed by the General Medical Council. Often these barriers can make it all but impossible for a doctor to continue to practise, leading to prolonged periods out of clinical practice, making a return even more challenging.

The fund also provides, in some circumstances, help for GP trainees. Although not able to help every trainee experiencing financial difficulty, the fund seeks to support individuals predicted to complete their training satisfactorily, for example by a programme director, but prevented from doing so by illness, accident or other personal circumstance.

**Assistance at hand**

The trustees of the fund are all experienced GPs, elected on a regional basis. The fund has always greatly valued its close links with the BMA. However, it is independent of the association and therefore welcomes applications from GPs, whether BMA members or not.

Following an assessment of eligibility, the fund may provide a range of assistance from financial advice and support towards living expenses, grants, help with professional subscriptions, assistance with the cost of maintaining professional skills while a GP is not working, through to guaranteed loans during periods of remedial training.

Whenever possible the fund aims to help GPs maintain or re-establish their careers. Sadly, however, this is not always possible and the fund may then pay for career coaching to enable an individual to transfer to an alternative career when possible.

The fund relies on donations, half of which are primarily from local medical committees and individuals.

Particularly in the current environment, the fund is keen to spread the word that it exists and to encourage those who may become aware of GP colleagues in difficulty to alert them to the fund.
If you or a colleague are in need, want to find out more, or even provide a donation, please email the Cameron Fund, visit its website or call (020) 7388 0796.

NICE antibiotic prescribing guidance

Last week NICE (National Institute for Health and Care Excellence) published new guidance on antimicrobial stewardship. It covers the effective use of antimicrobials (including antibiotics), aiming to change prescribing practice to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection.

It is unfortunate that the worthy aims of this guidance were overshadowed and distracted by yet again negative media coverage on GP prescribing behaviour. This followed remarks at a press conference from Professor Mark Baker, director of the NICE Centre for Clinical Practice, to the effect that GPs who persistently prescribed inappropriately could face sanctions including referral to the GMC.

GPC, with Royal College of GPs representatives, subsequently had an urgent meeting with NICE, and this resulted in NICE issuing a clarification press statement explaining that the intention of the guidance is to support, not admonish, GPs and is separate and distinct from the professional standards and responsibilities of the GMC.

GP recruitment figures show no signs of a recovery

Latest figures released by the GP National Recruitment Office worryingly show no signs of an upturn in GP recruitment. For the 2015 GP recruitment round, 632 places are unfilled meaning that around one in five GP trainee places are unfilled. In the North East almost half of GP trainee posts are vacant, with over one in four empty in the East Midlands and around a third unfilled in Wessex, the West Midlands and the North West.
In our **BMA press release**, I stated that these figures ‘lay bare the huge scale of the crisis facing GP services’, and on this basis the Government’s pledge for 5,000 extra GPs during this Parliament will be undeliverable. These statistics add further unarguable evidence to our continued call on ministers to provide a sustained, long-term programme of investment in general practice that gives GP services the ability to cope with rising patient demand and makes it an attractive career option for all medical graduates. This story featured heavily in the media being picked up by BBC news, Good Morning Britain and **the Daily Mail**. The BMA also used it to generate a number of regional letters highlighting the issue locally from myself, GPC deputy chair Richard Vautrey and GPC members Peter Holden, George Rae, David Wrigley and John Canning.

Finally, as always, you can keep in touch with the latest news on [www.bma.org.uk/gpc](http://www.bma.org.uk/gpc).

With best wishes,

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BMA GPs committee chair  
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**GPC in the media — performers list fiasco**

In addition to our coverage on the latest GP recruitment figures released earlier this month, we have this week been drawing attention to a bureaucratic fiasco in Thames Valley and the West Midlands that has prevented new GP trainees from joining local performers list.

This follows on from our work in the Guardian and Independent highlighting our concerns about proposed changes to the GP trainee supplement.

More than 40 GP trainees were suspended from seeing patients for up to three weeks owing to a delay by NHS England in registering them to the performers list, and this is clearly unacceptable. **Our statement** formed the basis of a Pulse story and we have also been highlighting the issue to the local press in those areas.

Growing concerns with the number of GPs looking to move abroad were articulated in the **Guardian**, which quotes Richard Vautrey and profiles Ben Molyneux.
The Metro also highlighted the BMA’s work in pressing the Government to end the unfair death in service pension arrangements, which meant a family were denied a spousal pension of £110,000 because the locum GP in question died on a day they were not working for the NHS. This is an unjust state of affairs that GPC is continuing to lobby ministers to address.