

Practice In Touch

A newsletter from

lincolnshire *lmc*

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PERFORMANCE MATTERS:

Sharing Medical Records

by Dr Kieran Sharrock | LMC MD

The LMC is regularly involved in representing and supporting doctors who have been identified as having "performance" issues. The LMC has identified a number of themes which recur, and this regular feature from our newsletter will highlight these, so that our members can avoid these pitfalls.

In a recent case a patient was identified as being end of life by his GP practice, and was started on the End of Life pathway. The practice discussed the patient's case at their two-monthly palliative care meeting and the community nursing team and St Barnabas were informed of the patient's condition.

The patient deteriorated and later required input from the community nursing team and St Barnabas. When this happened in the out of hours period, the community teams were unable to access the patient's record, or see information in the Care Portal, due to the "consent to share" being set as "explicit dissent to share". This meant that the community teams had to work without adequate information about the patient.

The patient's family later complained about the service provided, and that they and the patient had never dissented to their records being open, and they could not remember being asked.

When the complaint was reviewed, a number of learning points were discussed

- Where a patient is identified as frail or end of life it is in their best interests for all health and care services to have access to their records, so this should be reviewed
- Use of the Electronic Palliative Care Coordinating System (EPaCCS) template in clinical systems prompts for consent to be gained to share records, and allows for consistent communication between care providers
- The practice had set all its patients to explicit dissent to share, this is not appropriate
- Caldicott Principle 7 states "*The duty to share information can be as important as the duty to protect patient confidentiality. Health and social care professionals should have the confidence to share confidential information in the best interests of patients.*" Thus if we feel that it is in the patient's best interest we can share their data even if they have dissented for us to do so

Following this case the LMC advises practices to

- Review their frailty and End of Life registers and ensure that the appropriate sharing options have been enabled for the patients
- Use the EPaCCS templates for End of Life patients

INTRODUCING...

Lincolnshire LMC Hot Topics

Podcast

by Dr Lucy Dodington-Boyes | LMC GP Fellow



the
lincolnshire lmc*
HOT TOPICS
PODCAST
@IAMLUCYGP

You can find short, audio-only conversations on experiencing burnout, self-harm awareness for GPs and our new three-part series on time management.

Perfect for on the go listening!
[Subscribe](#) to be notified when we release new content.

GP PARTNERSHIP REVIEW; TWO YEARS ON

by Dr Kieran Sharrock | LMC MD

Lincolnshire LMC have recently run online sessions for people who want to know more about GP partnership. One of these sessions was about The Partner as Leader, and we were lucky enough to be joined by Dr Nigel Watson MBE, who is the Chief Executive of Wessex LMCs. Nigel was also independent chair of the national Partnership Review on behalf of Department of health and Social Care, NHS England, RCGP, and BMA, which was published in January 2019.

Nigel's discussion is available to watch on the LMC website if you would like to watch this now. After the session we received some questions from the audience, one of which was "Two years on from the Partnership Review, what has gone well, and what more needs doing?" Nigel has provided an extensive answer which we thought we would summarise for you.

What did the Partnership Review find and recommend?

The key issues identified were:

- **Workload** too great
- Working day has become longer more **complex** and work more **intense**
- **Workforce** - demand exceeds capacity
- **Risk** of being a partner perceived as being too great
- General Practice given a lower **status** to hospitals – funding, status, and influence in the system
- **Digital** development to support general practice required

The Review had seven main recommendations

- **Recommendation 1:** There are significant opportunities that should be taken forward to reduce the personal risk and unlimited liability currently associated with GP partnerships.
- **Recommendation 2:** The number of General Practitioners who work in practices, and in roles that support the delivery of direct patient care, should be increased and funded.
- **Recommendation 3:** The capacity and range of healthcare professionals available to support patients in the community should be increased, through services embedded in partnership with general practice.
- **Recommendation 4:** Medical training should be refocused to increase the time spent in general practice, to develop a better understanding of the strengths and opportunities of primary care partnerships and how they fit into the wider health system.
- **Recommendation 5:** Primary Care Networks should be established and operate in a way that makes constituent practices more sustainable and enables partners to address workload and safe working capacity, while continuing to support continuity of high quality, personalised, holistic care.

Continued Overleaf...

GP PARTNERSHIP REVIEW, TWO YEARS ON, Continued...

- **Recommendation 6:** General practice must have a strong, consistent and fully representative voice at system level.
- **Recommendation 7:** There are opportunities that should be taken to enable practices to use resources more efficiently by ensuring access to both essential IT equipment and innovative digital services.

How well have the recommendations been implemented?

R1- Reducing risk

- **Indemnity:** Clinical Negligence Scheme for GPs has significantly reduced indemnity risk
- **Increased numbers of partners** since the Partnership Review, partly due to some of the changes introduced as a result of the Review, has reduced individual risk for partners
- **Premises:** Premises Cost Directions have not been published. The hoped for “Armageddon clause” which would allow NHS bodies such as CCGs to take over premises from partnerships if requested may or may not be in the new PCDs
- **Limited Liability Partnerships or Limited Companies:** if LLPs or Ltd companies could hold GMS contracts this would help, and this is still being looked at by BMA and DHSC

R2- Increase GP numbers

- **GP Fellowships and New to Partnership Scheme:** both introduced in 2020 and taken up by many early years GPs
- **Leadership:** Many PCN Clinical Directors are middle years GPs and are being funded and supported to develop leadership roles
- **GP retainers and GP Mentors:** New scheme to employ experienced GPs as formal mentors for early years GPs has been rolled out and many experienced GPs have taken up this role.

R3- Increase other workforce in general practice

- **Additional Roles Reimbursement Scheme-** significant investment in non-GP workforce has come through the ARRS.
- **Community Team Alignment-** Community teams now aligned to PCNs, and likely to increase integration with proposed legislative changes.

R4- increased time in general practice during medical training

- **Increased medical school places:** this has happened, including Lincoln Medical School
- **Increase GP training time:** now GP trainees time in practice increased from 20 to 24 months

Continued Overleaf...

GP PARTNERSHIP REVIEW, TWO YEARS ON, Continued...

R5- Reduce bureaucratic workload and share workload across PCNs

- **PCNs** have been developed since April 2019, though may not be sharing workload yet
- **Address primary secondary care interface:** no significant improvement, and pandemic has seen a regression in the progress previously made
- **Capita:** slow progress, but problem has been recognised by Government
- **CQC:** simplification of inspections and lighter touch reviews have been implanted
- **Appraisals:** lighter touch formative appraisal introduced

R6- Representative voice at System level

- **General Practice to be recognised as a specialty-** being considered by GMC
- **General Practice to have representation at ICS/STP level-** awaiting publication of new legislative proposals for ICSs (due mid-February), but PCNs and LMCs

R7- Improve general practice technology and digital offer

- **Multiple digital improvements** have occurred due to pandemic pressures: remote working, video consultations, video conferencing for meetings, virtual ward rounds, remote monitoring etc

Nigel concludes:

- that to make the partnership model more attractive general practice has to be a better place to work
- Without general practice the cost of healthcare will increase significantly
- With an ageing population and more people with long term conditions, the challenges will increase significantly in the future – failing to act now will lead to a major crisis in the future
- General practice needs significantly more resources to help manage patients in the community
- There needs to be a clear vision for general practice and its role in a new and evolving NHS

There has been significant progress but the areas which still need work are

- Premises Cost Directions
- Allowing LLPs and Limited Companies to hold GMS contracts
- Primary secondary care interface
- Capita and practice payments
- General practice as a specialty
- General practice role in ICS

Drug Tariff to go digital from April 2021

By Kate Pilton | LMC COO

From April 2021 the Drug Tariff will no longer be printed and distributed as a paper document. It will continue to be published on a monthly basis online via the NHSBSA website.

You can also register to receive a monthly email

with a link to the publication. To sign up for the monthly Drug Tariff email, email: nhsbsa.drugtariff@nhs.net



take-30

AND LET'S TALK

Not quite 100% but can't quite put your finger on what is wrong? In need of a break but not able to switch off?

You don't need to wait until you feel overwhelmed; talking things through can help to let off steam and release that build-up of pressure.

It may feel small and insignificant at first but locking your feelings away can lead to feelings of being overwhelmed and out of control.

DON'T JUST STRUGGLE ON

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A New Balint Group in Lincolnshire

by: Dr Lucy Dodington-Boyes | LMC GP Fellow

Have you ever heard of Balint groups?

Do you want to find out more or join a new group?

Following a recent virtual RCGP Vale of Trent virtual Balint event, Lincolnshire LMC in conjunction with RCGP Vale of Trent and the Balint Society are creating a Lincolnshire Balint group for local clinicians.

This will be a monthly virtual group involving 6-8 clinicians working in primary care in Lincolnshire and is open to trainee doctors, ANPs, and GPs.

Balint is about exploring and understanding the emotional content of the doctor-patient relationship. The name comes from psychoanalysts Michael and Enid Balint, who began work in the 1950s to help General Practitioners reach a better understanding of the emotional content of the doctor-patient relationship and to improve their therapeutic potential.

In addition to exploring and understanding the emotional content of the doctor-patient relationship; this is also a good opportunity to meet new colleagues and build a wider support network.

Find out more from the Balint society [The Balint Society](https://www.balintsociety.co.uk/)

To express interest in joining the group and to find out more please contact info@lincsllmc.co.uk

A banner for Lincolnshire LMC. It features a dark teal background. On the left, there is a white cup of coffee on a saucer with a plant. On the right, there are several green pencils. In the center, the text 'lincolnshire lmc' is written in a white, cursive font. Below this, the text 'boost your learning with our free webinars' is written in a white, sans-serif font. At the bottom right, there are social media icons for Facebook and Twitter, followed by the hashtag '#lincsllmclearning'.

Our recorded webinars are short, high impact, educational sessions. They are a great opportunity to complete CPD at your convenience without needing to take a lot of time out of your day. Lincolnshire LMC have been building a library of recorded sessions for GPs, Practice Managers and other Practice Staff covering topics such as Cardiology, Dermatology, Dementia, Safeguarding and much more. New videos are being added on a regular basis and if you would like to see a particular topic being covered please let us know, email: info@lincsllmc.co.uk

Lincoln Medical School

Universities of Nottingham and Lincoln

Lincoln Medical School

University of Lincoln

Brayford Pool

Lincoln LN6 7TS

medicine@lincoln.ac.uk

Dear Colleague,

We are writing to ask for your support for our enthusiastic second years (78 students) who are very keen to gain some additional clinical experience once the impact of Covid-19 has reduced.

Many of our students are keen to develop links within the clinical community, and this would also provide a fantastic opportunity to start to develop links with interested clinicians in advance of launching our new clinical-phase curriculum for our students in February 2022. We would therefore like to work with you to develop a 'Clinical Experience Week' as a series of one-day clinical observerships. We propose that this would take place w/c 21st June 2021.

During the first two years of their course the students have already gained clinical insight into illness through a series of case studies (led by clinicians), seminars led by GPs, and clinical visits to primary and secondary care.

We hope that you are interested and willing to support this scheme. We hope that being able to showcase your speciality will be a very uplifting experience. Their enthusiasm usually knows no bounds, and they cannot speak highly enough of these placements for which they are extremely grateful. Like so many things, it is experience in the formative years that often shapes people's futures, and you can be instrumental in supporting our future generation of doctors.

Please complete and submit the Expression of Interest form available via this Microsoft Office link [here](#) **by Friday 12th March 2021**. If we get enough doctors on board then it would be possible to have the students for a session (morning or afternoon), and in that way the students get a broad experience of multiple specialities/areas of work to maximise their experience. When we get an idea of numbers then we will get back to you with confirmation of which day/session you need to have students, and any additional information you may need.

If you personally would like to take students, but there are organisational issues in accommodating them in your specific work areas, then please still get in touch via email medicine@lincoln.ac.uk and we will do our utmost to see what we can do to overcome any obstacles.

Thanking you in advance for your support.

Best wishes

Dr Runa Saha MBChB MRCGP FHEA

Director of Early Clinical Professional Development

Community Clinical Sub Dean

Dr David O'Brien

Director of Admissions, Lincoln Medical School

Clinical Associate Professor of Medical Education

Honorary Consultant Interventional Cardiologist



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ON SOCIAL MEDIA**

  **@LINCOLNSHIRELMC**

We are on Facebook and Twitter and post regular updates about Lincolnshire LMC educational events, job vacancies and free CPD for clinicians.

Follow us to keep up to date:

[Twitter @LincolnshireLMC](#)

[Facebook @LincolnshireLMC](#)

Advice and Guidance: Authorising conversion to a referral

by Dr Kieran Sharrock | LMC MD

When we request advice and guidance from a specialist, the specialist may decide that the patient needs to be seen, and thus will want to convert the A&G to a full referral. In the past the specialist had to request that the GP practice re-refer using the electronic referral service (eRS).

We can now miss this bureaucratic step by authorising the specialist to convert A&G to referral if need be. This has to be done within eRS when the original referral is made. To allow this to happen the clinician, or administrator, must include enough clinical information for the specialist to accept the A&G as a referral.

The process for authorising the A&G to be converted to a referral is shown in a powerpoint presentation which can be found on [our website](#).

Have you signed up to the Shiny Mind App?



The ShinyMind app is a uniquely interactive tool developed specifically for the NHS that improves wellbeing, resilience and teamwork. It's proven to help reduce the stress and anxiety of everyday life, leaving people feel happier and more productive. The app's foundation is built on a blend of science and research carried out by leadership psychotherapists into what makes people feel better, teams work better and ultimately sees organisations perform better.

The Shiny Mind app is fully funded by Lincolnshire Training Hub and is available free of charge to ALL General Practice staff in Lincolnshire.

Sign up for the app here:

<https://forms.gle/7VW5FiMLHtNDhWee9>

"It's really difficult to quantify how helpful I find the ShinyMind app. If I thought it was great previously..... it has been invaluable during COVID. I can dip in any time and find someone that appeals or helps me ground and rebalance and find some quiet space in my mind. I'm not sure what I expected from the App having not used something like this before but I find myself using it frequently and it makes me smile. I love telling colleagues about to so they can get it too and I have noticed that I have started to be kinder to myself and less critical."

Clinical Director, NHS Primary Care

IMPACT

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Mentoring & Coaching Can Benefit You And Your Organisation In Many Ways

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 - Build your confidence

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Email: info@lincslmc.co.uk

Visit: www.lincslmc.co.uk/impactlincs

Midazolam Shortage:

Notification of medicines supply shortage of midazolam 10mg/2ml solution for injection ampoules.

by Dr Lucy Dodington-Boyes | LMC GP Fellow

A medicine supply notification found [here](#), has been circulated regarding midazolam. There are limited stocks of midazolam 10mg/2ml solution for injection ampoules available until April 2021. This particularly affects paediatric intensive care but also has impacts on palliative care.

Specific advice for primary care suggests that practices should continue to order midazolam 10mg/2ml solution for injection ampoules in line with current demand for palliative care and are advised not to over order during this time. Additionally, when clinicians are prescribing midazolam 10mg/2ml as an anticipatory medication they should review the amount required in order to ensure timely access with the impact of increased demand on the medicines supply chain in light of the limited stock.

More information will be circulated as it becomes available.

Flu Vaccination Orders & Reimbursement

By Kate Pilton | LMC COO

We are aware that prior to the publication of the flu letter for the 2021/22 programme, some practices had already placed orders for QIVe vaccines for their 18-64 year old cohort, and are now struggling to change their orders to QIVc as set out in the flu letter.

NHS England and NHS Improvement have now confirmed that, given that QIVe is still recommended for the 18-64 at risk cohort, practices should feel confident that they will be reimbursed for any QIVe

administered to this group over the 21/22 season if unable to change their orders.

[NHSBSA](#) has also published information for practices administering flu vaccines, about claiming for reimbursement, completing end of season 2020/21 flu vaccine declaration, and guidance around NHSBSA's post payment verification process.

Amended QOF SFE 2020/21

By Kate Pilton | LMC COO

The Department of Health and Social Care has now published the amended [QOF SFE for 2020/21](#). The QOF guidance will be published this week.

Upcoming LMC Events Available :

- **Handling Complaints: BOOKINGS OPEN!**
This event is open to anyone working in General Practice who handles complaints. Taking place on Wednesday 21st April 15:00-17:00hrs
- **SystmOne Training: BOOKINGS OPEN!**
Part 1: Reporting - Thursday 15th April
Part 2: Clinical Templates - Thursday 22nd April
OR
Part 1: Reporting - Thursday 10th June
Part 2: Clinical Templates - Thursday 17th June
- **GP Contract Changes 2021/22 Update for Practice Managers: BOOKINGS OPEN!**
An opportunity to ask questions about the recent GP Contract Changes on Thursday 6th May at 11:00hrs

Lincolnshire LMC also have a range of courses now taking bookings. Most courses remain virtual however some face to face training has been introduced due to clinical needs.

We also have a number of courses in the pipeline which will be added to the LMC website in due course.

Go to the [Lincolnshire LMC Website](#) to view the details of all LMC Training & Events and to book.

Immunisation Updates 2021

By Rosa Wyldeman | Lincolnshire LMC

Lincolnshire LMC Development Centre has taken pride in ensuring that every immuniser working in Lincolnshire General Practices has the opportunity to access Immunisation and Flu update training.

With the introduction of e-learning and having listened to feedback from practices, it has become apparent that there are alternative immunisation training solutions available for free.

The Lincolnshire LMC is keen to ensure that funding for training is put towards training that is most needed rather than duplicating training that is already available. We are also very aware of the value of getting different groups together to discuss best practice and ask questions and are keen not to lose that aspect of learning.

With this in mind, this year, Lincolnshire LMC recommend that all immunisers complete all the relevant e-Learning For Health modules for the

[Immunisation Programme](#) and [Flu Immunisation Programme](#) once they have been updated for the 2021/22 season. The [e-Learning For Health website](#) is updated every year for the new flu season and provides update training programmes that have been developed in line with the [PHE National Minimum Standards](#).

To ensure that Lincolnshire General Practices continue to maintain high training standards, in addition to the e-LfH training; Lincolnshire LMC will be offering one place per practice for a lead immuniser to attend virtual face to face Immunisation Update Training, (including flu & childhood immunisation updates), with the intention that they will return to their practices to have those all-important group discussions regarding best practice with their immuniser teams and to share what they have learnt.



Vacancies in Lincolnshire General Practice

All practice vacancies can be viewed on the [LMC website](#)

The Welby Group

Nurse Practitioner/ANP/ECP

Email: Jodie.knight@nhs.net

Welby Group

Salaried GP Vacancy

Email: jodie.knight@nhs.net

Brant Road & Springcliffe Surgeries

Salaried GP

T: 01522 724411 | E: kirstie.fox@nhs.net

Beachfield Medical Centre

Practice Business Manager

T: 01775 765754 | E: j.babu@nhs.net

Sleaford Medical Group

Healthcare Assistant

T: 01529303301 | E: miriam.greenslade2@nhs.net

Hibaldstow Medical Practice

Part-time GP

E: david.baty@nhs.net

The Glebe Practice

Salaried GP or Partnership

Tel: 01522 706901 | Email: smaddison@nhs.net

The Glebe Practice

Chronic Disease Practice Nurse

Tel: 01522 706901 | Email: smaddison@nhs.net

If your practice has a vacancy that you would like the LMC to advertise, please email info@lincsLMC.co.uk.

Please include all the details of the vacancy, a closing date where possible, and relevant contacts. You can also include a picture or practice logo to make your advert stand out.

Vacancies will be advertised on the [LMC Website](#) and in future LMC Newsletters.

REMOTE FIT NOTES - Please Remember To Sign

By Kate Pilton | LMC COO

DWP has asked us to remind GPs that as per previously agreed guidance they will accept fit notes that are printed, signed, scanned and be mailed to patients. This advice has also been given to employers, who should also be accepting signed, scanned and emailed fit notes. However, DWP is receiving a significant number of unsigned fit notes which they cannot accept and this results in inconvenience for both patients and GPs. We would therefore remind GPs that fit notes must be signed.

Contract Value Increases

By Kate Pilton | LMC COO

GPC have now confirmed the various contract values for 2021/22 as follows:

- Global sum will increase by £3.82 (4.1%)
- Staff uplift will increase by 2.1%
- QOF point value will increase by £6.33 (3.3%) to £201.16
- Out of hours adjustment will increase by £0.14 (3.0%) to £4.59

LMC Statutory Levy

By Kate Pilton | LMC COO

The LMC statutory levy will rise by 3p per patient per annum, from 40.7p per patient to 43.7p from April 2021. This is the second increase to the statutory levy for 9 years & is still well below the ceiling of 80p per patient. For an average size practice of 8000

patients this will result in an increase of approximately £13.97 per month. All LMC levies are tax deductible expenses so the effect that paying it has on GP Partners is less (usually 40%) than the headline figure.

UPDATED GMC GUIDANCE ON PRESCRIBING

By Dr Kieran Sharrock | LMC MD

GMC has published [updated guidance on prescribing](#) which includes updates regarding remote consulting and prescribing.

There is specific guidance that

- doctors should not to prescribe controlled drugs unless they have access to patient records, except in emergencies
- information sharing whilst making prescribing

decisions is vital, making it clear that if a patient refuses consent to share information with other relevant health professionals it may be unsafe to prescribe

- the GMC's updated decision making and consent guidance, highlights the importance of good two-way dialogue between patients and doctors in all settings, especially when making prescribing decisions

External CPD Opportunities:

GP Clinical Supervisor training

If you are working as a partner or salaried GP in an existing training practice, don't wish to become an educational supervisor yet, but are keen to help out with the GP Specialty training by doing debriefs, giving feedback and carrying out assessments, why not consider doing the Clinical Supervisor course? This runs over one and a half days, is free to participants, and is an excellent introduction to medical education. For further information [CLICK HERE](#)

Vale of Trent: Safeguarding Level 3 Adults

Click [HERE](#) to view details. Online via Zoom on Thursday 22nd April at 12:30-16:30hrs. Max of 30 delegates

Spire free primary care online education programme:

Date	Topic	Time	Registration Link
7th April, 7.00pm	LFT's	7.00-8.00pm	https://spirehealthcare.zoom.us/j/88213865715
13th April, 7.00pm	Management of Heart Failure in Primary	7.00-8.00pm	https://spirehealthcare.zoom.us/j/81075567034
19th April, 6.30pm	Interventional & Spinal Radiology	6.30-7.30pm	https://spirehealthcare.zoom.us/j/83407206785
27th April, 6.30pm	Colonoscopy: Red Flags & When to refer	6.30-7.30pm	https://spirehealthcare.zoom.us/j/85178605506
5th May, 6.30pm	Dermatoscopy: Step by Step Tutorial	6.30-7.30pm	https://spirehealthcare.zoom.us/j/82961196712
27th May, 6.30pm	Achilles Tendon update	6.30-7.30pm	https://spirehealthcare.zoom.us/j/88999408241
2nd June, 6.30pm	Endometriosis Update / What's new in Sexually Transmitted infections and HIV	6.30-7.30pm	Save the date - Registration opening soon

GP Infertility Update: Virtual conference on 29th April 2021. Chaired by Prof. Robert Winston with talks from other fertility experts. £180 for GPs £166 for Trainees & Nurses. For further information or to register go to: www.symposia.org.uk

Improving cardiovascular outcomes in type 2 diabetes with SGLT2 inhibitors: what is the role of the cardiologist? with Dr Bala Srinivasan on behalf of Boehringer-Ingelheim. Wednesday 17th March 2021 at 19:00-20:30hrs Click [HERE](#) to join the meeting.

Useful Links:

- ◆ [Latest LMC Buying Group Update](#)
- ◆ [Lincoln Medical Society](#)
- ◆ [Sessional GPs e-newsletter](#)
- ◆ [Lincolnshire Training Hub](#)
- ◆ [E-Learning for Health \(e-LfH\) Programmes](#)
- ◆ [NB Medical Education](#)
- ◆ [GP Weekly Bulletin \(England\)](#)
- ◆ [GP Trainee Newsletter](#)
- ◆ [Practice Manager Association News](#)
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