



January 2025 Newsletter

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GPs in ARRS: A Sticking Plaster We Need to Peel Off?

When the Additional Roles Reimbursement Scheme (ARRS) was introduced as a cornerstone of the Primary Care Network (PCN) Directed Enhanced Service (DES), its “Additional” aspect came with a clear caveat: the funding could not be used to employ GPs or practice nurses. For many, this restriction was frustrating.

While PCNs have benefited from the diversity of roles the scheme has brought since its inception, it has also deepened an uncomfortable paradox: GP unemployment persists even as practices face crippling shortages and newly qualified GPs struggle to secure substantive roles. The result? Rising anxiety, career uncertainty, and a brain drain as talented young GPs seek better opportunities abroad.

This exclusion of GPs from ARRS was, in many ways, a powerful symbol—a soundbite that resonated with NHS leaders, politicians, and patients alike. It starkly illustrated the constraints on practices: funding was available to hire staff, but not the GPs we so desperately needed. Patients could understand the issue easily: the NHS itself was preventing practices from employing the doctors they rely on most.

Yet, as the saying goes, be careful what you wish for. GPs are not “additional” to general practice—they are its core. Opening ARRS funding to GPs was bound to be seen as an easy political win, and in October, Wes Streeting announced an £82 million injection into the scheme to fund 1,000 new GP roles. But there was a catch: these had to be new GPs—within two years of qualification and not previously employed in a substantive practice role. It was not the systemic solution we hoped for but rather a short-term fix: a sticking plaster on a deeper wound.

The rollout has been fraught with challenges. Uptake has been limited—barely 100 full-time equivalent (FTE) roles have been filled to date, prompting NHS England to remind practices last week that the funding remains available. In discussions at our LMC Committee meeting last Thursday however, the human cost of both the GP unemployment crisis and this rushed solution came into sharp focus.

Practices expressed deep concerns about the scheme's long-term impact, particularly for the young or new doctors it aims to support. These roles, often spanning multiple practices, risk depriving new GPs of the patient continuity that lies at the heart of general practice. Members voiced frustrations over the scheme's short-termism, with some practices resorting to topping up the funding themselves to make the roles more appealing. Yet many positions remain unfilled, raising fears that unspent funding may be clawed back and diminishing the perceived urgency of addressing GP shortages.

Most troubling, though, were the voices of those eligible for these roles. Our co-opted registrars on the committee spoken candidly about feeling exploited by a national policy that prioritises temporary fixes over sustainable solutions. This echoes correspondence that we have received into our office from local registrars anxious about their futures. They describe a lack of value and respect, seeing these roles as an inadequate foundation for their careers. Those on international visas face additional challenges with the scheme exacerbating inequalities. For some this might mean that they are forced to leave the UK.

What these new GPs want—what general practice needs—is a sustainable funding model that fosters stability, commitment, and continuity. These doctors have worked tirelessly to qualify, and they deserve to be welcomed into the profession on terms that reflect the value of their training and dedication. Practices, too, need funding mechanisms that allow them to bring in new GPs as part of the team's core, not as temporary stopgaps.

ARRS funding for GPs is a sticking plaster. It can stem some of the bleeding and keep the wound clean for now, but it cannot heal the underlying injury. At some point, we must grit our teeth and peel it off. It's time for the government to show us how they will address the root cause of our staffing crisis so that we can focus on building the sustainable future our profession desperately needs.

Concerns regarding the GP Role in the ARRS Scheme

In response to the concerns that have been so thoughtfully shared with us, the LMC has prepared the following letter to be sent to both the DHSC and NHS England. This will be sent from the LMC Chair and we will share any responses received.

Cambridgeshire LMC wishes to express its deep concerns regarding the GP role in the Additional Roles Reimbursement Scheme (ARRS) and its impact on GP registrars and newly qualified GPs. Our committee, representing all GPs across Cambridgeshire and Peterborough, has received first-hand accounts from registrars across the county who are distressed by the limited employment opportunities available to them upon qualification.

The inclusion of newly-qualified GP roles in the ARRS has had significant unintended consequences for this group. The scheme has set a grossly inadequate salary for these GPs, further devaluing salaried GP positions. Additionally, the lack of integration into individual practices deprives newly qualified doctors of the essential support needed for their professional development and growth.

International Medical Graduates (IMGs) have been particularly affected, as many require visa sponsorship to continue working in the UK. Peterborough has a high number of IMGs, many of whom have traditionally remained in the area to serve its deprived population. However, we are now hearing from registrars who are unable to find roles which will support them to remain.

Furthermore, there is a cohort of early career GPs who are ineligible for this scheme. Many of them are struggling to find sufficient work and feel unfairly disadvantaged by NHS England (NHSE) and the Department of Health and Social Care (DHSC).

In light of these concerns, we urge NHSE and the DHSC to urgently review the GP role in the ARRS and its well-intended but damaging consequences. We strongly recommend that future funding be allocated at the practice level, ensuring that all newly qualified GPs have equal access to the support necessary for professional development. This approach will help build a sustainable and resilient GP workforce for the future.

C&P Draft Strategic Commissioning Plan

The ICB recently set out its [draft strategic commissioning plan](#) in its public board papers. This high level plan is an extension to the work on the health utilisation plan (new care models) and digital enablers plan that we saw taking shape last year. Described as an evolutionary shift, it sets out some ambitious system changes using data as a driver to improve health outcomes.

Your LMC and PCN Clinical Directors met with the ICB last week to hear more details around the plan and to understand the implications for the future of general practice. Our ICB colleagues had the opportunity to hear some wide-ranging concerns from a strong primary care voice. They were challenged to recognise the important role that general practice plays in Cambridgeshire and Peterborough including the crucial benefit of knowing one's practice population with continuity saving lives.

It was reassuring to hear from the ICB of their commitment to work with the LMC and wider primary care voice going forward. They are in agreement that these remain high level plans which are aspirational but as yet lack clarity over any detail. Your representatives reminded the ICB, going forward, that these plans will need flexibility and adaptation taking into account the wealth of knowledge and experience across general practice in Cambridgeshire and Peterborough as to knowing what really works for their populations and what doesn't. They have committed to doing so.

In theory evolutionary shifts allows for transformation, often resulting in new and improved circumstances. However, there are some inherent risks. We must avoid the unintended consequence of the extinction of general practice and continue to remind the system of the importance of keeping general practice at the core of any changes.

Published this week...

There's been a range of strategic and policy documents published this week by both the Department of Health and Social Care and NHS England, including the much awaited planning guidance which steers ICB priorities and funding decisions. Links are shared below.

We'll digest the content and give time for the LMC committee to consider in light of the ICB's vision and [draft strategic commissioning plan](#) for Cambridgeshire and Peterborough. We will feedback to you on what we understand this to mean for local general practice and the services you provide each day.

In the meantime, we'd love to hear thoughts and comment from constituents via office@cambslmc.org or via the Whatsapp Link to help us shape our responses and understand the likely impact in your practices.

Links below to the following:

- NHS England's 2025/26 priorities and operational planning guidance: [here](#)
- NHS England's neighbourhood health guidelines 2025/26: [here](#)
- The Road to Recovery - the government's 2025 mandate to NHS England: [here](#)

Feedback from the Chair: Why Collective Action Matters

As your GPCE representative, I recently attended a GPCE meeting where colleagues from across England shared updates on collective action in their areas. In some regions, practices have handed back a significant amount of work and are actively collaborating with their ICBs to find solutions. It is clear that collective action has been a powerful catalyst for these discussions—and Cambridgeshire and Peterborough are no exception.

As an LMC, we are encouraged that after many practices submitted notices to hand back PSA monitoring, our ICB is working hard to find solutions. We will continue these discussions, but we urge any practices that have not yet taken action to review our PSA monitoring hand-back templates and consider doing so.

It's a positive start, and we are considering other areas of unfunded work that have been shared with us and that are being identified through closer scrutiny of the work that passes across the interface.

Constructive interactions over the Interface

In these highly challenging times, and not least with the full force of winter pressures upon us, the issues we have with the interface between general practice and other parts of the system (especially secondary care) can feel ever more frustrating.

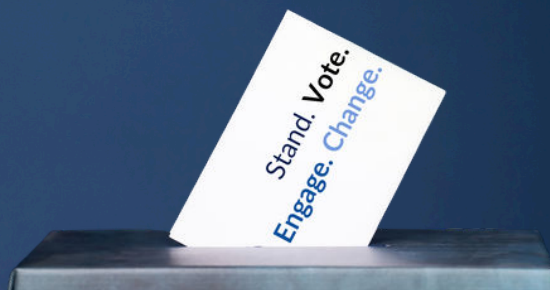
As you are aware the LMC has a series of pushback letters that we encourage GPs to use to correctly return/redirect work to where it is properly commissioned, or to identify where gaps in that commissioning are evident. We very much support this approach in the office and believe it's very necessary to ensure the correct funding and use of our very valuable general practice services. We also support the BMA's list of Collective Actions and have advised practices on ways to act upon them in the local context.

Inevitably, these actions lead to communications between general practice and other services that can be seen as frustrating or difficult. At an individual level, it is often unwelcome to have a transfer of care declined, or a request for further actions, especially on a busy day, and GPs are no strangers at all to this!

We've been made aware - on both sides - that there has been some correspondence of late within the system that has been viewed by the recipient as unprofessional, unfair, or needlessly unpleasant. This can feel especially acute when correspondence is copied to a patient.

We will always advise, support and represent on behalf of GPs if they feel they have been on the receiving end of such communication. We would also ask colleagues to be mindful of tone in any letters they write, or calls they make. The GMC has made clear statements about professionalism in communications, and the written word especially persists forever. This is especially important at times of great stress for us all. We'd also remind colleagues that we are always ready to lend a supportive ear and provide pastoral care to our members if they feel they need it.

Cambs LMC Committee Election 2025



- Are you a Partner, Sessional, or Locum GP, on the Medical Performers' list in Cambs & Peterborough?
- Do you feel passionately about advocating on behalf of, and protecting local general practice?
- Would you like to be part of the statutory representative voice for Cambs & Peterborough GPs?
- Would you like to be one step ahead with key local & national issues among a dynamic committee?
- Could you help shape the future of Cambridgeshire & Peterborough general practice?

Then you should nominate yourself for election to Cambs LMC

In March, we will be holding our bi-annual Election for twelve of the Committee seats. As Chair, I wanted to use this opportunity to reach out, and ask you to consider joining us.

Cambs LMC is an organisation that supports, represents, and advises all GPs across the county, regardless of contractual status. There are 24 committee members with 3 registrars who are supported by a fantastic executive team.

We meet 9-10 times per year on a Thursday afternoon, with the occasional virtual, but our members prefer to meet face to face. Meetings are funded, along with your mileage.

We confidentially discuss a wide range of topics affecting both local and national general practice. Currently, we have excellent representation from partners, sessional, and locum GPs, which we want to continue. The committee is especially welcoming, describing themselves as the LMC family, we are supportive of each other and nurture new members with a mentoring programme.

Above all, we value the safe space we create to hear and respect each other's views. It is vitally important that Cambs LMC remains truly representative of general practice across the county, and to do that we need new voices.

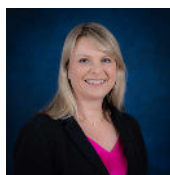
Could that new voice be you?

If you or any new GPs - partners, salaried GPs, sessional colleagues or locums are not on our distribution lists, please contact us office@cambslmc.org and we will add you to our electoral roll.

You will receive the 'Notice of Elections' email into your inbox on **Tuesday 4 February 2025**.

Follow the steps to nominate yourself - you will need the names of two supporting GP colleagues. Don't forget to ask your colleagues to vote for you when the election is open - and good luck!

If you would like any more information, please email me Diana (Chair) diana@cambslmc.org or Alice (Interim Chief Operating Officer) alice@cambslmc.org with any questions.



Diana

Dr Diana Hunter - Cambs LMC Chair

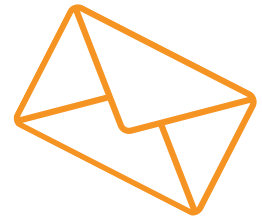
Notice of Election:	Nominations Close:	Voting Opens:	Voting Closes:
4 February 2025	25 February 2025	4 March 2025	25 March 2025

Cambs LMC Committee Election 2025



**ARE YOU A GP, WHO WORKS IN GENERAL PRACTICE IN
CAMBRIDGESHIRE & PETERBOROUGH?**

DO WE HAVE YOUR UP TO DATE EMAIL ADDRESS?



What is Cambs LMC?

Cambs LMC is the independent, collective professional voice of Cambridgeshire & Peterborough General Practice, funded by GPs for all GPs. We urge you to get in touch with us if in need of representation, support or advice. Visit our website for more information: <https://www.cambslmc.org>

Cambs LMC Committee Election

We operate an election process bi-annually and invite each and every constituent GP who lives and/or works within Cambridgeshire & Peterborough to consider standing for election to the Committee.

The next election process starts in **February 2025** and will start by us emailing every constituent GP asking them to consider standing to join the diverse voices that reflect the local profession on your Committee.

This will be your opportunity to become a part of that representative process and by standing for election to the Committee, you can help make a personal difference to all your colleagues, at a time when strong leadership is vital, both locally and nationally.

If you know of any GP colleagues who have not heard of us, don't know who we are or what we do, or if they are not receiving our communications, please put them in touch with us, we'd be delighted to hear from them office@cambslmc.org.

Requests for Medical Information from Private Providers

The recent proliferation of private on-line providers prescribing treatments for weight loss and hormonal conditions, has led to a number of practices contacting Cambs LMC for advice.

Many providers are requesting that practices undertake a review of a patient's notes to check there are no contraindications to their prescribing. This, by default, means that a practice takes responsibility for prescribing initiated by other organisations.

Please see our full guidance on our website which includes a template letter for your use: <https://cambslmc.org/guidance/clinical-prescribing/weight-loss-medication/>

Shared Care

We receive many queries about shared care arrangements; not least about those requested by private or NHS Right-to-Choose providers. At a time of great pressure on services, where more and more patients are seeking alternative routes to diagnosis and care, practices are getting more and more requests, and we thought it would be useful to offer a brief refresher on this.

Please see our website guidance which goes into more detail on key points to consider and what safety measures practices can put in place ie, creating their own policies around shared care agreements: <https://cambslmc.org/guidance/clinical-prescribing/shared-care/>

LMC Buying Group Recruitment Support

The LMC Buying Group understand that recruitment is often an expensive and time-consuming business, so they created an eye-catching, easy to use recruitment page where any registered member can post their clinical and non-clinical vacancies at no cost. They also offer practices the opportunity to feature their vacancies with a featured package which comes at a small fee.

What they offer:

As well as posting the job on their website, they also highlight any new job posting at least once across their social media platforms. This is a free service to any member practice interested in expanding their vacancy reach beyond their region.

They have also introduced a 'Featured Job' option for those members that want to draw more attention to their advert. The featured role will appear at the top of the Jobs page in a bright colour and be highlighted on their social media channels each week for a month. This service only costs £50+VAT.

To place an advert, visit the Jobs page and upload your vacancy using the application form template here. If you choose the Featured Advert option, they will send you an invoice once the advert has been posted online.

See more here: <https://cambslmc.org/lmc-buying-group/>

► Update from GPC England

It may appear quiet on the GPCE front, while we are focused on negotiations with Government, DHSC and NHSE, which we anticipate will conclude next month. The Secretary of State, Wes Streeting wrote to me last week, and I shall be meeting the Minister for Primary Care, Stephen Kinnock later this week.

Government is well aware of the upcoming Special England LMC Conference on Wednesday 19 March to focus on potential 'escalatory steps needed to ensure the survival of what still remains of English general practice' (further details below), and the lack of GP employment opportunities. The Special Conference is also to consider the 2025-26 offer from the DHSC / NHSE. The key milestone however, was always going to be the Spring 2025 three year spending review – Treasury's instruction manual for planned costs between now and 2028. This is where, together with the [NHS Ten Year Plan](#), we need to see practice resource restoration set out and a new substantive contract for practices across England, as iterated in our manifesto [Patients First](#).

► GP unemployment crisis and ARRS roles

NHSE has written to Primary Care Networks (PCNs) encouraging them to use their GP ARRS funding in 2024/25 to recruit recently qualified GPs. NHSE states they will be monitoring the data on the number of GPs recruited, and are doubling down on ICBs to work with those PCNs who have not yet taken advantage of the GP ARRS funding. The Secretary of State is no doubt frustrated that despite removing the barriers to enable GPs to be recruited, his announced target of 1000 new GPs is far from being realised, yet the numbers of unemployed GPs continue to make headlines. The reason is simple – the ARRS mechanism is not appropriate for GP roles, and the funding is woefully insufficient.

The failure for GPs to find work, often when newly-qualified, but increasingly more generally, is completely unacceptable. It is estimated that [between 20-33% of GP Registrars are failing to secure substantive roles after qualifying](#). Training more GPs whilst depriving practices of the necessary funds to recruit those same GPs is a failure of NHSE. Worse still, even when joining the profession, 25% of these GPs appear to be leaving their roles.

ARRS GPs are not the answer to 'bringing back the family doctor'. Rather than 1000 new GPs, comparing [December 2024](#) with June 2024's data there was a gain of a mere 111 (FTE) salaried GPs, and 8 (FTE) locums. There are currently estimated to be around 3500 under-employed or unemployed (FTE) GPs out there. There is an opportunity to change this for 2025/26, if NHSE take it. Please join the BMA's UK Sessional GP Committee on their Virtual Rally on Wednesday 12 February – see below.

► Special England LMC Conference 2025

A Special England LMC Conference will be held on Wednesday 19 March 2025, at [Friends House, London](#). This was requested during the Conference of England LMCs on Friday 22 November to further assess the critical state of general practice in light of any government contractual offer, and ahead of the Spring three year spending review and the publication of the NHS Ten Year Plan:

The focus will be to discuss and determine what escalatory steps will be needed to ensure the survival of what still remains of English general practice.

- The deadline receipt of motions for the Special LMC Conference has now passed (noon, 27 January)
- The deadline for registration is Monday 17 February 2025.

Instructions to register and submit motions have been sent to LMCs. If you have any questions, please email info.lmconference@bma.org.uk.

▶▶ Help address the unemployment crisis

Despite the rising demand for family doctors, an appalling paradox exists where a significant number of highly skilled GPs are struggling to secure work.

The BMA's UK Sessional GP Committee is looking for salaried and locum members to help highlight this pressing and absurd situation of the growing unemployment crisis among GPs. Please take a few minutes to share your experiences by [completing our survey](#).

Your input is critical to understanding the full extent of this crisis, and strengthening our lobbying efforts for meaningful change.

Join the sessional GPs unemployment virtual rally

Wednesday 12 February, 7.30-9pm|We invite you to join us in addressing the [urgent issue of sessional GP unemployment](#). This is your chance to be part of the conversation, share your voice, and mobilise for change.

Together, we can amplify our message and advocate for progress, plus, learn how the BMA is committed to supporting you and all GP colleagues. Register [here](#)

▶▶ GP collective action

Thank you for continuing to build on our [collective action to protect our patients and practices](#).

We recognise the challenges across the primary and secondary interface, which is why GPCE and UK Consultants Committee are working together to produce resources to help 'translate' collective action for our hospital and trust-based colleagues.

There will be a mailout to the profession from the BMA Chair of Council very soon to all branches of practice to explain and galvanise support for GPs from secondary care colleagues, alongside a microsite with links to multiple resources including slides which LNCs can present and 'at a glance' fact sheets to and explain that secondary care doctors can stand shoulder to shoulder with GP colleagues.

▶▶ Safe working guidance - core general practice

As part of the [safe working guidance for GP practices in England](#), we have developed a section focusing on ['core' general practice](#) to help you identify which services are included within 'core GMS'.

It's essential that GPs and practices focus on delivering services that are properly commissioned and resourced. It is not always clear which services are included within 'core GMS', leading to some practices potentially offering unfunded services. To help clarify, we've compiled a list of locally commissioned services that should be commissioned separately. If your practice is asked to provide un-commissioned services, we recommend declining and working with your local ICS (integrated care system) to ensure proper commissioning. [Explore the list of services and learn more](#).

▶▶ GPC preventing sexual misconduct in the workplace - live webinar

This live webinar will explain NHSE's new work to prevent sexual misconduct at work, including the sexual safety charter and what they want employers to be doing to support staff. It will also explain the role of the BMA in providing support to our members who have been a target of sexual misconduct and how doctors can be better allies when they witness this behaviour at work. Register for free [here](#).

▶▶ Westminster update

The fourth day of Committee stage on the National Insurance Contributions (Secondary Class 1 Contributions) Bill be taken on Thursday 6 February, we continue to brief peers on the Bill, and have received ongoing mentions throughout committee stage. You can read the latest [debate here](#).

GPCE deputy chair, Dr David Wrigley this week provided [oral evidence](#) to the Health and Social Care Committee to inform their evidence session on What progress is being made in preventing cardiovascular disease. During the session he outlined the role GPs played in providing health checks, the use of IT to identify patients at risk of cardiovascular disease, and the impact of outsourcing health checks on patients, and the wider health services.

We briefed MPs ahead of a Westminster Hall [debate on doctor welfare](#) tabled by consultant Dr Peter Prinsley MP. During the debate he commented, “Our GPs are under pressure as never before. Who is looking out for them? They face massive lists of patients and huge demands. We know that we must support them, for they are the front door of our NHS”.

GPCE leaders attended a [report launch](#) in Westminster by Pulse and its publishers Cogora showing that around a quarter of salaried GPs and locums are looking for a permanent role at the same time as practices are facing a shortfall in GP numbers. This important report highlights the concerns which the BMA has been raising regarding GP unemployment.

▶▶ GPC England Regional Elections - coming soon

[GPs Committee England](#) will soon be seeking nominations for voting members of the committee for the 2024-2027 sessions, we will be electing one representative from the following regions:

- Cambridgeshire and Bedfordshire
- Hertfordshire
- North and South Essex
- Barking & Havering, Redbridge & Waltham Forest and City & Hackney
- Cumbria and Lancashire
- Wigan & Bolton, Bury & Rochdale and West Pennine
- South & West Devon and Kernow
- Hampshire and Isle of Wight
- Kent
- Surrey and Croydon
- East Yorkshire, North Lincolnshire and Lincolnshire
- Calderdale, Kirklees, Leeds and Wakefield

For more information about [BMA elections](#)



➤➤➤ PROTECTED LEARNING TIME

Tue 18 February, 14:30-15:30

Supporting People with Dementia in Primary Care [Book Now](#)

Wed 19 Mar, 14:30-15:30

Public Health and Inequalities [Book Now](#)

Visit our [PLT web page](#) for more upcoming Protected Learning Time sessions, plus our previous PLT interactive learning sessions and resources for MDT learning.

➤➤➤ FELLOWSHIPS AND PRECEPTORSHIPS

Last few places available for our CPTH Fellowship for GPs which supports the transition into general practice for newly qualified GPs. Cohort 2 starts 1st February. [Apply now!](#)

We are also taking applications for cohort 2 of our CPTH Nurse Preceptorship which provides funded CPD, support and development for newly qualified general practice Nurses. If your practice has a newly qualified nurse, we have 5 places available on Cohort 2, starting late February. Applications close Fri 14 February 2025. [Apply here.](#)

➤➤➤ ARRS GP SUPPORT AND DEVELOPMENT PROGRAMME

CPTH are excited to offer access to a programme of education, mentoring and peer support for GPs employed under the Additional Roles Reimbursement Scheme (ARRS). [Find out more](#)

➤➤➤ GP EDUCATION

Tue 11 February 2025, 19:00-20:30 Managing Complaints with Toby Longwill from Island Health and John Dale-Skinner of the MDU. [Book Now.](#)

➤➤➤ NB MEDICAL UPDATE FOR GPS: Wed 19 March, 09:30-17:00

This Hot Topics course will update you on the latest developments in the literature and consists of a series of short 'TED-style' engaging presentations blending evidence and cases, followed by discussion, plus a number of added-value resources. The Early Bird offer is £75.00 for a limited period. Please [Book Now.](#)

➤➤➤ MID CAREER DEVELOPMENT FUNDING

Are you a mid-career GP who would like to explore a special interest in study as you progress through your career? We have Mid-Career Development Funding available to support you. [Find out more.](#)

➤➤➤ COMING SOON - QUALITY IMPROVEMENT UPSCALE GRANTS

We are excited to announce that we will be launching Quality Improvement Upscale Grants in February. These grants are designed to provide GPs with time and support to help scale up existing Quality Improvement initiatives at PCN or larger level. Keep an eye on your inbox and our February newsletter for more information.

Sign up to receive our updates

Anyone can request to receive our newsletters and updates.

C&P Locum GPs can request to join our locum mailing list.

C&P GPs and Practice Managers can request to join the LMC Link mailing list.

Email us to enquire: office@cambslmc.org

Support and signposting

Cambs LMC is always here to represent, support and advise GPs and their practice teams in a safe, confidential space if you are struggling or in distress. We actively encourage you to reach out to us. Visit our [website](https://cambslmc.org) for more information or snap the QR code:



GPAS

Audit and submit your alert state before 17:00pm on Thursdays each week: <https://cambslmc.org/gpas/>

Vacancies in General Practice

We advertise any roles in General Practice on our website: <https://cambslmc.org/jobs/>. This remains a free service to our constituent practices in Cambridgeshire & Peterborough. To advertise a vacancy in your practice, please email us the details, including the closing date and any supporting documents in to office@cambslmc.org.

Practices seeking GP Locums - We continue to forward any GP Locum availability you might have to our locum mailing list. When sending requests to office@cambslmc.org to forward on, please remember to include a short synopsis of your practice in your requests i.e. where you are, what clinical system you use and relevant contact information.

Remote GP Locum sessions - If you have roles which could be undertaken remotely – why not advertise these too? Attract GPs from across the country, and rather than working for other companies, they could work for you, and get NHS pension contributions and instant messaging with senior GPs to support.

BMA Wellbeing

View BMA wellbeing support services page here:



<https://www.bma.org.uk/advice-and-support/your-wellbeing>

A range of wellbeing and support services are available to doctors, including 24/7 confidential counselling and peer support services, NHS practitioner health service and non-medical support services such as Samaritans. Doctors in Distress also provides mental health support for health workers in the UK, providing confidential peer support.

See their **poster** with 10 tips to help maintain and support the wellbeing of you and your colleagues.

BMA Guidance Links

Practical guidance for GP practices

Safe working in General Practice

Latest GP Bulletin (England)

Latest Sessional GPs update

Latest on X/Twitter: @BMA_GP and @TheBMA

PCSE Guidance Links

Guidance Pages

Monthly Updates

Youtube

CQC Guidance Links

Guidance for GPs

Youtube

GP Mythbusters

LMC Office Staff:

Dr Katie Bramall-Stainer – Chief Executive
Alice Benton – Interim Chief Operating Officer
Dr James Booth – Medical Director
Emma Drew – Executive Officer
Suzy Stoodley – Executive Officer
Molly Collison – Administrator

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Dr James Howard – Vice-Chair
Dr Francesca Frame – Treasurer

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