

EXECUTIVE AND POLICY LEAD UPDATE – July 2018

GP trainee subcommittee – Tom Micklewright

Terms and conditions

We have offered our support to GP Trainee reps in London who are keen to develop a work scheduling app to support GP Trainees on the new contract to organise the correct balance of clinical, admin and educational work throughout their week.

We met with the JDC Officers and BMA Staff to discuss how we might gather intelligence ready for the 2018 contract review. Our subcommittee believes that qualitative methods, such as focus groups, would help produce initial data that could then be supported using polls, questionnaires etc. JDC will review what secondary data is currently available to us before working with us to decide a strategy for further data collection.

Education and training

We have been inputting heavily into a COGPED review of OOH training and the final review paper was approved by the RCGP Specialty Advisory Committee (SAC) in May. This was despite our vocal opposition to a number of elements, including the expectation that all trainees, by the end of training, should be working with remote, telephone supervision only.

We are continuing to campaign for a review of post-CCT academic careers and submitted a motion to the COMAR conference which was approved as a reference. We have produced a scoping document outlining how such a review might be structured, and a proposed questionnaire, which will be taken to the Medical Academics Committee.

Representation

On 16/05/18, the GP Trainee Chairman was invited to speak at the Primary Care and Public Health conference in Birmingham about what matters in developing the next generation of GPs. The talk focussed on the changing demographic of the workforce and the rising increase in portfolio working and what this might mean for the future.

On 05/7/18, the Chair was also invited to attend a roundtable meeting at the Pulse office to discuss the Partnership Review. The group, attended by Nigel Watson, was keen to hear the views of younger GPs and GP Trainees, in particular to hear about the current barriers to partnership and ways in which it might be re-invigorated. Pulse will be summarising the outputs in their August issue.

We will be reviewing our standing orders to improve our elections going forward.

Sessional GP subcommittee – Zoe Norris

The subcommittee met on 4 July 2018. The below provides an update on key priorities and ongoing work:

Executive team

The sessional GP subcommittee executive team for 2018-19 was confirmed as:

- Zoe Norris, chair

- Krishan Aggarwal, deputy chair
- Matt Mayer, exec member
- Ben Molyneux, exec member

4 July meeting

The main items were:

- Andrew Dearden attended the meeting to discuss transitional funding arrangements;
- the BMA's response to the upcoming DDRB pay recommendation; and
- Update on the DHSC partnership model review and sessional input.

Ongoing work

Virtual practice model – The subcommittee has developed a workforce retention proposal that draws on elements of the GP chambers model and the success of the Somerset GP Career Plus model, providing GPs with access to structured CPD, mentoring and peer support in return for a minimum number of sessions in a local health system. A draft proposal is currently being considered by the subcommittee and GPC exec.

DHSC partnership model review – Zoe, along with Krishna Kasaraneni is representing the GPC on the review working group.

Pensions – Krishan continues to represent sessionals on various groups relating to pensions and Capita. Legal advice is being sought on challenging the implementation of annualization, potentially on grounds of discrimination. There are also ongoing meetings with NHS England, Capita and NHS pension authority about the administration of locum pensions.

Locum email addresses – There have been further meetings to find a mechanism to allow all locums in England working in the NHS to have access to NHS.net email addresses. Guidance encouraging GP practices to act as sponsors for locums to obtain NHS.net email addresses is being drafted with NHS England and further work is ongoing to look at how locums can get access to email addresses through NHS England.

Indemnity – Matt Mayer continues to feed into discussions that GPC is having about the new indemnity scheme, with a focus on how this will affect both sessionals and particularly OOH colleagues.

GPs working in atypical organisations – Ben has been working with contracts and regs and BMA staff to develop guidance about contractual arrangements for GPs working in atypical organisations. A draft will be circulated to the subcommittee and relevant policy groups shortly.

Model terms and conditions for locum GPs – draft documents are with BMA law following comments from subcommittee, devolved nation execs and contracts and regulations. Plan is to finalise over the summer for publication in September.

Low volume appraisal guidance – Paula Wright has worked with representatives from GPC exec, contracts and regs, ETW and RCGP to contribute to NHS England guidance to standardise and ensure transparency during the appraisal process for those GPs doing fewer clinical sessions. The guidance is due to be published by NHS England shortly. Consideration is now being given to arrangements for GPs returning from abroad.

Representation – Bruce Hughes

Policy Lead selection process

The review of the UK Policy Lead selection process has been agreed at GPC UK.

Policy Groups

The procedure for allocating to GPC UK Policy groups has been agreed and the process has begun. Care has been taken to include and distribute members from the devolved nations GPCs, GPC England, and the Sessionals and Trainees Subcommittees.

Gender Diversity

The Task and finish group led by Rachel Ali is meeting next week to review the responses to the two surveys.

Speaker of the House

The (online) election process for the Speaker of the House has been completed following the successful evaluation.

GPC Elections

Following the ARM the final make up of GPC England/UK is now known

Dispensing policy group – David Bailey

We are discussing a joint presentation with PSNC on drug reimbursement that we hope will be ready to share in September. Andy Green and I met them recently also regarding their hopes for contract renegotiation separately from reimbursement.

RECURRENT AND SUSTAINABLE FUNDING AND RESOURCES

General Practice Forward View – Chandra Kanneganti

2017/18 highlights

- GPC roadshows included a GPFV item.
- FOI request of CCG transformation monies and information provided to all LMCs on the funding they are entitled to.
- Success stories in helping LMCs to access funding.
- Direct liaison with between LMCs and NHS England through the LMC reference group.
- Survey with LMCs about the progress of the GPFV in their areas.
- BMA representation at the NHS England GPFV oversight group meeting
- Requested clarification from NHS England regarding recurrent and non-recurrent general practice funding spent over the past two years. We are still awaiting a response. .
- GPFV 2 year on report – highlighted that the GPFV is not delivering on its commitments.

Future work

- Continue to assist LMCs to access funding and support that is available to general practice and raise any issues experienced at a national level.
- Analysis of GP investment data released by NHS Digital in September 2018

A WORKFORCE STRATEGY THAT IS RECURRENTLY FUNDED TO ENABLE EXPANSION

Education, Training and Workforce – Helena McKeown

Primary Care leadership development

I attended the national working group on primary care leadership development and emphasised the role of LMCs in primary care leadership. One might well ask where has all the money promised in the GPFV for this gone as we scabble around for partners to support GP expenses to develop leadership. We're meeting regularly and at least we're well and truly at the table now.

Expansion of mental health therapists in primary care pathways

NHSE have produced a draft guidance document for GPs and commissioners which, when finalised, will be published on the NHS England website. Donna Tooth has represented the GPC in ongoing discussions with NHS England and the RCGP and is working to resolve any remaining barriers to practices hosting mental health therapist via co-location. This includes premises capacity (one solution to this is to base the mental health therapists in one location within a locality, but then share their time across multiple practice sites) and to consider how many practices have outstanding business cases for additional estates funding; Resources – when mental health and other services have been hosted in the past, the cost of using the premises, e.g. facilities management, utilities, rent etc, have not been included in the commissioning budget; Expectations / sustainability – there has to be a clear understanding between commissioners and providers as to what is expected, how it has been costed, how much funding is available and for how long.

Ideally, it needs to be recurrently funded, which will enable mental health therapists to be embedded in the extended primary care team and assist with the broader delivery of preventative care for patients; Organisational development - if Practices are offered protected time to enable the whole practice team to consider how access to community mental health therapy could be embedded within the day to day running of the practice, there will be a greater chance of therapists becoming an accepted and essential part of the services practices offer to their patients.

Clinical Pharmacists in general practice

We are working with Clinical and Prescribing on this for a complimentary workforce expansion paper and the clinical pharmacist paper(s). We have shared our initial thoughts confidentially with Ravi Sharma, NHS England's Clinical Pharmacist in GP Programme Lead, and received positive feedback to date.

Working with Sessional subcommittee

We are working with the Sessionals as a significant part of our workforce and I met with the Sessional Exec again in May to discuss within-GPC representational concerns and mutual strategy.

Physician Associates in primary care

We contributed our views to the new A5 booklet *Physician Associates, a working solution in primary care* has been posted to every GP practice in England to help raise awareness and provide a better understanding of the physician associate (PA) role. You can look at the materials provided on the [Faculty of physician associate \(FPA\) website](#). Ben Molyneux continues to represent GPC at

national working group meetings. We are yet to receive clarification on how these roles will be funded, but the GMS contract discussions may shed some light on this.

International GP Recruitment

ETW is indebted to the knowledge Terry John continues to bring to the International GP Recruitment Board as this programme matures. NHS England had invited us to support the process for interviewing international GPs as part of the programme but we reached an impasse with NHSE over funding LMC members' expenses to attend interviews. We are hopeful that NHS England will become the umbrella sponsor for general practice taking away the burden on GP practices going forward but accept that this is likely to take time to implement. Caroline Strickland and Arthy Hartwell recently met with senior NHS England counterparts and heard that they are doing a great deal to make this a reality as soon as possible.

Outside of the IGPR board we recognise there is some work needed to empower GP practices to apply for a sponsorship licence for non-UK GPs and GP Registrars and we are going to explore developing a summary/checklist to help GP practices navigate the sponsorship process (based on the guidance issued by the Home Office).

At the end of last year the Secretary of State had written to the Health Committee on the issue of Non-EEA General Practitioner Visa regulation and in response the Committee is seeking case examples where the process set out in his [letter](#) is not working as planned. We are aware of trainees on GP training schemes, who having come to the end of their GP training have encountered problems applying to positions within GP surgeries. With some being unable to secure a post, or having to work in hospital medicine rather than risk any difficulties with their visa or worse still having to leave the UK because many GP practices do not hold a sponsorship license. We are currently collating evidence to forward to the Health Committee.

You can read more here: <http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news-parliament-2017/gp-visa-issues-launch-17-19/>. We have also put an advert in the news bulletin for GPC asking for case examples.

Guide for newly qualified GPs

Shabana Alam-Zahir and Beth Roberts are writing a short guide for newly qualified GPs for the proposed new ETW website, something along the lines of - "I've qualified as a GP, now what?" - the admin process - RCGP / GMC / performers list / indemnity - including timelines.

- creating your working week - things to consider
- post CCT opportunities inc. fellowships
- where and how to job hunt - sites, agencies
- mentoring
- signposting to useful resources

GP Occupational Health Service

I attended the BMA's Occupational Medicine Committee (OMC) with Sophie Sauerteig for their input into what a comprehensive UK-wide fit-for-purpose occupational health service for all GPs should look like. Sophie has been mapping what's available across the UK currently and some initial attempts to cost a service have been started. The OMC are now inputting into the latest version of a document comparing what's currently available, for whom, how its paid for and draft service specification and estimated cost.

RCGP's trial of GP Specialist Accreditation

The RCGP are trialing a new accreditation for GPSIs, initially with dermatology GPSIs; we became aware of this by our representation on the RCGP Council and I am pursuing a meeting with Kamila Hawthorn, who is leading this at the RCGP as a VC of Council to discuss our views on potential separate accreditations for things that GPs currently do, and must be defended as able to continue to do without diplomas.

Targeted GP Training (TGPT)

We remain positive in our support of some doctors who want to re-enter GP training. The GP trainees who passed their Work Place Based Assessments and one of the two required exams (either Applied Knowledge Test (AKT) or Clinical Skills Assessment (CSA)) but left training between August 2010 and February 2018 without passing the second exam will be given the chance to resume their training for 18 months (with six months additional in exceptional circumstances). There are [other criteria](#) which must be met in order to qualify for the scheme, which must be borne in mind. The focus is on providing a re-entry route for those who were progressing in training but were unable to pass one of the exam components of the Membership of the Royal College of General Practitioners (MRCGP) qualification in the time available. Applications will follow the National Recruitment process and be open from August 2018 to February 2021, subject to GMC approval of the exam changes. Details, eligibility and how to apply are at: <https://gprecruitment.hee.nhs.uk>

General Practice Workforce Advisory Board

We are monitoring the progress on the *General Practice Forward View* workforce commitments and raising any items for clarification at the regular Board meeting.

RCGP ePortfolio

We co-produced a letter with GPTS to the RCGP, asking for BMA representation in their tendering of a new e-portfolio provider.

Working with the Queens Nursing Institute on General Practice Nursing and Community Nursing

Alex Ottley (Senior Policy Advisor) and I had a very promising introductory meeting with the Queens Nursing Institute reviewing progress on the Nurses ten-point plan, in particular community nursing and Practice nursing, and subsequently they will also meet with Chaand Nagpaul as there are many shared retentions issues.

NHS England regional GP Nursing boards

Mike Parks is going to join the group in London, but we need GP representatives on the groups to start influencing each regional GP nurse programme. Sumayya Allam, in the BMA Workforce and Innovation Policy Team, has been making these arrangements and the LMC reps should be confirmed shortly.

MSK Practitioners

The MSK Practitioner announcement has, at the point of writing, had a last-minute hold-up. We are pressing ahead with CSP and RCGP colleagues to make sure practices, LMCs and local commissioners can use transformation funding and our joint guidance to get on with setting up pilot FCP (first contact physiotherapist) MSK community services.

Scotland

The most current issue is the 3+1 (years as an ST1, ST2, ST3, then ST4) debate. Scottish GPC and RCGP have jointly argued it should be in general practice to further their ability to be a generalist and be consistent with the new contract. Both BMA and RCGP policy is to support longer training but that is not going to happen at this time. In addition, all trainees will move to a single employer throughout their hospital component as well as their GP component (where that already happens with NES).

Wales

Wales has a number of things being considered within the GMS contract review workforce work stream and separately around trainee incentives, supporting training of wider workforce, Medical Practitioners List (MPL) review but nothing concrete. Wales have had single lead employer throughout training period which has been v well received.

N. Ireland

For the first time in a generation N Ireland are failing to fill our training posts.

A SUSTAINABLE, LONG -TERM INDEMNITY PACKAGE FOR GENERAL PRACTICE

Indemnity

In October 2017 the Secretary of State for Health and Social Care (DHSC) announced that the Government would develop a state-backed indemnity scheme for general practice in England. With an [update provided in June](#). The new scheme will be administered by NHS Resolution, but a decision has yet to be made on how the scheme will be operated, or by whom.

It is expected that all GPs undertaking GMS, PMS, APMS, plus any integrated care delivered under a NHS Standard contract will be covered by the scheme, as well as GPs working in prisons. It is also expected that all GP trainees will be covered, in addition to other medical professionals working for a practice in the provision of contracted services.

The provision of medico-legal support will not form part of the new schemes offering. Meetings to finalise the development of the scheme are ongoing between the GPC, the RCGP, NHS England, DHSC, Treasury and UK Government Investments representatives. Discussions on how the scheme should be funded will take place with GPC England Executive in the summer. GPC representatives continue to meet with the three main medical defence organisations to discuss progress. Although this scheme will be England only, the Welsh government has announced it will also introduce a state backed scheme in April 2019 which will be aligned as far as possible to the scheme in England. This is to ensure that GPs in Wales are not at a disadvantage relative to GPs in England and that GP recruitment and cross border activity will not be adversely affected by different schemes operating in both countries.

ENABLING PRACTICES TO MANAGE THEIR WORKLOAD IN ORDER TO DELIVER SAFE SERVICES AND EMPOWER PATIENTS AND CAREERS AS PARTNERS IN CARE

Clinical and Prescribing – Andrew Green

The **QOF Review** has been completed and submitted to the NHSE board, it will now be the subject of negotiations in preparation for changes, if any, in the 2019-20 year. We have also published a [focus on quality indicators](#) provide background and context in preparation of the forthcoming negotiations to QOF and the potential changes to the QOF following the QOF review. We have also met with the **NHSE Diabetes Team** about proposed changes for diabetes, which could be implemented on clinical grounds irrespective of any wider changes.

We met with NHSE concerning **Gender Services Commissioning** and although the service envisaged is broadly in line with the model proposed by the BMA, there remains great uncertainty about the arrangements between now and then. Subsequently, we have written once more to NHSE about local problems that have been brought to our attention by LMCs

The **BMA Board of Science** invited me to contribute to their symposium on **Antimicrobial resistance**.

There have been a couple of meetings about **low value interventions**. The group that produced the OTC/low value medicines guidance has met again, and there are a couple of potentially positive outcomes, as they are looking at specials, ACBS, and such things as dressings appliances and nutritional supplements. I would hope that we could remove the need for FP10s for many of these items. A similar group has met looking at hospital procedures, and again there may be some possible wins here, as the proposed restrictions are less onerous than many CCGs have in place already, and the need for individual funding requests would be greatly reduced.

We met, along with GPC's dispensing policy group, with the **community pharmacy negotiators**, to discuss their proposed new contract. They are particularly keen to know how much information we want them to tell us about their interactions, clearly a Goldilocks problem.

There was also a meeting with the team responsible for enacting the SoS's wish to ensure that all patients get an **annual medication review**. You will not be surprised to hear that fully funded pharmacy input into practices was my main suggestion.

Workload – Matt Mayer

The Workload policy group has mainly been focusing on enacting the LMC Conference motions of March 2018 via the outcomes of the workload themed debate.

Producing Examples of Workload Management Systems from around the Country

- Surveyed LMCs on ways of workload management, including but not limited to Hubs
- Collated above data by topic and model
- Looked particularly at what works in some areas and what doesn't in others
- Currently drafting a further guidance document with details of such systems so that localities may decide what (if any) works best for them

Producing Further Workload Control Tools & Tackling Unnecessary Workload

- Production of a generic Home Visiting policy for optional utilisation by practices
- Ongoing liaison with the BDA, NHSE and 111 to ensure dental patients are not directed to GPs, especially out-of-hours
- Promotion of an avoidable appointment audit toolkit
- Liaison with NHS Digital re: logging of all work hours undertaken by GPs, including "dark workload" which is not ordinarily logged (admin, queries, tasks, scripts)

Workload Data Collection

- Working with NSHE/NHSD data collection working group to gather data on GP workload to facilitate the above objectives

Integrated Urgent Care

- Representing GPC in the NHSE Integrated Urgent Care Steering Group to optimise efficiency in OOH/Urgent Care as well as reducing workload in-hours

Social Prescribing and Self Care

- Participation in Parliamentary round table on public self-care to reduce workload pressures

THE RETENTION OF A NATIONAL CORE CONTRACT FOR GENERAL PRACTICE THAT PROVIDES A HIGH-QUALITY SERVICE FOR PATIENTS

Contracts and Regulation – Bob Morley

- Continuing to advise and support LMCs on local responses to NHS England’s inappropriate position and CCG guidance on meeting reasonable needs and core hours subcontracting, in particular the “KLOE “document sent to selected practices by CCGs
- Guidance on out of area registration regulations has been updated
- Continued work with PFC on issues over collaborative payments for safeguarding work and wider guidance on contractual v. chargeable services; external QC opinion being obtained
- Work with NHS England and RCGP on regulation of “low volume “of clinical work; publication now imminent. Katie Bramall –Stainer leading for C and R supporting Mark Sanford-Wood.
- Additional workstream on doctors returning from abroad is now underway
- Constructive meeting, jointly with PFC, with Chief Coroner to discuss issues of concern identified by LMCs; follow up work planned
- Further liaison meeting with CQC and RCGP; concerns over the new phase of inspection regime raised; role of registration general practice programme board discussed, GPC will be attending registration issues workshop to be held shortly; ongoing concerns raised by LMCs/individual practices continue to be raised directly with CQC
- Krishan Aggarwal continuing to lead on PCSE performers list processes transformation
- Successfully challenged NHS England on local refusals to fund phased return of sick GPs
- Working with NHS England to complete new guidance on removal of violent patients and special allocation schemes – to be published imminently
- With C and P policy group, follow-up meeting with NHS England to discuss gender identity care consultation response and way forward on GP prescribing
- Updated guidance on private charging of registered patients published

Commissioning and Working at Scale Group – Simon Poole

Working at scale webinar

Following on from the ‘Our profession, our future’ event in Leeds, and the working at scale content in the national GPC contract roadshows in England, we used the content to develop a ‘lunchtime learning’ webinar for GPs. This CPD accredited webinar was held on 3rd May, with others downloading the

podcast after the event. Numbers so far exceed 150. Feedback was very good with 91% of giving overall evaluation of excellent or good, and with the remainder reporting satisfaction. 100% of respondents reported finding the content presentation helpful, 95% judged their knowledge and awareness to have improved and 89% expressing an interest in attending a similar event on working at scale in General Practice in the future.

Primary Care Networks

Simon has been invited to attend a series of meetings with NHSE on an External Reference Group to contribute to the development of Primary Care Networks (PCNs) as mentioned in the recent NHS England Planning Guidance. The first of these meetings is planned to take place in July, with further meetings through the autumn. Farah and Simon met with Dr Nav Chana at the offices of the NAPC to discuss the experience of Primary Care Homes, and it is felt that there was much common ground to push for policy to put GPs in the driving seat for PCNs where they are keen to lead. The RCGP will also attend the group and we have had conversations to identify our areas of agreement in order to be able to influence the development of PCNs in the best interest of the profession.

ACOs, ICSs & STPs

The BMA continues to monitor developments further to the Judicial Review, and GPC contributes to policy development via the Chair and the Policy Lead contributing to the pan BMA STP discussion Listserv

Independent Contractor Review

Nigel Watson has agreed that we will feed into the workstream currently being led by NHSE on the relationship between "system architecture" and independent contractor status. It is very important that the voice of GPC is heard if the nature of the independent contractor status is affected by proposals to change the structure of the way GPs work and interface with other parts of the system at scale.

Commissioning gaps

We have carried out some research looking at current commissioning gaps in England, assessing where there is variation in what local services CCGs commission in different areas, thereby creating a 'postcode lottery'. As part of this, we have submitted an FOI to all CCGs, requesting data on what enhanced services they fund in their areas, and how has been spent on each service for the period of 2016-2018. The results of these FOI requests are currently being analysed and will be shared with LMCs. What is clear as we try to understand the data is the variation in ways in which different services are commissioned and the lack of uniformity in the description of these processes.

Care Homes

We are developing a discussion paper on examples of good practice for cost-effective initiatives that involve GP practices supporting the care of people in nursing and care homes, including end of life care. Examples have been provided by GP members, which we will be incorporating into a paper to be published later this year. We will be sharing our work with NHS England to feed into best practice at the front line.

PREMISES, IT INFRASTRUCTURE AND ADMINISTRATIVE SUPPORT TO ENABLE THE DELIVERY OF QUALITY CARE

Premises and practice finance – Ian Hume

PCSE

Since the last update, the National Audit Office has published a report on NHS England's management of the primary care support services contract provided by Capita. Key findings include:

NHS England imposed a £5.3 million in contract penalties on Capita between January 2016 and April 2017;

- Failure to deliver key aspects of the service put primary care services and, potentially, patients at risk of serious harm, but no actual harm has been identified;
- NHS England served default notices, placing five of Capita's nine services in a formal rectification process in September 2016;
- NHS England's decision to contract with Capita both to run existing services and also simultaneously to transform those services, was high risk.

Following the publication of the report, Dr Richard Vautrey, GPCE chair, has written to NHS England to express his disappointment that after over two years of operation the service continues to fall short of an acceptable standard. The letter has also been shared with senior governmental figures such as Sarah Wollaston, Chair of the Health Select Committee in the House of Commons and Meg Hillier, Chair of the Public Accounts Committee.

The Public Accounts Committee has since held an oral evidence session on 18 June, also looking into NHS England's handling of the contract with Capita. We submitted written evidence to the committee as part of our continued efforts to lobby for the outstanding issues to be resolved.

Further details on our efforts is available on the [BMA website](#), including resources to assist practices in resolving their outstanding issues such as statutory demand templates and SAR forms.

NHS England premises review

GPC has attended the first meeting of the Core Steering group and the wider advisory group of NHS England's premises review. We have agreed the terms of reference and scope of the review with NHS England and Department of Health.

We are in the process of setting up the internal reference group who will engage and advise us on propositions as the review progresses. This group will be set up of particular representatives to ensure our positions are positive and responsive to all GPs, current and future. We have nearly confirmed all representatives. Our premises policy group will also feed into this work on an ongoing basis. We are also developing a survey to send out to GP colleagues to ensure we have the background information from across England in order to inform our work.

Premises Cost Directions

We have yet to receive the updated PCDs and are growing increasingly frustrated that we have not received them, given that we agreed the policy changes with NHS England in February this year. We have written to NHS England urgently about this several times and have now arranged to meet with them on this and the issues with development grants more generally later this month.

NHS Property Services – service charges

We have continued to meet NHSE and NHSPS, and have liaised with several LMCs and fully understand the difficulty and frustration felt by our members. We have intervened in cases where practices have received threatening or intimidating letters about service charges, and have made it very clear to NHSPS that such approaches are counterproductive while we are attempting to reach a satisfactory negotiated

settlement. So for the time being our advice remains consistent and clear, as stated on the [BMA website](#). We are working on this issue intensively.