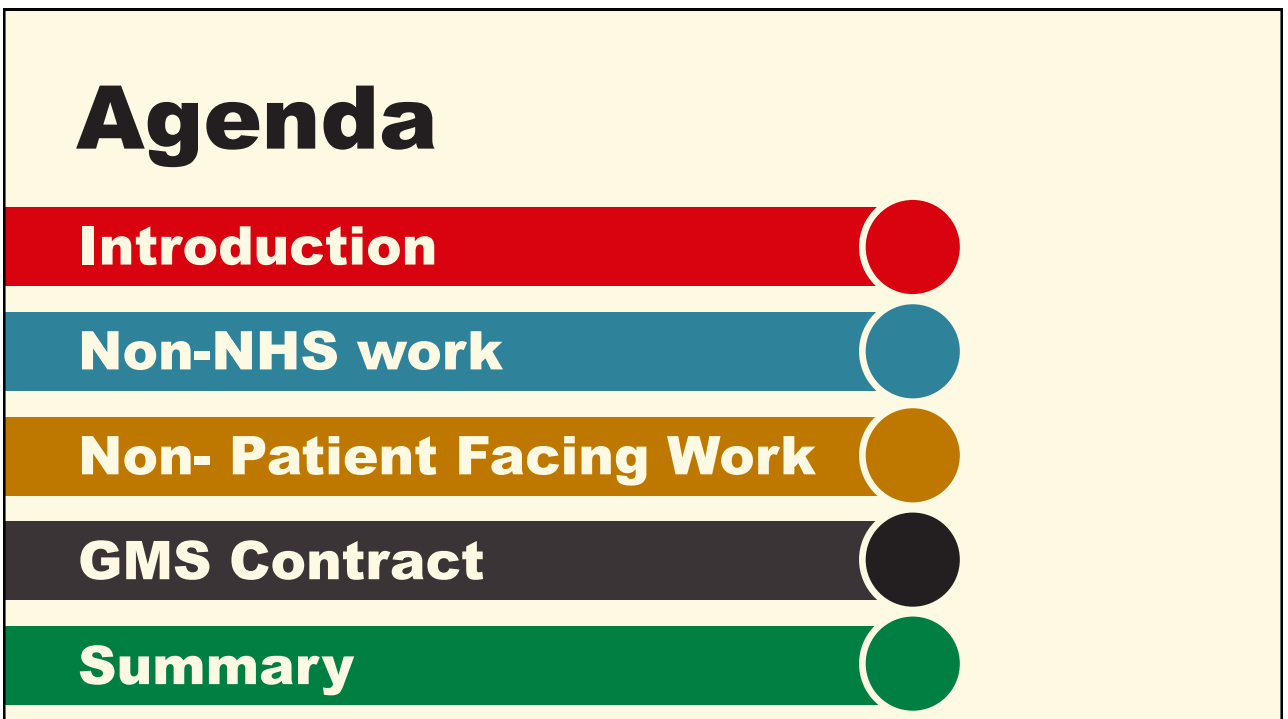


1



2

**How much is  
your time  
worth?**

3

**How does your  
practice generate  
income?**

4



## Average Pay UK Professions 2023

	Career	Average pay (per hour)*	Average pay (weekly)	Average pay (annual)
1	Chief executives and senior officials	£56 (36 hours)	£2,000	£104,000
2	Brokers	£52 (38 hours)	£1,980	£102,960
3	Aircraft pilots and flight engineers	£46 (40 hours)	£1,850	£96,200
4	Air traffic controllers	£37 (47 hours)	£1,730	£89,960
5	Advertising and public relations directors	£41 (41 hours)	£1,700	£88,400
6	Legal professionals n.e.c.	£51 (33 hours)	£1,690	£87,880
7	Information technology and telecommunications directors	£42 (38 hours)	£1,590	£82,680
8	Marketing and sales directors	£43 (37 hours)	£1,590	£82,680
9	Financial managers and directors	£40 (38 hours)	£1,520	£79,040
10	Medical practitioners	£42 (34 hours)	£1,440	£74,880
18	Train and tram drivers	£31 (39 hours)	£1,190	£61,880
27	Solicitors	£37 (30 hours)	£1,100	£57,200
34	Dental practitioners	£45 (23 hours)	£1,040	£54,080
40	Ophthalmic opticians	£38 (26 hours)	£990	£51,480
58	Paramedics	£24 (38 hours)	£920	£47,840
69	Pharmacists	£29 (30 hours)	£870	£45,240
102	Nurses	£22 (36 hours)	£780	£40,560
103	Midwives	£22 (35 hours)	£770	£40,040
119	Veterinarians	£21 (36 hours)	£740	£38,480

<https://www.unionlearn.org.uk/compare-average-pay-job>



5



## BMA Suggested timescales

Certificates	Approx. Time		
Straightforward certificates of fact	15 mins		
More complex certificates	Approx. Time		
Private sick note (incapacity certificate) required by patient			
for presentation to an employer except for those which the doctor is obliged to provide for statutory sick pay purposes	15-30 mins	Work in surgery	Approx. Time
Accident or sickness insurance certificate - short certificate of incapacity without examination for patient to claim under accident or sickness insurance	15-30 mins	Extract from records	20 mins
Freedom from infection certificate, eg for school, travel or employment	15-30 mins	Report on a pro forma, no examination (eg 20 minutes)	20-30 mins
Validation of private medical insurance (PMI) claim form, to support a claim for benefit in connection with private medical insurance, or completion of a pre-treatment form	15-30 mins	Written report without examination, providing a detailed opinion and statement on the condition of the patient (eg 30 minutes)	30 mins
Health club brief written report to certify that a patient is fit for exercise	15-30 mins		
School fees and holiday insurance certificates	15-30 mins		

6

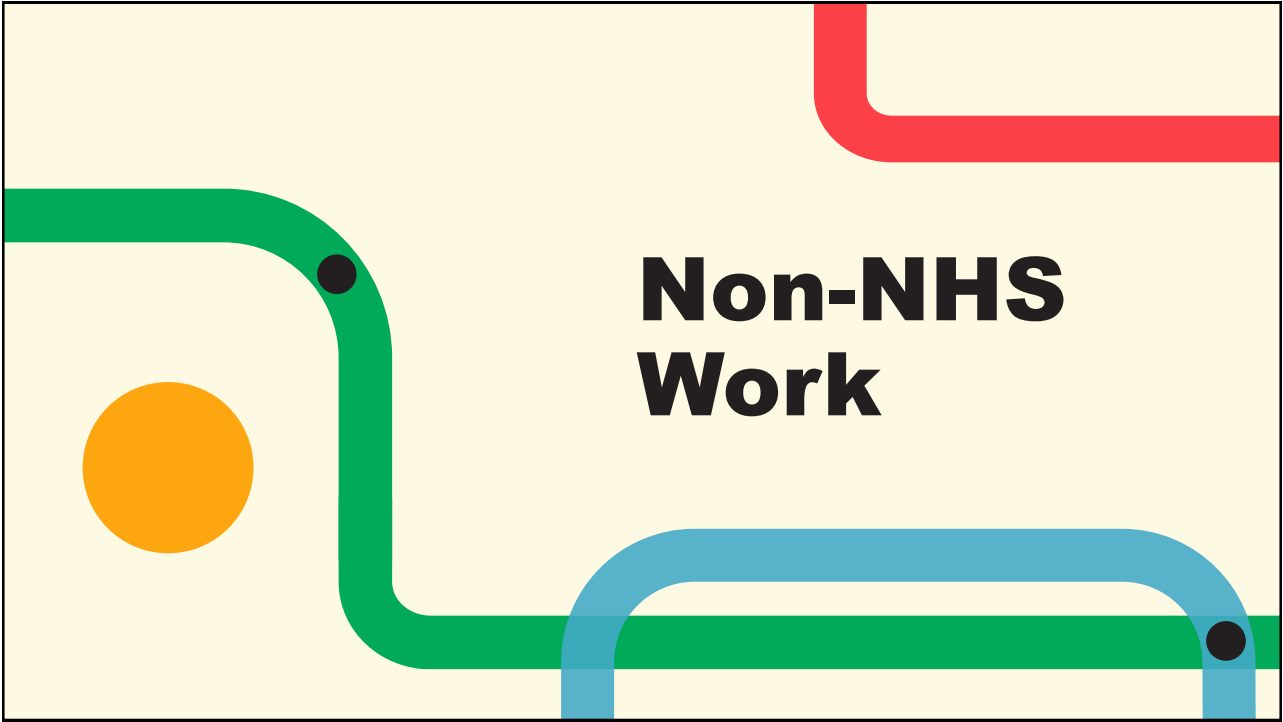


# Swan Lane Fees List

Work in surgery, indicating time element where appropriate	£186.20
Extract from records	£48.40
Report on pro forma (eg 20 minutes)	£61.90
Report written (eg 30 minutes)	£94.15
Medical examination and report in surgery (eg 45 minutes)	£135.20
Session (eg 3 hours)	£560.60

<https://www.swanlanemedicalcentre.nhs.uk/page1.aspx?p=1&t=5>

7



# Non-NHS Work

8



## Non-NHS Work

- DVLA reports
- DWP/DHSC reports
- Private letters
- Information Requests
- Insurance Medicals/Forms
- Taxi Medicals
- Adoption/Foster Medicals
- Non-NHS Travel Services
- Cremation Forms
- Road Traffic Act Consultations

9



## When you can't charge

- **Bankruptcy**
  - Any individual who is able to give information about a bankrupt may be required to give evidence, for which no charge can be levied
- **Coroners' post-mortem**
  - Although rarely used, the coroner has power under section 19 of the Coroners Act, 1988 to direct that a post-mortem shall be conducted by the deceased's general practitioner.
- **Council tax exemptions**
  - To support a claim by or on behalf of a severely mentally impaired person for exemption from liability to pay the Council Tax or eligibility for a discount
- **Death certificates**
- **Stillbirth certificates**
- **Notification of infectious diseases**
- **Professional evidence in court**
  - Under the Supreme Court Act 1981, any registered medical practitioner may be directed to give professional evidence.
- **To establish unfitness for jury service**
- **Statutory certificates for the Department of Work and Pensions**
- <https://www.bma.org.uk/pay-and-contracts/fees/fees-for-gps/certificates-gps-cannot-charge-fees-for>

10



11

## Road Traffic Act Consultation



11



12

## RTA

**Fees for emergency treatment in a road traffic accident**  
Under the Road Traffic Act 1988, the first doctor to provide emergency treatment to the victim of a road traffic accident is generally entitled to charge a fee:

- A fee may be levied in respect of each person treated
  - Mileage is also payable in excess of two miles
- The ability to levy a fee under S158 of the Road Traffic Act has been limited to claims by doctors not working in NHS hospitals, as the cost of hospital treatment is recovered from insurers directly by the NHS.

£21.30

12



13

## Case Study: Coroner Report

“Please complete a Coroner Report”

13



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## Coroner Reports

- The report should be a detailed factual account, based on the medical records and your knowledge of the deceased.
- Include your full name and qualifications
- Describe your status at the time you saw the patient
- What to include:
  - Be specific about your contact with the patient. For example, did you see the patient on the NHS or privately?
  - Where appropriate, say if you saw the patient alone or with someone else during each consultation. Give the name and status of the other person (eg, spouse, mother, social worker).
- Style:
  - The report should stand on its own, don't assume the reader has any knowledge of the case
  - Write in the first person.
  - The reader should have a good idea of who did what, why, when, to whom, and how you know this occurred. Be precise and explicit.
  - Concentrate on your observations and understanding
  - Avoid jargon or medical abbreviations
  - Give a factual chronology of events as you saw them, referring to the clinical notes whenever you can. Describe each and every relevant consultation or phone contact in turn and include your working diagnosis or your differential diagnoses.
  - Just as negative findings are often important in clinical reports, with a coroner's report it's important to think about what's not included, as well as what is.
  - Specify what the different details of your account are based on. It's perfectly acceptable to quote from memory, making it clear that this is what you're doing or explaining what your normal practice would be under those circumstances.
- Identify any other clinician involved in the care of the deceased by their full name and professional status. Describe your understanding of what they did and the conclusions they reached based on your own knowledge or the clinical notes. You should not, however, comment on the adequacy or otherwise of their performance.

### Coroners report template

Statement prepared by [add writer's name here]

Re: Name: [add patient's name here]  
 Sex: [add sex]  
 Date of birth: [add date of birth here]  
 Date of death: [add date of death here]  
 CSM number: [add CSM number here, if available]  
 All the request of coroner [add name]

- My name is [add full name], qualified in medicine with [add degree from the University of [add university]] in [add year]. My further qualifications include [add any further qualifications, including specialist college(s) I am currently working at [add position held], a position I have held since [add year].
- I was involved in the care of [add name of deceased] from [add date of death] to [add date].
- I would like to start by explaining my previous knowledge of the family and friends of [add name of deceased] prior to this case.
- This statement has been prepared on the basis of the contemporaneous medical records and from my memory of my involvement in [add name of deceased]'s case.
- [Name of deceased] had a past medical history which included [add paragraph here on past medical history of deceased including all significant medical conditions and the dates they were diagnosed and any details which may be relevant. These conditions can be added here. The particular attention to the past history which is relevant to the cause of death].
- At the time of [add death], [Name of deceased] was in the following regular medications [provide list of medications, including doses and indications and frequency when appropriate]. This list can be further provided.
- I include a list of [add list of medications] in the history of [add patient's name] in the patient's case. This may be several paragraphs, usually one for each consultation. Alternatively it may include a summary paragraph on the management of each of these conditions. The consultation should be in chronological order with earlier dates first, with the most recent in time. A copy of the medical records should be provided to the coroner. The coroner should be provided with a copy of the medical records and a copy of the management plan should be provided and any follow up that was arranged. Please note you must not add any medical facts until you have reviewed the clinical notes for this case as you will need to ensure any consultation is added but you can summarise the earlier care and focus on the last year or more detail. If you are describing a consultation the patient had with another clinician, include their full name and an appropriate courtesy title and their name in the text before it is sent to the coroner so they can review the details of the case and provide a response.
- [This should also include relevant referrals and whether the patient was under the care of specialist or other services at the time or since their death].
- I have seen [Name of deceased] on [add date], when [add details of presentation] [include here a more detailed description of your last consultation or contact with the patient. This should include details of the history and examination, diagnosis and management plan].
- Does your medical address any specific questions which have been asked by the Coroner. Each question should have its own paragraph.
- Does your report the Coroner may ask whether the patient was subject to any order – use this paragraph, only if the question is asked of you. To the best of my knowledge [add name of deceased] was not subject to an order under the Mental Health (Care and Treatment) Act 1983, the Substituted Adult's (Capacity) Assessment and Treatment Act 2017 or the Mental Health (Care and Treatment) Act 2013 at the time of [add death].
- Has the patient been involved in any of the following [add paragraph here] [This may also want to include comments of anything significant occurred subsequent to your last consultation, or anything new you heard about the death].
- Has the information in this report been of assistance to the Coroner and I would be happy to provide further information if clarification should be required.

Signature  
 (Print your name)  
 Date [add date]

1 of 1

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## Case Study: Fit to Fly

**“Please can I have a quick letter stating I am fit to fly next week?”**

- **Fractured tibia-fibula 16 weeks ago, had surgery, now walking unaided**
- **Flight to Orlando, FL**



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## Case Study: Housing Letter

**“Please can I have a letter to support my application to move housing?”**

- **Family of 4, Tunde 38, Jacinta 36, Aleesha 11, Thomas 9.**
- **Jacinta, Aleesha and Thomas have asthma and high SABA users**
- **Report black mould in property and inaction by landlord (Bolton At Home)**



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## Case Study: Visa Examination

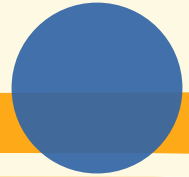
  
**MEDICAL CERTIFICATE**  
 Royal Thai Embassy  
 180 Island park Drive  
 Ottawa, Ontario Canada K1Y 0A2

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ (Medical Doctor)  
 Holding medical license No. \_\_\_\_\_ issued on date: \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_  
 Have examined (name of patient): \_\_\_\_\_  
 born on, day: \_\_\_\_\_ month: \_\_\_\_\_ year: \_\_\_\_\_ on date: \_\_\_\_\_ and have found  
 (name of patient): \_\_\_\_\_ free of the following diseases

1. LEPROSY
2. TUBERCULOSIS (T.B.)
3. ELEPHANTIASIS
4. DRUG ADDICTION
5. THIRD STEP OF SYPHILIS

(name of patient): \_\_\_\_\_ is in good physical and mental health.

Signature: \_\_\_\_\_ MD  
 ( \_\_\_\_\_ )  
 (name in print)  
 Address: \_\_\_\_\_  
 Tel. ( \_\_\_\_\_ ) \_\_\_\_\_



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## Case Study: Paris Marathon

**RUNNING A  
 MARATHON  
 IN FRANCE?**  
**DON'T FORGET YOUR  
 MEDICAL CERTIFICATE!**

### MEDICAL CERTIFICATE

I, the undersigned Dr \_\_\_\_\_, Doctor of Medicine,

Certify that the examination of Mr/Ms \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

reveals no contraindications for participating in running competitions.

Medical certificate issued in (place): \_\_\_\_\_

Date: \_\_\_\_\_ Doctors sign: \_\_\_\_\_

Doctors Stamp: \_\_\_\_\_

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## Case Study: Medical Evidence

About medical or other information you may already have

☒ Things the Health Assessment Advisory Service would like to see, if you already have them -

Reports, case or treatment plans about you from:

- GP
- Hospital doctors
- Consultant nurses
- Community psychiatric nurses
- Integrated mental health teams
- Social workers
- Support workers
- Learning disability support teams
- Counsellors or carers
- Other professionals

Medical test results including:

- X-rays
- Scans
- The results of a biopsy, but not the biopsy itself

Things like:

- Your current prescription list
- Your statement of special educational needs
- Learning needs plan
- Your intellectual or visual impairment

Other information:

- Hospital Passport: This is a written record kept by people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.
- Education Health Plans
- A diary of your symptoms if your disability, illness or health condition varies from day to day
- Long term hospital information including date of admission, length of stay and the hospital name and address

**Remember - only send us copies of medical or other information if you already have them. Don't ask us for new information or send us original documents. Please write your national insurance number at the end of the information you send us.**

☒ Things the Health Assessment Advisory Service don't need to see -

General information about your medical conditions that are not about you personally, such as:

- Prescriptions
- X-rays
- X-rays about other people
- Your sheets about your medication
- Shared records
- Statement of fitness for work, otherwise known as fit notes, medical certificates, doctors' statements or sick notes
- Appointment letters

**Cancer treatment**

**IMPORTANT:** If your cancer treatment is affecting you and you have no other health conditions, you can skip to the end of the questions at the end of this questionnaire.

Do you have cancer?

No ☐ Go to the end of the questionnaire

Yes ☐ Go to the end of the questionnaire

Are you having, waiting for or receiving from chemotherapy or radiotherapy treatment for cancer?

No ☐ Go to the end of the questionnaire

Yes ☐ Go to the end of the questionnaire

Do you have other health problems, as well as cancer, and the problems affecting your cancer treatment?

No ☐ Go to the end of the questionnaire

Yes ☐ Go to the end of the questionnaire

- **Mike, 61, Oesophageal Cancer with metastasis, has letter stating palliative care only from Christie**
- **Mark, 51, Depression, has been having CBT via Bolton PCPS and on venlafaxine 375mg daily**
- **Martin, 41, broke arm on holiday 2 years ago, discharged from orthopaedic follow-up**
- **Melanie, 21, MS with dominant hand sensory neuropathy and now can't drive**

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## Case Study: SAR

**“Solicitor requests copy of full notes with no redactions to be sent to them for potential negligence claim. No charge as this is a SAR”**

**Record contains full names and details of several relatives involved with adverse childhood experiences of patient.**

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# GDPR & SAR

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The screenshot displays the ICO website's 'UK GDPR guidance and resources' page. The header includes the ICO logo, the tagline 'The ICO exists to empower you through information.', and a navigation menu with links: Home, For the public, For organisations, Make a complaint, Action we've taken, and About the ICO. Below the header, a sub-header reads 'For organisations / UK GDPR guidance and resources'. The main content area is titled 'UK GDPR guidance and resources' and features a list of links to various guides and resources, each with a right-pointing arrow icon. These links include: 'Pay fee, renew fee or register a DPO', 'Report a breach', 'Advice and services', 'SME web hub', 'Personal information - what is it?', 'Individual rights (including SARs)', 'Principles', 'Lawful basis, special category data and criminal offence data', 'Controllers and processors', and 'Accountability and governance'. A note at the top left of the content area mentions recent website changes. At the bottom, the URL <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/> is provided.

**ico.**  
Information Commissioner's Office

The ICO exists to empower you through information.

Home For the public For organisations Make a complaint Action we've taken About the ICO

For organisations / UK GDPR guidance and resources

## UK GDPR guidance and resources

You might have noticed we've made some changes to our website. This includes changes to the Guide to the UK GDPR, which has been broken down into smaller guides. These can be found in the pages below.

- ➔ **Personal information - what is it?**  
Key definitions, what is considered personal information and what "identifiable" means.
- ➔ **Principles**  
Fairness, transparency, purpose limitation, minimisation, accuracy, accountability, storage and security.
- ➔ **Controllers and processors**  
Definitions of 'controllers' and 'processors', how to determine them
- ➔ **Individual rights (including SARs)**  
Writing a privacy notice, responding to a subject access request, and when to delete, change, move or stop processing people's information.
- ➔ **Lawful basis, special category data and criminal offence data**  
Consent, contracts, legitimate interests, vital interests, public task, legal obligation, special category data and criminal offence data.
- ➔ **Accountability and governance**  
DPIAs, accountability principle, internal governance, contracts, documentation,
- ➔ **Pay fee, renew fee or register a DPO**
- ➔ **Report a breach**
- ➔ **Advice and services**
- ➔ **SME web hub**

<https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/>

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## GDPR & SAR

- Individuals have the right to access and receive a copy of their personal data, and other supplementary information.
- Individuals can make SARs verbally or in writing, including via social media.
- A third party can also make a SAR on behalf of another person.
- In most circumstances, you cannot charge a fee to deal with a request.
- You should respond without delay and within one month of receipt of the request.
- You may extend the time limit by a further two months if the request is complex or if you receive a number of requests from the individual.
- You should perform a reasonable search for the requested information.
- You should provide the information in an accessible, concise and intelligible format.
- The information should be disclosed securely.
- You can only refuse to provide the information if an exemption or restriction applies, or if the request is manifestly unfounded or excessive.

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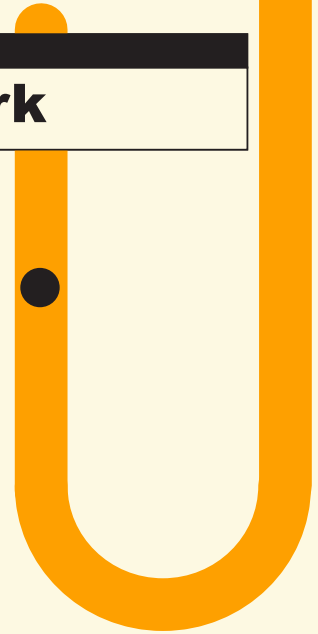
## Non-Patient Facing Work

24



## Non-Patient Facing Work

- Investigation Results
- Correspondence
- Staff HR & Management
- Accounting £
- Quality Assurance
- PCN and ICB Liaison
- Appraisal & CPD
- Pro-Bono/Charity
- Education £



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## GMS Contract



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## Types of GP Contract

- **General Medical Services (GMS)**
  - This came into force in 2004 and has undergone annual amendments since its inception. The annuals contract negotiations are held between the General Practitioners Committee of the British Medical Association and NHS England.
  - A nationally negotiated contract.
- **Personal medical Services (PMS)**
  - Locally negotiated contract.
  - Although the PMS contract is locally negotiated between a contractor and the Clinical Commissioning Group, the bulk of its content mirrors the GMS contract.
- **Alternative Provider of Medical services**
  - Locally negotiated contract.
  - Allows flexibility to commission services from any contractor.

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## Core components of GMS

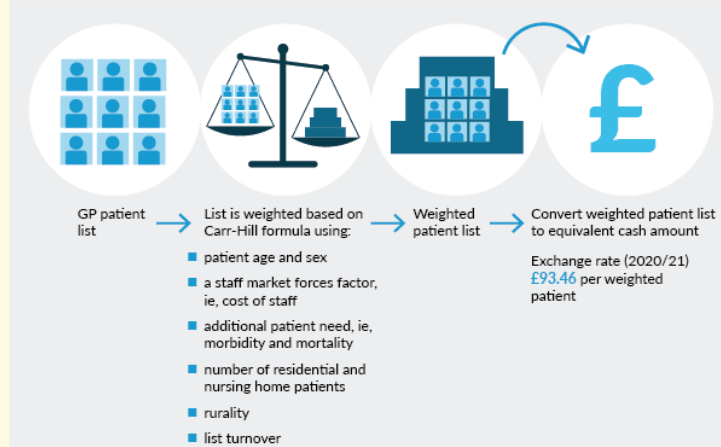
- **The core parts of a general practice contract:**
  - agree the geographical or population area the practice will cover
  - require the practice to maintain a list of patients for the area and sets out who this list covers and under what circumstances a patient might be removed from it
  - establish the essential medical services a general practice must provide to its patients
  - set standards for premises and workforce and requirements for inspection and oversight
  - set out expectations for public and patient involvement
  - outline key policies including indemnity, complaints, liability, insurance, clinical governance and termination of the contract.
- **In addition to these core arrangements, a general practice contract also contains a number of optional agreements for services that a practice might enter into, usually in return for additional payment. These include:**
  - the nationally negotiated **Directed Enhanced Services (DES)** that all commissioners of general practice **must offer** to their practices in their contract;
  - the locally negotiated and set **Local Enhanced Services (LES)** that vary by area.

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## Income

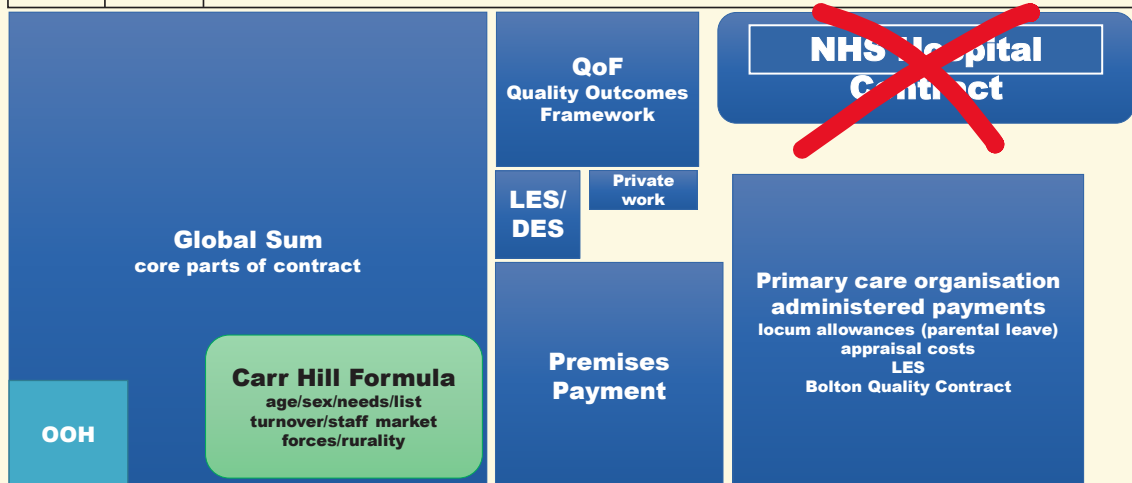


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## GP income sources

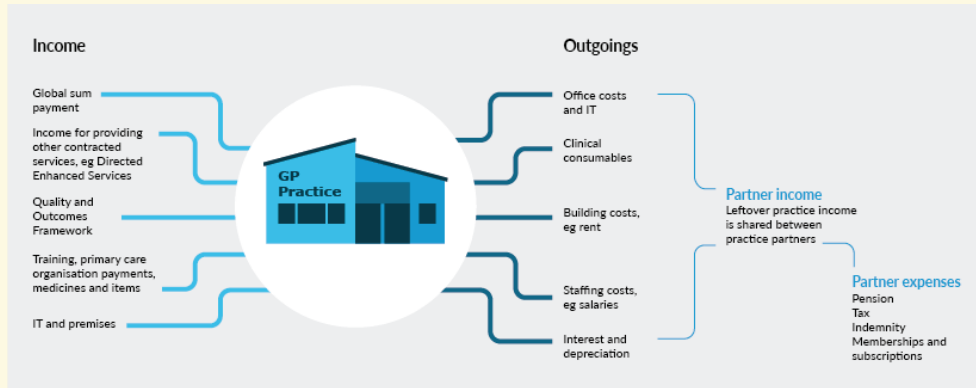


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## Outgoings



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**[www.england.nhs.uk/gp/investment/gp-contract/](http://www.england.nhs.uk/gp/investment/gp-contract/)**

**GMS Contract**



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## Private GP Work

- **NHS GPs cannot offer their own registered patients private services if that service is in any way offered on the NHS**
- **GMC guidance suggests careful consideration for providers offering NHS and non-NHS services to the same patients**
  - **The 7 principles of public life ('Nolan principles' May 1995) – apply to anyone who works in health, education, social and care services and give guidance on transparency and declaring any interests.**

### GPs call for ability to charge own patients for private services

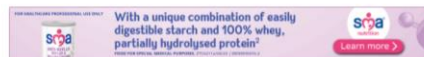


Eliza Pinn | 19 May 2023

LMCs have called for GPs to be able to offer private services to their registered NHS patients in certain circumstances and 'at their discretion'.

Voting at the UK LMC conference in London, local GP leaders passed a motion stating that GPs should be allowed to offer paid-for services if they 'are not routinely offered by the NHS' or if they are offered but are not accessible in a 'reasonable' time frame.

They also passed part of the motion which emphasised trust in GPs to 'manage potential conflicts of interest' arising from offering these private services.



LMCs called on the BMA to 'state that the wellbeing of its members is a higher priority than the delivery of NHS standards'.



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## Setting up private practice

**You'll need to consider**

- **Demand for your service**
- **Business models**
- **Regulation**
- **Indemnity**
- **Patients**
- **Out of hours cover**
- **Complaints procedure**
- **Finances**

**<https://www.bma.org.uk/advice-and-support/private-practice/setting-up-in-private-practice/setting-up-as-a-private-gp>**

### Setting up as a private GP

Looking to set up in private practice as a private GP? Our guidance includes information on regulations, business models and patient agreements.

Location: UK Audience: GPs Updated: Tuesday 6 July 2021



#### On this page

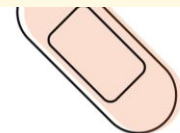
Demand for your service  
Business models  
Regulation  
Patients  
Out of hours cover  
Complaints procedure  
Finances  
The pitfalls

Private general practice can be rewarding and liberating. It frees you from much of the burden of NHS regulation and allows you to spend more time with patients. There are no targets to meet, no QOF (Quality and Outcomes Framework) points and less government interference.

You can build up relationships with consultants, whom you know will provide the best possible care for your patients, and, although the demands of private patients may be higher, job satisfaction could be greater.

Our guidance is aimed at doctors who are looking to set up in private practice as a private GP and includes some important considerations before making your decision.

It should be read alongside our general guidance on [setting up in private practice](#), which provides further information on financial and legal considerations including CQC registration, DBS checks, registration under the Data Protection Act, and arrangements for appraisals/revalidation.



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