Welcome to the latest edition of the newsletter. I hope you will agree that over the last few years this newsletter has improved considerably in terms of scope, content, and quality. However, after four years or so at the helm I have decided to step down from the running of the newsletter in order to focus my time and attention on the website. I have found it increasingly difficult to devote quality time to both of these roles, and I hope that by loosing one, I can offer more to the other.

Fortunately, our new vice chair, Louise, has been willing to take control of sourcing new and interesting content. Louise is an Emergency Medicine Consultant who recently became a member of the committee, and jumped straight into the hot-seat as Vice Chairperson. Her enthusiasm, as well as her ability to devote both time and energy to DSN, have proved to be excellent assets. When I decided to step back from the newsletter, Louise agreed to take up the reins here too … this newsletter is testimony to her efforts in this regard, and I warmly invite you to engage in the content and get in touch with her!

If I had one regret over the last few years, it is that I have been unsuccessful in getting consistent input from across the spectrum of our membership. I hope that as Louise continues this journey, you can find the time to offer your thoughts, comments, articles and reviews. To those of you who devoted their time and effort to writing for the newsletter over the last few years I would like to extend my most sincere gratitude … without your input, the newsletter would truly have been nothing!

Enjoy our latest offering …

**Editorial by Dr Robert Sykes (Editor)**

Consultant who recently became a member of the committee, and jumped straight into the hot-seat as Vice Chairperson. Her enthusiasm, as well as her ability to devote both time and energy to DSN, have proved to be excellent assets. When I decided to step back from the newsletter, Louise agreed to take up the reins here too … this newsletter is testimony to her efforts in this regard, and I warmly invite you to engage in the content and get in touch with her!

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Enjoy our latest offering …

**ARTICLES REQUIRED FOR NEWSLETTER AND WEBSITE**

No experience required

Have you been to a great course? Do you know of a great book? Do you have any interests that you would like to share? Are you a creative writer / artist / photographer?

We offer confirmation of published articles for your portfolio!

Email: editor@dsn.org.uk

The newsletter needs your contributions to survive.
Important Changes to the Membership Fees Policy

by Dr Alison Holt

Dr Alison Holt is the Secretary for the Doctors’ Support Network

I am writing to explain a change we plan to make in how we ask our members for financial support.

As you know DSN is a nationwide charity. The vast majority of our income comes as donations from our members, currently termed a subscription; we ask potential members for a subscription when they join and we ask current members annually to renew this.

Unchanged Fees

The subscription fee has remained £25 for those working and £5 for those not working since I first became involved with DSN in 2004.

This way of doing things causes us some complications.

Delays

The first is that it places a delay in processing membership applications. As well as verifying that those requesting membership are doctors or medical students we are ensuring that they have paid their subscription before processing the application. Given that people may pay by cheque, direct bank transfer, standing order or PayPal, and that often their name (which must be their GMC registered name) may not match that on their bank account or their PayPal account this is not as simple as it should be.

The second complication is that we are uncertain how hard to chase current members for annual payments. We are very thankful to those of you that have set up an annual standing order. The committee has always taken the view that failure to pay the annual subscription should not result in the withdrawal of support by DSN – it is often when we are unwell that we miss such things. However we have debated long and hard the “fairness” that some who do not pay can be regular users of the forum and local groups.

At the last committee meeting it was decided to remove the subscription.

A Donation Based Approach

We will ask those who are joining us to make a donation and we will ask the current membership annually to make a donation to help us cover costs. With the move to deliver the majority of the Newsletter by email our main costs are training for our DSL telephone volunteers and advertising to ensure that those who are in need of us are aware we exist.

We will record these donations by name to enable us to claim gift aid but we will no longer see this as a subscription.

Please continue to support us

We hope that this will not change what you do and that when we ask annually you will continue to make a small donation to enable us to continue our work: to provide support, reduce stigma and to campaign for better services for doctors with a range of mental health problems.

If you have any queries or comments, please do not hesitate to contact us at info@dsn.org.uk

Thank you

Alison
Revalidation is a very current topic in the medical press. For anyone who hasn’t explored the GMC algorithm, there is little choice for most doctors regarding who is responsible for their revalidation. Any organisation employing a doctor MUST be a Designated Body. The Designated Body then appoints Responsible Officers who are usually officials such as medical directors.

But what if the GMC algorithm obstinately refuses to come up with a ‘Designated Body’ and ‘Responsible Officer’ for you? NHS England was (apparently) surprised by the number of phone calls received from doctors with no Designated Body. The GMC was also taken aback to find that 15,000 doctors had no prescribed connection. The revalidation team suspects that many of the 15,000 are Foundation doctors who haven’t yet sorted out their ‘My GMC’ account but this still leaves an appreciable body of unconnected doctors. So, NHS England and the BMA collaborated to hold a one day event designed to help this group of ‘homeless’ doctors. Importantly, the day was free to attend for all doctors including non-members of the BMA and included a fine lunch.

The event was held at BMA House in London on 24th May and was well attended. In my opinion, there was a mix of attendees between those doctors who had unusual career paths for a variety of reasons and individuals such as myself (currently not working through ill health). For example, there were several attendees currently working in the pharmaceutical industry but still wishing to keep their Licence to Practice. I also met a consultant who was not working having had their contract terminated and another consultant suspended for over two years after a complaint.

Speakers from the GMC, NHS England and the London deanery described a variety of pathways by which revalidation could be achieved. The most interesting and useful points (for me) came out in the question sessions.

- Your appraiser is apparently nominated by your Responsible Officer. (I didn’t know that.)
- Appraisers do not have to be doctors.
- Appraisers may be retired.
- There is no mitigation for those with ‘difficult’ patient groups i.e. 360 feedback is still expected.
- Your 360 feedback forms must be administered by an independent party i.e. you are not permitted to hand out forms yourself.
- There are commercial organisations who can administer 360 feedback cycles for you.
- Your evidence should not have patient identifying information attached.
- If you have no identified appraiser, complete your appraisal documents according to the GMC guidelines and store online in e.g. Dropbox.
- Your appraisal should be at least 3 months before your revalidation date.
- A common reason for deferral of revalidation is missing patient or colleague 360 feedback. The deferral to collect more evidence is usually 1 year.
- Your Responsible Officer is allowed to ask for your revalidation to be deferred e.g. if you’re not working through ill health.
- The deferral is for a maximum of one year but can be repeated.
- If you have no Responsible Officer, then you are permitted to ask the GMC yourself for the deferral.

If you have no Responsible Officer, it will be possible to do an objective assessment at the GMC instead. This doesn’t seem to be in place yet.

The GMC and NHS England reassured the meeting that revalidation would improve standards for doctors and patients.

My initial impression of the handling of revalidation (for doctors who don’t fall into convenient categories) was that the GMC expected such numbers to be small and had made little provision for them. However, I am now encouraged that the GMC now seems to be addressing the obvious issues which have arisen.

Interestingly, two very senior doctors agreed with me, that they did not trust the GMC’s promise that getting back one’s Licence to Practice would be a straightforward process. I was very much encouraged by this discussion as I had wondered if my own hold on my Licence to Practice was verging on the paranoid. Now my feelings on the matter seem much more reasonable.

Overall, a very useful day in which I met several interesting people and learnt valuable information. And the meeting counted as (free) CPD—not that I’m obsessed with my CPD log.
A touch of medical humanity

By Dr Louise Freeman

“The best thing for being sad,” replied Merlyn, beginning to puff and blow, “is to learn something. That is the only thing that never fails. You may grow old and trembling in your anatomies, you may lie awake at night listening to the disorder of your veins, you may miss your only love, you may see the world about you devastated by evil lunatics, or know your honour trampled in the sewers of baser minds. There is only one thing for it then - to learn. Learn why the world wags and what wags it. That is the only thing which the mind can never exhaust, never alienate, never be tortured by, never fear or distrust, and never dream of regretting. Learning is the thing for you. Look at what a lot of things there are to learn - pure science, the only purity there is. You can learn astronomy in a lifetime, natural history in three, literature in six. And then, after you have exhausted a million lifetimes in biology and medicine and theo-criticism and geography and history and economics - why, you can start to make a cart-wheel out of the appropriate wood, or spend fifty years learning to begin to learn to beat your adversary at fencing. After that you can start again on mathematics, until it is time to learn to plough.”

‘The Sword in the Stone’ by T. H. White ... Merlyn is speaking to the Wart who is miserable because Kay is going to be a knight and he is ugly and self conscious. He, despite having little Latin from school, wrote and published a version of a mediaeval bestiary with his own illustrations. In his later years, Tim learnt sign language in order to have deaf and dumb strangers to stay for holidays in his home, having been struck by their plight described in a television programme.

So Tim White is not exactly a model of ‘how to be happy’ but I still think he made an excellent point in Merlyn’s speech. I love learning things and am currently doing a taster course in Russian, creative writing and art as well as Latin, adult ballet classes, horse riding, yoga etc. When I felt very low, I didn’t exactly enjoy my activities but at least I got out of the house and also had topics to talk about with others. (I didn’t dare to stop any of my activities in case I couldn’t manage enough initiative to start again.) Also, one’s woes are not exactly fascinating to others over an extended period, however sympathetic the listener, I even bored myself at times and, other subjects can therefore be a welcome relief for all parties. Another reason to learn is that, as a doctor, one is used to a certain amount of academic activity and the lack of this stimulation can exacerbate feelings of depression, even if one is not well enough to do anything which could be described as CPD.

I discovered ‘The Once and Future King’ when I was 17. I have now thoroughly enjoyed reading most of White’s other works and his biography and wish I could have met the author. And Merlyn is right:

“The best thing for being sad is to learn something.”
My Mad Fat Diary review

‘My Mad Fat Diary’ is entertaining, funny, sad and above all believable. The series is based on the author, Rae Earl’s teenage diaries from the nineties when she was 16 years old, anxious, overweight, obsessive compulsive and prone to self harming. Below is a link to an interview with the author

http://www.telegraph.co.uk/culture/tvandradio/9803399/Rae-Earl-on-My-Mad-Fat-Diary.html

Rae is also funny and music mad. Rae is (by episode 4) struggling with whether to tell her friends that her recent long absence was due to being an inpatient on a psychiatric ward rather than ‘visiting her uncle in France’. Her best friend is advising her not to reveal all on the grounds that “you don’t know what they will say”. Rae is also desperate to win a boyfriend but struggling with her lack of conventional attractiveness. The series also covers her visits to a friend who is still an inpatient and, interactions with her psychotherapist, which were realistic enough to make me feel slightly uncomfortable.

As Rae is a teenager with extra insecurities, there are moments where she is portrayed as feeling under intense pressure.

The risk of her self harming or over eating at these times feels real and might be too uncomfortable to watch if one were particularly unwell. I was relieved to find that the actor playing Rae (Sharon Rooney) is actually 24, considering the challenging material covered in the role. She is fantastic at portraying the vulnerability of the teenage Rae.

I would recommend this series to anyone but it has particular resonance for those who has had mental health problems of their own as the issues covered are not teenage specific but just about being human. A classy bit of programming, covering challenging topics while entertaining.

My Mad Fat Diary review

Employment & Support Allowance

While suffering from a mental health problem, it can be difficult to embark on the complex process of applying for Employment & Support Allowance (ESA). This benefit has replaced Incapacity benefit and applies when you are too sick to work or claim Jobseekers’ Allowance (JSA). ESA may be contributory (based on your National Insurance—NI record) or income-based. Payments made under an income protection policy do not affect your entitlement to contributory ESA but would affect income-based ESA.

Initial application

Claimants initially complete an ESA1 form and receive the ‘assessment’ rate of ESA for 13 weeks while their claim is examined.

Work Capability Assessment (WCA)

During this period, the claimant is expected to complete a lengthy ESA50 form. The information required is to examine the claimant’s ability to perform various tasks. Specific diagnosis is not the focus except for a few conditions such as cancer. The functional assessment is divided into physical and mental descriptors. Most claimants then have to attend a medical examination which is undertaken for the Department of Work & Pensions (DWP) by a company called ATOS. Occasionally, the DWP will ask your medical advisor for a report but in my experience, you will usually need to request and pay for these yourself (as they are a non NHS task).

The health professional carrying out the assessment for ATOS then makes a recommendation to the DWP as to whether the claimant is fit for work. It is important to note that the work considered is any work, not your usual employment. A decision-maker for the DWP then decides whether you are entitled to the benefit.

Appealing a decision

If you are refused ESA, you have a right of appeal which is carried out by an independent social entitlement tribunal. It is important to state on your appeal form that you wish to continue to claim ESA while your appeal is being considered. The appeal should be directed towards addressing specific descriptors and adding any reports subsequently acquired.

Regulations 29 & 35

Importantly, claimants and their doctors may not know of regulations 29 & 35

29 (1) A claimant who does not have limited capability for work as determined in accordance with the limited capability for work assessment (i.e. does not score 15 points or more) is to be treated as having limited capability for work if paragraph (2) applies to the claimant.

(2) This paragraph applies if………..

(b) the claimant suffers from some specific disease or bodily or mental disablement and, by reasons of such disease or disablement, there would be a substantial risk to the mental or physical health of any person if the claimant were found not to have limited capability for work.

Regulation 35 is similar but applies to work related activity. In practice, it would be very unusual for a claimant who is felt to be unfit for work under regulation 29, not to also qualify under regulation 35.

It may be worth showing these regulations to your doctors before they write your report.

A complete guide to applying for ESA from a mental health point of view is available on the DSN website.
Useful Resources

**Sources Of Support**

**GENERAL:**

Doctors.net.uk  
[www.doctors.net.uk](http://www.doctors.net.uk)  
UK’s largest and most active on-line medical community. Contains _the couch_ providing emotional and professional support through on-line discussion forum and peer-to-peer support

BMA Counselling Service  
Tel: 08459 200169  
24-hour support with immediate access to trained counsellors.

Support4Doctors  
[www.support4doctors.org](http://www.support4doctors.org)  
Website run by the RMBF – aims to put doctors and their families in touch with a range of organisations who can help. Covers: Work & career; Money & finance; Health & well-being; Family & home

BMA Doctors for Doctors  
[www.bma.org.uk](http://www.bma.org.uk)  
(click on doctors health & well-being)

Web based resource pack intended as a self-help tool to aid doctors in accessing appropriate help for any difficulties in which they may find themselves. Also contact with doctor-advisers through BMA Counselling service. For BMA members only.

**The Sick Doctors Trust**  
Tel: 0870 444 5163  
[www.sick-doctors-trust.co.uk](http://www.sick-doctors-trust.co.uk)  
Undertake to provide early intervention and treatment for doctors suffering from addiction to alcohol or other drugs, thus protecting patients while offering hope, recovery and rehabilitation to affected colleagues and their families.

**The British Doctors and Dentists Group**  
Tel: 0870 444 5163.  
Monthly group meetings for doctors recovering from chemical dependency.

**Independent Career Assessment**  
[www.medicalforum.com](http://www.medicalforum.com)

**SPECIFIC GROUPS:**

**Medical Women’s Federation**  
[www.medicalwomensfederation.org.uk](http://www.medicalwomensfederation.org.uk)  
Aims to advance the personal and professional development of women in medicine, to change discriminatory attitudes and practices and to work on behalf of patients.

**Psychiatrists’ Support Service**  
[http://www.rcpsych.ac.uk/member/psychiatristsupportservice.aspx](http://www.rcpsych.ac.uk/member/psychiatristsupportservice.aspx)  
A confidential telephone advice line for members of the Royal College of Psychiatrists covering all subjects including health, career and problems at work.  
Telephone 020 7245 0412  
psychiatristsupportservice@rcpsych.ac.uk

**Anaesthetists**  
Tel: 020 7631 1650  
[www.aagbi.org](http://www.aagbi.org)  
An alternative contact for anaesthetists seeking help

**NON-MEDICAL**

**Mind**  
Tel: 0845 766 0163  
[www.mind.org.uk](http://www.mind.org.uk)  
The leading mental health charity in England and Wales. Work to create a better life for everyone with experience of mental distress

**Samaritans**  
Tel: 08457 90 90 90  
[www.samaritans.org.uk](http://www.samaritans.org.uk)

**Financial Help**

**BMA Charities**  
Tel: 020 7387 4499  
Including the Cameron Fund

**Royal Medical Benevolent Fund**  
Tel: 020 8540 9194  
[www.mbf.org](http://www.mbf.org)

**The Royal Medical Foundation**  
01372 821011  
[www.royalmedicalfoundation.org](http://www.royalmedicalfoundation.org)
How to save money on your professional subscriptions while unemployed / on long-term sick leave / working reduced hours

By Dr Louise Freeman

General Medical Council (GMC)

If your total gross income (from all sources) is below a set threshold for the relevant year, you can apply for a 50% discount on the annual GMC retention fee - see link below:

GMC lower incomes

British Medical Association (BMA)

The BMA offers a salary link scheme to allow members with limited professional income to pay a reduced subscription fee - see link below:

BMA subscription rates

Defence organisations (MDU, MDDUS & MPS)

The Medical Defence Union, the Medical and Dental Defence Union of Scotland and the Medical Protection Society all offer deferred membership for members who are having a career break. This is offered at no cost but each organisation has slightly different rules on what they are able to offer.

Tax allowances for professional subscriptions

Professional subscriptions are allowable against tax if you are still working as a doctor. Unless you normally receive a significant untaxed (and taxable) income from other sources such as cremation form fees, it is likely that you will profit overall from declaring your professional fees against tax. If you wish to claim professional subscriptions against tax, you will need to provide the Inland Revenue with the relevant details via a Self Assessment tax return.

All of the medical colleges should consider an application to their treasurer for either deferred membership or a reduced subscription rate due to straitened financial circumstances of whatever cause. It is worth addressing this as early as possible as fee reductions are unlikely to be applied retrospectively.

The advice on this page is offered in good faith but it is the reader’s responsibility to assess whether it is appropriate to follow the advice in their own situation. Neither the Doctors Support Network or the author can be held responsible for any consequences of following this advice.

If You have received this newsletter via email, simply click the logo. If you have received a paper copy, then please visit Facebook, sign in, and search for us.
Some ideas of where to start with your own CPD:

**Journal reading**

Obvious, but where most of us begin if only to reduce the mountain of unread journals awaiting our return to work.

**Internal teaching sessions**

For employed doctors: If feeling well enough, it is possible to ask if you may attend relevant formal teaching sessions at your place of work.

**External paid for courses**

For employed doctors: If your medical advisers agree that you are well enough to undertake some CPD while on long term sick leave, then it may be worth asking your employer if they will consider funding relevant course fees.

**Deanery**

Your local deanery may offer a variety of learning opportunities for doctors within the region. If you are on long-term sick leave from an NHS post, you are likely to be able to access some valuable learning sessions for free or at reasonable cost.

**BMA library**

The BMA has a full medical library service for members with access to books and journals. Books are posted out to you by the library and returned at your expense. It is also possible to request copies of journal articles.

**BMJ Learning**

Excellent website with hundreds of online modules on clinical and relevant non clinical career development topics

**Colleges**

E-learning: Your college may offer free e-learning modules via their website. N.B. The Royal College of General Practice has some excellent free (for anyone) modules including the e-learning session for the Health for Healthcare Practitioners course.

**Courses & conferences**

Colleges may offer a reduced rate for retired members and it is worth asking if you could be treated as retired for the purpose of paying conference fees if you are on a career break due to ill health.

**Medical Protection Society**

The MPS offers an excellent series of risk management workshops which are free to members including those with deferred (free) membership.

**IT training**

If you are not working and in receipt of a government benefit such as Jobseekers Allowance (JSA) or Employment Support Allowance (ESA) you should be able to access relevant IT training without cost. There are many different providers, each with their own specific funding criteria in this field. One example of the type of IT training available is the European Computer Driving Licence ECDL which is widely recognised by the NHS as a badge of proficiency in the use of Microsoft Office. The ECDL qualification counts as 40 hours of CPD and, depending on the provider, may often be mainly completed at your convenience, online at home. Your local Jobcentre Plus may be able to provide you with suggestions of appropriate local IT training providers.

**Tax allowances for CPD expenses**

If you are still employed or working as a doctor in some capacity, expenses incurred for CPD events may be allowable against tax. You will need to inform the Inland Revenue of your claim for adjustment of your tax allowance.
DSN is a thriving community of doctors with mental health problems. We offer a range of services from regional support meetings and social events to the more involved such as our flagship service the doctors support line (DSL) - doctors for doctors and entirely confidential. We would love to offer this for free but due to running costs and lack of funds, that would not be sustainable. Free online support can always be reached via our website.

PO BOX 360, STEVENAGE, HERTS, SG1 9AS

WEB: www.dsn.org.uk (Free Access to All)
DOCTORS SUPPORT LINE: 0844 395 3010 4p/min

SUPPORT MEETINGS

London & SE  Support meeting are at Sally ‘s house in Ealing, West London. Contact membership@dsn.org.uk
York  Please contact Rosemary on either 01142305537 or lethem@doctors.org.uk for details and/or to be added to the groups’ mailing list.
North East  NEW meeting to take place monthly at Claremont House in Newcastle. Contact, dates & times to come.
North West  Regular support meetings or day trips run on an ad-hoc basis. Please contact astrid@dsn.org.uk to attend.
South  For details regarding the Southampton support group please call Helen on 07811 360 880 or email hj.plowman@googlemail.com for more information
Midlands  Please contact either Ruth at ruth@dsn.org.uk or Joy at joykdz@yahoo.co.uk
Scotland  Often take place at Malcolm’s flat; contact malcolmh@doctors.org.uk
Wales  Take place in Cardiff; contact Clive at wales@dsn.org.uk

IF YOU ARE INTERESTED IN SETTING UP A SUPPORT GROUP IN YOUR OWN AREA, OR YOU WOULD LIKE TO ATTEND ANY OF THE EXISTING MEETINGS PLEASE CONTACT US AS ABOVE

THE DSN COMMITTEE

The committee has changed slightly for 2013, with Fiona stepping down as chair at the 2012 AGM.
We would particularly like to thank the volunteers of the Doctors’ Support Line, who are not mentioned here.
The committee is now as follows:
Angelika: Chair
Louise: Vice Chair
Howard: Treasurer
Alison: Secretary
Sally: Membership Secretary
Rob: Exec. Editor (Newsletter & Website)
Ahmed: Editor (Newsletter)
Roberta: Doctors’ Support Line (DSL)
Fiona: GMC Liaison
Matilda: Conference co-ordinator
Clive: DSN Wales
Malcolm: DSN Scotland
Other regular volunteers:
Declan: Forums
Richard: Fundraising
Tanya: DSL

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THE DOCTORS SUPPORT NETWORK

WWW.DSN.ORG.UK
Contact us at info@dsn.org.uk

Campaining to reduce the stigma of mental illness
Liaising with the GMC, NCAS and PHP
Expert advice to those undergoing GMC procedures on health grounds
Anonymous email forum
social outings and support meetings
The Confidential Doctors Support Helpline (see below)

Support Line: 0844 395 3010
Mon, Tues: 8pm - 11pm / Wed, Thurs, Fri: 8pm - 10pm / Sunday: 4pm - 10pm