



Fresh start in Zululand

If you hire a car from Durban and drive northwards up the coast for a couple of hours you come to a town called Empangini. There is a large Public sector hospital here and in it you will find me - a 57 year old GP from Cornwall - being taught anaesthetics by a mainly ex-pat. group of young, highly skilled anaesthetists. It's a bit of a culture shock for me, but I am hanging on in because in a week I move inland -another couple of hours' drive into the heart of Zululand to Nkandla Hospital: a place where I worked during January, February and March last year. Nkandla is in the epicentre of S. Africa's AIDS epidemic, but all the usual medical problems of childbirth, fractures, fevers and so on arrive as before. Once there I will miss the security of experts that currently wraps around me - and feelings of acute loneliness can be common!

All this is part of my dipping into work in remote areas of the world, which I currently do for about 3 months a year. Come March the plan is to return to Cornwall, and re-join the world of GP locums and out of hours on call shifts. I will probably include up to two months of various holidays, to bring me around to the next faraway medical exploration.

I have worked this way since 2001. I left my regular practice when three factors coincided and I eventually realised that if I wanted to do some work abroad, as I had been saying for some time, this was the time. The three factors were, firstly, feeling out of sync. with the emphasis of General Practice in England - I felt old-fashioned in approach and a bit uncomfortable with the current trends; secondly, two friends of my own age, 50, died - both of illnesses - which gave me a sharp wake-up call to life; and, thirdly, a long-term project I had recently embarked upon, involving re-fitting a yacht and "sailing off" somewhere, ended suddenly when four schoolboys climbed aboard one night and deliberately set her alight. The yacht was burned out and the project was over!

[continued on page 2](#)

Welcome!

Does the thought of Spring make you experience a bright yellow sensation? For some people it does – read on page 3 how GP Jane Mackay has turned this into a career. Steve Wooltorton takes his skills across the world, and is currently working in Zululand (front page). Read our regular roundup of Sessional GPs, and how the Government may be wanting to round Freelance GPs up. More smart financial advice from Liz Densley, and information on how to get an NHS Smartcard.

Government's "Trust, Assurance & Safety" White Paper a Blueprint for locum regulation

This latest government white paper on the regulation of Health Professionals "in the 21st Century" pays scant attention, yet again, to GP locums. Reading the report, one would be under the impression that the government assumes that all GP locums are employed by agencies, and is therefore focusing all its attention on how agencies can regulate Freelance GPs.

But, whilst on the surface this may look like the government is simply not in touch with how freelance GPs are actually self-employed, this may in fact reveal a more sinister intention to force all freelance GPs to work for locum agencies. For the government this would make perfect sense - the hiring and firing of locums would be then, of course, entirely outside the NHS. Responsibility for the quality of these locums would be devolved to the private sector – one less headache for the NHS, and someone else to blame. And, with a last twist of the knife, no access to NHS superannuation as, being 'forced' to work as an agency locum, one would no longer be freelance but an employee of a private company.

So, as a freelance GP, is this what you really want? The government wants to regulate us. Can you regulate yourself? Would you prefer to work for a 'regulatory' locum agency? Or can you organise yourself into being part of a self-regulating 'Locum Team' like the NASGP's Sessional GP Support team? We're here to represent you, so let us know!!



continued from page 1



View of Nkandla Hospital

in turning my adventure into our adventure.

To date I have spent time working in West Australia (a year in fact, during which my wife managed to get out for nearly half the time), Lihir (an island off Papua New Guinea), South Luangwa (amidst the game parks in Zambia), and this is my second visit to South Africa. In between I did the Diploma of Tropical Medicine at Liverpool, which was a wonderful, really good value, hard-working course. There are no long-term plans, as life is prone to biff you onto a different route from time to time – as when the yacht was burned.

So, it's Nkandla hospital next on the horizon. This will be the first time I have returned to the same place. There will be about six doctors: some of the work will be beyond my comfort zone, but (exactly as in a GP setting) you can do your best and then it's better to relax. I describe the experience as a medical adventure - and adventures have big highs and big lows. You have to be prepared to accept the lows - they pass! What I like best are the medical people I meet, varying from intrepid medical students to time-hardened old campaigners who have seen it all.

As a married man I have for many years been looked after - hand and foot. Now is my chance to look after myself domestically (cooking and cleaning etc.), which is why I must now sign off - just time to catch the shops - as I'm in serious need of a tin-opener.

Dr Steve Wooltorton
Locum GP, Cornwall
www.rhi.org.za/

Other important factors were that the mortgage was paid for, our children had all left home, and my wife, who is completely fulfilled at home and has no wish to roam the world, is content for me to go off for three-month stretches, though she always visits and we both find this important

BMA Salaried GP Conference

The BMA is organising the conference 'Making the most of being a salaried GP' on Monday 23 April 2007 at BMA House, London, which is aimed at current salaried GPs and all other potential salaried GPs. Topics include: effective part-time working; how salaried GPs can increase their chances of success; guidance on how to become and work as a GP with special interests; employment rights including sickness, maternity and redundancy issues; as well as guidance on contractual rights following maternity leave and at the end of FCS and Retainer Scheme funding and lots more.

The cost of attending the conference is £50.00 + VAT for BMA Members or £80.00 + VAT for non-members.

See www.bma.org.uk/ap.nsf/Content/salariedgp, email the conference unit at confunit@bma.org.uk or call **020 7383 6605/6137**.

New RCGP Returner's Fact Sheet

The RCGP's website is a gem for finding information about general practice, and they've come up trumps with some great advice on returning to general practice after a career break – see www.rcgp.org.uk and click on Information Service/Fact Sheets for more information.

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A multisensory experience



Jane Mackay

by NASGP council member Judith Harvey...

I first met Jane Mackay when she had just returned to London after two years as a volunteer teaching paramedics in Papua New Guinea. Later, when I was a mature medical student, I was able to spend a couple of weeks at her practice in Walworth, one of London's roughest areas, and her enthusiasm encouraged me to consider inner city practice.

I knew Jane was a talented musician, but her artistic ability didn't come to public notice until she was recovering from a back injury and took up her childhood hobby of painting, because she found standing easier than sitting. Her first solo public exhibition was in Salisbury in 1993; at her Aldeburgh exhibition in 1997 I met one of the doctors from Walworth looking anxiously at the rapidly spreading rash of 'sold' spots on the pictures and muttering that she feared the practice would be advertising for a new partner before too long.

On Millennium Eve Jane removed her name from the GMC register and threw her stethoscope into the Thames. Her artistic career has blossomed. As well as her many paintings, her work now illustrates CD covers and books and has appeared as a stained glass window.

Most of her paintings are inspired by music and determined by her synaesthesia. For her, and for the three percent of the population with synaesthesia, auditory signals are experienced both as sound and as colour. Music evokes visual images and her paintings develop them. Sometimes the images are almost unchanged in the final painting, sometimes they are the stimulus for further elaboration.

Obviously, music can evoke images for all of us, and we talk about dark base notes and light top notes. Perhaps we are all a bit synaesthetic, but for people like Jane the visual associations provoked by sounds are both consistent and particularly vivid. So Wednesday is always yellow and angular. At least it is for Jane; her sister, who is also synaesthetic, sees Wednesday as green.

Jane didn't realise that her experience was unusual, and she didn't have a name for it until the exhibition of her first big series

[continued on page 8](#)

Different place, different practice, same protection



No-one is going to pretend that the life of a Sessional GP is easy... though it can take you to some pretty interesting places.

Wherever your profession takes you, there's one thing that should always go with you - the protection and support of MPS membership.

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For more details please send CV and contact details to Kuro Consulting, 28 Glade Road, Marlow SL7 1DY

Sessional GP Roundup

Chichester Pallant Medical Chambers

We have 18 members at the moment, but with several new applicants waiting to join. We are also expanding both geographically and in the number of practices using us, and are currently establishing a new Chambers in Southampton. Our aim is to be more than 'just a locum', and our practice manager continues to receive lots of positive feedback from both practices and Chambers Members, which suggest that we are succeeding!

The most recent Speaker meeting, open to all local sessional GPs, was with a local endocrinologist and our next Chambers members meeting will be in a few weeks time. These are for more informal learning and peer support, including sharing feedback & ideas for continuous improvement. Our appraisal package is now up and running, and should take a lot of stress out of the whole process.

Louise Taylor

louise@pallantmedical.co.uk

Frimley Area Sessional GP Group

We continue to attract new members. Our first meeting after the Christmas break was well attended, where we discussed some interesting cases and had an update on pain management and prescribing for palliative care from one of our members. We continue to run things informally, sharing information and experiences about both clinical and non clinical general practice. Meetings are on the last Monday of the month at 8pm and are held at various members houses in the Frimley area. New members welcome.

Zoe Pugsley

sessionalgps@yahoo.co.uk

Berkshire Sessional GPs

Berkshire Sessional GPs meet monthly at Wokingham Hospital on a Monday evening at 8pm. Our meetings are either open forums or 'educational' and we have sessions on allergy, palliative care and paediatric CPR planned so far. Most of us value the social network it provides and we had a useful session on 'different ways of working' in January. New members very welcome.

Dr Sarah King

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Leicestershire Society of Sessional GPs

The group has been getting off to a slow start. There have been enormous changes to the Out of Hours services locally (until now an area of lucrative Sessional GP employment), with practices also undergoing significant changes and budget deficits that are hampering locum employment. However Salaried Positions are increasing and offer good opportunities.

In an effort to increase Sessional GPs' influence locally, I have joined the Leicestershire and Rutland LMC as "non principal" Committee Member. This has already borne fruit, in that the LMC is now collating a mailing list of Sessional GPs on the performers lists of both PCTs, with a view to involving them in all LMC activities whether they are associated with a local practice or not, as well as extending its "pastoral" services to Sessional GPs.

As the Local Sessional Group has been dormant for three years now we feel any activity is better than no activity and look forward to recruiting more members.

Patrick McSharry

patrick@sosgps.org.uk

The Morcambe Bay Non Principals Group

We are an informal gathering of non principals in the Morecambe Bay area. We keep in touch by email and all information on meetings is sent electronically. This keeps costs down and we do not have a membership fee as a result. We are fortunate in having access to an Education Centre in Kendal which is free for us to use, although the one in Lancaster is costly so we do not often meet there.

Our most recent meeting was a journal club in Kendal, and the next meeting will be in Lancaster on March 29 when we hope to have a local psychiatrist to talk to us. Any local Non Principals are welcome to attend.

Rowena Grenfell

all@thebrownfamily.com

Leeds Sessional GP Educational Forum Meetings

At our last meeting we looked at Significant Events Audit & how this could be useful to improve medical care in situations involving Sessional GPs at the surgery or in Out of Hours centres. Contractual issues, such as suspension from PCT List for under-performance, were discussed, as locum GPs would potentially be in a vulnerable financial position during this process.

Topics in the future include a speaker from a medical accountancy firm and a behind-the-scenes visit to a local pharmacy. A pan-Leeds Sessional GP meeting is planned for Thursday 29th March.

Keith Pollock

kdpollock@doctors.org.uk

The Liverpool GP Forum

We are a friendly, informal and very international group of Sessional GPs, GP principals, registrars and primary care academics. We meet on the last Wednesday of every month at 3345 Parr St Studios, L1 4JN (www.3345parrst.com/3345). Meetings start at 7.30pm with an educational talk, followed by an opportunity to meet new colleagues in the bar. Talks in March and April will be on Sports Medicine by the Liverpool Football Club doctor and The Medicalisation of Pregnancy and Childbirth by the Consumer Coordinator for the Cochrane Pregnancy and Childbirth Group. All welcome!

Katharine Jones

kats@liv.ac.uk

Sefton Non-Principal GP Group

We had our AGM in December at the house of the Secretary. It is getting difficult to get any sponsorship for our educational meetings. The next meeting in February will be a joint one with local Principals.

At our last meeting we discussed rates and were bemused by the publication in the press of the rates that some locums charge in excess of £600, whereas members of the group charge substantially less.

Nick Pati

dr.pati@virgin.net

Central and West London Freelance GP Group

The group meets on the first Thursday of each month, at 7.30 p.m., at the Royal College of GPs, Princes Gate, Kensington. There is a discussion forum for all matters of import to sessional GPs, with time for discussion of cases and clinical issues included. We have an extensive email circulation list for those unable to come to meetings.

Thelma Thomas

tm.thomas@btinternet.com

Cheltenham & Gloucester Non-Principals

After an enforced hiatus in the last 6 months, the education programme restarted on 23 February with a family planning update which was stimulating and elucidating - well received by the 22 attendees - not forgetting the meal! The committee has been beavering away in the background - a Learning Needs Analysis of the Group has allowed focussing of the where, what and how of the education we deliver - more to follow. Formal educational quality approval of our meetings had been obtained from the local GP Education Trust as well as direct financial support. We have a new updated website hosted by www.ggpet.org.uk. The Committee has also been working closely with the Gloucestershire LMC in negotiating appropriate remuneration for Locum Appraisal/funding of Appraisals - watch this space....! Lots to do and so little time...!

Richard Gale

GSMALLPAWS@aol.com

Tower Hamlets Sessional GPs Group

The group started some 3 years ago with the help of funding from the PCT; this covered costs of room hire in a local centre, speakers, food, administration support and, unusually, a small honorarium for attendees! This has now ceased, but the group has evolved into a SDLG, and has opted to continue in the same format of meetings in the evening of the second Tuesday of each month in "term-time", with invited speakers. Topics will be broadly clinical and will also draw on the experiences of a very diverse range of group members, with periodic business or planning meetings. All sessional GPs on Tower Hamlets Performers list are welcome. Please contact us as mutual support and information exchange is a valuable part of the group.

Robin Cartwright

cartwright@nhs.net

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Thelma Thomas

tm.thomas@btinternet.com

Money Matters

Liz Densley is medical specialist partner with Sussex Chartered Accountants, Honey Barrett, and is secretary of AISMA (the Association of Independent Specialist Medical Accountants). Contact her on 01424 730345 or at liz.densley@honeybarrett.co.uk

National Insurance consequences of being both employed and self employed

Working solely as a locum is quite straightforward - you pay Class 2 NIC (usually monthly by direct debit - at £2.10 per week) and you pay Class 4 NIC via your self assessment (at 8% on profits between £5,035 and £33,540 and 1% on profits in excess of this)

If you are solely employed then you will pay Class 1 NIC (at 11% on income between £97 and £645 per week and at 1% on the excess.)

However if you have multiple employments, or you are employed and self employed (including as a partner) and earn more than around £33,540 in total then it can get very complicated and you can pay more than is necessary.

If you overpay, then you can get the excess back - but you need to ask for it, the Revenue will not look at it and offer it back.

Ideally, if you are going to overpay, then it is best to apply to defer the Class 4 National Insurance and then calculate what is due when your tax return is completed. There is not space here to explain the calculations - generally it is best to seek professional help if you are likely to overpay.

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Ref. NASGP

Don't be spineless... Get connected with NHS Smartcard!

The NHS Care Record Service (NHS CRS) will provide, over time, health records kept on computers that can be linked together, to enable information to be easily available to the NHS in England.

Smartcards control access to the NHS CRS and also other National Programme for IT (NPFIT) services such as Choose and Book and the Electronic Prescription Service. The Smartcard grants access to modern, up to date systems to support patient care. Over 320,000 people across England are already using them.

As a GP you will be required to access the NHS CRS and/or other services, to deliver patient care. You will therefore need to register for an NHS CRS Smartcard.

Your Smartcard is designed to take from job to job so you only ever need one... So, as a Freelance GP, who is likely to work for more than one organisation or in more than one role, whether it is one, five or fifty practices, you should be using the same Smartcard throughout. When you complete your sessions at a practice, let either your practice or PCT staff know so that they can remove your access rights for that assignment.

If you don't already have a Smartcard, the ideal organisation to register with is the PCT on whose Performers List you are currently registered. Your identity will need to be checked to the inter-government recommended standard, e-Gif Level 3, which means that you will need to provide at least three different forms of ID, including photo-id and proof of where you live. If you satisfy these requirements you should then be issued with a Smartcard.

Once granted your Smartcard and access profiles appropriate to the role you have in a particular organisation, you will be able to gain admission to relevant types of electronic patient information.

Remember to treat your Smartcard as securely as a credit or debit card; do not share it or your Smartcard passcode with colleagues. It is your responsibility to safeguard patient confidentiality in accordance with your professional code of conduct.



What happens if ?.....

I forget my Passcode?

Contact your local sponsor or registration authority agent/manager for the practice you are working for, who will help reset your Passcode.

I forget my Smartcard?

See above. You may be given a temporary Smartcard for the practice you are working for at that time.

My Smartcard is locked?

This happens when you enter an incorrect Passcode three times. See above.

How do I report a lost, stolen or damaged card?

Ideally, you should contact the sponsor or registration authority or manager who originally issued your Smartcard. If this is not possible the local registration authority for the practice you are working for should be able to help. This should be done as soon as possible. They will cancel your Smartcard and arrange for a replacement.

I move to an area outside England?

The NHS CRS and other applications are applicable to England only and therefore you do not need a Smartcard outside England.

Portfolio Lives



Michael Loudon

Michael Loudon is a regular contributor to the NASGP and DNUK discussion forum, and is well known and popular for his sagacious comments and observations.

Can you tell us something about your home life?

I live in a small village in Nottinghamshire in a tenant farmhouse built in 1852, with a

pond, an acre of garden and views to the East, South and West across farmland. It is a delight. A substantial wedge of my income is spent on fancy bird food. I have super neighbours, a wife, 2 dogs and 3 children (boys). They are all a delight too. The oldest son is a web designer, the youngest a musician, and the middle one is about to travel round the world - he has calculated he'll have to plant 35 trees to compensate for his eco-insensitivity; (he's paying for it all himself).

What medical organisations have you been associated with?

I joined the NASGP 3 years ago, and visit the website regularly. I represent my local LMC (Notts), both for mental health issues and for non-principals. I work as a GP Appraiser for the local PCT. Both the LMC and the PCT are a pleasure to work with, perhaps partly because I have freelance contracts with them. Working full-time in a practice really narrows your world; meeting, appraising and working (freelance) with colleagues across the county has been wonderful. There are a lot of good people out there, and no 'them' and 'us'. Meanwhile there are still vestiges throughout the NHS of institutional prejudice against non-principals. Give it time (and NASGP influence) and it'll fade.

Describe your GP career so far.

I trained with the Leicester VTS and took up a partnership in New Ollerton, a mining village in North Notts, staying there for 21 years until late 2003. Good times and solid full-time work. I have been freelancing since, trying to develop a 'portfolio' career, and this year I took up a 3 day a week salaried post with a splendid practice in Sutton-in-Ashfield. On the other 2 days I freelance. I voted against nGMS at both opportunities. In case you're wondering why Richard Fieldhouse is interviewing me, so am I.

What floats your boat about general practice?

Everything, as long as I don't have to try and do two things at once. I avoid any 'management' involvement in QaOF etc., although I am a demon data-collector and tidier of notes (it's an OCD-type thing). My main interest now is in e-information and e-communication, wherever and whenever that applies. For those of us with poor memories the Internet is a godsend. The man/woman who is tired of medicine is tired of life.

How do these passions influence the way you work as a GP?

I've completely re-designed how I work, and use Internet information routinely in consultation, both for myself and for my patients:

<http://www.hillsidehouse.co.uk/links/>

What are your passions outside general practice?

Digital photography and watching football on the telly, and family.

www.flickr.com/photos/michaelloudon

What sort of changes have you noticed about being a [Sessional] GP since you became one?

I've only been freelance for 3 years, but it is already clear that more and more GPs will spend their entire careers 'salaried'. HMG has started and will continue to 'squeeze' principals until the pips squeak. Many, but not all, practices will transmute into APMS type set-ups, divided and ruled - the rest of us will be employed by these guys. Non-principals will need independent representation - join the NASGP!

In what ways could you improve General Practice?

I am starting work on an ambitious project to redesign the process of GP referral to outside agencies and to secondary care (in Notts); everything e and everything linked to credible clinical policy (accessible by e). The death of paper is long overdue, and now possible. If I can make it work, and can get the support of colleagues, it will be copied elsewhere and will transform all your working lives (a little bit).

What are your career plans for the future?

To transform all your working lives (a little bit). And to retire as soon as I can, bearing in mind I might be unlucky and live for years to come, increasingly penniless.

Michael Loudon

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photos by Michael Loudon

NASGP News

We're constantly updating the website - for the latest, go to www.nasgp.org.uk/news. There's even a facility there to receive an email every time news is added.

Artwork by Jane Mackay



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continued from page 3

of paintings, based on the music of Benjamin Britten, and she was talking to a psychiatrist about how the music inspired her work.

Jane's form of synaesthesia, 'coloured hearing' is the most common, but any senses can be mixed up. For a lexical-gustatory synaesthete Wednesday might always taste of corned beef and Thursday of strawberry ice cream. For other synaesthetes, elements of a series such as numbers or months are located in space, perhaps with colours attached. So Monday may be shoulder height and four feet away on the left whereas Friday is down near the right foot.

It is hard to imagine a sense that you don't have: how do you describe visual experience to the blind? So non-synaesthetes wonder what it is like and tend only to anticipate problems. Isn't there sensory overload? Apparently only rarely. Doesn't it cause confusion? No, no more than simultaneous visual and aural input confuses the rest of us. In fact, synaesthesia can give you useful extra clues. Can't be sure whether someone is from Australia or New Zealand? Instead of listening for the give-away vowels, a synaesthete may know that Australians always sound dark red whereas a Kiwi accent evokes a bright blue sensation. Maybe synaesthete doctors can use colour to help distinguish cardiac murmurs. That would have been really useful in final exams. Synaesthetes can find their gift useful when learning foreign languages. It can help with remembering vocabulary: for Jane, Friday is black and white check, but vendredi is a blue-tinged green patterned with grey. And it could be much easier to get one's tongue round pronunciation of foreign languages if strange sounds had colours attached.

For young synaesthetes, it comes as a shock to discover that other people don't know that the days of the week are coloured. In *The Chrysalids*, John Wyndham's 1955 post-holocaust novel, children with unusual sensory abilities – in the book, telepathy – are cast out of society for being mutants. Synaesthetes do not suffer that fate, but no-one I know except Jane has ever revealed themselves to be synaesthetic, and I wonder if having their experience dismissed as childhood fantasy or attention seeking deters them from talking about it, or even acknowledging it, in adult life.



Beethoven by Jane Mackay

Jane is not the only synaesthetic artist. It is a quality she shares with David Hockney and Wassily Kandinsky, and with musicians such as Duke Ellington and Franz Liszt. Other famous synaesthetes include writer Vladimir Nabokov and physicist (and amateur bongo drummer) Richard Feynman, for whom elements of equations had different colours.

The neurological basis of synaesthesia is not clearly understood, but functional PET scanning demonstrates that in synaesthetes with coloured hearing, but not in the rest of us, an aural stimulus excites both the aural and the visual cortices. Perhaps in most of us the synapses which link the different sensory modalities die off, or alternatively in synaesthetics the balance between neuronal excitation and inhibition is tipped towards disinhibition. So perhaps the capacity to experience a sensory stimulus in more than the conventional modality is something we are all born with. Research into synaesthesia is shedding light on brain development and organisation, and on the nature of consciousness. It may contribute to our understanding of conditions like dyslexia and autism. And maybe when we understand it better, all of us will be able to develop our potential to enjoy a multisensory experience.

Judith Harvey

judith.harvey@btclick.com

See www.soundingart.com