

Welcome!

This is the 6th edition of the Sessional GP this year. And what a year it's been for us! As you will hopefully have noticed, we've totally revamped our database, bringing our membership facilities onto the internet and allowing members to renew and join on-line, and more than doubling the rate of members joining. We've also this month launched our new members-only internet discussion forum. In this edition we've got a fascinating article on taking time off in China; Jason Twinn's usual and informative breakdown of discussions from the doctors.net.uk discussion forum; an interview with Dr Mark Selman and a round-up from Sessional GP groups across the UK.

China medicine cures mid-life crisis

After 22 years of work for the NHS without a break, I was feeling somewhat burnt out and longing for a change of scenery. Thumbing through a great book entitled "Gap Years for Grown Ups" I came across Cross-Cultural Solutions (CCS). While I did not intend to spend the greater part of my sabbatical doing voluntary work, I really did want time to recharge my batteries and thought this organisation offered the chance to give to a local community and learn at the same time.

China was not originally high on my agenda as a place to visit as I had read too many books about the cultural revolution. However, the more I thought about my travel agenda, the more China seemed to fit as a new and exciting place to visit. The CCS Home-Base is in Xi'an – the ancient capital of China, best known in the West as home to the Terracotta warriors.

The CCS programme appealed to me as a number of work options were available. I did not actually intend to practice medicine, but wanted to interact with health care professionals in China, learn about their life and share my experience. I was also keen to see some Chinese medicine being practiced, and decided to sign up for three weeks in Xi'an.

As I embarked on my gap-year travels in SE Asia, I began to question the wisdom of doing voluntary work – and, right up to the moment of arrival in Xi'an, thought about backing out. How glad I am that I did not.

After being welcomed at the airport, I was driven by CCS staff member Mr. Wang to the Home-Base, two apartments in a tower block set in a residential part of Xi'an. The living room was rather reminiscent of the Big Brother house and the bedrooms were small with bunk beds. Simple but comfortable. My co-volunteers, seven of them, ranged in age from 18 to 70 years, and were British, American, and Canadian. Two of them were gap-year students brushing up on their

Mandarin before Medical School (as you do!).

Jerome (most Chinese people adopt an English name when interacting with Westerners), the charming and urbane programme leader, conducted a thorough and helpful orientation session. This was extremely helpful in building my confidence about living in a new environment.

My programme placement was to teach English to doctors, nurses, and medical students in one of the University hospitals. A charming young doctor called Gloria was assigned to help me and act as my translator. I taught every afternoon for two hours and these sessions were great fun. The Chinese actually have a rather dry sense of humour, and love playing games. I was also asked to give a couple of educational talks.

I spent my mornings roaming around Xi'an discovering the delights of this ancient city. One of the most marvellous experiences of my life was going to the park early in the morning to participate in Tai Chi with hundreds of local people, who were very welcoming.

What I saw of Chinese medicine was very interesting when I joined the staff for a few mornings to watch acupuncture treatments. However, the experience of teaching my keen students medical English was such fun that I did not wish to abandon them in order to spend more time on the wards.

The highlight of my travels throughout SE Asia during my sabbatical was my time living and volunteering in Xi'an. I have made Chinese friends and learnt a lot about day-to-day life and what it is like to be a doctor in China. If you are thinking about a career break, I could not recommend this experience more highly. The CCS programme in Xi'an is exciting and challenging - you will not regret it.

Carol Peden

infouk@crossculturalsolutions.org
www.crossculturalsolutions.org



MPS... protection with flexibility

To live the life of a Sessional GP you certainly need to be flexible. But wherever your profession takes you, one thing remains constant – the protection and support of MPS membership.

Why not call us now... and find out why so many Sessional GPs rely on MPS.



0845 718 7187

MEDICAL PROTECTION SOCIETY

Visit www.mps.org.uk or Email member.help@mps.org.uk

Top Tips for Good Record-Keeping for Freelance GPs

by **Annamarie McTigue, Writer – MPS**

Freelance GPs are more likely to run into medico-legal problems and encounter complaints than other GPs. Moving from practice to practice and having short-term jobs mean that you are seeing patients you probably haven't seen before and this makes continuity of care with patients difficult. Your lack of ongoing relationships with patients and practising in unfamiliar surroundings put you more at risk of mix-ups and mistakes.

Good, contemporaneous record-keeping is vital in any GP's work, but even more important for the Freelance GP. As you are unlikely to be in the practice for long, you will not have the opportunity to meet with patients again or follow up initial consultations. If a patient complained about your care or diagnosis, thorough note-keeping could help you avoid any undue worry and help you out of a medico-legal minefield.

In advance

Systems homework – ask the practice for details of the computer system, arrangements for follow-up and requirements for home visits. Does the practice use the NASGP's standardised practice induction pack? If so, could you see a copy before your session? Check whether you will have an induction and access to a locum handbook.

Referrals – ask the practice what system they use for referral letters. One practice which MPS Risk Consulting visited to facilitate a risk assessment found a referral letter that had been dictated and typed several weeks previously, but left for the locum doctor to sign: he wasn't due to return. Fortunately, the patient did not come to any harm.

At the practice

Follow procedures (refer to induction handbook, if provided).

Review patients' records- – if you see a frequent attender, emphasise your temporary status and give them clear direction for follow-up.

Clinical notes should provide another member of the primary care team with all the information about a patient and their treatment plan necessary to ensure continuity of care. Good medical records are also essential for:

Wales Setting the Pace for SGP Appraisal

To put it simply, the implementation of appraisal for all GPs in Wales has been an outright success. By the time GP appraisal became a contractual requirement in Wales in April 2004, the GP section of the Postgraduate Deanery had already secured a contract with the Welsh Assembly Government to deliver all GP appraisals in Wales. This included all Sessional GPs, who have been fully integrated into the system as appraisers and appraisal co-ordinators.

There are around 2500 GPs in Wales, of whom approximately 600 are sessional GPs.

The success of this appraisal system has highlighted the need for corresponding changes relating to CPD: from basing learning on PGEA to personal portfolios; Supplementary lists to Performers lists and individual CPD co-ordinators to an integrated CPD network. The local Sessional GP CPD network had been successful in providing

educational programmes for these GPs, but the number benefiting from this activity was a small percentage of the total number of GPs, and the artificial separation of GPs into different groups failed to recognise their common educational needs and ability to learn from each other.

The GP section of the Postgraduate Deanery therefore decided that since they had made a success of integrating Sessional and GP Principals through appraisal, it would be appropriate to integrate their Sessional CPD co-ordinators with the main GP CPD co-ordinator network. A core curriculum of educational provision has been developed, based on the learning needs identified by GPs through appraisal, which aims to be relevant to all GPs in Wales and offers them the same opportunity to attend core educational events.

There remain some specific educational requirements of identifiable groups of GPs, particularly in the early years, so individual CPD co-ordinators take a lead on providing educational support for these groups. For example, two CPD co-ordinators take the lead on delivering regional courses for sessional GPs.

Of course, there have been some teething problems based around communication, but these are being addressed through the creative

- fulfilling the requirements of the GMC's Good Medical Practice, which obliges doctors to keep clear, accurate, legible and timely patient records;
- responding to a complaint or claim; and
- auditing and meeting QOF targets.

Nifty note-taking

Good quality patient notes should include:

- history;
- examination of the patient;
- diagnosis;
- information you have given to the patient;
- details of any consent given by the patient;
- treatment and follow-up plans; and
- progress.

They should be presented in the following format: clear, impartial, contemporary, first-hand and tamper-proof.

When you leave

Make sure your paperwork is up-to-date. Leave clear instructions (keeping a copy for your records, but without patient details) as to any outstanding dictation that needs checking and signing by another GP.

use of their website www.primarycare-wales.org.uk, taking advantage of being able to separate the learning needs of freelance GPs and to look at these in terms of delivery needs. The website also enables the section to communicate with all GPs via e-mail and to identify their local CPD co-ordinator. A new innovation is for individuals within each region to take responsibility for keeping sessional GPs informed of educational opportunities, through a variety of mechanisms including e-groups, information packs distributed via VT schemes and local mailing lists.

And, web-based technology aside, it is recognised that when practices employing Sessional GPs – whether salaried or Freelance - are aware of any educational events, they have a responsibility to share that information with those GPs.

For more information on the integration of Sessional GPs into CPD and appraisal, please contact:

Katie Evans evanskm1@Cardiff.ac.uk or

Malcolm Lewis malcolm_lewis@btinternet.com

Twinn Speaks

Jason Twinn, NASGP member and regular contributor to the www.doctors.net.uk 'non-principals discussion forum', continues his regular column giving a round-up of the latest hot issues being debated.

There's always compromise in life and maternity locums are no exception, or perhaps more the epitome of this rule. On one hand you can get nice regular work in a practice – giving some peace of mind over filling the diary; you don't have to worry about racing from practice to practice and you will get to know and feel comfortable within a practice. On the downside if you are there for a longish period of time, firstly you are likely to get more and more of the paperwork and administration to deal with, but perhaps more importantly you are also likely to be offered less money for the work compared to days here and there. It's an old chestnut that is brought out to roast more often than at Christmas as more locums come up against this.

On the other hand, prison work seems to offer little to console the difficult working conditions. Confrontation, challenging patients, problems with drug misuse and addiction, poor funding and manipulative clients seem to be just some of the downsides. It might not sound any different to a normal day in General Practice, but the overriding impression from posters on the forum seems to be that there is little in the way of job satisfaction to be gained from the work.

Are there any cutting edge tax avoidance scams? - this is the question at the back of all of our minds as the end of January approaches. The answer seems to be no – the loophole of being a limited company was closed with the news that tax on personal earnings would be the same regardless of whether you are part of a limited company or not. Taxes are there to haunt us whatever we do.

One thing that was news to me was the revelation that were you to lose your JCPTGP certificate it is impossible to get a replacement. Not even after a house fire, theft or nuclear winter will you be issued with a replacement copy. But before you panic – there is no need to dust off the old camcorder in preparation for re-sitting summative assessment – you will be issued with a letter assuring any prospective employer of your eligibility to practice – which apparently is just as good.

Perhaps this all seems a bit downbeat: taxes, prison, poorly paid locums. Then just wait for the grand finale: a practice – in an unknown location in the UK - was offering a salaried job. But the unusual aspect of this job, was that the partners were a nurse and a practice manager, and the doctor would be working directly in the employ of these two. Is this the way of the future? However it does bring a smile to my face - if said employee went off sick, I picture the nurse and PM running around and suddenly realising just how heavy the can of responsibility is when you are forced to carry it!

You can contact Jason at j_twinn@doctors.org.uk

Manchester Sessional GPs

We meet every two months or so, with the main objective of offering peer support. During our last meeting in September, problems with the appraisal process continued to be reported; one trust has deferred appraisal of its sessional GPs until funding becomes available again, and another PCT has tried to refuse payment to sessional GPs. We also experience great difficulty in obtaining sponsorship from pharmaceutical representatives for our meetings. That said, our group size is stable at around 30 with constant turnover. The introduction of online registration and banking has simplified the process. Freelance GPs continue to be in high demand across Greater Manchester.

Bing Kuan, Treasurer MSGP

bhkuan@hotmail.com

Morecambe Bay Non-Principals

We met recently at the local hospital Education Centre, which is free and reasonably central. We had invited a local consultant rheumatologist to come and speak at the meeting. After canvassing views on subject matter, he agreed to update us on inflammatory arthritis. This was most interesting and we had our best turnout since I have been running the group - 15 people.

We found time afterwards to discuss a few points of issue. I promoted a new email discussion group that I have set up using Yahoogroups.com. I had sent an email but it was useful to be able to explain its purpose and encourage people to sign up.

Some people are also aware of the lack of info re meetings and it was agreed that I would make contact with the PCT to highlight this issue again.

We are going to chase up the locum bank, which has not functioned as well in recent months since a different person took over, and we hope to meet again in the New Year.

Rowena Grenfell

all@thebrownfamily.com

Sefton Non-Principals Group

Our most recent meeting was on 2nd November, attended by 20 members. The speaker was an orthopaedic surgeon who spoke on "Shoulder Lesions". We also discussed the lack of appropriate increase in the rates of pay of salaried doctors, and revalidation for sessional GPs which may be punitive if the GMC carries out its proposals. We heard the news that out of 2 local PCTs, one is paying for 2 sessions for appraisal for Sessional GPs whereas the other is paying nothing at all!

Nick Pati

dr.pati@virgin.net

The West Surrey Non-Principals Group

The West Surrey Group continues to grow. Since the start of appraisal we have seen our numbers increasing greatly and the last head count at a meeting was 38 (out of a membership of over 80). We meet on the first Monday evening of the month at Woking Community Hospital. The format of our meetings is a half hour buffet and social followed by an hour's talk from a local specialist. Recently we have had a 'Family planning Update', a paediatric 'Question and Answer session', 'How to get the most out of your urology referrals' and we are looking forward to our Thai meal Christmas social. We look forward to welcoming new members.

Liz Colyer

davidlizzieburndred@hotmail.com

Bristol Association of Sessional Doctors

It has been a busy year with the launch of our new website. Numbers have increased as doctors can now register online. Enquiries come from other parts of the UK and even the US! We have also incorporated a better locum messaging service to which local practices can subscribe.. The membership has evolved, with a larger proportion coming from the growing ranks of salaried GPs. As a response to a number of enquiries over the year, we included a session on contracts for salaried GPs at our most recent away day and this was delivered by the local BMA. Our termly away days continue to attract good numbers and are now a major part of what we do. Regular social events and local representation make up the mix. We are delighted to see that all local PCTs are now funding sessional GP appraisal - just in time for the next NHS re-organisation! The sessional doctor world continues to change and being part of it remains challenging and interesting.

Geoff Hogg

webmaster@basd.org.uk

Berkshire Sessional GPs

We have a membership of 40, with 8 to 10 members at our monthly meetings in Wokingham. Recent meetings have covered paediatric CPR, palliative care, aggression/conflict management and a number of Journal clubs.

Sadly, I am standing down from organising the group at the end of 2005, but am pleased to announce that Sarah King (sjking21@btinternet.com) and Lynette Bermingham have agreed to take over. The group has changed considerably since its start in 1999 and I am sure that, with new leadership, it will continue to respond to members' changing needs.

Susannah Denny

sjd.enigmamm@ntlworld.com

Gloucestershire Sessional GPs group

The Gloucestershire Group meets monthly on alternate Tuesdays and Thursdays in the Cheltenham Postgraduate Centre, College Lawn, Cheltenham. POC is myself, website c/o www.gloshospitals.nhs.uk/pgmec/PC/NonPrincipals/Index.htm

Dr Richard Gale

gsmallpaws@aol.com

www.nzlocums.com

Working in New Zealand has never been easier!

Find out about your options—
Contact our team on enquiries@rgpn.org.nz

www.nzlocums.com Phone: +64 4 472-3901 Fax: +64 4 472-0904

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.



Lifestyle Practice in New Zealand

Ongoing sessional work plus holiday cover required in a 4 Doctor practice (3 ex-pat Brits!). All possibilities incl full time are negotiable. Located in a new purpose built premises with Pharmacy and Physio on the beautiful Kapiti Coast 50 km north of Wellington. Contact Barbara@coastalmmedical.co.nz

New – NASGP Discussion Forum

We're pleased to announce the launch of our new **NASGP Discussion Forum**, intended to complement the www.doctors.org.uk discussion forum.

Whereas the doctors.org.uk forum is for all doctors discussing any topic and encourages debate of any description, this forum aims to provide a more relevant and less busy area for NASGP members with an emphasis on friendly, courteous threads (life is otherwise too short and stressful as it is).

Hence, our rules are somewhat different. We have a zero tolerance policy for rudeness of any description, and can block members from using this forum if necessary. But as NASGP members are all Top Bananas, it's very unlikely we'll need to do this.

We'll also be regularly pruning the discussions to improve their relevance to other forum users too.

So, give the forum a go and see what you think!

FLEXIBLE CAREER SCHEME: FREEZING

Unfortunately it is not just the temperature that is freezing. Since mid-October the funding for the Flexible Careers Scheme (FCS) across the UK has been frozen for all new applicants. It also appears that the same situation may also be true for GP returners. This is a dire situation, and one which the BMA's General Practitioners Committee is working hard to try to resolve.

The reason for the current problem is that the responsibility for funding the Flexible Careers Scheme has been devolved by the Department of Health to the deaneries but

this has occurred without the necessary and adequate funding. All deaneries throughout the UK have therefore had to postpone the appointment of new FCS GPs. However, practices that already have an FCS GP in post should be unaffected since the payment to practices is contained in the 2005-06 Statement of Financial Entitlements (SFE).

The FCS is a successful and a highly valued scheme and should continue. We hope that the current problems will be resolved in the very near future.



Sessional GPs – inspirational appraisals

This isn't a formal piece of research, and there's no statistical analysis - it's simply an impression I have gained as an appraiser regarding sessional GPs. First, I'll state that I am a sessional GP, and have been since I came out of partnership 3 years ago. I work as a part-time GP locum, and am on the list of available appraisers in my own PCT and across the neighbouring PCT borders. Having been a full-time partner for a number of years, I am aware of some of the negative comments concerning sessional GPs. It is not necessarily the majority of GP partners who feel like this, but certainly it is not rare. Typically, they include comments such as "not committed", "not really proper GPs", "out of it", "no awareness of the issues", or "only focussed on their family". On the other side of the fence, the sessional GPs that I meet frequently tell me they feel ignored, are not included in practice meetings, and are told little about changes in the practice; but they are expected to know everything, and are often relatively poorly paid but asked to attend meetings in their own time, etc.

Where does the truth lie in all of this? That is a question that would lend itself to a good piece of research (hint to anyone out there who wants to have a go!). All I can say is that, the vast majority of the time, I have been incredibly impressed by what I have been privileged to see in the contents of the sessional GPs' forms 1-3 for appraisal. These are often GPs who are in fact working full-time, whether it be in the PCT, the LMC, the PEC, the RCGP, universities, police and prison work, or homebuilding and parenthood. In fact, many "part-time" GPs work longer hours than their "full-time" counterparts.

Sessional GPs are often concerned about becoming out of touch, and thus can be extremely conscientious about keeping up to date. There have been instances when I have been worried about a sessional GP doing too much CPD, their desks being littered with reflective diaries, PUNs and DENs, numerous educational certificates, or evidence of degree or diploma courses. One has to have a life as well. I have been really impressed by the range of skills I have seen; the ability to think outside the box, teach, train, manage, do research etc. Their activities are often spread across all the areas of the Form 3. They are often juggling a number of important balls in the air at once, demonstrating good time-management and prioritisation skills.

It's a fascinating insight, doing an appraisal with a sessional GP, and often inspirational. Worryingly, there is often an unwarranted lack of self-confidence - the GP concerned being

anxious that his or her performance is below par, when really the exact opposite may be true, although they may not have a QOF printout to prove it. Of course, there are many GP partners who make a major contribution outside their practice, and a few sessional GPs who have a lot of room for improvement. But on the whole, sessional GPs should be proud of their achievements and should advertise their skills and experience to others. Those GP partners who toil away in their practices might spare a thought for those sessional GPs who may be working just as hard outside the practice, if not harder. Just because they are not always visible, it doesn't mean that when they leave the surgery building they are spending the rest of their week drinking coffee with their feet up!

Dr Mei Ling Denney
withden@onetel.com
Sessional GP appraiser

**Are you looking for an opportunity
to have fun and still earn money?
Come and enjoy Australia!**

- **Huge variety of vacancies - locum or Permanent**
- **City, coastal and rural locations**
- **Great remuneration**

Essential Qualifications:

JCPTGP but MRCGP (UK) preferred or MICGP (Ireland) or FRNZCGP (New Zealand) or MFGP or CGP (South Africa) or Registration as a Family Physician with the Health Professions Council of South Africa or Masters of Family Medicine or Masters of Prax Medicine, South Africa or ABFP (USA) or MMED FM (Singapore).

Contact Joanne Burton at ils@ils.com.au or call **0011 61 7 3368 2880**



Portfolio Lives

Mark Selman is the NASGP Deputy Chairman and has been working as a Sessional GP for 10 years. Here he tells us more about himself.

Can you tell us something about your home life?

My wife Helen works as a GP in a partnership for 4 sessions a week. I have 3 children, Edward 8, Rachel 6 and Matthew 3. I look after them and our cat on Fridays when Helen is at work all day.

Describe your GP career so far?

I met my wife at medical school and followed her down to Devon where I trained on Torbay VTS. I founded the non-principals' group shortly after qualifying as a GP and continued working as a locum for the next 9 years. I have finally settled down as an FCS salaried GP in a large practice in Exeter, where I also run a diabetic clinic and see rheumatological in-house referrals. I am a rheumatology clinical assistant for one session a week and am currently working towards the Diploma in Primary Care rheumatology. I work out of hours for Devon doctors on call in Totnes and have recently been accredited to supervise GP registrars out of hours. I have a new post of clinical skills tutor for one session a week at the Plymouth branch of the Peninsular Medical School, teaching and assessing second year medical students.

What medical organisations have you been associated with?

I founded the Torbay and South Devon Non-Principals Group in 1997, but resigned last year in protest at the lack of PCT funding for the running of the group despite being used by them as a resource.

I have been a committee member of Devon LMC for a number of years and value the experience and protection that the LMC gives me when handling sessional GP issues, especially when dealing with conflicts between sessional GPs and principals, and concerns about performance of sessional GPs.

I have been on the Sessional GP Subcommittee of the GPC for 6 years and was deputy chairman last year. I attended GPC meetings every month and soon found out that most of our aims could be achieved by lobbying people such as the GPC negotiators, rather than making speeches in chamber. I have also enjoyed ruffling a few feathers at the annual LMC conference for the past 3 years.

I have been a member of NASGP council for 3 years and deputy chairman for 2 years. I enjoy the relative freedom to express myself that the NASGP offers. It is an independent organisation which vigorously lobbies various organisations such as the BMA, GMC, RCGP and the NHS on behalf of all UK sessional GPs. The newsletter which you are reading is a truly independent voice for sessional GPs and, like its parent organisation, is widely respected.

What floats your boat about general practice?

I like the huge variety that every day GP offers, but also the ability to develop interests in specific areas like rheumatology and diabetes. The rheumatological conditions that I see in GP can be quite different from those in a secondary care setting and the care I can offer patients is far more personalised and flexible. One of the most enlightening things about starting my salaried post after so many years as a locum is how much I enjoy the continuity of care and how much more effective it makes me as a practitioner. I also value working in a familiar, friendly and helpful team. My new passion is definitely teaching and I can see myself developing in that area in the future.



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

When I was more heavily involved in medical politics I valued the complete flexibility that locum work offered. My interests have begun to focus more locally so that the FCS gives me the continuity I need to develop interests such as teaching, diabetes and rheumatology. It also enables me to develop other parts in my portfolio such as LMC, NASGP, GPC, out of hours and the medical school. Above all it enables me to contribute to childcare so that between us my wife and I are able to cover the whole week except for 2 sessions. In the school holidays the FCS enables me to reduce my hours so that the children always have one of us with them.

What are your passions outside general practice?

I love mountains, but have recently purchased a 3 man canoe which we paddle about on the river Dart, a stone's throw from our house. I like to play the piano, which helps me to relax: my favourite composers are Bach and Federico Mompou (the latter an obscure 20th century composer from Barcelona). I also like a nice deep, hot bath with bath salts after a night shift!

In what ways would you improve General Practice?

I plan to continue bashing away patiently at the same issues that have always bedevilled us; ineffective list keeping of sessional GPs by PCTs, engagement with LMCs, clinical governance (e.g. revalidation and appraisal), representation (BMA/GPC/LMC), audit data collection (e.g. prescriptions) and salaried contracts.

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

PAY. When I started we were paid £67 a session! Most locums now wouldn't get out of bed in the morning for that! I hope, but still am not totally convinced, that sessional GPs are becoming more involved and included in the wider health community.

What are your career plans for the future?

I am very happy with my lot at the moment but I will admit to having thoughts of partnership in the future (shock horror!), but my FCS contract finishes in 2 years). For now, though, I plan to continue making a complete nuisance of myself with the powers that be, as I've always done.

Experience the pleasures OF DOWNUNDER

Enjoy the benefits of living and working in Melbourne Australia, with opportunities to work in Perth or obtain permanent residence status.

See www.visitvictoria.com.au

Depending on your qualifications, what you want us to provide and how hard you want to work you can earn between

AU\$4000 to \$7600 per week.

We provide Medical Defence and we can provide return airfare, fully furnished and equipped 2b'room flat, car (including private use) or you can make your own arrangements.

Qualifications: (These influence earnings).

General practice experience, or Joint Certificate (UK) plus one year GP experience or MRCGP (UK), FRNZCGP (New Zealand) or CFPC (Canada).



A.L.M.S

Call +61 3 8341 1200 or email auslocum@medic.aust.com

Please include a contact telephone number when replying.

AUSTRALIAN LOCUM MEDICAL SERVICE
www.medic.aust.com.au





NASGP • PO Box 188
Chichester • West Sussex • PO19 1FP
Fax/answerphone 01243 536428
Email info@nasgp.org.uk
www.nasgp.org.uk

Council Members

Chairman	Cathryn Sheppard
Secretary	Mark Selman
Treasurer	Michael Uprichard
Council Members	Judith Harvey
	Bashir Qureshi
	Mark Selman
CEO / Editor	Richard Fieldhouse
RCGP Observer	Mike Jeffries

Registered in England
No. 3861212
Six Cawley Road
Chichester
West Sussex
PO19 1UZ

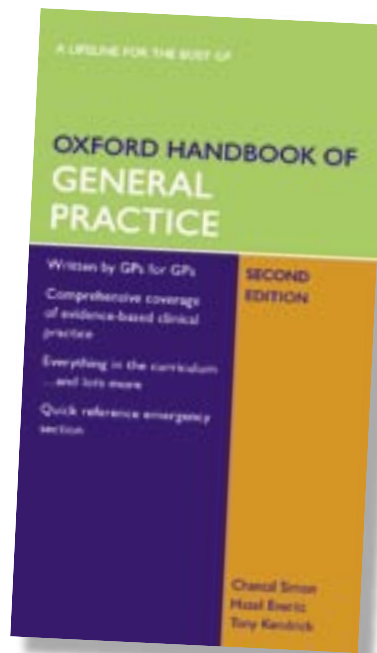
Free to members of
NASGP or £5 per copy
to nonmembers.

Oxford Handbook of General Practice Second Edition

Oxford Handbook of General Practice Second Edition
Simon, Everitt and Kendrick
ISBN 0-19-856581-X

If, like me, you were brought up on the Oxford Handbooks of Clinical Medicine and Surgical Specialties, which weighed down your white coat as a houseman and tumbled out of your pockets during a crash call as a SHO, it's quite likely you're still using them in general practice. My two trusty thumb-worn editions are always in my bag, and are used at least once in every surgery. I invariably pick one out of my bag, flick through the index and discover what I want is in the other one; grab that edition then quickly translate and filter the information from A&E-speak to the fluffier general practice lingo and management. Although not ideal, the hospital based books have served me well.

So I was slightly surprised, and am a bit embarrassed to admit, that I had never come across this general practice version before. And what a treat – 1,100 pages of condensed knowledge and wisdom on everything from the new contract to what to do for obstetric shock.



This second edition has several new topics, including complementary medicine, appraisal and revalidation, elderly care and chronic disease management. In the latter case, this focuses more on the management of the patients and carers rather than the disease, and gives a good overview of how to start tackling chronic conditions. If your approach to complementary medicine verges on the outright cynical (the best description I've read is that it's a 'religion masquerading as a science') then I think you'll be interested in this little chapter. Sensible advice at last about this fringe discipline: the legal position on referring to complementary practitioners; explanations of all the different types of therapies (you'll no longer feel ignorant in front of Guardian readers); tables on the efficacy – or lack - of various therapies. Did you know that in one study, prayer reduced the mortality in a cardiac unit?

Throughout the book, a lot of effort has been made to classify knowledge into different evidence-based categories where appropriate. For example, a topic area with an 'N' superscript means it's a NICE guideline; 'R' means it's from a randomised controlled trial published in a major peer-reviewed journal, etc.

I've particularly enjoyed reading a topic straight after seeing a patient, or paraphrasing it to them at the end of the consultation, just to see if what I've just told them agrees with 'the book'. Assuming my diagnosis is correct, it's an instant second opinion!

If you don't have the luxury of being able to keep your own reference books in your own room – or even if you do! – this is an essential – and I mean essential – piece of kit.

Richard Fieldhouse, December 2005

r.fieldhouse@virgin.net