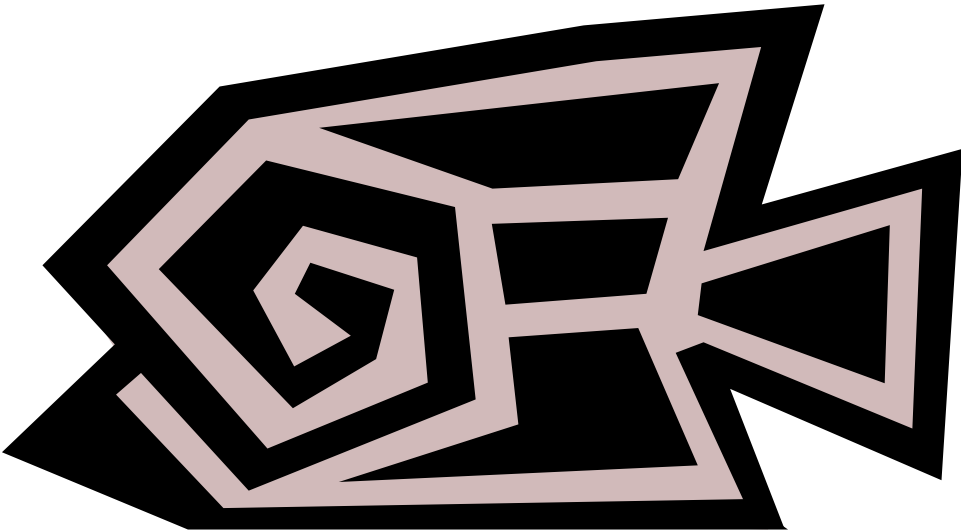


The NASGP guide to setting up and running a Sessional GP Group



Introduction & contents

The NASGP was set up in 1997 to improve the welfare of all Sessional GPs. As an organisation, one of the ways we hoped to do this was through supporting the many Sessional GP groups throughout the UK.

When we first formed, there were only 7 Sessional GP Groups, but to date there are now over 90 groups in the UK. All are organised and run in different ways, and we hope to bring many of the useful ideas together in this toolkit.

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Part 1 - Setting up a Sessional GP Group

To be a group, or not to be a group...

Ask yourself why you want to be a member of a Sessional GP group, or why you want to take a lead role in one. What are the key objectives that you wish to achieve (your aims) and how are you going to achieve them (your objectives)? Here are some suggestions:

To reduce professional and social isolation

It's quite likely that many Sessional GPs in your area haven't been one for long – either recently qualified, retired, new to the area or just plain had enough of being a partner. Some may have been working for years yet feel the need to liaise more closely with other GPs in a similar position to their own. A Sessional GP group is a good medium to meet other like-minded individuals, catch up with what's going on in our profession and most importantly, feel that they're part of something rather than being isolated.

To share work experiences and opportunities

Work opportunities for Sessional GPs can often be insecure so having a working knowledge of what's happening in the job market locally can be invaluable. Any posts (partnership, salaried, assistantship, locum work etc) coming up? Any practices to watch out for? Have you experienced a stressful experience relating to your work that you'd like to share with others?

To improve communication locally

For example, you may wish to liaise with your local emerging GP commissioning consortium, neighbouring Sessional GP groups, Local Medical Committee etc. And, being in a group or, better still, a representative of that group, you should be able to solve any problems that you may face more successfully as a group than as individuals. This may of course have the overall effect of improving the care that you give as GPs.

Education

Either by campaigning locally for improved provision and access or getting down to it yourselves as a group.

Support the NASGP

The NASGP needs members to exist for all sorts of reasons, least of which is to be able to produce such worthwhile documents as this ☺. If all, or as near as damn it, the members in your group are NASGP members, the NASGP may be able to give your group funds to spend as it pleases.

Promote full representation at LMC and PCO level

Representation is a boring but important issue, and lack of it is arguably the main reason why many Sessional GPs have felt themselves to be the under-dogs of general practice for so long.

So if a SGPG is what you want to be, it's worth setting out on paper your aims and objectives together with a few rules on how you want to be run. Once you've done this and the other members of the group agree to this you have yourself a constitution. We've provided a sample one for you to use at the back and adjust to your own desire.

Types of meeting

The meetings that Sessional GP groups run vary widely in their function but broadly follow one of three types:

Social

Regular meetings in a pub, bar or member's home, often with food and drink. Discussions range from the purely social and practices to be wary of to clinical conundrums, with the overall effect of reducing isolation and stress.

Business

These can be informal, usually discussed somewhere amidst the social gossip, or formal with a written agenda and minutes. Although these types of meetings tend to be less often and perhaps a little daunting for some, they have a strange knack of making the group more cohesive by giving members a sense of ownership and more control over their professional lives. Its good too to know that decisions can be made and that changes can happen.

Educational

Arguably this is a component of all the above, but is meant in the context of continuing medical education rather than continuing personal/professional development. Again, these meetings are either formal or informal. In the formal case, the sky's the limit in when it comes to what can be done. Several groups hire education centres and speakers with formal educational approval and pharmaceutical sponsorship. Some groups run separate Self Directed Learning Groups in member's homes, and others are happy to mix the educational component with social meetings. If you wish to have your educational meetings accredited then you must discuss this with your local GP tutor and fill out the relevant form from your local postgraduate dean. But most don't seem to bother!

Frequency and timing of meetings

This mainly depends on the type of meeting. Most groups seem to get together in one form or another once a month, perhaps varying their type each time. Some groups seem to be happier having the more formal educational type of meeting on a separate date.

Most meetings are held in weekday evenings. It may be better to alternate which day of the week the meetings are held to fit in with other commitments like basket-weaving evening classes (oh yes) or out of hours commitments, but not so much so as to confuse members. For example, alternating the first Tuesday of the month with the second Wednesday of the next month etc should suit most people. An 8pm start should ensure that those with kids have enough time to settle in the babysitter and arrive at the venue.

Membership

“Members”?

“Member” is quite a formal term – it generally implies a person with their name and address appearing on a list somewhere and being associated in some way with other people on that list. In the case of a Sessional GP group this probably implies a professional association. Or for others it could just be the fact that you’re on the group’s email listserver or Facebook Group (a Facebook ‘Group’ is different to a ‘Page’).

How many members?

Groups vary in size from 4 to 350 members, though around 20 to 30 seems about average. The size is largely determined by geography, with members travelling not much further than 20 or 30 minutes to meetings. Hence bigger cities seem to have more members, and more groups.

How do we recruit?

Perhaps the most efficient strategy to attracting additional members to the group is to do nothing at all – other Sessional GPs will soon hear of you and start ringing you up if there interested in joining. Of course, most would want to take a far more proactive approach and start asking the local practice managers who their Sessional GPs are. Try Google (quite a lot of locums have their own websites) or ask your local Health Authority/Board or GP Commissioning Group for their list of practices. Asking your Health Authority/Board for a list of Sessional GPs will probably be as productive as planting light bulbs; they’ll cite the data protection act (no doubt for the wrong reasons) and if it does exist, will probably be out of date – they’ll soon be asking you for your list!

Of course, once you’ve given your new group a name, let the NASGP know and we’ll add you to our list of groups at www.nasgp.org.uk/sgpgs.

Who can join?

If any criteria are set up at all, the majority of groups simply ask that “proper” members are Sessional GPs. This generally doesn’t stop other GPs coming along to meetings too, and often spouses, friends, children and dogs come along to the social-type of meeting. Some ex Sessional GPs carry on attending for years, and a few groups are still run by GPs partners after having set the group up as Sessional GPs.

How often should we attend?

Most groups do not specify a minimum number of attendances at meetings that a person should attend to remain a member. A few specify at least three meetings a year with the reason being that, as a group of professionals, it’s important that other members have at least a little insight into the other GPs with whom they are associated. And some groups meet only on-line – in the Highlands of Scotland, for example.

Membership criteria

Having certain minimum criteria may ensure the continuing good name of your group and all the other GPs associated with it. For example, all members could:

- maintain an educational portfolio to fulfil criteria for clinical governance which may be subject to external evaluation
- produce a copy of their current GMC, medical indemnity and JCPTGP certificates (or a certificate of equivalent experience) on joining and on renewal of annual membership
- agree to abide by the NASGP's Code of Good Practice
- Be a member of the NASGP – essential for an affiliated NASGP group.

Having such strict membership criteria is more appropriate for a locum chambers, who have managers and directors who can guide their members more along these lines.

Should we have a membership fee?

Most groups seem to charge a small annual membership fee to cover running costs that can't otherwise be met by sponsorship or other forms of funding. That said, the [NASGP's allied Sessional GP Group Scheme \(aSGPG\)](#) asks that your members pay to join the NASGP, and then a percentage of their fee is channelled back to the group – a sort of membership fee by proxy.

Will we need a constitution?

A constitution is a set of guidelines or “rules” for an organisation to follow. Most Sessional GP Groups seem to have one albeit only verbal, taking the form of whom the group is run by and when the meetings take place. A few have written versions, and we have included suggestions for such a constitution in the appendix. The best kind of constitution is one that can be filed away and only used to show new members or if a problem arises.

What geographical area should our group cover?

Groups will naturally form their own geographical boundaries that will most likely reflect those of health authorities/boards or PCGs/LHGs, and will no doubt change as the group evolves.

Funding

Where do I put it?

If you're a member of the NASGP's *allied* Sessional Group Scheme (aSGPG) this will all be handled for you. Otherwise, you're most likely end up having to open a bank account. The high street banks are happy to do this and, as you're a voluntary organisation, you'll most likely be offered one of the special accounts for clubs and societies.

Where do I get it?

[NASGP's Allied Sessional GP Group Scheme \(aSGPG\)](#)

If you're a member of this the NASGP will provide you with a budget. To find out more about this

Members

Like any organisation, you'll need some money from somewhere to get things going and the easiest way to do this is to persuade members to pay a little something once a year. A few small subscriptions will buy a lot of stationary, and a lot of small subscriptions could buy the group a computer if necessary.

Practices

Some groups supply a monthly list of available locum members once a month to all local practices and make a charge for this service. By doing this you'll be able to save the practice hours of work so making a charge for this could easily be justified. If you do send out a list of locums, you must accompany this with a disclaimer saying that you or your group are not responsible for any of the locums and that it is the responsibility of the employing practice to perform any necessary checks on the credentials of the locums they employ. To be done with caution and perhaps get the advice of an accountant.

Health Authorities, PCOs and GP Consortia

This is perhaps your best chance of getting a significant grant but could take months to negotiate and will probably only be a one-off payment.

Pharmaceutical companies

Drug reps are limited by the funding they can give. They're often very helpful paying for speakers at meetings, hiring venues and buying supper. Occasionally you may be able to persuade a drug rep to reimburse the occasional group expense like stationary, the cost attendance at a conference or even something like a printer for the group.

Who looks after it?

The NASGP if you're an aSGPG, otherwise you or a nominated treasurer. There'll probably be someone around who's not averse to banking the odd cheque, but they'll need to have a chat with a friendly accountant to see if the group is liable to pay tax on any income. They'll also need to keep an eye on any potential tax liability, which may only be relevant if you charge practices.

A note on locum chambers

Based on the [NASGP's Sessional GP Support Team](#) concept, Freelance GP Chambers are a very formal type of locum group. Here, the chambers has members who all work as a 'single undertaking', booking all their work through the chambers, and all the non-clinical aspects of locum work taken care of by chambers managers or clerks. Each separate chambers is a team of up to around 15 members, with one of them acting as the chambers lead who chairs meetings, interviews new members and manages clinical governance issues. These chambers leads are in turn supported by clinical directors. Some chambers also offer partnership posts, whereby members have autonomy to lead a clinical or non-clinical portfolio area such as prescribing, guidelines, dermatology or women's health.

Part 2 - ...and running it

Running the group

Name

Without exception, all Sessional GP groups reflect the area they cover in their title. Although there is no reason why you can't be different, be careful not to confuse anyone. The term "locum" used to be common in the title as most of the first groups to be established were set up by locums. Most have now changed to include the term "Sessional GP", although some prefer to use terms such as "associates", "locums and assistants" or "independent doctors". A few groups also helpfully use the terms "support" or "association" to give others a feel of what they're up to. And of course, "non-principal".

Logo

One or two groups have even designed their own insignia to give them a more corporate image. This can simply be a consistent typeface used on any headed notepaper or even extend to a little picture. Often something worth asking one of your members' teenagers to design after they've finished their homework.

Committee

It's almost impossible to start any type of group without some form of committee. Usually this takes the form of one or two organisers taking on the roles of chairman and secretary (whether they call themselves this or not) in an unofficial capacity. With time, other roles may become necessary and by this time you have yourself a committee. Their basic roles are discussed below:

Chairman

The group's leader, acting as figurehead for the group and one of the two main points of contact. Overseer and facilitator of decisions rather than maker of them.

Secretary

Other main point of contact and right-hand man to the chairman. Will usually share the work of setting up any formal meetings with the chairman and take minutes for these meetings if necessary.

Treasurer

If the group has any funds, the treasurer will need to set up the group's account and keep track of the finances. It's always worth speaking to an accountant about this.

Social secretary

Book venues for meetings, Christmas dinner and liaise with members to check numbers for social events.

Educational facilitator

It's worth having a member with an academic interest to help organise educational events and liaise with local GP tutors or Deans.

Services

So now you've got a group off the ground you'll be itching to do more.

Newsletters or blogs

These can be for members or practices or both. It's a good way of letting people out there know you exist, a bit about how you're run and what sort of things you're up to. You can give details about new group members, social events, advertise jobs, how Dr Smith gave birth to triplets etc. You can set up a blog for free using www.wordpress.com.

Stationery

If you've got a good printer at home it's easy to print out high quality headed notepaper for individual members, which can give your practices a good impression. Some groups even produce business cards, compliment slips and headed invoice sheets but this can all be a little time-consuming.

Door-plates

Do you ever wonder what patients feel when they see that your door-plate is the only one written illegibly in pencil on the back of old envelope? A cheap and easy solution, again preferably using mail-merge, is to print on to card the professional title and name of your members together with their qualifications and even the name of your group. These can then be individually laminated and blu-tacked to the surgery door.

"GP Profiles"

If you really want to go to town on the "lets create a good impression" front, design a little poster either about your group or one for each member designed to be shown at the practice reception and read by patients. Together with a photograph and even a potted professional or personal history could be enough to give patients more confidence and trust in members of your group.

Websites

These are pretty much de rigueur. A cheap and very functional way to do this is to use Google Sites or, if you'd prefer a blogging platform, try www.wordpress.com. With social networking sites like Facebook, it's now pretty straight forward to have a Facebook 'Page' or 'Group' for your group too. For groups who are members of the NASGP's Allied GP Group scheme, we'll do this for you.

Database

If you're an aSGPG, the NASGP will organise all this for you. Otherwise, once you've found some members you'll want to keep a list of them. A database is a collection of names and addresses, and at its simplest level can be written on the back of an appropriately sized envelope. They tend to be more useful if kept in a proper database or spreadsheet on a computer if you need to, or need to know how to, merge the names or addresses into letters.

What do I record the data on?

Perhaps the easiest and most useful is nice and neatly on a word-processing document – a glorified type-writer on a computer. The advantage of recording the information on a spreadsheet (like Microsoft Excel) or database (like Microsoft Access) program is that you can cleverly “mail merge” the data from this program onto your word processor document.

- ***What is “mail merge”?***
 - This is a set of fiddly things you need to do in your word processor that sucks in data from another program like a spreadsheet or database. So each time you have a new member or one of their details changes this is automatically reflected on any word processor documents. Its worthwhile learning about if you write a lot of identical documents that differs only in the person they are written to or person/people they are written about. But all this can take a lot of time to learn and can be very fiddly – you’ll know the right time to get into mail-merge documents when someone wearing an anorak volunteers to do it for you.

Data Protection Act

You may have to register if you hold details about another person on any type of computer. You can check with them first, and registering couldn’t be easier- telephone the Data Protection Registrar on 01625 545740 (or visit their website at www.dataprotection.gov.uk) for advice, give your name and address and tell them that you are a probably a “consultancy” (this is a “catch-all” phrase that for their purposes best describes what many groups will be doing with the data). They’ll then send you a pre-completed form to sign and that’s it. Be prepared to part with £75 every 3 years.

Application forms

If you are going to use a database, the easiest way to collect the data is by using a form. As well as collecting names and addresses, you can also record an individuals’ defence union details, qualifications, whether they’re an assistant or locum etc, how much they paid to join etc.

Representation

Once you’ve got a group up and running you’ll soon find out that there are issues that the group would like expressed to the necessary parties. By having a constitution, you’ll have a formal mandate to represent the wishes of your group.

There are already lots of representative groups for GPs out there and some are doing a fine job for Sessional GPs already. But most are still not and so the need for local Sessional GP representation can be great.

If, as a group, you feel representation of your particular needs are not being met you may wish to approach this deficit by either writing to the particular organisation concerned or suggesting they listen to your concerns in person. Such organisations include:

- Health Authority
- Local Medical Committee
- Royal College of General Practitioners Faculty

- GP Tutor
- Regional Postgraduate Education Committee
- Primary Care Groups or their local equivalents
- GP Clinical Commissioning group

All in all, although it can be quite hard work at times, and sometimes frustrating, being involved with running a Sessional GP Group can be extremely rewarding. It's a great way to get to know people, great friendships can be forged and you'll learn new skills that will stand you in good stead later on in your career. If you've not done this sort of thing before, start small and slowly and you will find that gradually your group will slowly take on a life of its own.

Good luck!!

Appendix - Sample constitution for Sessional GP groups:

A “Informal” constitution based on the Chichester Sessional GP Groups’

1. AIMS:
 - a. To reduce Sessional GPs isolation, both professional and social.
 - b. To share work experiences and opportunities.
 - c. To improve communication between members of the group and local GP services.
 - d. To campaign for better CME for Sessional GPs and its financial support
 - e. To support the NASGP.
 - f. To promote full representation at LMC and PCG level, and to encourage participation by SGP colleagues.
 - g. To provide alternative educational initiatives and vehicles with particular reference to NPs’ needs
 - h. To consider and act on other issues relevant to Sessional GPs.*

2. MEMBERSHIP
 - a. “Voting” members are those members of the group either living within the geographical confines area a[†] or area b etc. or performing the majority of their clinical work in this area. “Non-voting” members are those who do not live within the geographical confines of area a or area b etc. or perform the majority of their clinical work outside this area.[‡]
 - b. All members should be qualified to practice as GPs and work as Sessional GPs. GP registrars are welcome to attend meetings as guests or observers.
 - c. All members are expected to attend a minimum number of ^{x§} meetings per annum.
 - d. All members must maintain an educational portfolio from date^{**} to fulfil criteria for clinical governance, which may be subject to external evaluation.
 - e. All members will pay an annual fee^{††} to be agreed by the group to cover running costs (stationery, postage etc.)
 - f. All members will produce a copy of their current GMC, medical indemnity and JCPTGP certificates (or a certificate of equivalent experience) on joining and on renewal of annual membership.^{††}

* This can be left as-is or specific issues can be added by the group

† The area could be based on a PCG or LHG, or LMC or any other similar body as decided by the group. SGPGs tend to be formed in traditional geographic areas, and so a PCG or LHG in England and Wales is a natural choice.

‡ “Voting” membership is for the purposes of voting in business meetings only, to allow these members to have the say in matters that affect them most as decisions made in business meetings can have an effect on the individual’s livelihood.

§ To be decided by the group – a minimum of 3 recommended.

** This date could be the financial year start or the date that PCGs go “live”

†† Delete if no fee charged

†† We suggest that the group’s chairman or secretary keep photocopies to satisfy the group that members are legally qualified to practise and thus join the group. However, you must

- g. All members will agree to abide by the NASGP's Code of Good Practice

3. MEETINGS

- a. Meetings will take place monthly, usually on the [number] [day] of the month unless agreed otherwise. They will be a mixture of informal, educational and business.*
 - i. Minutes will be circulated to all members following each business meeting
 - ii. Each voting member has one vote.

4. OFFICERS

- a. Officers will consist of chairperson, secretary, treasurer, educational facilitator and social secretary to be elected by the group, by a secret ballot if there should be more than one candidate for each post. Posts will be held for a year.

5. QUORUM

- a. At least a third of the current group must be present at a meeting for any decision to be valid. Only members present will be eligible to vote.

6. INCOME

- b. All income must be spent to the benefit of our members.

make clear to employing practices that it is still up to them to ensure that they also see the individual's registration documents as it is not the responsibility of your group to prove registration etc.

* Delete as necessary – it helps to produce a list in advance to give members plenty of notice

B “Formal” constitution based on the South London Locum Groups’

1. The **NAME OF GROUP** shall be hereinafter called ‘the Group’.

2. The Group’s aims are:

to offer mutual support to doctors engaged in general practice Sessional GP work
to share opportunities for work
to keep local practices informed of members’ contact details and availability for locum work
to promote learning among members; to continue the campaign for financial support for Continuing Medical Education
to maintain the excellence of its local reputation
to initiate and maintain a high level of involvement in local issues in general practice
to develop its existing links with the Health Authority
to support and liaise with the National Association of Sessional GPs
to consider any other issues which may be relevant to its members

3. Membership

Membership is open to doctors who have satisfied the legal requirement to work as general practitioners. Principals and GP registrars may be members but will not have a vote. Application for membership shall be made to and approved by the Secretary. The Secretary shall notify the group of new members.

4. Proof of eligibility for membership

New members must produce:

- i) evidence of their eligibility to practise medicine in the UK (GMC Certificates of Full Registration and Annual Registration)
- ii) evidence of appropriate training for general practice (JCPTGP Certificate of Prescribed Experience or Equivalent Experience, or Certificate of Specific Training, or evidence of Acquired Rights)

Evidence of medical defence organisation membership.

Photocopies of these certificates must be provided to the Secretary at the start of membership and every **[ENTER NUMBER OF MONTHS]** months upon request.

5. Officers

The group will have the following elected officers, the Secretary and **[HOW MANY]** Deputies, and a Treasurer to be elected by the Group. The officers will act in accordance with the Group’s aims and on members’ behalf. Posts are held for **[HOW MANY YEARS]** year, or less if officers resign, but an officer may be re-elected to the same post.

6. Meetings

There will be a [HOW OFTEN] [WHICH TYPE OF MEETING: BUSINESS?] meeting of the Group for which all members will receive at least 10 days' notice, and an agenda. The Secretary or Deputy Secretary shall chair the meeting, or in the absence of both, the members shall elect a chair for that meeting. Items for the agenda should be submitted through the Secretary. The agenda of a meeting may include: reports from the officers; election of the Secretary and Deputy Secretaries; election of the Bankers, who shall be independent of the Group; setting the subscription rates for practices and members; setting of the recommended fees to be charged by members; each of these items of business will be resolved by a meeting on at least one occasion per year.

Each member of the Group shall have one vote in connection with each motion put before a meeting. For a quorum at least one third of the Group's members should be present. A resolution will require a simple majority. Where a tie occurs, the chair will have an additional deciding vote.

7. Finance

[MEMBERS AND/OR SUBSCRIBING PRACTICES] will pay a subscription fee, every [HOW OFTEN?] months for members and [HOW OFTEN?] for practices, the amounts to be kept under annual review by the Group. Membership subscriptions will be due by [WHEN?]. Membership will be deemed to have lapsed if subscriptions are not paid by those dates. Practice subscriptions will be due by [WHEN?]. A practice will no longer receive the directory if the fee is not paid by that date [DELETE IF INAPPROPRIATE].

The Group's accounts will run from [] to []. The appointment of Bankers shall be made by the Treasurer on the decision of the Group. All monies will be administered by the Treasurer who will pay incoming monies into a bank account in the name of the Group, and shall arrange for the proper investment of any available balance. The Treasurer shall account to the Group for all monies. Withdrawals from the bank shall be against the signatures of the Secretary or Deputy Secretary or as required by the rules of the bank.

All income is for the benefit of our members.

8. Alteration of the Constitution

Any proposal to the constitution must be approved by resolution passed at a meeting.

9. Dissolution of the Group

The Group may be dissolved by the members only at a special meeting called for the purpose of dissolution. The motion must be carried by a two-third majority of members present and voting. Before a vote for dissolution takes place, the Group shall determine how its assets are to be disposed of in the event of the motion to dissolve being carried.

Standing Orders

1. Directory of Members

Members' names, contact details and those available for locum work will be included in a directory and distributed to subscribing practices each month.

New members' names will not be added to the directory until they have attended one meeting and their certificates and membership fee are received by the secretary. Members are required to attend a minimum of one in every three meetings [ADJUST AS APPROPRIATE], keep the secretary informed of their availability and provide updated copies of their certificates every [HOW MANY] months. Those not complying with these requests will have their name removed from the directory.

2. Fees and Employment

Please refer to the NASGP website for advice on setting rates.

3. Code of Good Practice

The Group subscribes to the Code of Good Practice for Sessional GPs described by the National Association of Sessional GPs and endorsed by the Royal College of General Practitioners. The code is published by the NASGP in their Handbook for Sessional GPs in General Practice 1998, and on their web site (www.NASGP.org.uk). The code includes endorsement of the General Medical Council's guidance contained in 'Good medical practice, (Duties of a doctor, GMC 1995)'. Members should be familiar with both documents and aim to abide by them. In the interests of the reputation of the Group, the Group reserves the right to remove from the directory any member who does not abide by the Code of Good Practice. This motion must be carried by a two-third majority of members present and voting.

4. Quality Control

Group members will aim to provide a high quality service to subscribing practices. If it is necessary to handle complaints about a member from employing practices the Group will endeavour to assist in resolving the problem, guided by the GMC recommendations to all doctors where there is concern about a colleague's health, conduct or performance: 'Maintaining Good Medical Practice', July 1998.

Practices who have concerns about a doctor's performance are advised in the first instance to approach the doctor to discuss their concern. If the secretary is notified in writing the matter will be considered impartially by the group and the member concerned at a meeting, and the outcome of the discussion will be relayed to the practice. The Group is not normally in a position to make judgments on the professional performance or fitness to practise of its members. In the case of exceptional problems doctors and practices may wish to consider contacting the GMC.

Practices will be anticipated to conform to the standards outlined by the General Medical Council in 'Good Medical Practice' when arranging locum cover, e.g. there should be effective handover procedures and clear communications. When a practice provides inappropriate working conditions this will be discussed by the Group and the practice will be informed. In exceptional circumstances members may be advised not to take up locum work in such a practice until matters are improved.