

Striving for Quality

- a learning portfolio for
continuing profes-
sional
development

Quality and Equality

NANP

**NATIONAL
ASSOCIATION OF
NON-PRINCIPALS**

po box 188
chichester
west sussex
po19 2za

fax 01243 536428
email info@nanp.org.uk
www.nanp.org.uk

- uniting general practitioners -



*prepared by the National
Association of Non-Principals for*

Personal Learning Portfolio

What is a personal learning portfolio (PLP)?

A PLP is the collective term to describe your learning needs, what these needs are, how you're going to identify and tackle them, who you're going to tackle and assess them with and how you're going to prove that your needs are being met.

Why do I need a PLP?

Basically, it's a great way to learn. It's also a great way to prove you've been learning. Clinical governance and revalidation apply to all GPs, whether principals or non-principals. Continuing professional development (CPD) is as important now as it ever was, only now not only will we have to prove we're doing it but also that we're good at it. And that's why we've provided you with this.

At some stage, you will have to prove that you have taken part in the structures and processes of CPD. In the first instance, we expect that this will mean that you have to prove to an educational facilitator e.g. your GP tutor, mentor etc. that your CPD is up to date - this is where accrediting this portfolio may come in useful.

And what will my educational facilitator do?

Hopefully, they will "accredit" the parts of your portfolio that haven't already been accredited (PGEA events are already accredited). They may want to see a formal certificate of attendance at a meeting (as with PGEA) or they may ask to sit in with your learning group when discussing your PUNs and DENs for example.

Who should I show my PLP to?

That's up to you. The portfolio is intended to help you show your fitness to practise to whoever you choose - if the person you choose has the authority to accredit your portfolio, we hope that that proof of accreditation may then be used in the future for the purposes of clinical governance or revalidation. (A process not dissimilar from "MOTing" your car - you show your certificate to the DVLA

and not the car).

What else can I use my PLP for?

We want to help you get the most out of being a GP. You'll see we've included an area for you to map your own personal development plan; a log of practices in which you've worked or other clinical sessions you attend; a log of interesting patients seen and perhaps to follow up later.

Can I get it in another format?

Keep an eye on our website at <http://www.nanp.org.uk/plp> for further details. We will have downloadable versions of these pages in Filofax, A4 size and palmtop computer format.

So how can I get accreditation started?

Many GPs cannot claim the PGEA allowance, but the PGEA system of accreditation is well tried and tested so we suggest you use this system. Before you start, write to your Director of Postgraduate Education telling them you want to accredit your PLP, and fill in the form they send you (or use the form from our website). Your local GP tutor will need to approve the plan before you submit it. The total number of PGEA hours applied for must be broken down into three categories, Health Promotion, Disease Management and Service Management.

And group learning?

We've also included an area to log your group learning activities, such as journal clubs, lectures, Balint groups, meetings with a mentor etc.

The rest is now down to you. Good luck and enjoy your learning.

Richard Fieldhouse
Chairman, National Association of Non-Principals

Personal details

Name

Address

Non-principal group

Telephone

Mobile

Fax

Email

Pager

Qualifications and year

GMC number

Defence union & number

NANP number

RCGP number

BMA number

Personal development plan

An individuals' Personal learning plan (PLP) needs to fit in with their continuing professional development (CPD), and in turn plans for CPD must fit in with the individuals personal development plan (PDP).

This area allows you to provide an outline for your own PDP. Under each of the seven suggested headings, write down as many relevant points that spring to mind as possible. These can include thoughts, plans, hopes, aspirations, hurdles and barriers extending over the next few months or even the rest of your life. You may find it useful to consider your plan in terms of short-term, medium-term and long-term goals. When you've finished you may, on a large piece of paper, draw a picture of yourself in the centre with lines extending to each of the seven headings, and further lines linking the words you have added below - in effect, mapping out your own PDP.

Family & friendships

Career & learning

Environment/surroundings

Physical health

Hobbies/interests

Finances

Spiritual

PUNs and DENs

Patients unmet needs (PUNs) and Doctors educational needs (DENs) is a system of personal learning. We all have different styles of learning, different needs and different vulnerabilities. Small group work is variably good, and skilled facilitation may help us, but probably real learning is down to us as individuals. We need to explore our own needs in our own way and in our own time, and learning with PUNs can provide the answer. It is indirectly driven by patients and self selects areas of weakness. In doing so it provides a starting point from which to progress. Its advantages are that it is simple, easy and good fun, it takes minimal time and is relevant to the daily work of General Practice. PUNs and DENs is free, identifies **your** education and training needs and will improve your consultation skills.

It does not explore what the Doctor *wants* (eg learn what I already know with minimal effort and maximum reward) nor what the Patient *wants* (eg patient Charters, demands and Sunday Times readers). PUNs does not involve mentors spending hours helping you expose all your weaknesses and ignorance and setting out a plan to turn you into 'superdoc'. All it guarantees is that, if you do find time for some learning, it will be relevant, owned by you and improve the care you give your patients. So what is it and how does it work?

PUNs are Patients' Unmet Needs. They are discovered in consultations simply by asking ourselves at the end, when the patient has gone, 'How could I have done better?' You need to focus on the Patient's *needs* to identify these. The doctor, not the patient, will decide whether the patient's needs have been met. When you discover a Patients' Unmet Need you have found your first PUN ! Recognition of deficiencies lead to the discovery of **Doctors' Educational Needs (DENs)**.

How To do it

You can collect PUNs on your own but it is better if a group does it either together - all the doctors in a practice or non-principal group.

In summary,

1. Spot the PUN
2. Define the DEN
3. Meet the PUN by Delegation or "DEN fulfilment" or by changes in practice, group or personal management.

"DEN fulfilment" may be done on an individual basis but may be better achieved if groups of doctors share their identified DENs. In this way shared educational sessions could be arranged - Self-Directed Learning Groups. You could apply for educational support for such meetings. Use the group-learning logbooks for these.

The PUNs and DENs Log Book

The Log Book consists of the Discovery Page and the Process Page. The log book is confidential to you. After every

consultation ask yourself - "Was I equipped to meet the patient's needs? How could I have done better". (Consider this for all consultations - not just the easy ones. In this way areas can be identified that would benefit from further learning or development). If you "discovered" a patient's unmet need, write it down in the logbook.

The Discovery Page

- 1 Record some patient identification so you can remember the consultation in which the PUN was identified eg Computer I.D., Age, Sex.
- 2 Describe the PUN you have identified.
- 3 Define the area for improvement, development or change.
- 4 Classify into relevant areas: KC = Knowledge clinical, KN = Knowledge non-clinical, S = Skill, A = Attitude.

Once you've "discovered" the patient's unmet need (PUN), you can "process" your own educational need (DEN). It may be worth collecting 10 or so PUNs before processing them into DENs.

The Process Page

5. Identify PUNs that can be easily solved by chatting to colleagues or by delegating to practice staff. GPs can't possibly be omni-competent and so PUNs may be met without fulfilling a DEN, for example, by delegation. PUNs that require some time spent on them form DENs that by definition need addressing - so-called "DEN fulfilment". Sometimes PUNs will be met not by individual doctors but by changes elsewhere in the practice administration or managerial development.
 6. Write down the DEN i.e. what you need to know.
 7. Then record how you solved this educational need.
- Low "strike rates" are due to not bothering to collect small PUNs or because the identified PUN was actually solved during the consultation.
 - Doctors with high consultation rates have more PUNs.
 - Some GPs admitted to being reluctant to record a PUN that would create an unwanted DEN.
 - It is important not to feel inhibited when collecting PUNs - remember that the discovery page is personal and confidential to you.
 - You do not have to address everything that you discover but be honest with yourself while collecting.
 - Aim for a strike rate above 10%.
 - In groups, take it in turns to disclose some and write them on a flip chart.
 - Why not apply for PGEA accreditation or funding?

PUNs and DENs is an original idea from Richard Eve, GP Clinical Tutor in West Somerset. Further information from Clifton Lodge Surgery, 17 Cheddon Road, Taunton, Som-

"PUNs and DENs" Personal learning Logbook

part 1 - Discovery

Date

Patient ID

Patient's Unmet Need "How could I have done better?"

Define area for improvement, development or change

Class (Clinical Knowledge, non-clinical knowledge, skill or attitude)

part 2 - Process

The education plan (define personal DEN etc)

Action taken

Date completed

Group-learning Logbook

Learning notes...

Title of meeting

Main learning Objectives

Learning points

Accreditation notes (...group-learning logbook continued)

Date

Venue

Facilitator

Speakers

Duration/time taken

Subject areas
(tick relevant box)

a) Disease medicine

b) Health promotion

c) Service management

Accreditation type e.g. PGEA/RCGP

Name and status of accreditor e.g GP tutor

Notes

Interesting patients

Use this to keep track of interesting patients. Avoid using the patients real name by recording the computer record number and surgery name.

Name/identifier

Notes

Name/identifier

Notes

Name/identifier

Notes

Name/identifier

Notes

Name/identifier

Notes

Name/identifier

Notes

Name/identifier

Notes

Name/identifier

Notes

Career portfolio

Record the different clinical sessions you have done...

Dates	Venue
Notes	
Dates	Venue
Notes	
Dates	Venue
Notes	
Dates	Venue
Notes	
Dates	Venue
Notes	
Dates	Venue
Notes	

Record the different clinical sessions you have done...

Dates

Venue

Notes

Dates

Venue

Notes

Dates

Venue

Notes

Dates

Venue

Notes

Dates

Venue

Notes

Dates

Venue

Notes

Hints and tips for the best practise of education for non-principals

Introduction

I am very pleased to be asked to introduce such a practical addition to the educational resource available to primary care. Every so often a document appears which, by the freshness and enthusiasm of its approach, grasps the reader's attention and sets the pattern for future development. "Striving for Quality" might well be such a document, and the National Association of Non-Principals is to be congratulated for its production.

Since the Government published "The New NHS" and "A First Class Service" attention has increasingly focused on maintaining and improving the quality of services available to NHS patients. In general practice, the CMO's report on Continuing Professional Development linked improvement in service to a process of lifelong learning, and the need for GPs to maintain and enhance their clinical, management and personal skills. This has highlighted the need for health professionals to take responsibility for their professional development, and, most importantly, to be aware of their learning needs and make the most of the range of educational opportunities available. Of course it is always useful to be aware of what one has learnt - often in an informal setting - to record and encapsulate this effectively and to evaluate the resulting change in behaviour.

We are aiming for an inclusive system where all NHS primary care staff (whether working part or full time) - general practitioner non-principals and principals, receptionists, health visitors, nurses, managers and others - are actively engaged in productive education which is truly participative and meets the needs of both individual and team. This collection of "Hints and Tips" illustrates the possibilities inherent in this approach. It has, of course, been produced by the professional group for whom it is particularly relevant, but the ideas it contains and the methods it recommends are applicable to all NHS staff, professionals and non-professionals alike. Although aimed at non-principals, I feel sure that others will quickly appreciate the soundness of its essential advice.

Dr Robin Cairncross
Medical Education Unit NHS Executive
February 1999

Overview

Non-principals are a growing group of doctors who provide general medical services and patient care, within National Health Service general practice.

Recent changes in the structure of the NHS and how that care is provided, as a result of the recent four nation White Papers and the CMO's report on Continuing Professional Development (CPD), despite the recommendations of the SCOPME report, have led to non-principals continuing to be left out of the educational loop.

This section is an attempt, in light of the requirement for all GPs to participate fully in clinical governance, to address this omission. Clinical governance has been viewed both as a "policing" exercise – to ensure any GP providing patient care is of an acceptable standard - and as a means of ensuring and maintaining both personal and professional quality. In such a climate, CPD is not merely continuing medical education, it is both a pathway to and proof of, an individual's life-long commitment to learning.

The use of "log-books" within personal educational portfolios is one means of revalidating an individual doctor's commitment to, and achievement of, a high standard of practice. Such portfolios are not merely a record of attendance at, but also show the gains from a completed learning episode, and its impact on the individual's practice.

Despite the lack of a centrally (or even, in most cases, locally) funded system, and the "triple whammy" of CPD fees, loss of earnings and costs of child care this entails, the majority of non-principals actively pursue "life-long" learning. This paper draws on the experiences of non-principals across the UK, in an effort to promote "Best Practice" in what is, at present, a haphazard lottery of education provision.

I am grateful to all those individuals who responded to the NANP questionnaire and to fellow Officers of the NANP, without whom this document could not have been collated. I am also grateful for the vision of the NHS Executive (in particular, Dr Robin Cairncross and Kenneth Allen of the Medical Education Unit and Dr. Philip Leech) for commissioning this document and making their inclusive policy explicit.

The document is intended to be used as a working guide for all those involved in the CPD of non-principals; the non-principals themselves, the growing network of non-principal groups and GP educationalists. As such, it is not a reference laden tome, but a "How to..." tool. Indeed, there is no reason why its contents would not be of use to any GP – non-principals and principals alike – or, for that matter, any group of health professionals, throughout the UK. The time has come for *all* GPs to work together towards a better health service of which we can *all* be proud.

Dr Tina Ambury,
Deputy Chair, National Association of Non Principals

Non-principals as Individuals

This section aims to provide individual non-principals with pointers towards more effective self-directed learning.

Most non-principals care passionately about their continuing professional development (CPD). Professional isolation often fosters a feeling of slipping behind and an inability to stay in touch with recent advances. Lack of resources often forces non-principals to be self-reliant and adopt self-directed learning techniques by default *or* to neglect their learning needs.

Methods available

- ⇒ **reading**
 - *both peer-reviewed journals and popular medical press*
 - *for keeping up to date with recent advances, news and current thought*
- ⇒ **case studies**
 - **generated by interesting patient-contacts**
 - *raises awareness of clinical, prescribing and management issues*
- ⇒ **significant-event audit**
- ⇒ **'problem' cases or unexpected occurrences**
 - *assessment of present performance to identify weaknesses and facilitate future improvement*
- ⇒ **interaction with and shadowing of other professionals**
 - **other GPs, practice staff, hospital and community healthcare professionals**
 - *ad hoc, case-directed discussions with others involved in that patient's care*
 - *at practice, postgraduate centre, or hospital initiated meetings and by one-on-one discussion at time of the event, mentoring*
- ⇒ **formal educational courses or long distance learning**
 - **participation in postgraduate qualification (MSc, Diplomas)**
 - *expand your knowledge in an area of particular interest – either clinical or managerial*
- ⇒ **compile and maintain a personal learning plan**
 - *evidence of your learning plan and how this has affected your personal practice within a reflective portfolio, is both a record of your achievements and a learning tool in itself*

Tips

- ⇒ **Self-motivation is the key to this form of learning**
- ⇒ **Variety is the spice of life**
- ⇒ **Be open to any opportunity for learning that might occur**
 - *either privately or triggered by interaction with others*
- ⇒ **Do not restrict yourself to a single educational method**
- ⇒ **Seize the moment**
 - *opportunistic, problem-solving learning can be very effective*
- ⇒ **Network wherever possible**
 - *with other professionals, in all available settings*
- ⇒ **Get your name on all available mailing lists for educational meetings**
- ⇒ **Check if your 'local' university department offers MSc or MBA courses to Non-principals**
- ⇒ **Put some funds aside for education on a regular basis**
- ⇒ **Use the portfolio sections of this Filofax to record your learning**

Non Principal Group-led initiatives

This section aims to show the benefits of group learning and provide tips on how these can be maximised

A new non-principal group (NPG) is starting on average every other week. Being part of a non-principal group has many advantages - not just educational. Such groups offer the opportunity to meet with fellow non-principals from your local area, thereby reducing the isolation often felt by non-principals. Support, whether it be clinically orientated or just plain social, is a major function of these groups. Whether the precipitating factor for a group was educational or social, there are major educational benefits to be had from belonging to a non-principal group.

Methods available

- ⇒ **formal sessions**
 - **either organised by local educationalists specifically for non-principals, or by the non-principal group themselves**
 - *can take form of GP refresher courses or meetings, regular sessions (daytime or evening) covering clinical and management topics*
 - *often follow 'traditional' continuing medical education (CME) lines – presentation by an 'expert' followed by a question & answer session*
- ⇒ **informal sessions**
 - **non-principal group-led discussion and peer-support work**
 - *can be 'free-standing' but often follow on from formal sessions*
- ⇒ **journal clubs**
 - **group discussion of recent peer-reviewed papers**
 - *impact on practice and maximising learning benefits by interaction*
- ⇒ **networking**
 - **raising profile of non-principal issues with fellow health professionals**
- ⇒ **skill-based sessions**
 - **utilising special skills of group members or an outside facilitator/speaker**
- ⇒ **co-mentoring**
 - **using group members' personal learning portfolios**
 - **many areas now have trained GP mentors ready and willing to take on new mentees - ask your GP tutor**

Benefits

- ⇒ **lessens isolation of group members providing co-mentoring and peer support**
 - **socially and clinically, with other non-principals, GPs and health professionals**
- ⇒ **raises self-esteem and confidence in a non-threatening learning environ-**

ment

- **allows group members to interact without feeling devalued**
- ⇒ **group-directed learning exposes members to a variety of topics**
 - *one often gains more from tackling a subject not of your own choosing, that still has relevance to non-principals*
- ⇒ **networking and communication**
 - **group members are part of the information cascade**
- ⇒ **Non-principal groups help facilitate dissemination of information – both informal non-principal matters and formal Health Authority/Board circulars**
- ⇒ **official recognition of educational value of meetings, at present only by PGEA certification**
 - *The current educational allowance system (PGEA) will no doubt be superseded by personal or practice-based professional development plans by CME. Until this occurs, non-principal group meetings can be PGEA accredited. Whilst acknowledging that PGEA funding excludes non-principals, collection of such certificates acts as a register of an individuals commitment to learning. Such a 'log' will become important with the advent of clinical governance*
- ⇒ **career support/development; from peers and educationalists**
- ⇒ **stress relief – you are not alone!**
- ⇒ **some Health Authorities give bursaries for non-principal education**
 - *it is worth applying*

Tips

- ⇒ **Identify all local non-principals from whatever sources are available**
 - *this takes time and effort*
- ⇒ **Forge early links with official sources**
 - *practices, Health Authorities/Boards, Postgraduate centres, Directors of Postgraduate Medical Education (DPGMEs) in general practice, drug reps etc.*
- ⇒ **Appoint a group co-ordinator with good organisational and facilitating skills**
- ⇒ **Choose topics relevant to non-principals for meetings**
 - *brainstorm initially to identify these*
- ⇒ **Utilise group members' skills**
- ⇒ **Relaxed, non-threatening atmosphere**
- ⇒ **Flexible, family-friendly format**
- ⇒ **Use the portfolio sections of this Filofax to record your learning**

How GP educationalists, Health Authorities/Boards and Primary Care Groups can help

This section aims to advise how those involved in postgraduate teaching in general practice can make the process more accessible to non-principals.

As the preceding two sections show, many non-principals have found many different ways of keeping up to date by active learning. The single biggest obstacle to this is isolation, closely followed by funding. Non-principals accept that GP educationalists and Health Authorities/Boards do not have all the answers – especially where funding is concerned – but there are ways in which you can help.

Remember, each non-principal involved in active learning in your area is striving to maintain quality – of their work and of patient care.

Ways to help

- ⇒ **adopt a 'sympathetic' ear to non-principals in your area**
 - *Non-principals are used to working on their own initiative and have become very resourceful – harnessing this quality will be mutually beneficial*
- ⇒ **include non-principals in your mailings to health professionals**
 - **non-principals can not access education if they do not know about it**
 - *include mailings such as copies of the BNF and changes in hospital policy or staff*
 - *don't forget all GPs are entitled to receive free copies of the BNF*
- ⇒ **provide non-principals with access to decision support and clinical effectiveness material, including Information Technology**
- ⇒ **compile an accurate database of non-principals in your area**
 - **if you do not know who or where they are, you can not keep them informed**
 - *a 'locum list' is not the same thing and it quickly becomes out of date*
- ⇒ **provide administrative support to non-principal groups**
 - *Non-principal groups run on limited or no funds – they are driven by the members' enthusiasm – providing help with mailings, or a room to meet, is invaluable*
- ⇒ **appoint a non-principal GP tutor**
 - **a focal point where non-principals (either individuals or groups) can access information, education, mentoring and support**
 - *this individual need not be a non-principal but they should be familiar with non-principal issues*
- ⇒ **provide non-principals with access to training in facilitation techniques**

- *co-mentoring within non-principal group educational sessions will then be more effective for all concerned*
 - *are there any funds or courses that you have access to that would help local non-principals?*
- ⇒ **lessen the financial burden of education on non-principals; cut costs of courses to non-principals**
- *timing of sessions and courses are important – weekday-time courses hit non-principals three ways; the fees, the loss of earnings and the cost of child care*

Tips

- ⇒ **Compile as accurate a database of non-principals as possible**
- **This is by far the most important obstacle to overcome**
 - *Start by contacting NANP central office with a request for access to their database relevant to your area*
 - *Mail all the practices in your area, requesting names of any non-principals that have worked for them in the past six months – practice managers will be more prepared to do this if they realise they will benefit from the process - by virtue of obtaining a more accurate picture of the pool of available non-principals*
 - *Liase with other organisations in your area to ensure the list is both accurate and avoids duplication*
 - *Contact any non-principal group co-ordinators in your area for a transfer of information – you might be surprised to find just how many non-principals there are*
 - *If there is no non-principal group, consider encouraging one to start – dealing with one group rather than several individuals is more cost-effective*
- ⇒ **Mail all non-principals and non-principal groups on your new database, informing them of what CPD opportunities there are in your area**
- *notify non-principals of all activities going on in your area, all health professionals benefit from interaction within multi-faceted teams*
- ⇒ **Advertise your 'non-principal friendly' CPD policy**
- *if your policy is inclusive, be proud of this – education and maintaining quality is important for all GPs and could help avoid local manpower problems*
- ⇒ **appoint a non-principal representative to your organisation; voting member or observer, as appropriate**
- *empowering non-principals and allowing feed-back will benefit your organisation in the long term*
- ⇒ **ensure GP tutors have enough capacity to work up educational plans**
- ⇒ **accredit your non-principals' learning portfolios - such as this one - to allow them to prove their participation in the processes of clinical governance or revalidation**

Conclusions

Non principals are part of the “team” providing general medical services to National Health Service patients. They form a disparate group of individuals who provide that care in many different ways.

As for all doctors working within the NHS, it is behoven on non-principals to keep abreast of developments in medical practice, both personally and professionally. Clinical governance is not an issue we can ignore or regard as being inapplicable to non-principals.

Both Non Principals themselves and the organisations concerned with maintaining quality in general practice, have a duty to not only participate fully in all aspects of continuing professional development and clinical governance, but to show evidence of this participation to our colleagues and our patients.

Excluding Non Principals – or any other health professional – from this process, whether by default or design, is unacceptable, if for no other reason than that of maximising human resources. This document shows what committed individual non-principals, groups and organisations are *already* doing to maintain quality and suggests how others can do the same.

As with any collection of “best practice” the contents of this guide are not necessarily universally applicable. The guidance given in this document is drawn primarily from the experience of non-principals. Someone, somewhere in the UK is already doing this.

It is up to you, the reader, to judge provision of educational services to non-principals in your area, against that which is possible. Only by working together on a local, regional and national basis, will all Non Principals be brought within the pale of continuing professional development.

Then, and only then, will progress towards quality provision of general medical care – throughout the health service – be a fully inclusive process.

Further reading

1. A review of continuing professional development in practice: a report by the Chief Medical Officer. London: Department of Health, 1998 (<http://www.doh.gov.uk/cmo/cmodev.htm>)
2. SCOPME The educational needs of general practitioner non-principals. Standing Committee on Postgraduate Medical and Dental Education report, 1998 (<http://www.scopme.org.uk/gpnonp.htm>)
3. Educating GP Non-Principals; a supplement to Education for General Practice: vol. 9; no.1. Feb 1998. Editors Ruth Chambers, Steve Field and Elizabeth Muller.
4. Setting up and running a successful non-principal group. NANP Conference workshop, Oct 1998. Drs N Mantel-Cooper and A Lee. NANP PO Box 188, Chichester, West Sussex, PO19 2ZA.
5. National Association of Non-Principals - A Handbook for Non-Principals in General Practice. The Limited Edition Press, for the NANP, 1998. Editor Shaun O'Connell.
6. The New NHS – modern, dependable. White Paper for England. (<http://www.official-documents.co.uk/document/doh/newnhs/newnhs.htm>)
7. Quality in the new NHS – A First Class Service. HSC 1998/113, (<http://www.doh.gov.uk/newnhs/quality.htm>) consultation document for England.
8. Designed to Care- Renewing the National Health Service in Scotland. White Paper for Scotland, Scottish Office , 1998. (<http://www.scotland.gov.uk/library/documents1/care-00.htm>)
9. 'NHS Wales' Putting Patients First. White Paper. Welsh Office, fax 0171-873-8200
10. 'NHS Wales' Putting Patients First – 'Quality Care and Clinical Excellence'. Welsh consultation document, fax 01222 825671
11. 'Better Health Better Wales', Green Paper, discussion document, fax 0171-873-8200
12. Welsh Primary Care internet site, <http://www.primarycare.uwcm.ac.uk/>
13. Quality and Equality: Non-Principal GPs - a NHS resource. NANP consultation document April 1999. Tony Downes. NANP PO Box 188, Chichester, West Sussex, PO19 2ZA, <http://www.nanp.org.uk>
14. The Wisdom Project; continuing professional development for primary care: <http://www.shef.ac.uk/uni/projects/wrp>