NP

The Newsletter of 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
Issue 11 Autumn 2000

Health Authority lists for non-principals

Bureaucracy was invented during the Raj to prevent the colonies acting independently from Mother England, allowing power and control to be served only from the top and preventing any dissent spreading from the minions unless it had otherwise been agreed by parliament.

And as from April 1st 2001 non-principals could be this government's latest victim. From then, as a non-principal, you will need to be registered with a health authority in England or Wales in order to legally work in a GP practice. The registration will be for the health authority's new *supplementary list* of eligible non-principals. You'll need to submit your curriculum vitae, provide references and notify the authority if you have any criminal convictions.

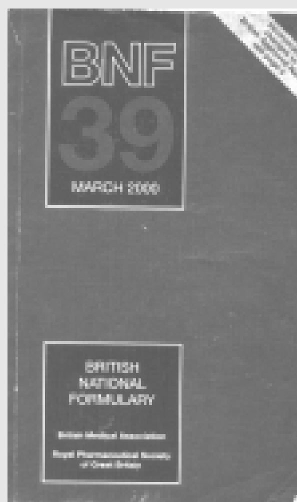
Unfortunately, the thinking behind this legislation is far from joined-up. Proposals for these supplementary lists are a bureaucratic minefield that for example, in the event of a GP failing to declare that they have no criminal record, could lead them to be thrown off the list – and the initial proposals suggest that you can't rejoin the list for 12 months once leaving it or join it in the first place without having provided general medical services within the last 6 months. Silly. And, in case you feel non-principals are being particularly victimised, our principal colleagues are facing similar nonsense in the wake of the Shipman tragedy.

Its not that the concept of having lists is all bad – the profession has been campaigning for years to set up lists that allow all GPs into the structures and processes of the NHS. But why so punitive? The proposed details are heavy on hurdles and positively fat-free on incentives, with no mention of including entitlement to participation in superannuation, provision of continuing medical education or other forms of support. It now remains for the GPC to stand our ground and ensure that non-principals benefit from being fully involved in the NHS whilst being prepared to be more accountable for their readiness to work within it.

BNFs for Non-Principals

A recent discovery by a number of NANP members has revealed that health authorities will no longer be responsible for supplying the British National Formulary in England and Scotland. The centralisation of this process could mean the disruption of supplies to non-principals. In response to this concern we have contacted each country's respective Department of Health offering to supply the NANP's database of members to ensure we all continue to receive the BNF. We have received a very positive response and it looks as though, for England and probably Scotland, the supply of BNFs may even become better than before.

We will now be supplying the Department of Health in England with a list of all English NANP members on the NANP database every 6 months—non-NANP members will continue to have to make their own arrangements until a fully comprehensive national database is created. We're still working on Scotland, Northern Ireland and Wales so watch this space. Look out for any further developments on our website.



This BNF is an old edition and out of date. Is yours?

The ABC of Portfolio Practice - what are the options?

Freelance' GP Dr Amanda Kirby left General practice five years ago after being a partner for four years. "My portfolio has never been dull and has always meant I have been stretched to my utmost. A portfolio career is possible – here are some of the options…"

A

Advisory posts. This may be to insurance companies, drug companies, or Health Authorities, for example, advising on an area of work that you have some experience in or particular expertise. There are also government bodies that seek advisors. For some of these posts, some years of experience and a higher degree are required.

Armed Forces Doctor. This can be on a full or part time basis and may be a way of getting through medical school and securing your training. The Territorial Army is another way of working part time in the forces without a complete commitment.

C

Civil Service Medical Officer. Some Government departments have medical officers. They include the Benefits Agency, the Health and Safety Executive, the Home Office and the Ministry of Defence. Some of the work is doing routine medical examinations and some is more administrative in nature.

Clinical Assistant. This is usually for several sessions in hospital for GPs to build up their skills in one area so that they can then use this in General Practice. Most specialities have clinical assistant sessions. Some doctors who only want to work a few sessions do this alone.

D

Duty Doctor/ private medicine. There is sessional work, part or full time for deputis

(Continued on page 4)

NP News

Response to the GMC consultation document, Revalidating doctors: Ensuring Standards, Securing the Future

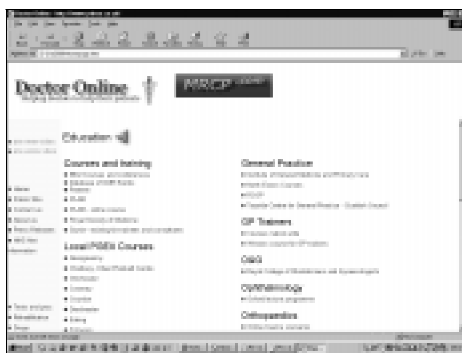
The NANP has published a document which brings together all the comments we received from members over the past few months.

The general response was positive: NPs are not terrified of the prospect of revalidation, far from it, the overwhelming majority welcome it. However, there are inevitably some concerns about specifics - such as full inclusion in educational programmes - and these are included.
We have to hope that the major concern - that of funding - is tackled realistically, especially by the government, so that we end up with a Revalidation Rolls Royce (and not a Morris Minor).

The full document is available for viewing on our website at www.nanp.org.uk and feedback is welcome either on our website's discussion forum or direct to the NANP at info@nanp.org.uk

NP Education

www.DoctorOnline.nhs.uk



DoctorOnline.nhs.uk will shortly be hosting several exciting web-based tutorials for General Practitioners. The tutorials are being launched in pilot form in November. It is hoped that the feedback from GPs will help support their application for formal PGEA approval to the Royal College of General Practitioners.

There are plenty more online courses shortly to be made available through www.doctoronline.nhs.uk and also the Doctor Online NHS Net website on nww.doctoronline.nhs.uk.

Doctor Online is trying to arrange access to the NHS Net for NANP members if they want it so they can access many NHS Net based educational sources. If you would like access to Doctor Online through the NHS Net do email our new webmaster: DrLomax@doctoronline.uk.net

NANP CONFERENCE 2000

ASSURING QUALITY NON-PRINCIPALS

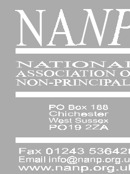
NOVEMBER 2000, BRISTOL

Many thanks to all those members and other delegates who attended our third conference, braving foul weather-warnings, train delays, potential fuel crises and the ever-real threat of pestilence in the Watford Gap. The keynote address was given by **Professor Dame Lesley Southgate,** whose many roles include the new President of the Royal College of General Practitioner and RCGP Revalidation Working Party, and focused on both the vulnerability of non-principals working in underperforming practices as well as their position in bringing stability and optimism to practices in these positions. **Dr Martin Marshall,** from the National Primary Care Research and Development Centre in Manchester, also gave an excellent discourse on providing quality care: does primary care sacrifice clinical outcomes by concentrating on the patient centred approach? Is general practice suffering from a relatively high degree of error-rate because of a deep-rooted lack of a coherent systems approach to the provision of care? And how can non-principals help to improve clinical outcomes?

Together with two debating sessions covering 3 hours with representatives from the GPC, **Dr Jonathan Stead** from the NHS Clinical Governance Team, **Dr Frank Smith** from the Wessex Deanery and of course the NANP, delegates were given the chance to have all their worries addressed, not to mention 2 choices from 10 workshops.

As soon as we've received and collated all our feedback forms and summaries of the workshops we'll be posting more information on our website and publish further details in our next newsletter.

The National Association of Non-Principals



Our constitution

Over the last two years, the NANP has helped change the way general practitioners are treated in general practice. We have already put into place many of our original objectives so some no longer apply. And changes within the NHS environment mean that we have new problems to solve.

The NANP is determined that the quality of Non Principals will be recognised. The best way forward on this is to ensure the processes of accountability are equitable. Quality and accountability are the new watchwords for the future of general practice.

These two principles are co-dependent and will be vital for every doctor working as a GP in the UK. Non-Principals should not be placed at a disadvantage by these processes and the NANP will fight to ensure this does not happen.

Being fully accountable and 'quality assured' GPs, Non Principals will be on an equal footing *in all respects* with Principals, barriers to integration will fall and general practice will be a more attractive career option for newly qualified doctors - and a safer place for patients.

Philosophy

The NANP seeks to act as a voice and a resource for all **NHS** General Practitioners who work beyond the traditional model of GPs as 'principals'.

The term 'non-principal' is easily understood to encompass careers such as locums, assistants, retainers or otherwise salaried GPs. However it is imbued with a sense of being left-out, of inclusion primarily through exclusion.

Since the NANP aims to achieve **equity and inclusion** for all GPs, irrespective of their specific post, we are evolving a more positive concept of the **'independent GP'**.

Being independent may mean different things to different GPs:

- Independent of an employed status
- Independent of the "Red Book"
- Independent of certain non-clinical responsibilities
- Flexibility to choose your own career path, unrestrained by the constraints of traditional partnerships or principal posts.

As the field of Primary Care continues to change, 'independent' may come to denote other working styles.

The success of the NANP will lie in responding to and shaping those changes.

Aims

To unite all general practitioners by promoting quality and equality in primary care through

- Standard setting and progress.
- Collecting and dissemination of information
- Campaigning.
- Support.

Objectives

Standard setting and progress

- Identify and respond to changes in the health care environment that affect independent GPs
- Develop new systems for maintaining or improving the quality of care given by independent GPs
- Develop new systems for maintaining or improving the welfare of independent GPs

Collecting & dissemination of information

- Maintain and distribute a database of names and addresses of independent GPs for the purposes of improving their professional welfare.
- Produce and distribute a regular newsletter for members, to include an up-to-date list of all local groups and educational facilitators

Campaigning

- Lobbying of the DoH to allow all GPs access to the NHS superannuation scheme.
- Campaign for the full inclusion of all GPs into the NHS' "information cascade" such as clinical guidelines, British National Formularies and the NHS Net.
- Campaign for the full inclusion and participation of all GPs in the structures and processes of revalidation.

Supporting

- Hold a regular national conference to promote the aims and objectives of the NANP.
- Promote and facilitate the equitable provision of and access to continuing medical education for all GPs.
- Promote and facilitate research on issues relating to independent GPs
- Promote, provide and facilitate professional support for individual GPs through local support groups.
- To ensure the representation of all general practitioners through local medical committees (LMCs) and thus the British Medical Association (BMA).
- Strengthen our existing links and broaden our relationship with the Royal College of General Practitioners (RCGP) and the BMA.

NP Comment

Complaints...

"It's always a letdown to receive a complaint from a patient. Day turns to night, aspirations to nightmares and your cornflakes go all soggy ruminating on that consultation where it went all wrong. But at least you'll have some say in the matter, allowing an apology to the patient, a chance to make amends and an opportunity to learn from a mistake.

So what about that time when a patient complained against you that you still don't know about? Ever wondered why that practice you enjoyed working is so much never asks you back? Was it your manner to the staff, your attitude to patients? Did you prescribe propanolol to an asthmatic or miss a meningitis? Or have they simply stopped needing you? Ever recommended a fellow locum to a practice only to be told "Oh no, we're not having him again"? And have they bothered to tell him? The trouble is, it can be so much easier for a practice in dealing with a complaint against a temporary employee to simply stop employing them.

Although a satisfactory outcome for the patient, and it prevents embarrassing encounters between the practice and non-principal, this course of events is unacceptable yet is probably common-place. Non-principals, particularly peripatetic locums, often complain of a lack of feedback about the care they deliver. Its bad enough not receiving some form of PACT prescribing data or it being practically impossible to receive support or help to undertake audit, but to be completely left out when one's professionalism is being questioned rather takes the biscuit.

So what can be done to involve non-principals more in the complaints process? The root of the problem probably lies with ignorance on behalf of the practice to the rules of complaints, particularly with respect to guidance from the General Medical Council that clearly states that "it is not enough simply to decide not to employ the doctor again".

So we have produced a document reminding practices of their responsibilities whilst also providing some useful background information to involving non-principals in complaints procedures which we plan to distribute to all GP practices in the UK later this year. If you'd like to make any comments on our draft version you can do so by looking at the document on our website at www.nanp.org.uk or e.mailing us at info@nanp.org.uk."

NP Council News

New Council Member...

In response to our summer newsletter, Cathryn Sheppard from Devon has been elected unopposed as a new NANP council member. Cathryn is working as a full-time locum in Newton Abbot as well as being co-ordinator for the Torbay Non-Principal Group. Cathryn is proud of non-principals' unique position within primary care and wishes to improve our links with a variety of medical organisations at local and national levels. She is also involved at a local level on developing an appraisal system for locums and the possibility of developing co-mentoring.

This is a personal apology to the other member out there who wrote to us requesting details on how to join the NANP council. I'm afraid that, in order to prevent my three year old son from acquiring that morning's post for his lair, I placed the request in a very safe place which, needless to say, was too safe. It has never been seen again. So, please, if you've not been put off by our silence please do write in again as we'd love to have you on the council.

Richard Fieldhouse

NP Education News

NP Tutor for Bath

Bath Clinical Education Trust has appointed a new GP Non-Principal Tutor, Dr Claire Kendrick, to oversee educational meetings and administer the PGEA system and whatever replaces it.

"In January 2000 I was appointed to represent Non Principals within the Trust. My role is defined as to maintain links between the trust and the local NP group (BLAG) (for which I am education secretary), and NANP. So far I have attempted to improve the accuracy of the NP database held by the local postgraduate centre and make an assessment of needs. I have been involved in the BLAG Awayday, spoken to the GP registrars at their day release course and am involved with local initiatives regards development of Personal Development Plans."

Dr Claire Kendrick

NP NANP article

Virtual Practices - update

Back in September we published our suggestion for one way that locum non-principals could become fully enfranchised into the structures and processes of primary care, that not only allow them fulfil all the minimum standards expected by our patients from every GP but also in a way to allow locums to become involved in primary care development, audit and even research and allowing the potential for their involvement in the quality assurance mechanisms currently only available to principals.

We sent the document—"NHS GP Locum Teams - a proposal for Virtual GP Practices" - to all the great and the good in general practice that we could think of, including non-principal group co-ordinators, PCG leads, medical press and senior medical politicians.

Many of those that have so far responded, including the GMC, GPC and RCGP, have been extremely positive about the concept. Some PCGs have suggested potential expansion for conventional principals to join as well as other staff such as nurses and even as a sabbatical for clinical governance leads!

A few concerns have been raised that, in the wrong hands, it could be made compulsory for all locums. A few respondents have also questioned the potential threat to a locum's autonomy as a self-employed individual. Although we can't prevent the idea being hijacked, we do wish to reassure you that this proposal is only one model that non-principals could use to become fully enfranchised.

NP email

Do we have your correct email address?

From time to time we send out the odd email to our members—of 2,200 paid-up members, 930 have given us their email address. But unfortunately, 100 or so of these seem to be spelt incorrectly on our database, either due to expired addresses, typing errors at our end or less than clear handwriting at yours!

So, if you didn't receive an email from us notifying you that this newsletter was published on the website at the end of October, then we don't have your correct address. In which case, please email us at nanp@erbs.co.uk with your full name or NANP number if possible, and we'll add you to the list.

NP The ABC of Portfolio Practice

(continued from page 1)

...ing firms and locum agencies as well as in the private sector.

E

Emergency work. There are organisations like BASICS who train doctors to be able to rapidly respond to accidents out on the roads or at a large concert for example. This can be an exciting option alongside general practice.

F

Forensic Medicine. This work may entail you being a police surgeon going into police stations and assessing victims of crimes, liasing with police officers and those detained. The work can be very variable and also may occur both day and night. Higher qualifications are available and training courses for doing this work. You could go on to become a coroner but you would need to have both a legal and medical qualification to do so.

H

Hospital Practitioner. This can be in a hospital working as a part of a team for up to five sessions a week. You need to have enough experience as well as the appropriate qualifications.

I

Independent Tribunals. These are regional adjudicating authorities that hear evidence on behalf of social security or disability benefit claimants. Some doctors work one or two sessions a week doing this or even a greater number of sessions.

L

LMC/GPC/RCGP representative. Committee work may be for you. With the changes in general practice there are opportunities for GPs to participate more and more and to become involved in the decisions needed to be taken in this field. This can be both at local and national levels.

M

Medical Journalism and the media. There are opportunities to start doing some writing even if the starting point is writing a letter to the editor about something you have read. There are few full time opportunities but there is increasing work in the media with the increase in digital television and the Internet. There are a few journalism courses available as well to improve your skills, and media training is also advisable if you want to go on the radio or television.

Medico-legal work. Doctors are called upon to give evidence in court, but there are also other doctors who give professional evidence known as expert witnesses. They have to provide independent, objective opinion. Knowledge of the legal process is useful. There are courses available.

O

Occupational Medicine. You may be employed by a factory, shop or large company on a sessional basis or full time. The work may involve doing routine medicals, or assessing risk in the workplace. It could be in areas such as aviation medicine. There is a further diploma in Occupational Medicine that is seen as a useful basis to learn about occupational medicine.

P

Palliative Care. Some general practitioners work part time in the Hospice movement and they can do a Diploma in Palliative Medicine.

Prison Doctor. Their job is to look after the health care needs of the prisoners. This may include both physical and mental aspects as well as health promotion and minor surgery. There is a Diploma in prison Medicine.

S

School Medical Officer. This can be standard work and non-NHS work. You may have to advise on drugs, contraception and immunisation and be involved in educational aspects as well.

Sport and Exercise Medicine. The opportunities tend to be in the private sector, for example working as a club doctor for a sports team. The British Association of Sports Medicine runs courses and there is also a Diploma in Sports Medicine.

T

Teaching. There are opportunities to do some lecturing to medical students or to general practitioners or to get involved in academic work.

Travel – ship's doctor. If you want to travel there are lots of opportunities, for example on a ship or being an expedition doctor.

V

Voluntary work. *Medicin Sans Frontiere* and Voluntary Service Overseas (VSO) are two organisations that give you an opportunity to travel and see a different side of medicine, often working in areas of conflict or in developing countries.

...and a prize for the first person to fill in the missing letters

Local Groups News

NP South West

Bath Locums and Assistants Group

The Bath Locums and Assistants Group (BLAG) had an extremely profitable and fun Away Day this year. The idea initially arose from the desperation of how to entice a reasonable turnout for the AGM but soon became a major event in itself.

Set at a popular local Country Club, the day consisted of a variety of workshops, a competitive team 'Clue Hunt' through the grounds, the AGM and time to relax in the sauna and pool. We topped it all off with a sumptuous dinner.

Particularly popular were the workshops by our Non-Principal Associate GP Tutor and a Retainer colleague on 'Personal Learning Plans', who very generously demonstrated how their own were working. Other members gave enthusiastic updates on 'Current and Forthcoming NANP activities' and shared their knowledge on 'Stress Management' and the 'Pros and Cons of remaining a Non-Principal'.

It was particularly satisfying to see such a wide range of members together at one event and will undoubtedly be a regular in future BLAG events. Highly recommended to other Non-Principal Groups!

Dr Clare Amos

NP West Midlands

Shropshire Non-Principals Group

There will be a meeting at the Royal Shrewsbury Institute (Postgraduate centre) on Thursday 24 November 2000 to discuss electing a new group leader. The current contact is
Peter Gooderham, 01939 260554,
dr.peter.gooderham@lineone.net

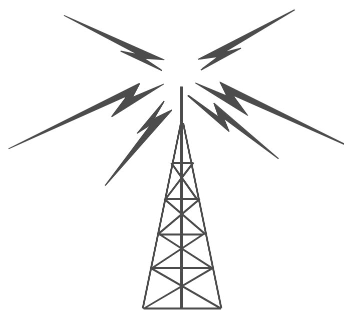
NP London

SLOVTS

SLOVTS (South London Organisation of Vocational Training Schemes) employs Christine Bell as New Practitioner Support Facilitator. Part of her role is to arrange informal “Welcome to Lambeth, Southwark and Lewisham” events.

Practitioners new to the area can meet each other and hear from established GPs, HA personnel and PCG Board members about key sources of information, development and support.

“We welcome contact from practitioners new to the area”, says Christine “ and look forward to meeting and hearing from you with your ideas about how we can best offer support and information.”



Following our New Practitioner Conference on 26 September at The Oval, we also held an informal Induction Day at SLOVTS (at St Thomas’) on 5 October. During the day there will be sessions on the current changes within the Health Authority and local PCGs – including the many PMS pilots within LSL. Other issues covered will be the public health context and particular local initiatives. There will be formal ‘speakers’ and plenty of opportunity to discuss issues informally.

For further details about these or for other information please contact SLOVTS on 020 7922 8115 or write to Postgraduate Clinical Education Centre, Gassiot House, St Thomas’ Hospital, London SE1 7EH.

NP Sussex

Chichester Non-Principal Group ChiNG

We’re now well into our 5th year of existence. We have 31 members and hold regular monthly meetings in a range of local pubs. In addition to this our very own educational facilitator has run several accredited meetings, where all the local NPs get the chance to question the local consultants on such areas as dermatology, gastroenterology and ENT.

We’ve also set up a couple of journal clubs for which we’ve applied for PGEA accreditation. The club is divided into four half-hour sessions of learning needs identified by the previous session; discussion of subjects chosen by one nominated individual; significant event analysis or PUNs & DENs and general discussion – find out more from our website at www.ching.org.uk.

NP North Cumbria

North Cumbria Non-Principals Group

North Cumbria non principals have a good working relationship with both our regional advisor and local GP tutor. In April of this year, with their guidance, we formed a small study group to work through personal learning plans and amalgamate these into a group plan for educational activities over 12 months. The first of our meetings was held in July and consisted of short topics (including psychiatric emergencies, psoriasis and HRT) which we had researched individually and presented to the group. This was a successful format and we hope to tackle hypertension in a similar way at our next meeting.

NP London

South London Locum Group

I am planning to step down from running the group by the end of the year and would like to hand over the responsibilities to whoever is most willing and appropriate. If any members are considering volunteering it would make sense if more than one person was involved, rather than a single individual trying to do everything. As I see it the group performs two major roles, first to provide mutual professional support, including organising the educational and social meetings, and second to publish the locum list, which acts as a contact point for locums and practices to find each other.

Keeping a database of locum details and distributing the newsletter is essentially an administrative task which, in my view, is probably not most usefully done by a doctor. More importantly, it may be desirable in the pursuit of Clinical Governance and Quality Control for locums, to involve either the Health Authority or the PCGs in publishing the locum list. As the DoH is currently drafting legislation which will oblige Health Authorities to compile a ‘supplementary’ list of non-principal doctors working in its area, and as it will be mandatory to be on this list in order to work as a locum, which I believe will involve the checking of certificates, it may make sense to combine the HA list with ours in some way. I see no reason why this should threaten any of the group’s other functions, including recommending fair rates of pay for locum work

This could bring the added advantage of relieving us of the burden of being drawn in to proceedings when locums under perform, and the advantage to the HA/PCG of allowing them to monitor locum quality for their own reassurance. It would also be helpful for practices to be able to access locum details at any time and new locums’ details to be publicised immediately, rather than waiting until the next month.

Dr Deborah Maynard

NP London

South West London Locum Group

Due to various career changes and variable support from the health authority, practices and locums, this group is now dormant. If anyone out there would like to resurrect it or start up a local support and education group, please give Eva Kalmus (see back page) a call.

Welcoming our new www.nanp.org.uk webmaster

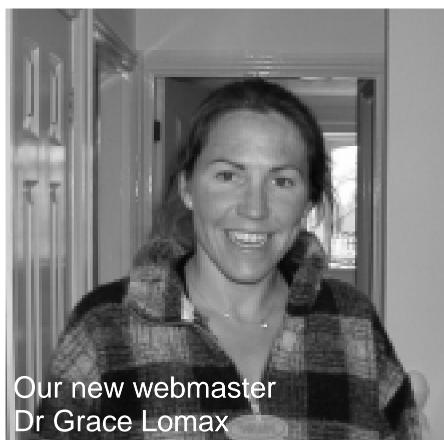
Our flagship website is shortly due for its second major overhaul, led by our new web-master, Dr Grace Lomax.*

Over the next few weeks we plan to introduce new articles, features and designs to keep up to date with the rapidly changing world of GP non-principals. As always we are eager for feedback and support but first, a little about the person who will be running the show.

Grace Lomax is now practicing (STILL not perfect unfortunately) as a GP locum in Poole. She did her GP training mostly in Poole on a DIY VTS course with a live-in Psychiatry six months in Chichester. To date, Grace has been working on Doctor Online, a website on the NHSNet and generally spends what would generally be considered too much time chortling over funny emails than is healthy for a newly wed woman.

Grace plans to continue the excellent work of the outgoing webmaster Ed Penman and to expand various aspects of the site in response to members' requests. We hope to obtain access to the NHSNet for locums from home, and provide online accredited educational courses so that non-principals don't have to loose income whilst doing day courses at postgraduate medical centers.

Do give us any thoughts, and we promise not to immediately rope you into doing the work yourself. You can email Grace at web@nanp.org.uk or call her on 01202 666366


Our new webmaster
Dr Grace Lomax

**After due thought and consultation, not least with Grace we have decided to retain the title "webmaster" rather than change to alternatives such as "webmistress".*

RIDICULOUS READ CODES

For your delight and delectation here are ten of the best, most bizarre but genuine Read Codes…

"Late effect of foreign body entering orifice"
"Hit – object fell from aircraft – occupant of spacecraft injured"
"Hit by snow vehicle – occupant of tram injured"
"Person with feared complaint, no diagnosis made"
"Bite of other animal except arthropod"
"Travel and motion, occurrence on farm"
"Doctor walked out"
"Camshaft"
"Fall into hole or other opening in surface"
"Accident caused by soup, stew or curries"

Can you do better? If you have come across, or even better have used a genuine bizarre Read Code then let us know: readcodes@nanp.org.uk

Non-principals can learn from risk management programme

In today's culture of clinical governance and revalidation, anything that helps manage risk is attractive. The Medical Defence Union (MDU) launched a Primary Care Group (PCG) Risk Management development programme last year - comprising a video (Unnecessary Risks) and a series of workshops preceded by use of self-assessment packs.

Every GP should learn about risk assessment and how it can enhance their practice and the MDU programme is very timely. The NANP reviewed the first two self assessment packs, *Communication* and *Prescribing,* to ascertain whether the programme is amenable to use by NPs. But, being designed for PCGs, are they adaptable for use by NP Groups?

In truth, only practice-based NPs (by virtue of their part in practice-based education) would benefit from the packs in their present form. Individual NPs could possibly tie into PCG-based sessions, but we all know how patchy contact between PCGs and NPs is.

What NP Groups could *definitely* benefit from, is the related series of lectures on risk management in general practice also being run by the MDU.

To date these cover:

- An overview of risk management in general practice - covering clinical governance, complaints procedures and use of the 'Unnecessary Risks' video
- Prescribing - illustrating common pitfalls of prescribing errors and using the Part II - 'Prescribing' - assessment pack
- Medical Records - discussing the importance of records in negligence claims and explaining what makes a 'quality' record
- Minor Surgery - using video clips demonstrating common pitfalls and discussing MDU case histories
- Significant Event Auditing - explaining the procedure citing example cases, summarising the outcomes of such audits and discussing problems experienced by practitioners

Home Visits – 'should I go or should I stay?' and Telephone Consultation Skills are two new lectures being added to the series.

Like it or not, risk management is here to stay and knowledge breeds confidence. All of the MDU lectures would be interesting and useful for NPs and groups should consider contacting Geoff Earle, GP Liaison Manager on earleg@the-mdu.com or the Clinical Risk Manager at the MDU if they would like to run specific workshops or lectures locally.

NP Article

Join the Army to escape Civvy Street pressure

The Army offers a challenging career for doctors looking for an alternative to conventional general practice, writes Brigadier D W Smith, Director Army General Practice

Most doctors who read this Newsletter do not want to settle down as Principals in the NHS. General practice in the Royal Army Medical Corps can provide an interesting and stimulating career for a GP who wants a good salary, is keen to accept responsibility, enjoys a varied lifestyle and who does not mind moving house several times.

Although the principal purpose of an Army GP is to provide primary health care to the Army in peace, on military exercises, operations and in war, there is much more to Army general practice than that. Away from the pressures of an ever-changing NHS where general practitioners are becoming more and more stressed, the RAMC offers a busy career in a less stressful environment. Patients come from a younger age group than the norm in the NHS and they suffer from the diseases, illnesses and injuries of the under 50s.

Practices which treat only soldiers have a high incidence of sports injuries and other musculo-skeletal problems whereas, in family practices in UK and all overseas garrisons, there are lots of obstetric and paediatric problems, and gynaecology of younger women, including family planning. All patients are employed and housed, and drug problems are rare. However, there is a lot of family separation due to military exercises and operational tours, leading to alcohol abuse, marital disharmony and violence. Stress related illnesses are common and child abuse occurs not infrequently.

Opportunities exist for travel – accompanied service in Germany, Cyprus or on loan service in Brunei, adventure training in Norway, exercises in Canada, Kenya and Poland and, of course, operational tours in Northern Ireland, the Falkland Islands or the Former Republic of Yugoslavia. Short notice emergency situations anywhere in the World, such as Sierra Leone, Kosovo, East Timor, Rwanda, Angola and The Gulf, add to the adventure.

Sport and adventure training are encouraged throughout the Army and the same applies in the GP cadre. Rob Wainwright, captain of the Scotland rugby team a few years ago was an Army GP trainee and, in 1998, an Army GP registrar stood on the summit of Mount Everest to become only the second person to climb the highest peaks of all seven continents.

What does the RAMC offer an accredited GP?

All medical officers do a four-month Entry Officers Course, a mixture of military training at the Royal Military Academy Sandhurst and military medical training at the Defence Medical Services Training Centre near Aldershot and the Royal Defence Medical College at Gosport. This is followed by at least one tour of duty as a Regimental Medical Officer with a battalion or regiment, responsible for the primary health care of up to 500 soldiers and, possibly, some of their families. You will go on military exercises and it will be unusual not to pick up an operational tour of duty. Some medical officers choose to do parachute training.

Thereafter, there is a wide choice of jobs available to the RAMC GP – continue as a RMO or become a Garrison doctor; take the MRCGP examination, study for Diplomas in Dermatology, Immediate Medical Care, Occupational Medicine or Sports & Training Injuries (which has been developed uniquely between the RAMC and University of Bath). Later on do an MSc. Postings can be to soldiers-only medical centers in the UK, or family practices in the UK or overseas. Different posts will have different commitments for overseas travel on exercises and operations. Some will involve a lot of travel and adventure and separation for those who are married. Others posts will give a more stable life style.

The majority of doctors join the Army directly from universities and, therefore, GPVT is well established in the RAMC. The quality of training received by the GP registrars remains second to none. Trainers are enthusiastic and highly motivated with the residential GP Registrars Course run at the Royal Defence Medical College (RDMC) at Gosport getting deserving praise from the JCPTGP.

After a few years in the Army, fully accredited RAMC GPs will have had a far broader experience of life as a GP than their colleagues in the NHS.

Because of the GPVT commitment, the RAMC encourages GPs holding the MRCGP to prepare to become GP trainers. There are training practices in UK, Germany or Cyprus. As a trainer you may still be posted as an RMO but some are selected for garrison Senior Medical Officer posts. Senior GP trainers can become Course Organisers, Associate Directors, Defence Professor of General Practice, or Director Army General Practice.
As a qualified GP with five years post-registration experience, salaries start at £50K per annum (rising to over £70K) with housing provided for those who are married.

There are generous allowances for living overseas and boarding school allowance for children. Trainers' pay is an additional £4K per year.

Commitments can be anything from a three-year Short Service Commission to a full career up to the age of 60.

Anyone who wishes further advice on a career as an Army GP should contact:

Col (Retd) A P Willman
Officer Recruiting
Regimental Headquarters RAMC
Keogh Barracks
Ash Vale
Aldershot
GU12 5RQ

Telephone 01252 340 309/307/209
Fax 01252 340 22
Email ro1rqhramc@hotmail.com.

The National Association of Non-Principals

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

Contact the NANP

NANP
PO Box 188
Chichester
West Sussex PO19 2ZA

Fax 01243 536428
Email info@nanp.org.uk
www.nanp.org.uk

Council Members

Chairman	*Richard Fieldhouse*
Deputy Chairman	*Tina Ambury*
Secretary (Wales)	*Jane Harrison*
Secretary (NI)	*Susan Walker*
Secretary (Scotland)	*Stuart Blake*
Treasurer	*Tara Watson*
Webmaster	*Grace Lomax*
Council Members	*Lorrie Symons*
	Cathryn Sheppard
Honorary President	*Phil Hammond*