

NP

The Newsletter of
NANP
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ASSOCIATION OF
NON-PRINCIPALS
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Issue 12 Spring 2001

Standardised Practice Induction Pack

Approximately 20,000,000 consultations occur every year between patients and general practitioners who are unfamiliar with the ways of the practice in which they're working.

Whether as locums, new principals, assistants, retainers, registrars or other

"We recommend that new locums are... given an induction pack ideally before they start or on day one".

Dr Stephen Green, Head of risk management, MDU

"The more information locums are given when they start at a practice, the better the quality of care they can deliver"

Health Which?, December 2000

healthcare professionals, working in an alien environment could increase the risk of harm to patients and could force underperformance.

So rather than just sit back and allow this to continue, we've tried to do something about it by producing a standardised

practice induction pack to allow individual practices to efficiently and effectively inform all healthcare professionals of the 200 essential non-clinical items of information that are specific to the provision of care to their patients.

We've sent a copy to every PCG clinical governance lead, non-principal group leader and various other lead GPs, with the message that the provision of packs to every practice in your locale will ensure that appropriate measures have been taken to reduce the risk of under provision and underperformance by GPs unfamiliar with their surroundings—preferably by the PCG or its local equivalent. And rather than suggest that every practice or PCG develops its own version of an induction pack, by creating a standardised version we've taken most of the effort away as well as allowing peripatetic GPs to become familiar with the format.

To be easy to spot when you go in to a

practice, they're a striking luminescent green colour. So that hopefully no excuses that its been lost.

Can you answer these questions in every practice you work?

How do I refer for psychosexual counselling?

How do I refer to the drug dependency unit?

How do I organise joint injections?

How do I organise an emergency IUCD?

Where do I refer for bone densitometry?

Where can I get a paediatric urine collection bag?

How do I contact a social worker in an emergency?

If your PCG or practice hasn't provided you with a pack, we suggest that the practice manager either makes a purchase via the PCG or buys direct from the NANP. The price is £15 for 1-4 packs, £12 for 5-10 pack and £10 each for 11+ packs - write to us at our usual address on page 7.

Pensions for locums

NP Superannuation

Our sources at the Department of Health have confirmed that the Minister for Health, Mr John Denham, has made the provision of NHS pension to GP locums an urgent issue and is therefore officially government policy. We have been told that the date from which locums will be entitled to make contributions will be from the 1st April 2001 although the mechanism entitling locums to make contributions will probably not be in place until the end of the summer. Never the less, when the mechanism is in place, locums would be able to backdate contributions to this date. Locums will need to be able to produce evidence of their income from 1st April. Although the details of which evidence will be required is not yet known, we suggest that locums will have to record the following from the 1st April 2001 (see box).

We therefore suggest that you begin recording this information from 1st April

2001. We have also produced a document (available from our website at www.nanp.org.uk) that may be of use when collecting this information although more official documentation will be available later from the Department of Health. Also, with the ending of carry-forward for Personal Pensions on March 31st 2001, we also advise that locums urgently discuss with their Financial Adviser the feasibility of starting a Personal Pension now and convert to superannuation once the scheme is up and running.

- The name and address of the NHS GP practice in which they worked
- The gross amount they were paid
- The dates of the sessions worked
- The name of the principal that they were substituting for

How to get your FREE BNFs

NP BNFs

So what is the current situation with BNFs in the UK? The Pharmacy and Prescribing Branch of the NHS Executive wrote to all Health Authority Chief Executives on the 2nd November 1998, considering which staff groups require the BNF as an essential. One of the main recommendations of the review is that all GPs - including principals and non-principals (locums, assistants and those on the retainer scheme) - receive a free copy of the BNF on a twice-yearly basis.

The DoH in **England** distributes the BNF to all non-principals registered on the NANP's database. All members in England should have received copies of the September edition by now. A change to the distribution system led to an unexpected increase in demand for copies of the BNF, which meant that the DoH had to arrange for the printing of a further 13,000 copies in

(Continued on page 2)

Calling all NP tutors

NP NP Tutors

Nicola Gill from the York Non-Principal Group has just let us know that she's recently been appointed as GP tutor for NPs in her area. She'd like to be contacted at njgill@doctors.org.uk by other NP tutors to establish an NP tutor network, sharing ideas and learning from others.

And we'd like to resurrect our database of NP tutors (by popular demand) around the UK for our website and newsletter.

If you are an NP tutor or know of any lurking around, please get in touch (contact details on page 7).

GMC Revalidation Pilots

NP Revalidation

Over the last 12 months the NANP has been actively involved with the RCGP's Revalidation Working Group, meeting monthly with the GPC, Overseas Doctors, Small Practices Association, National Association of GP Tutors etc to formulate a framework of revalidation for all GPs. With most of the ideas having been thrashed out, it's a case of now seeing if it will actually work.

The GMC has now begun piloting the revalidation process, and called

NICE - if you can get it!

NP Publications

Have you managed to stumble across the NICE Guidance yet in a practice near you? These guidelines are currently being circulated, as far as we are aware, only to GP principals. A compilation will be available quarterly, although we are told that it may be too difficult to circulate it to non-principals, in which case all NICE guidance is available from their website at www.nice.org.uk with the compilations being available on a free CD-ROM, also via the website. If you have managed to access copies of the NICE guidelines, or have got hold of other useful clinical circulars, can you recommend them to other non-principals? And how did you come across them?

upon the NANP for 30 volunteers to help out at short notice by contacting members on email at the beginning of February. After emailing all 1,100 members on email, Richard Puleston from the GMC received 100 volunteers in the first 5 days! Revalidation packs have now gone out to the volunteers and we hope to be getting some feedback soon on how the processes are operating.

NHS Locum Team Feedback

NP Virtual Practices

Thanks to everyone for letting us know what you thought about the Virtual Practice concept. Most comments have been supportive, whilst the rest has been extremely constructive. Where concerns have been expressed from members, they have centred around 2 areas—firstly that it is a model that not all locums would want to participate in and secondly that

some locums could find such a model forced upon them. We've now produced a second "feedback" document in which we have reproduced some responses and hopefully improved the reasoning and allayed any fears—see our website for details. We'd especially like to thank the RCGP for their extremely thorough appraisal of our original document.

(Continued from page 1)

order to meet demand which arrived around the Christmas period. Hopefully, after initial teething troubles with the new system, things should work better for the March edition.

In **Scotland**, the Common Services Agency distributes the BNF through the non-principals' Primary Care Trust or Health Board. Distribution of BNFs in **Wales** and **Northern Ireland** continues to be distributed to non-principals by their respective health authority.

If you live in Wales or Northern Ireland, your local Health Authority still has responsibility so you need to send your contact details to the chief executive of your Health Authority. For England, the NANP will send your details direct to the DoH. For Scotland, the Scottish Health Department notified all Health Boards in January (NHS HDL (2001) 2) that each Health Board and Trust must ensure all non-principals receive a BNF as from March. Again, you must notify your Health Board of your existence!

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 Formulaires 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.

Doctor on the ship

NP Article

I took a six month break from the hustle and bustle of locum work to embark on an adventure at sea. Although I had reservations after talking to a few people who had worked at sea I decided to take up the challenge. I worked for Carnival Cruise Lines which is a Miami based liner consisting of 17 "Fun Ships", spending two months on a smaller liner to get acquainted to ship life and four months on a much bigger ship with 900 crew and 2,500 passengers.

Daily duties are not too onerous, with two 3 hour open surgeries daily from 8-11 and 3-6 which are open to both crew and guest, being always on call except when in port. This may sound daunting but there is a nurse who is also on call and is the initial point of contact for an emergency. The ship's medical facility is well equipped and is also stocked with a wide range of medications. X-ray facilities are coming soon, in the meantime we have to rely on these services on land.



The salary is quite attractive with the only setback, keeping in tradition with ship life, is that one is paid in cash in dollars. If away for a complete tax year then it is tax free. Remember that food, accommodation and even laundry is free, and what you do buy on board is heavily subsidised – for example 40% off all products sold in the shop and drinks are a dollar each. There are further perks such as going on the organised tours for free and close relatives can come on board for practically next to nothing whilst you're on board. At the completion of a six month contract you and your close family are entitled to have up to two weeks on any ship in the fleet as passengers for free.

As well as medical duties, the ship's doctor is also a seaman and a senior officer. So

one has to socialise – attend cocktail parties, Captain's dinner, etc – all of course in a variety of gorgeous white uniforms. They have to be trained and lead some of the emergency drills, as well as having an active input in any decision which affects the running of the ship.

My own personal experiences were memorable. I was first based in Los Angeles and ventured into Mexico on three and four day cruises. After two months I was transferred to Tampa for a seven day cruise experience which stopped off in grand Cayman, Cozumel (very close to Cancun) and New Orleans. There is so much to do whilst in port but alas so little time. Medically we had our moments but not too many as this cruise line caters more for young people (the exception being the Alaska run). I once had to intubate in rough seas and reduce clinical fracture dislocations as well as having acutely psychotic Americans and crewmembers. We had to airlift a few people off

the ship as we were in the middle of nowhere. I received my own injury and had to treat myself with the aid of the nurses. Under normal circumstances the ship would have been disembarked at the next available port but we got caught in the path of a hurricane so I spent three days at sea with a compound fracture of the distal phalanx of the thumb.

All in all it was a great experience and it was so good that I'm going back in February 2001 for another stint. Carnival Cruise Lines actively recruit in England two to three times a year so look out for the Special Appointments in the BMJ or contact me direct.

Harjinder Singh
sedoctor@carnival.com

RCGP accepts non-principal examiners

NP RCGP

Ever thought of becoming an examiner for the Royal College of General Practitioners? Well, up until now, you couldn't. That is, not whilst you were not a GP principal. Despite the leaflet "Becoming an examiner for the MRCGP" declaring that "...the composition of the Panel of Examiners should reflect the full range of general practice in the United Kingdom", a prerequisite for being an examiner was that you must be a GP principal.

Was the rest of the profession still conspiring against us? Would nothing ever change around here? A slap on the wrists for the RCGP? Actually, no—the opposite in fact. Several members and would-be MRCGP examiners raised the issue with the NANP, so we raised this issue with Dr Roger Neighbour, convener of the Panel

of Examiners. But rather than an exciting conspiracy, this is all down to a simple historical oversight with the issue not having previously been aired. In response, the college pulled out all the stops, redrafted the regulations and have now put them in to force—all within a two week period. Now that's what we call progress!

One thing the college hasn't changed are the extremely high and exacting standards of its examiners, so becoming an examiner is still as challenging and a rewarding experience as it always was but with the added advantage of now appealing to non-principals too. Want to give it a go? Call Sandra Mackenzie in the Exam Department on 0207 581 3232 for details.

Are you XX?

NP MWF

In the chromosome department, that is. Because if you're reading this and are an NANP member there's a 66% chance you're female and therefore qualify for membership to the Medical Women's Federation (MWF). Aiming to advance the personal and professional development of women in medicine whilst breaking gender barriers in the profession, they're always grateful for some more support. For more details on how to join, give Doreen a call on 02073 877765 or visit their website at www.m-w-f.demon.co.uk.

Are you on the Bandolier Wagon?

NP Journals

Do you receive your free copy of Bandolier and ImpAct every month? Want to know the latest in evidence-based healthcare, learn good practice from other professionals and share in a UK wide learning experience? This excellent monthly publication is a must for all doctors.

Many non-principals already receive their regular copies thanks to the support of Bandolier's editors, so if you're not, you can start receiving your free copies (normally £3 each) by sending your contact details to Bandolier@pru.ox.ac.uk or by fax to 01865 226978.

Do we have your correct email address?

NP email

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.

Freeze on membership rates

NP NANP council

At our January NANP council meeting we've had another look at what we can and what we can't afford. As our "Sink or swim" pay increase last year was accepted so graciously by our members we decided that it would be churlish to ask you for even more this year. Our accounts are in a far healthier state this year than they have ever been, allowing us for ex-

ample to invest the £6,000 in the Standardised Practice Induction Pack project (see page 1) which, with just a few hundred more orders should see us breaking into a profit. So, please, try and persuade your practices to buy you a copy and, who knows, one day we may be able to make membership free!

Why do principals leave their posts?

NP Research

This was the question asked by the National Primary Care Research and Development Centre (www.npcrdc.man.ac.uk) of 621 GP principals who left posts in 1996/7. The main destinations for leavers were retirement (36%) or life as a non-principal (25%), with the main reasons being familiar to us all (workload, flexibility, NHS reforms and patient expectations.) Respondents cited the need for traditional ways of working as a principal to be more responsive to career and lifestyle expectations (they must have heard about our NHS Locum Team idea—Ed). About 30% were younger than 46, and of these 25% were GP principals a year later, with 35% remaining as non-principals and 12% being temporarily economically inactive (who says bringing up kids is economically inactive? -Ed). For those older than 46, 51% had retired, 20% were non-principals and 3% had entered a principal post.

There were a few differences between women and men in their responses, with women citing child care, spouse relocation and partnership problems and men showing dissatisfaction with the NHS and

nearing retirement.

The report suggests that many of the reasons for leaving principal posts are amenable to change, and solutions need not be gender specific as these differences were found to be small. Despite the government recommending flexible and family friendly working schemes, the report found it difficult to see how this could be implemented by independent contractors. One solution suggested by the report is to expand the types of salaried GP posts available within PMS pilots. But would more salaried posts solve these problems? Are salaried posts more family friendly? Is the flexibility and choice of working as a self-employed GP locum a worthy sacrifice for the stability of conventional employment?

If you have any thoughts on how your career structure can be improved, or if you have any experiences of working with different types of contract, we would love to be able to share your experiences with other members.

The All Wales NP Network

NP Regional News

This network is being developed, under the guidance of the University of Wales College of Medicine and with funding released by the Welsh Assembly in Spring 2000. The purpose of the network is to keep an accurate database of NPs working in Wales, and provide resources for education and support which can be accessed by all NPs, even those working in remote areas. We have recruited a team of 6 NP Facilitators from each Health Authority area of Wales, who are best placed to understand the working problems of NPs in their locality & develop initiatives to address them. The Facilitator Team shares ideas and provides mutual support & encouragement. We are hoping to develop

portfolio groups in all parts of Wales, and have e-groups to prevent isolation.

One of the most pressing educational needs is training in IM & T, and a survey of all NPs in Wales will help us to plan how best to provide them. Kath Barrar (01492 860663) in North Wales is the Retainer Scheme and NP Enquiries Officer, who also updates the database. She is sending out claim forms to those Welsh NPs who wish to apply for their £200 course fees, which are currently available.

Jane Harrison (Lead NP Facilitator for Wales)
J.C.Harrison@doctors.net.uk

Local Groups News

NP South Thames

The Kent & Sussex Independent GP group is going really well, with about 30 of us although only between 14-16 manage to attend the meetings. We continue to meet on the first Wednesday of the month and have two hours PGEA approval. One of the best things has been that a lot of the group have special interests so we have had talks on Family Planning, HRT, Palliative Care and Dermatology that have all been led by members of the group. This has meant that the meetings have been quite informal, and we can ask all those questions that we've always wanted to know but think are too silly to raise in a lecture theatre!

Hans Van Sloan of the West Kent Non Principal group and myself are now the West Kent LMC non-principal reps.

Jane Roome
janeroome@btinternet.com

NP North West

The Wirral Non-Principals Group has over 30 members, with good attendance at monthly meetings of 15-18+ at each meeting. Normally a local specialist consultant will give us a talk on a topical subject, but we've also had an accountant and a wine tutor speak to us!

There is active participation in the Wirral LMC, and we have nominated members liaising with the Clinical Governance leads of our 3 local PCGs. In the last year, we've also managed a drug bulk purchase for our members. This year I'm aiming to get formal IT training for our members, which is hopefully to be funded by the PCGs.

Andy Lee
dr.andylee@bigfoot.com

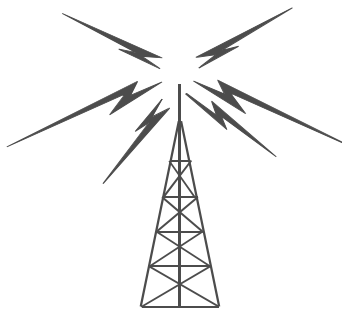
NP London

The West London Non-Principals Group was formed in September 1999 to meet the needs of the local non-principals. It is represented equally by locums, retainees and assistants. We meet on the first Tuesday of every month in Isleworth at 8pm. The meetings last 2 hours and we have PGEA approval courtesy of our local GP Tutor who is a member of the group. Each month we chose a special topic to discuss as well as any hot topics. We don't have drug sponsorship for these meetings but the tea and coffee is fairly good! The group seems to be fairly successful with a monthly turnout of between 10 and 15. We always welcome new members as long as you can get to Isleworth!

Kim Panting
jonpanting@doctors.org.uk

NP Trent

The Nottingham Non-Principal Group currently has 45 members on the data-base. This is being updated over the next month



to remove our "ghost members". We meet socially as a group intermittently every month or two for a meal. Attendance at meetings is poor with only 4 or 5 of us on average. (Previously, educational meetings were even more poorly attended and were stopped). There is now a renewed interest in educational meetings - mainly from new members. We held a meeting with the local GP tutor for NPs on 13 February to discuss PLPs, and hope that this will herald the start of some regular educational sessions.

The group has a very basic website (www.nnpg.co.uk) and we have an e-mail discussion list for NNPG members only. The site also allows local practices to sign up to an e-mail distribution list to receive regular updates of our locum list.

David Tyers
tyers@bigfoot.com

NP West Midlands

The Warwickshire and Coventry NP group is now in its fourth year of existence. Catherine Dallaway, our founding member, has now become a principal but remains on our committee. We meet on the third Monday of the month at the PCG at Warwick hospital from 7pm - 9.30pm. It's very informal with food and chat, followed by a talk from a local consultant or other speaker. We are currently in the process of setting up a journal club/discussion group. There is a locum list held at the PGC and anyone wishing to join this or be on the mailing list for the group should ring Pam on 01926 495321 ext. 4286.

Jo Mulley
jomulley@doctors.org.uk

NP Scotland

The Lothian Association of Non-Principals (LANP) continues to attract a large membership to its fold. A programme of topics selected by the group itself runs over the year at the Lister Postgraduate Department, Hill Square, Edinburgh, with a buffet meal courtesy of drug company sponsorship. We aim to make the sessions as 'interactive' as possible with plenty of question and answer opportunities but, as a result of the meetings being attended by 30-40 people, speakers can find that quite a challenge! Over the last year we have provided a framework for small

groups to meet together to undertake critical incident reviews, journal reviews, portfolio development etc - which has been enjoyed by those who have taken it up.

The local RCGP faculty recently suggested a joint group meeting to discuss the educational needs of non-principals which was well attended and provided an opportunity to air views and ideas. No new initiatives have started as yet, but an awareness on all sides of the issues is at least a good beginning. For the future we hope to plan another day symposium of educational activities (with a mix of workshops and talks) for the group which has proved very popular in the past. New members always welcome - come along on the first Wednesday of the month.

Kirsty Zealley
kzealley@srv1.med.ed.ac.uk

NP Wales

The lechyd Morgannwg Associates Group for Education (IMAGE) is thriving, with an enthusiastic membership; members meet up every 2 months to socialise and hear presentations on topics of general interest. In addition, we also run portfolio groups to help members draw up personal learning plans and address revalidation requirements. We are looking at ways in which NPs can actively and meaningfully be involved in audit, rather than just do it as an exercise to tick a box!

One of the most pressing needs of IMAGE members is IM&T education and training, so the survey of all Welsh NPs that is underway to identify specific IM&T needs will help us to develop appropriate resources. We have clinical attachments to help update/refresh clinical skills such as ENT, dermatology and ophthalmology, and can assist those who are re-entering the workforce to feel confident and prepared for General Practice again.

Jane Harrison
j.c.harrison@doctors.org.uk

NP South Thames

The West Surrey Non-Principal Group has been in existence for 4 years and is going from strength to strength. We now have over 70 members with an attendance of 25-30 at each monthly meeting, usually held on the first Monday of the month at Woking Community Hospital, with a buffet supper and usually very interactive informal educational debate. Recent topics have included the yearly resuscitation update, diabetes update and assertiveness training. Various members of the committee organise the meetings, attend the LMC and produce a quarterly locum list. Some of our members are currently taking part in the GMC's revalidation pilot.

Liz Collyer
02089 466 6740

Complaints against non-principals

Foreword

As a GP for over 35 years I know the value of information from patients. Complaints are one way in which patients provide doctors with information that can help organisations do better.

For both the patient and the doctor, complaints are best resolved early on and at a local level. We know from experience that things go wrong when they are not. The underlying reality is this – that complaints, when resolved quickly and sincerely, help all of us to provide better quality service. The more that we as doctors become accustomed to dealing with and responding positively to comments and criticisms from members of the public and our peers, the better.

Complaints procedures are a vital part of quality. Through complaints, patients highlight areas in need of improvement, and the absence of complaints also tells a story about what is being done right. The NANP has produced this important discussion document, COMPLAINTS INVOLVING GP NON-PRINCIPALS which shows us why GP non-principals in particular have different levels of exposure to complaints because of the way they work.

There are some very sensible and practical ways of ensuring that complaints against non-principals are handled thoroughly and appropriately. I wish it well.

Sir Donald Irvine
President, GMC

Last autumn, we wrote to all PCGs (or their local equivalents) and non-principal groups with a copy of our paper on handling complaints involving non-principals. The paper discusses ways in which individual non-principals, non-principal groups and GP practices can take greater control in the complaints process, thus giving them greater protection.

Background

Non-principals find themselves outwith the current complaints procedures because of the differences in their contractual and working arrangements:

- GP principals have a formal 'Terms and Conditions of Service'. Non-principals have no such terms or conditions. If the principal's deputy breaches the principal's terms and conditions of service it will be the principal who will be in breach of contract.
- Non-principals generally have had little or no say in how a practice complaints procedure was designed or implemented by individual practices.

Non-principals, and particularly locums, may be more vulnerable to complaints because they:

- may have little or no established relationship with the patients they treat
- are less likely to know about essential non-clinical information relating to their current clinical setting
- the induction to a practice and its clinical- and non-clinical systems is often poor or absent
- are commonly faced with unfamiliar handwriting in paper notes or inaccessible computer records
- have poor access to, and provision of, Continuing Medical Education (CME)
- do not have equitable access to essential clinical publications such as the British National Formulary (BNF) and other national or local publications

Then again non-principals, particularly locums, may be less vulnerable to complaints because:

- They are less likely to become involved with chronic prescribing (a common source of litigation)
- they are less likely to perform Out Of Hours services (a common source of litigation)
- patients are unlikely to see the same non-principal on more than one or two occasions, thus allowing the patient's care to be, in effect, reviewed by other GPs thus avoiding a potential escalating shortfall in the patient's clinical care
- as a locum's very livelihood is affected by their likelihood of being asked back to work at the same practice and their reputation with other local practices, a locum may be more likely to take an approach that leaves the patient less likely to complain

Additional factors

- Practices and PCGs suffer from a chronic lack of advice on how to involve non-principals in the day-to-day management and care of patients.
- This reflects on the non-principal and local non-principal group who together see little way of becoming more integrated into such primary care teams.
- Having received a complaint, if a non-principal is fortunate enough to be informed, a non-principal may suffer from professional isolation.

- The geographical position of a non-principal may affect their ability to deal with the complaint, and may impose a financial penalty in terms of travel costs and lost income.
- If not informed about the complaint, the non-principal may have lost a unique experience to reflect on their care and take steps to otherwise improve it.
- Non-principals have little opportunity to dictate their preferred length of consultation times, and with some practices offering non-principals much shorter consultation times than their peers, the potential for a non-principal to under perform due to pressure of time is potentially greater.

How to reduce the problems

Actions which can be taken by non-principals:

- Ask your non-principal group to lobby its PCGs or local equivalent and LMC to develop a group-wide policy on fully and equitably involving non-principals in complaints procedures
- On learning of a complaint made against you, no matter how minor, discuss the case immediately with your medical defence company or LMC and follow their advice
- Always inform the practice, before you accept any work, of your preferred consultation length.
- Join your local LMC for support and advice.

Actions which could be implemented by practices:

- The NANP Code of Good Practice (<http://www.nanp.org.uk>) is developed to assist practice managers on how to best manage non-principals.
 - Provide an up-to-date Induction Pack for every GP or nurse who is unfamiliar with your practice systems. A pre-formatted standardised Practice Induction Pack is available from the NANP, in to which a copy of the practice complaints procedure can be inserted.
 - If you suspect that a non-principal is underperforming it is imperative, if not a statutory requirement, that the problem is brought to the doctor's attention immediately. This is perhaps best done in the setting of a face-to-face meeting between a lead principal and the doctor concerned—in private. Failure to resolve the issue at this stage should therefore lead to the matter having to be taken up by either your local PCG, LMC or Health Authority (or local equivalent).
 - On being faced with a problem from a locum, the GMC states that 'You must protect patients when you believe that a doctor's or other colleague's health, conduct or performance is a
- (Continued on page 7)*

(Continued from page 6)

threat to them...It is not enough simply to decide not to employ the doctor again. The doctor may move on, to pose a threat to patient safety elsewhere."

- Please be flexible when discussing consultation lengths with your non-principals.
- When a complaint is made against a non-principal the following actions are very much appreciated:
 - personal contact, such as by phone, from one of the principals prior to a complaint appearing without warning at the non-principals home address.
 - support for the non-principal in the same way you would wish to be supported yourself.
 - Inform the non-principal immediately, allowing the doctor an early chance to sort out a complaint directly.
 - a complaint forwarded to a non-principal should be accompanied by a copy of the practice complaints procedure and a copy of the patient's notes. If appropriate, other relevant details or advice could be included too.
 - a letter to a non-principals home address should be clearly marked PRIVATE AND CONFIDENTIAL.
- Invite non-principals to relevant significant event audits at your practice.
- Consider whether or not non-principal input would be helpful when a practice or PCG is updating its policy.

STOP PRESS...STOP PRESS...STOP

Not content with just shipping the BNF to NANP members in England, the DoH has asked our permission to use our database to supply the latest edition of clinical evidence as well. Arriving on a doorstep (in England) near you soon. For the rest of the UK, we've written to your respective health departments suggesting it is time they pulled out their proverbial fingers and do the same for you (but in a much nicer way, of course).



National Conference 2001?

NP Conference

We've now had time to take a look at our conference feed-back forms from last November and, guess what, they're getting better! The conference, as in previous years, took an enormous amount of energy to arrange and, without the tireless enthusiasm of its organiser Lorrie Symons—herself a full-time GP in London—and her colleagues from the Bath and Bristol Non-Principal Groups and In Any Event, we'd still only be just talking about it. Thanks Lorrie.

Despite the extremely high quality of the presenters, workshops and venue—as confirmed by feedback from delegates—its still not enough to attract enough delegates to at least break even. And with a modest loss of £2,000 its difficult to justify the large effort

required to organise such an event. So what are we going to do this year to get more of you to attend? A week's skiing? 5 Star hotel in Bruges? 3-day retreat in Windsor Great Park? After a lot of thought we've decided to give the conference (and ourselves—Ed) a rest for a year and plan instead to hold it in the winter of 2002. Meanwhile, we're trying to persuade the powers that be in medical politics that they ought to devote a few days later in the year to actually sit down with us and non-principal group leaders and plan some real action that really will change things for the better for all non-principals. So far they're listening and just waiting to see exactly what the NHS Plan has in store for non-principals—at least its not a big NO! We'll keep you informed.

Is your practice ready for revalidation?

NP Book Review

Spotlight on General Practice – Preparing for the demands of clinical governance and revalidation

Sally Irvine and Hilary Haman
Radcliffe Primary Care series
ISBN 1-85775-496-4
222 pages

If you're a committed locum, then don't bother reading this book. However, if you are practice based or thinking of joining a practice when you grow up, then this book is indispensable.

Sally Irvine and Hilary Haman have been in the business of troubleshooting for years - at least eighteen of them. During that time they have seen just about every dysfunctional practice relationship you can think of. And many of them are in this book. You would do well to read it in order to be able to recognise which practices you should avoid like the plague.

Some of the examples are jaw-droppingly unbelievable, yet each and every one has happened somewhere in the UK. "Only the names have been changed to protect the innocent." I don't know about you, but I recognised more than one of the practices I have worked in over the past five years. Not by name of course.

So was this book worth buying. The short answer is yes, probably. For in between the examples and case studies you can read about how the changes that have swept across general practice over the last few years have caused problems for the people trying to cope with and implement those changes.

Thankfully, the book also shows how, with a little help from Sally and Hilary, these all too human people have overcome (in most cases) their problems. This has meant patients and sometimes society as a whole have benefited. But what does shine through is the fact that the people involved have definitely benefited.

It is a little unfortunate that so-called "professional" locums are included in the list of factors that the authors feel have contributed to public trust in the profession being undermined. But I can see that they might find such "wild cards" a little unsettling in the world of ordered practices where the interaction between relatively fixed structures and the regular work force provide the friction these two consummate professionals are experienced in solving.

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