

NP

CPD Conference NP BMA for Non-Principals

Continuing Professional Development for GP Non-Principals - 3rd National Conference BMA House 28 September 2001

Are you involved with non-principals and their CPD? Do you have an interest in this area of work? Are you and your non-principal colleagues ready for supplementary lists, clinical governance, appraisal, PDPs, revalidation etc? The BMA is holding its Third National Conference on CPD for Non-Principals and is calling for papers, posters and workshops.

You can register on-line or call the BMA conference unit on +44 (0)20 7383 6605.

Locum NP Contracts Booking Forms

We bet that every locum and practice manager has had a bad experience of a difference in expectations when both parties meet - didn't expect to be on call? - had been expecting to do visits?

It doesn't help morale for either party, and patient care could suffer. So we've built a framework to assist locums and practices to confirm bookings so that there are no surprises on the day.

We've posted it on the website to give you the chance to comment on it. Please take a look at these locum booking forms and let us have some feedback. You could even let us know if you think it'll be useful by completing the on-line poll.

<http://www.nanp.org.uk/consultation>

OFT stalling on NP Pay non-principal pay

The Office of Fair Trading (OFT) has further clarified the position of the recommendation of fees for non-principals. The NANP had asked for the OFT's advice on whether it could publicise the results of a proposed survey of members' pay from sessional work in an attempt to give non-principals and employers an idea of what to pay or charge for work. The OFT has informed us that "Anything that prevents, restricts or distorts the ability to ... be [competitive] on price and quality grounds ... is potentially anticompetitive... In the context of price, individuals should set or negotiate their fees with potential employers individually."

The OFT have promised to let the BMA know their final decision "soon", so when we do hear we'll email those of you who've given us your email address, and update the website. Meanwhile, the old BMA rates are published in full on our site together with the DDRB's annual recommendations for increased GP pay.

Practice Packs

You should hopefully have noticed a rash of violent green plastic boxes brightening up your consultations in the last few months (see issue 12 NANP Newsletter Spring 2001 p.1). Orders are still coming in, but if your favourite practices still aren't offering you our standardised induction packs as you breeze in through the door, we've enclosed an order form especially for them—to ensure that they don't have to keep answering all your silly questions like "how do I refer this patient to have their warts frozen off"? £15 is a small price to pay for an easy life.

Conference of NP LMC LMCs—solid motions or hot air?

The conference of LMCs was held on the 21st & 22nd June, and passed the following motions directly relevant to non-principals:

That conference...

- welcomes the inclusion of GP non-principals in the NHS pension scheme and the new supplementary lists
- demands that all employer contributions to the NHS superannuation scheme for retainees and assistants should be paid by the health authority
- recognises the increasing role played by non-principals in the delivery of primary care and insists that non-principals receive equality of access to information from the NHS
- asks that non-principals should be included in all educational aspects of general practice with appropriate financial support.
- demands that all general practitioners have one session per week built into their contracts for audit, education and re-accreditation
- [demands that] any GP suspended pending a hearing must not be financially out of pocket until and unless found culpable for his/her actions, with provision for payment of locum cover to principals and potential loss of earnings to self-employed non-principals during the period of suspension.

After two years of the NANP database being run by another company, we've revamped it and are running it again ourselves so that we can now turn around membership applications more quickly. But we've discovered a few of you on the database who haven't heard from us in ages. If you're one of those, we're really sorry. Please give us a shout and we'll put things back to rights (and send you a Mars Bar too).

www.doctors.net.uk

A whole plethora of websites have been launched for doctors over the last few years, but none appear to be so user-friendly as the doctors.net.uk website. And judging from your email addresses, many of you are already using it. As a non-principal, professional isolation, keeping up to date and accessing information at the point of care can be a real challenge and these are areas where doctors.net.uk can make a difference.

Membership of the website is free, is only available to GMC registered doctors and now exceeds 15,000 general practitioners. All of the resources on the site are targeted according to speciality - so as a GP you won't have to wade through any irrelevant information. You even get your own email address.

DNUK have also come up with rather a clever way of allowing you to share up to 20Mb of electronic files like word-processor documents with other colleagues called Docstore. You can upload documents like revision notes, CPD portfolio etc - and then view them from any PC connected to the Internet. Folders can be made public or private and so shared with colleagues, friends or even patients.

The site also has loads of different discussion fora used by doctors across all specialties. GPs have specific fora for political, technical, training and clinical topics, and GP members can also use the fora to ask for general clinical advice from doctors in other specialties.

The site has a number of databases including an enhanced Medline service - Journalert, the entire Cochrane database, links to Travax-travel medicine database and the Poisons information database. A new medicines information service is being launched in late July. And as well as databases, Doctors.net.uk has web-enabled a number of textbooks which can be searched online including general medicine texts such as *Harrisons*, *Kumar and Clark* and a *Paediatrics Textbook*. A free online CME programme will be launched this autumn.

So if you haven't yet dabbled into the world of medical websites, it's worth giving doctors.net.uk a go.

NANP Council Nominations

At the end of our fourth term, the current NANP council has vacancies from 2001 to 2004 for four council members to be elected through a national election. Any GP may propose a full member of the NANP for election to one of these places.

A postal ballot will take place in October if the number of nominations exceeds the number of seats, and a single transferable vote system will be used for the election. The result will be declared at our AGM and in the non-principal newsletter. The newly-elected council members are expected to attend up to 3 one-day weekend meetings per year, and are encouraged to contribute to the general running of the association. We'd love to hear from anyone with an interest in the welfare of non-principals to stand for election and help shape the future for not only non-principals but the entire profession.

Nomination forms and further details may be obtained by application to the Returning Officer at our usual address. The closing date for applications for nomination is September 30th 2001.

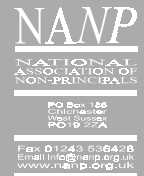
New NANP Website

As if you hadn't noticed, we've all but completely revamped the NANP website in the last few months. Our heroic webmaster Ed Penman became a busy GP principal last year, and handed over the site to NANP member Grace Lomax for a while whilst we looked for professional web designers. Unfortunately this would have cost more than the GDP of Latvia, so instead our chairman invested in an *Idiot's Guide to Web Design* and a piece of software from Dixon's and, hey-presto, a new website. Although not-all-singing-all-dancing, it does benefit from being completely under our control and allows us to publish information quickly and completely. In particular, this allows us to keep our News page as up-to-date as possible.

We've upgraded our Discussion Forum so that you can be notified by email as soon as anyone adds a message to the forum, and have hopefully made the site a whole lot easier to navigate.

Give it a try at www.nanp.org.uk

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.

Revalidation Update

In the recent GMC pilot of the draft revalidation folders, NANP members were very quick of the mark. In fact, within 24 hours of the call going out over a hundred members had volunteered. And the GMC only wanted 30. In the end 50 were asked to submit their folders. Of these, 20 were randomly selected for detailed analysis. That analysis confirmed some of our fears - that non-principals as a group would have difficulty providing the evidence required to be revalidated.

Now, before you all run off into the distance shouting, "Doomed, we're all doomed!", let me clarify what that means - true, non-principal volunteers couldn't provide enough evidence to be revalidated, but neither were they candidates for failure. Because lack of evidence - especially where the individual doctor has encountered obstacles in trying to collect that evidence - will not mean loss of registration. The worst case scenario is that the doctor would be required to go through the fitness to practice performance procedures. OK - that's scary enough, but I'll come back to this later.

However, the pilot process was not a failure. On the contrary, it shows clearly where we need to lobby for change. So what are the areas of difficulty for non-principals? Well, surprise, surprise, they are:

- Collection of routine indicators - e.g. prescribing data
- Peer and patient surveys
- Appraisal

However, we are on the whole very good at providing evidence of CPD/CME activity. Though you are not all using your NANP PLP filofaxes. (Shame on you!) OK, on the face of it the above three bullet points seem insurmountable, but they aren't really. The single biggest obstacle in the path of our being able to collate this data is a cultural one - the resistance (or apathy) of our colleagues, the principals who contract our services. So what can we do about it? Well, I for one share the GMC's optimism that the revalidation of non-principals is not only achievable, it could well change the face of life as we know it. How? By once and for all making the things principals take for granted - financial support for CPD for one -

universally available to ALL GPs, regardless of their contractual status. We, the NANP and grass roots non-principals alike, need to be ready to take our concerns to the Department of Health to ensure the practical ground work is done. For that to be effective, we need to work with our colleagues in other professional bodies - not least the RCGP and the GPC. Indeed, if required we need to take our concerns and our thoughts on how these can be overcome direct to Ministers. The GMC commitment to revalidation for all doctors will add strength to our argument.

So, what needs to be done?

- We need to take advantage of the opportunities (not least full inclusion in CPD) revalidation brings
- We need to embrace the benefits (not least NHS pension eligibility) that supplementary lists bring
- Above all, we must strive to change the hearts and minds of our colleagues

On June 7th, an historic event occurred. Labour's increased majority (despite the low turn out at the polls) will be seen as a mandate from the people for radical change. Make no mistake about it, that change will effect general practice greatly. We need to harness that energy and ride the wave of change, rather than be washed away in the flood. We have everything to play for here, with benefits for all GPs - not just non-principals - as our goal. Should we fail, we have only ourselves to blame.

Tina Ambury
NANP Deputy Chairman

AGM

As a company limited by guarantee, we are obliged to hold an Annual General Meeting where the Chairman, Secretary and Treasurer present their reports and results of the election of officers are announced. These reports will also be made available to all members prior to the meeting. The AGM will take place on Friday 12th October at the Society of Chemical Industries, 14/15 Belgrave Square, London SW1X 8PS from 1.30 pm until 1.50 pm.

Career Guidance for Non-Principals

Sonia Hutton-Taylor, Founder of Medical Forum Career Management and NANP conference veteran, provides some helpful advice for non-principals

While at the conference in Nov 2000 I gained the impression that being a full time non-principal (NP) is not that common and even those who want to be earning full time don't necessarily want to be a NP five days a week. I was struck too by the high levels of professional motivation and generally the satisfaction that most NPs feel about being NPs.

3 things that mean you probably should remain a NP for the moment or permanently:

- you like to avoid the financial and business issues of being a GP
- you prefer knowing exactly what your income is from week to week
- you like the extra flexibility

Part of the beauty of being an employed NP is a regular known level of income and continuity of patient contact (which is less likely being a self-employed NP, such as a locum) and, if wanted, some of the week set aside to explore

"other" career talents without having to justify where the rest of the week is going.

It was these "other options

3 things to watch for

- you won't always earn more per hour as a partner (unless a high earning practice)
- you will almost certainly take on more work as a partner
- becoming a partner increases ones sense of security (non-principals can relatively easily be replaced or dispensed with - partners less so) but for those who like to travel or move around a lot - sinking time and money into a practice might tie you down too much

and talents" that came out strongly in the one to one sessions we had organised for those delegates who had pre-booked. Most of those I spoke to personally had dreams and visions of things they would like to be doing but were not sure about how to take them forwards. They were in need of "action career planning". A few were more in the "I don't

know what I want" state of mind and were clearly needing the more "self audit and analysis" stage of career planning (which usually comes before one can get on with the action bit). As a result of talking to so many NPs at the conference I came up with some thoughts and suggestions that might strike a chord:

Sonia Hutton-Taylor
info@medicalforum.com

3 things that mean you could start considering a partnership

- you get frustrated at not having enough input into how the practice is run
- you feel that you would like to take on a more formal role within the practice (e.g. IT or personnel or finance)
- you would like to feel you are building something rather than just being an employee or contractor.

3 tips for non-principals

Perhaps keep researching and looking at partnerships even if you plan to be a NP for the foreseeable future so that if and when the time comes to take one you are fully up to date with what is on offer in general terms and can negotiate accordingly. If you never change from being an NP this won't have been wasted as taking the trouble to do this might make you feel a lot happier and grateful to be a NP than you would otherwise have

been. *The grass is not greener - merely a different shade!*

Make sure that you keep an overall "career dream" even if you are needing to tread water on it while kids are young and even if you are totally satisfied by your NP role. The dream (or "plan B" career option) can be on a back burner - but you never know when the opportunity or need or desire to "stoke it up" might arise. By working on and cultivating career dreams - over many years - they have a tendency to happen.

If they are not acknowledged and fed occasionally - they die and don't ever happen. They also ensure that the core "day job" work takes on some meaning other than becoming a treadmill.

GP partners are sometimes friends, sometimes ogres - but whether you feel appreciated or hard done by - don't let the attitudes or foibles of one practice put you off becoming a partner if and when the time is right.

Local Groups News

NP Lincoln

The Lincoln Non-Principal Group is an informal group based in Lincoln. Our members include GP locums, retainers, assistants and salaried GPs. We meet every two months, usually on a Wednesday evening, and we have a speaker and a drug sponsored buffet. Meetings in the past year have included Lifestyle drugs e.g. orlistat, Zyban and Viagra; a practical session on implanon insertion with model arms; and a talk on palliative care. These proved to be very useful, as we tend not to be on the mailing lists and therefore unaware of local educational meetings. Once revalidation is established, we hope that our meetings will contribute to continuing education for non-principals. If you have moved into the area please look us up.

Mekala Mahalingam
mekala@tinyonline.co.uk

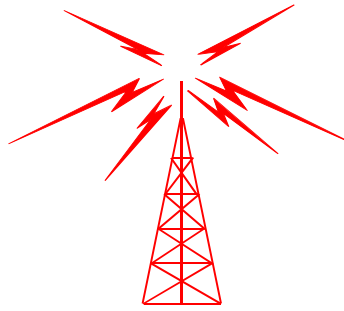
NP Birmingham

The Birmingham South Non-Principal Group has a database of about 25 people who live mostly in the South Birmingham area and average 8-10 people per meeting.

The group has six meetings per year held at Selly Oak Hospital Education Centre. We identify our own learning needs and try to match visiting speakers with those needs. Recent meetings have included an update on Palliative Care, a session on Revalidation given by a local GP tutor, a practice based audit on Epilepsy management, and a presentation on the National Service Framework for Coronary Heart Disease.

Funding for the group has temporarily dried up and we are engaged in discussions with the Health authority to acquire a more secure financial base. This sounds promising so far.

Greg Gardner
g.gardner@euphony.net



NP Grampian

The Grampian Non-Principal Group has now been running for over a year. The Primary Care Trust in Aberdeen has employed Vicki Guthrie as the N.P. Associate Adviser in Grampian. Since Vicki has been in post over the last 2 years, the group has created an accurate database of all the NPs in Grampian, which means that we are now invited to attend all events. At present we are also able to offer half price fees at all postgraduate and RCGP courses, so the number of NPs attending courses has been increasing.

We run meetings every 2 to 3 months with all the secretarial backup being provided by the postgraduate centre.

The group is enthusiastic and full of ideas for future meetings and I continue to mail everyone with newsletters and news of any local NP jobs.

Vicki Guthrie
vickiandgordon@emeraldbank.fsnet.co.uk

NP Surrey

The West Surrey Non-Principal group has now been in existence for 4 years and is going from strength to strength. We now have over 70 members and an attendance of 25-30 at each monthly meeting. Our meetings are held usually on the first Monday of the month at Woking Community Hospital, with a buffet supper and usually very interactive informal educational talk. Recent topics have been varied and included

the yearly resuscitation update (with certificates), 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 have recently taken part in the GMC revalidation pilot.

Liz Collyer
david_lizzieburndred@excite.co.uk

NP Mid-Sussex

We have quite a number of people on The Mid-Sussex Non-Principal Group list but only about 10 at our latest meeting. We meet at the Cafe Rouge in Haywards Heath as they have a private room, and we have the same 2 drug reps who kindly sponsor our meetings. We meet about once every 2 months.

At our meeting last month the Health Authority came to talk about how to register for the NHS Pension Scheme. We normally just talk informally with each other about whatever! It is quite useful for people to be able to ask each other things like what sort of rates we charge, travel costs, ins and outs of becoming a retainer etc. Its a good chance to share experiences, as well as being a social event. The numbers have been getting a bit less as the time goes on, but it is a useful group for those who attend.

Louise hawes
louise@hawes55.freeserve.co.uk

NP Durham

The Durham & Darlington Non-Principal Support Group is a new group meeting socially every 2 to 3 months for all non-principals in this area—we're looking for new members so please get in touch and come along to one of our meetings.

Katriona Oakley
carol-hartman-anderson@primary-care.durham-ha.northy.nhs.uk

LMC Representation

I am part of the Manchester locum group. We have been approached by the local LMC offering representation and support. Has anybody got any experience of working with LMCs? What can we expect? What are the pitfalls?

Raquel Delgado
raquel@mackillop.fsnet.co.uk

In reply...

Hi Raquel,

I am a Non-Principal and representative of the West Kent Non-principals Group. I was elected on the local LMC (East and West Kent LMC) a few months ago. The main purpose of the LMC is to represent and support the GPs in the local area and it gives me a chance to put forward any concerns or issues that need addressing. This could be pay (to secure an increase of locum rates in line with NANP recommendations, issues that non-principals may have with practices etc. I also try to get feedback from principals about non-principals.

With support from the LMC we have received some funding for educational meetings as well as IT from the Health Authority. Currently we are looking into how to get information to non-principals locally and be involved in revalidation, appraisal etc—everything that relates to the supplementary lists.

Because of the connections and knowledge of the LMC we have a much bigger voice than we would have had otherwise. I get paid to go to LMC meetings and if there is a conference (which could benefit the cause of NPs) I can even get reimbursed for my lost income! All this paid for by the principals (a situation which I hope will be corrected soon when supplementary lists arrive and we can ask the non-principals to pay a fee).

As you can see I am very positive about working together with the LMC but this might be because of the very encouraging support I receive. This might be different in other areas.

Hans van Sloun
1jvs@bigfoot.com

Discussions & Correspondence



In reply...

I too am the NP representative on our local LMC. Like Hans I also get paid for attending the monthly meetings, and will be paid to attend the NANP conference (our Regional Adviser pays for the chairman of our group to attend—which at the moment happens to be me!).

With this involvement I have a lot of say on various matters, issues like pay (this year we managed an increase in rates of 3.9%); discussed workload issues; and acts as a source of information for impending principal/retainer vacancies, etc. Recently, with the LMCs support, I am also trying to arrange IT training for NPs.

For this privilege, we are expected to pay a contribution to the statutory/voluntary levy. This was discussed last year on NANP discussion forum and should be paid annually. I personally find the experience useful, educational and interesting, and would encourage all NP groups to have a rep on their local LMC.

Andy lee
dr.andylee@bigfoot.com

Practice Packs

Dear Editor,

Thank you for my very green Standardised Practice Induction Pack which looks really good and very useful. However I have one major gripe—feeling very conscientious I started to fill it in for the practice where I work as a retainer. On page two there is space for the partners names but nowhere for any non-

principals to be included! As a retainer I feel aggrieved—can it be remedied?

Jane Roome
janeroome@btinternet.com

Oops! And we're supposed to be campaigning against this sort of thing! Consider it changed.

Supplementary Lists

I've recently read that non-principals are soon going to be joining supplementary lists—how is this going to be arranged and exactly when will this be actioned?

Dr Janice Wilson
JanWil6964@aol.com

It is supposed to be actioned this Autumn, but don't hold your breath. We are in talks with the DoH about this at present.

Pensions for Agency GPs

Dear sir,

I notice that in the NANP's objectives you are lobbying the DoH to allow "all GPs access to the NHS Superannuation Scheme".

I work primarily as a full time Deputy GP for a commercial organisation which provides out of hours cover for GPs. Am I included under the locum pension arrangement, due to have started on the 1st April 2001. If not included under such an arrangement, why not?

M Khalil

The NHS Superannuation Scheme unfortunately doesn't apply to employees of commercial organisations. As an employee of a commercial organisation—in this case a deputising company—you won't be entitled to join another company's employment pension scheme—in this case the NHS Superannuation Scheme.

Visit our discussion forum at
www.nanp.org.uk, email us at
info@nanp.org.uk or write to us at our
address on page 7

Taking a Mid-Career Gap Year

Judith Harvey left her practice partnership in September 2000 and spent six months traveling in India, south-east Asia and across the Pacific. She has just returned and is now a non-principal (resting) London.



Some practices write sabbaticals into their practice agreements. Principals can set off knowing that their drawings will continue to top up their bank accounts. But there are costs. Locums don't come cheap. And responsibility can track you down. Gone are the days when communication with home meant hunting through piles of dog-eared envelopes in Kathmandu post restante. Log on in the jungles of Sumatra, and you may find that your locum has been a disaster, the partners can't find a replacement, and they want you to come home immediately. There are other anxieties, too. Can you trust your partners not to introduce unpopular changes while your back is turned?

As a NP you travel light. You don't carry practice worries in your backpack, and you don't dread an intray bulging with intractable problems. True, you have no income, but coming from the UK with its high cost of living, cutting your coat according to your cloth need not be restrictive. Round the world air tickets are amazing value, you can journey the length and breadth of India for the price of

a ticket on the Heathrow Express, and a feast for two in Vietnam costs less than a pizza in London. The travelling life, however uncertain, is relaxing because even the most dire problem is straightforward. The complexity of life back home is far more stressful.

Southeast Asia is full of twenty-year-old backpackers, but an increasing number of thirtysomethings are stopping work or negotiating several months' leave to travel. If children are holding you back, don't despair. For a modest sum you can rent a not-at-all modest house in Bali for a month or two. You may even be able to arrange a house swap. And there is life after children. At combined ages of over 100, we enjoyed bicycles in Khajuraho and rocky boats on the Mekong as much as the youngsters. True, you need a certain flexibility of body - squat toilets are not for the arthritic. And at any age flexibility of mind is essential. When other people do things differently curiosity rather than criticism is healthier for both sides. You need to go with the flow.

General practice is so demanding that few of us manage to find time to refresh our bodies properly, let alone our brains. On holiday no sooner have you unwound than it's time to worry about getting to the airport again. With no time constraints, we relaxed. We were never bored. To travel happily one must relish the present, dwelling neither in the past nor future, and certainly not the subjunctive. Life in the NHS is packed with woulds and shoulds.

Returning to Britain requires as open-minded an approach to 'home' as you have applied to 'away', and probably a decompression interval while you find

the balance between the clarity of the view from abroad and the distracting minutiae of home. I would not find it easy to plunge straight back to the responsibilities of a practice. As a NP you can wait till you are ready for work. Then all you have to do is to reinstate full defence cover, check that there hasn't been a major Pill scare while you have been away, and pick up the phone.

I have just returned from the best six months of my life, and look ten years younger. It's much simpler for non-principals to take time out than for principals. Don't live life in the subjunctive. Try it.

Judith Harvey
judith.harvey@btclick.com

The National Association of Non-Principals



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Deputy Chairman	<i>Tina Ambury</i>
Secretary (Wales)	<i>Jane Harrison</i>
Secretary (Scotland)	<i>Jo Wilton & Moray Rigor</i>
Secretary (Ireland)	<i>Vacant</i>
Treasurer	<i>Lorrie Symons</i>
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	<i>Cathryn Sheppard</i>
RCGP observer	<i>Mike Jeffries</i>
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