

NP

The Newsletter of
NANP
NATIONAL
ASSOCIATION OF
NON-PRINCIPALS
PO Box 188
Chichester
West Sussex
PO19 1FP
Fax 01243 536428
Email info@nanp.org.uk
www.nanp.org.uk
Issue 15 Spring 2002

Facilitators Key to NP Support

Ever had that nagging feeling that out there somewhere there is a way in which we non-principals could be working in a more efficient, family-friendly, flexible, needs-led, safer, cosy, clinically governed and educationally accredited (and cliché-free? – Ed) environment? Well we think we've found a way of doing it.

The NANP hosted a meeting of 35 NPs in London in February and spent the day brainstorming ideas with the remit of coming up with an answer to the question of how non-principals can be enfranchised into the structures and processes of the NHS.

We started by looking at all the ways in which non-principals are disadvantaged by the current system and set about systematically solving each of these issues. Once we'd identified all the problems and decided what needed to be done, we came up with what we believe is the way forward to enfranchise NPs fully into the NHS.

Our solution is for every Primary Care Organisation (PCO, such as a PCG, PCT or LHG) to employ a facilitator [Non-Principal Liaison Officer] to organise and co-ordinate the non-clinical functions of NPs in its area as well as supporting the NPs' quality maintenance mechanisms for appraisal and revalidation, such as co-ordinating feedback and collecting audit data. This facilitator should be supported by a fully trained GP mentor to oversee the professional needs – both clinical and pastoral - of those NPs, and together form the PCO's Non-Principal Support Team (NPST).

You can see our report in full on the website at www.nanp.org.uk/npst and see some of the very positive feedback that we've had already. We are in the process of discussing this project with the RCGP, BMA and Department of Health and hope to have developed a business plan by the end of the summer.

Hope for Locum Pensions

The announcement that locum work in England would be pensionable from 6th April 2002, backdated from 6th April 2001, was rather dampened by the fact that locum work will only be so if you solely do locum work. For some bizarre reason the government continues with its antediluvian reasoning that, for pension purposes, one is a full-time principal/locum/assistant even if one is a part principal/locum/assistant. Therefore locum work carried out by principals or other employed non-principals cannot be included. According to the NHS Pensions Authority, this "basic ruling" cannot be changed.

But then along comes the New Contract a few days later and, lo and behold, the NHS Confederation are saying that, "in future, all net NHS income earned by GPs will be pensionable, including locum earnings in the hands of assistants and GP principals." So why can't it be done now? As the ancient philosopher Homer (Simpson) would say—"D'Oh!" .

Meanwhile, Wales, Scotland and Northern Ireland all seem to be waiting to see how it all works in England.

If your locum work still isn't pensionable—whether it's because you're an assistant/principal or not living in England, our advice is to still keep filling in those forms.

NANP Spring Conference 2003

We've started planning for our next NANP conference, and have set a provisional date for the weekend of the 10/11th May 2003 to be held in Nottingham. We're looking for interesting contributors, stimulating ideas, enthusiastic participants and rich sponsors so if you can help on this score then we'd love to hear from you. We'll be posting more details about the conference on our website over the coming months and will start pestering you at Christmas to come along.

Supplementary Twists

We don't like to knock good ideas here at the NANP—in fact when we hear one we like to tell the world about it, and Supplementary Lists would fit into this category. But what we find terribly sad is when something with the potential to be so good for NPs and, for that matter, all GPs, is implemented in England in such a limp manner. The idea—to create a national database of peripatetic and part-time GPs to assure their quality in the interests of the profession and general public—has been executed with all the flare and panache of a chimpanzee's tea party.

A 160 page "draft" document was sent to 90 Health Authorities in December instructing them to immediately create a list of NPs in their area, collecting a selection of essential and a choice of non-essential information that must be in place by April or, if not, June. But in April, to start devolving these 90 databases into 330 PCT databases in time for these 90 Health Authorities to become 30 or so Strategic Health Authorities. Come April, it was clear some Health Authorities had packed their 160 pages away with the Christmas tree, whereas others had interpreted the draft guidance in a way that Lenin himself would have been proud of, with some NPS having to pass an interview to join the list.

And the fun doesn't really start until June, when employing practices will have to take up references and check documentation each time they employ a locum. Or when locums do what locums do and work or live in different PCTs, potentially being accepted on the list of one but not another. What will that do to patient confidence?

But Scotland, Wales and Northern Ireland are way ahead of the game—waiting quietly to see just how not to do it before they implement theirs.

If you've had good experiences with the implementation of your Supplementary List, we'd love to publish a really positive article in the next Newsletter. Contact details on page 7.

New Programme Helps NPs Plan For Appraisal

The Accredited Professional Development (APD) programme offers ongoing support for GPs' continuing professional development. It has been developed by the RCGP, in partnership with the Medical Defence Union (MDU), for all GPs, whether or not they are GP principals or non-principals or members of the College.

APD will help GP non-principals to collect all the information and evidence that is required for their annual appraisals and revalidation. APD is based on the seven headings of the GMC's *Good Medical Practice* and the eighteen sub-headings in *Good Medical Practice for General Practitioners*.

The APD programme incorporates six modules over five years. The first module is continuous throughout the years of participation with the following five as stand-alone modules rotated throughout the five-year programme:

- 1: *Keeping up to date.*
- 2: *Communication skills*
- 3: *Medical record keeping*
- 4: *Access and Teamworking*
- 5: *Referrals and Prescribing*
- 6: *Complaints and Removals.*

One can buy the APD book/resource file or the CDROM/website subscription (£100 for members of the RCGP and/or MDU; £150 for non-members) from Radcliffe Medical Press on 01235 528820 or email education@radcliffemed.com. One can also opt to register for the APD programme, which includes guidance and support from a facilitator contact Sarah at ssee@rcgp.org.uk for details.

Voted the best medical organisation's website by Medeconomics in 2001, the NANP website has now received over 100,000 hits since it was first launched 5 years ago.

It has 20 sections, ranging from a Discussion Forum, Frequently Asked Questions, Non-Principal Group listings, Supplementary Lists, Information for Practices and PCTs and of course a regularly updated News section.

You'll also find all our old Newsletters up there together with an on-line version of our handbook.

It's not exactly the coolest website on the internet, but at least you should be able to find what you're after.

Find us 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.
- Collection 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

Collection & 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.

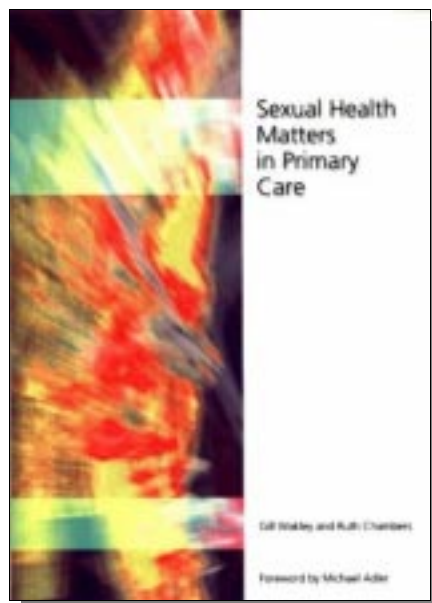
Book Review

Sexual Health Matters in Primary Care

Gill Wakley and Ruth Chambers
Radcliffe Medical Press 2002
ISBN1-85775-414-X

We all know it matters, and we all know that standard of provision for sexual health matters in general practices is patchy. There are all sorts of reasons why sexual health is an important area in which we could do better. Will this book help?

The first chapter is a simple – well, as simple as it gets – introduction to what clinical governance is and how to do it. The chapter on confidentiality is highly pertinent to this most personal of subjects. The clinical chapters give an overview of best practice as at January 2002 in contraception, genital infections and sexual dysfunction. All



these chapters include 'reflection exercises' to get the reader thinking about what to do and how to do it. The final chapters provide outline development plans and examples of plans focussing on sexual health.

In a total of 201 pages the authors clearly can't be providing the last word on every topic. If you want in-depth information on clinical matters, or on change management in practice, or on development plans, you will need to look elsewhere (and this book will tell you where to look). However, for someone wanting to take on improving a practice's sexual health services, this book would be a very helpful guide.

The authors encourage readers to 'keep it simple' (p.147). Nevertheless,

the personal development plan runs to ten pages and the practice plan to eight, and you are asked to record how you might integrate the 14 components of clinical governance into your plans. And the authors say 'You should no longer opt for CPD activities according to what you want to do but, rather according to what you need to do.' A worthy but dreary sentiment. Who is going to be inspired by someone for whom learning is a duty rather than a pleasure?

The book is attractively and well presented. There are useful checklists, plenty of well-chosen examples. There is a good list of websites and the references are very practical. There are useful discussions of areas which GPs often manage poorly - teens, emergency contraception and sexual dysfunction. The tension between confidentiality and access is addressed though not solved, but the authors show how involving users in the design of services can improve uptake.

It is a shame that where tables are carried over a page, the column headings are not repeated. And why were the puerile cartoons felt to be useful? They aren't needed to brighten up the text, and they rely for their humour on the prurient view of sex that the authors point out is one of the barriers to improving sexual health care.

The chapters on sexually transmitted infections would, I think, help to demystify an area which causes a lot of GPs anxiety but, as the authors suggest, there is no substitute for a few sessions at a GUM clinic for clarifying what is really a very straightforward clinical area. However, I would like to have seen a discussion of the management of that typical Friday evening problem: the patient with a probable or proven STI who seems unlikely to attend a clinic. Where there is one STI there is often another. Does the GP treat? If so, what? And how can the GP reduce the risks posed by infected partners?

Many non-principals combine general practice with family planning or sexual health work. For any NP looking for a topic to work on with a practice, this book would be a very useful starting point.

Judith Harvey (NP and former clinical assistant in GU Medicine)

NP North West

The Lincoln Non-Principal Group is going well, and we have been experimenting with different venues. The local hospital postgraduate centre wasn't too popular, so we are starting to use various hotels/restaurants in and around Lincoln. We have had a CPR update and a meeting on risk management, and we are going to have meetings on erectile dysfunction and bladder instability. I have also started giving out certificates of attendance for people to put in their personal learning folders. I have had a number of new members contact me, so I look forward to meeting them at future meetings. Most of us have applied to be on the supplementary lists, and references are currently being checked.

Another non-principal and I are involved in amateur dramatics, and acted in a play called "Outside Edge" in April. We will probably also be involved in a production of "Wind in the Willows" in the summer. Are there any other medical thespians out there?

Mekala Mahalingam
mekala@tinyonline.co.uk

NP Mid-Sussex

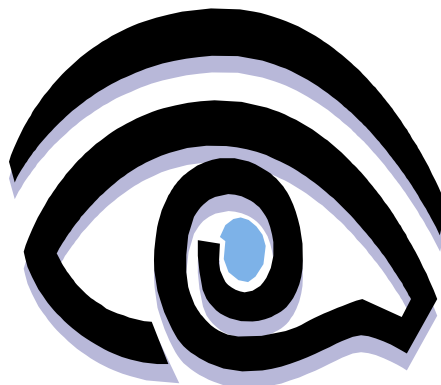
We in Mid Sussex are doing well. We seem to have a good relationship with our HA and PCT. The former fund time for our administrator to compile and circulate practices with our details. The head of our PCT is coming to talk with us at our next meeting to see how he can help us, which is good news. The supplementary list seems to be going O.K. except for the fact that we had to do it all over again as the government changed its format. Otherwise, we are hopefully all going to start sending in our Part A and B forms for our pensions soon. Should be fun!

Barbara Turk
DRBKTURK@aol.com

NP Northern & Yorkshire

The latest meeting of the North East Locum Group was attended by 16 members. The impression in the region is that our standard rates are having a moderating influence on fees, so we therefore decided to ask all members about their annual earnings and, much to our surprise, none of our seventy members earned more than

£40,000 per annum after expenses. Our top 10% of wage earners earned less than the bottom 10% of fulltime principals! With this evidence in our mind we ratified a 10% increase to our fees taking our basic fee to £275 per day. We also agreed to a 20 % increase for shorter less economic sessions such as the 2-hour surgery, which is now £125.



The group then congratulated Dr Janette Foo on becoming NELG's first educational facilitator. Initially NELG is to fund Janette for 3 months whilst alternative funding is found. Janette hopes to send out a questionnaire to NPs in Tyne and Wear early in the summer to ascertain educational needs. She hopes to liaise with existing regional educational centres and encourage NPs to use the developing GP tutor and mentoring network.

Finally we discussed how several practices had treated locums very badly and heard a very worrying example of how the newly set up disciplinary procedures can be abused.

Nick Doll
ndoll@btinternet.com

NP South West

The Exeter Locum Group meets at 7.15 pm on the first Tuesday of every month at 'ASK' restaurant in Cathedral Green, Exeter. The meetings have an educational, administrative and social mix and are quite well attended. We have good support from the Health Authority who took over the administration of the non-principal lists in the spring. The locum lists are, however, now being kept and distributed to practices bi-monthly by the PCTs. A representative from the group attends bi-monthly meetings at the Health Authority, which have been set up in order to liaise about non-principal issues.

Local

Our main frustration at the moment is the lack of clarity locally about how our pension forms are going to be dealt with. We are currently awaiting news about possible funding for non-principal education in the South West.

Bel Stanley
mohanvik@hotmail.com

NP Eastern

Cambridgeshire Non-Principals Group continues to meet on the first Wednesday of each month. Credit where credit is due, this is thanks to Mel Ripley of Cambridge City PCT who keeps us all up to date on what is happening, and Wilma Smith at the BUPA Lea Hospital, who provides monthly food and lodging. These local links reflect an increasing spirit of partnership between locums, the NHS and the private health sector, which is mutually beneficial - I hope!

We have had an interesting series of meetings this year. Guy Watkins, Chief Executive of the local LMC, ran a session on the new supplementary list, which was, unsurprisingly, well attended.

David Skinner gave us a run down on the revalidation process from the GMC point of view. This was a tremendous opportunity to hear 'from the horse's mouth' what we are up against. It seems likely that a well run appraisal scheme for ALL GPs will be the best way to prepare for revalidation. This then puts the onus on the PCTs and LMC to get it right. As luck would have it I am involved with Cambridge City PCT so I hope to be able to carry non-principals views over into these discussions.

The March meeting was spent in deep and phlosioical (sic. - difficult to spell, eh Mike, after a drink or two! - Ed) discussion over a meal and a glass of wine at a local bistro.

I am pleased to say that the meetings have developed a momentum of their own. Members come up with the ideas, I communicate them to Mel and Wilma, and the evenings run themselves. Thanks to all who come and contribute.

Mike Knapton
pmknapton@bigfoot.com

Groups

NP London

The North Camden NPG is aimed at salaried GPs, assistants and retainers, with registrars welcome for open meetings. Members are not exclusively from the North Camden area. There is currently no membership fee or any financial commitment; other than to pay your share of the restaurant bill when it comes! We are now set up and running, with an increasing membership and reputation!

There are regular monthly restaurant meetings for various topic discussions. One aim is to be able to provide the comparative information required for effective salary negotiation with employers. Plans are afoot to try and ensure that local NPs are paid equitable rates for their time, as well as ensuring a reasonable workload.

Martin Foley
northcamdennp@gmail.com

NP Scotland

The Lothian Association of Non-Principals continues to meet for our monthly educational meetings that are well attended, with 40-50 NPs in the area coming along each month. In August we will be having our AGM to arrange the next year's programme, and we hope that a good turn out from the group on that occasion will ensure that the content of the meetings continues to cover the interests of the wider group.

We have recently been flattered by NPs from outside the area asking to attend our meetings – and were very glad to welcome along other NPs to the whole day educational symposium that we ran in November 2001.

Scotland is some way behind England and Wales in the establishment of supplementary lists, and there is still no mechanism in place for NPs to sign up to these. We continue to liaise with the local PCT and Scottish Pensions Agency to keep a close eye on when these will be up and running. All NPs in Scotland are reminded to use the appropriate forms to keep information regarding work that they have undertaken, for the purposes of backdating pension payments once the system is 'live'.

Two of our newer committee members are doing a valiant job at liaising with the local RCGP faculty to help

raise NP issues at that level – all of which is going well at this stage. We continue to have a sticking point in relation to LMC membership – with members of our group feeling that the £150 levy insisted upon by the LMC for NPs being beyond what they are willing to pay, but a common ground seems elusive at present.

We continue to have concerns about the lack of support being offered in terms of educational input from other 'agencies' in the area – especially in view of the issues related to future revalidation – and look for any advice from other areas in how best to go about getting appropriate support.



Over recent months there have been times when we have had to remind the local practices that we are not a locum agency, due to the demands that are being put upon us. This has included some dissatisfaction when practice managers have had difficulty obtaining locums when needed, and having to remind practices of their responsibility to check defence status, GMC status and references of any locum that they choose to employ. We imagine that other groups have similar problems – but perhaps the size (approx 70 on the locum list, plus 30-40 other members) of the Lothian group makes it more likely that such difficulties will present themselves to the group.

Kirsty Zealley
Kirsty.Zealley@ed.ac.uk

NP South East

The Kent and Sussex Independent G.P. group is still going strong even if it is a bit of a mouthful. Numbers have remained pretty constant, sending a monthly newsletter to 30 with between 10-14 coming to the meetings.

We have kept the meetings mainly educational with PGEA accreditation and one Christmas social. With drug

rep funding we have been able to ask local consultants to come and talk, sending them lists of questions that we would like answered, and have managed to have some really interesting informal discussions.

On the local front most people have now managed to get their applications for the supplementary lists in and there are 182 Non Principals in Kent – in line with this Kent LMC has plans to up the numbers of non-principals' representatives on the committee from two to nine, which will hopefully ensure more non-principal issues are dealt with.

Jane Roome
janeroome@btinternet.com

NP Wales

The Dyfed Group has about 35 members scattered over a large area, so it is difficult to find a central location that is convenient for everyone. However, we hold meetings every few weeks of an educational nature, but held in a restaurant or pub so we can have a meal and natter afterwards – it's good for peer support!

Supplementary lists haven't reached Wales yet, but a lot of NPs are quite twitched up about them.

Margaret Ings
Margaret.Ings@ukgateway.net

NP London

The Central and West London Non Principal Group is alive and kicking! We meet on the first Thursday of the month, 7.30 pm at The Wakefield Nursing Home, Ravenscourt Gardens. Numbers vary between 4 and 10 and we are advertising to attract new members and hoping also to organise a summer social event.

Recently we have discussed locum rates (decided £50 per hour fair), supplementary lists (generally not popular – who decides if we "pass" and who has access to all our private information?). We have also discussed how NPs can collect evidence for revalidation, patient satisfaction questionnaires and audit. We concentrate on clinical issues, case discussions and ethical issues.

Linda Miller
lindamiller@doctors.org.uk

3 Ways To Spice Up Your Locum Life...

Chains...

After completing my GP training 10 years ago, I took a year out in Australia and New Zealand to work as a GP, casualty officer and helping out on a sheep farm. On my return I did an Art Foundation course, discovered that I could not stop creating and was fortunate enough to get onto a degree course in 3-Dimensional Design at the University of Brighton. This was a fabulous opportunity to make almost anything in wood, metal, ceramics and plastics. I soon discovered a deep-rooted affection for round(ed) objects, balls, balloons, onions, Brighton Pavilion etc. Throughout my art studies I worked as a GP supporting myself financially with locum work, out-of-hours deputising and family planning clinics. I specialised in wood and metal and, having finished the degree, continue to make jewellery (although I have plans for one more chair) as well as working as a regular GP locum and assistant.

I am a regular visitor to museums, exhibitions and galleries, and use landscape, architecture and the natural world as a basis for structure and ornamentation as well as a source of inspiration for the objects that I make. I try to exhibit several times a year if possible. My work is about touch and play and I feel that the jewellery should be beautifully made, fun to wear, secure and yet playful, usually with moving parts and almost always incorporating balls! These may be functional, decorative, tuneful or entirely superfluous. I generally use silver although I am now experimenting with gold and I crochet the ropes by hand during practice meetings, lectures (and NANP conferences too, Harriet—Ed) and when traveling.

I thoroughly enjoy the medicine and the making, with each activity giving me additional energy and enthusiasm for the other.

Harriet Walford
harriet@roundobjects.co.uk

...sheep...

I started trialling just over 2 years ago having become particularly keen on sheepdogs when I was living on a farm. It gave me a thrill watching them go up the hills and collect every last sheep, and it was even better when I was able to command them myself.

As a novice handler, I have a 3-year old fully trained dog. In the beginning I couldn't even blow a whistle, so practised when driving to work and am now quite proficient. I try to train at least a couple of times a week; with the idea of getting the dog obeying commands instantly, thus ensuring the sheep go in the right direction and in straight lines.

Trials are put on for dogs of all abilities, with classes for novices and experienced dogs. In Wales each county has its own trials and also North versus South Wales - very competitive! The aim is for the dog to go from the handler to the top of the field and collect the sheep (which have usually run off by the time the dog gets there) using whistled commands or shouts if necessary. The dog then has to steer the sheep in a straight line, passing through a gate, round the handler and on to another set of gates, then in a straight line across the field, through more gates, and back to the shedding ring. The idea is to keep the sheep within this ring, and "shed off" a set number of sheep and drive them away from the others. They are gathered back together again, and guided into a pen. Scoring is by points, with points lost for mistakes. The winner is the one with least points lost.

There are so many variables such as mood of dog and handler, breed of sheep, weather, time of day etc. and can be very frustrating, but if it goes it produces tremendous sense of satisfaction.

The ultimate aim is to get into the National Team - England, Scotland, Ireland & Wales each having their own - and go to the International where the 4 countries compete against each other.

It was a tremendous feeling the first time I actually completed a course, even though the sheep had wandered all over the place and missed one set of gates! Although I'm very rusty and need to practice a lot, I absolutely love it and would love to be placed in a Novice competition. I write the odd article for a sheepdog triallist magazine too - it's a shame that work gets in the way!

Margaret Davies
Margaret.Ings@ukgateway.net

...or Thespians

I joined the Phoenix Players amateur dramatic group in Lincoln in 2000. At the time I was working as a GP locum, so my time was flexible. I had acted at school, and had always wanted to act again but never had the time. Members are from all walks of life and include another non-principal GP, a midwife, a nurse and an occupational therapist. We are currently reading for "Wind in the Willows". Members are encouraged to come along in the evening twice a week to read the play, with everyone having a chance to read different characters. We are then asked to write down which characters we wish to audition for. The director tries people out in different roles, and then eventually casts the play. Once everyone knows which part they

are playing, blocking starts i.e. the director tells each actor where they should be during each scene, and what the movements should look like etc. Then the real rehearsing starts. Actors use their scripts, but by 3-4 weeks before the play, we should be "off the book" and rehearsing without. The week before a run of performances we rehearse every night, and then the performances run for 3-7 days depending on the venue. I usually take holidays during this time - I work 3 days a week, so it works out fine. I enjoy amateur dramatics because I get to socialise with people I normally wouldn't meet, and get to chat about topics other than medicine and babies! So far I have played an English school teacher in "Daisy Pulls It Off!", a maid in "Tom Jones", and a cockney wife in "Outside Edge". It's a great hobby, and I recommend all budding thespians to give it a go!

Mekala Mahalingam
mekala@tinyonline.co.uk

Letter from Wales

We still await news of when our Supplementary Lists will be established, as the Welsh Assembly are busy setting up the new legislation. The All Wales NP Network team anticipate that the lists will be a Good Thing for NPs, enabling us to be fully integrated into CPD, clinical governance, information cascades, the NHS pension scheme.....well, we're working on it!

The new NHS contract will bring with it new responsibilities for LMCs, primarily a negotiating role for GP pay and conditions. It is therefore essential that NPs are involved in their work, and all 5 Welsh LMCs are keen to have NPs on board. Contact your LMC secretary and I guarantee you a positive response! Our NP groups are thriving and we have portfolio groups throughout Wales now.

Contact your local NP facilitator for news of events and portfolio meetings. These are a great way to help you put a portfolio together, address issues such as audit, and prepare for appraisal/revalidation.

Jane Harrison
Lead NP Facilitator (Wales)
j.c.harrison@doctors.org.uk

Health to go...

NP Article

Some might say that travel and foreign holidays are an extravagance for the self-indulgent. For me this could be true but there are spin-offs and experiences that I have been able to bring back to the UK and my medical practise, benefiting not only myself, but also my patients. As a non-principal GP, working in a locum capacity, I have had the advantage of being in charge of my own time and able to take off when I want without letting my colleagues down.

For 10 years now I have been taking holidays with Master Travel, a specialist firm dealing in study tours for doctors, nurses and other health professionals.

Certain memories from these trips stand out and bring me back to basics and reality when faced with problems in this country. I have been lucky. My "holidays" have included visits to hospitals, rural clinics, traditional healers, homes – and hovels – to see at first hand health care provision overseas.

In England it is easy to become complacent, expecting the best that money can buy and complaining bitterly that the establishment should do something if our ideals are not met. Travel has, for me, put aspects of life into perspective and helped me to prioritise, make better use of facilities and better recognise and understand the problems faced by those who have left their own culture and are trying to adapt to western ways.

One poignant lesson was on a paediatric ward in Sierra Leone. The hospital was struggling against all odds, having no money, no facilities and few medicines. The few precious resources they had were being spent in managing preventable diseases. Sick undernourished children with tetanus, polio, tuberculosis, meningitis, measles, whooping cough and malaria filled the beds. Surely, prevention must be better than cure?

Another time, in a crowded lecture theatre in India, the case of a woman was discussed at length. She had delivered a baby on the mud floor of her home and had inevitably developed an infection. After four weeks of so-

phisticated investigation and expensive treatment she died. How much suffering – and money – could have been saved if basic hygiene had been practiced at the birth?

We also saw the desperate poverty in India, we observed their philosophical approach to the rich and poor as well as to life and death and the important part their culture and religion play in their acceptance of these states. We questioned why, in these appalling conditions, they continue to overpopulate their country. The lack of a government welfare system with minimal access to state pension schemes, coupled with a high infant mortality, mean they need to produce lots of children in order to ensure that some survive to care for them in old age.

"Family planning is a non-starter until they can be confident that their children will grow up."

Family planning is a non-starter until they can be confident that their children will grow up. One ponders as to whether any of this could apply at home?

In 1978, on my first visit to China, my friend who was deal-

ing with deaf children in Scotland, asked me to find out what hearing aids were being used. So when visiting a deaf school near Canton I was horrified to discover that they had no hearing aids at all! This was my moment of cultural shock with my ideals turned upside down—despite their diminished chances of academic achievement these children were nevertheless happy in the knowledge that despite their disability, they have an equal and useful role to play in society, making the most of what they have.

Experiencing a wide range of health-care practice across varied cultures and climates leads one to re-examine one's own practise. In the midst of enormous developments in techniques and treatments, we should never forget the basic approaches, without which much of modern medicine would fail.

Jean M. Watkins
Jmcmillan@ukgateway.net

Master Travel are offering £100 off their Health Care tours to NANP members. Call 020 8678 5320 or email tours@mastertravel.co.uk for a brochure.

Membership Fee Rise

Having not increased our membership rates for over two years our accountant has reminded us that it's about time we did. So next time we ask you to rejoin you'll notice that we'll be asking for just a *leedle* bit more. For the upper limit we've increased the rate by £11.40 to £56.40 and for the lower bracket by £5.85 to £25.85. As salaries for officers and honoraria for meetings are linked – albeit indirectly – to the DDRB pay award (11% over the last 2 years), and other spending, such as the Way Forward meeting and having to pay "up front" for the Practice Packs has also increased, the rise for these 2 years is above inflation. What will of course also help our members is that the Inland Revenue have now officially classed us as a professional body so that membership is tax deductible, saving our members between 21% and 40% on the annual fee.

Hopefully we'll be spending lots too this year, bringing you a spring conference in 2003 and of course trying our utmost to launch the Non-Principal Support Team as a viable way for NPs to work within the NHS.



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

The National Association of Non-Principals

Contact the NANP

NANP
PO Box 188
Chichester
West Sussex
PO19 1FP

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

Council Members

Chairman	<i>Richard Fieldhouse</i>
Honorary Secretary	<i>Tina Ambury</i>
Secretary (Wales)	<i>Jane Harrison</i>
Secretary (Scotland)	<i>Jo Wilton & Moray Grigor</i>
Secretary (Ireland)	<i>Vacant</i>
Council Members	<i>Tara Watson</i> <i>Cathryn Sheppard</i> <i>Judith Harvey</i>
RCGP observer	<i>Mike Jeffries</i>
Honorary President	<i>Phil Hammond</i>

Registered in England No. 3861212 Six Cawley Road, Chichester, West Sussex, PO19 1UZ

NP is free to members of NANP or £5 per copy to non-members.