

Simple Measures - Saving Lives in Sudan

Being interested in human rights, I felt the need to go somewhere where they didn't just need doctors, but witnesses as well. At the time, Sudan was the headline disaster going on and seemed to be the highest priority in terms of humanitarian needs. I had heard of Médecins du Monde, an NGO working in Darfur which carried out advocacy as well as providing healthcare. I contacted the Paris office, and had an interview with their office in London.

It was the first week of my first mission and I was working in the emergency department of the Médecins du Monde clinic in Kalma IDP (internally displaced people) camp in Darfur, Sudan. At the end of a very busy, hot, and stressful day

two patients with severe burns arrived: a six month old baby and his mother. Their tent, made of plastic sheets and bamboo, had burnt down around them while they slept and they had travelled all day to get to us. Six of us, doctors and nurses, worked for over an hour

to remove all the burned skin and dress the wounds. Flies landed all over them if we paused for a second. The baby, in so much pain, was screaming constantly and it was hot and approaching the time when we had to leave the camp. As we worked, it seemed to me an exercise in

futility. The baby, Abdul, had 35% burns and would certainly die of dehydration or infection and his mother, Khalima, would probably suffer the same fate. At best, they would both be disfigured for life. We had to do the best we could, but I left feeling very pessimistic.

Three months later one of the last things I did was to say good-bye to Abdul and Khalima. They had come to the clinic every day, and then every other day for weeks, to have their dressings changed and gradually the skin had grown back. Abdul had survived several infections and so many painful dressing changes and was now feeding, smiling and his hair was growing back. The scars on his face had faded to virtually nothing. He had become our favourite patient: proof of how much we could do with such simple resources. We didn't have an X-ray machine or a complicated laboratory but there were far more patients who needed bed rest, IV fluids and antibiotics



Dr Alex Van Tulleken in Darfur, Sudan



Welcome!

This edition sees news about two vacancies on NASGP council; more from our MPS columnist on The Key to Out of Hours; Jason Twinn gives a rundown on the DNUK discussion forum since the last issue. We interview Rebecca Viney, and regular contributor Judith Harvey gives a review of Robbie Coull's new book. We start off as usual with a fascinating account of Sessional GPs working or training overseas; this time we hear from Alex van Tulleken working with Medecins Du Monde in Sudan.

than needed a scan. With a good team and an efficient hospital, we were able to help a huge number of people.

With this in mind, we spent a lot of time improving the way the hospital ran. Getting the right patients in was our biggest problem. Every morning we arrived to find a crowd of 200-300 people waiting to be admitted. Everyone was unwell, but there were always a few people who had to be seen immediately. The only way we could be sure not to miss anyone was to see each person individually and we refined our questions and examinations until we felt we could rapidly and accurately assess everyone. We also designed and redesigned the hospital entrance, added benches and shelter for shade to allow the people waiting some comfort and dignity. The difference was rapidly noticeable - after the changes everyone we saw was ill and needed treatment - it was harder work but much more satisfying.

At the end of the mission I was asked if it was frustrating to have to work in a tent with limited resources. In fact, it wasn't. Most of the patients we saw we were able to help and, in the context of a refugee camp, simple primary healthcare and health education did a huge amount of good. What was frustrating was to see the food supplies dwindling and the

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lack of progress in resolving the fighting. As I left, malnutrition rates were increasing and there seemed little prospect of people returning home in the near future.

Through my experience in Darfur, I certainly gained a lot of knowledge about

different types of illness. It was also very useful in terms of working with limited resources, learning about prioritising and also managing elements of care, such as triage, which are not normally the responsibility of doctors in this country. For me, the mission was very rewarding and at times great fun, but it was very hard to leave such a wonderful country and people who had such bleak prospects for the future.

Alex van Tulleken

www.medecinsdumonde.org.uk

Council Matters

NASGP council meets twice a year (March and October) in London.

- To improve efficiency, we've now updated our membership database to allow members to rejoin on-line. Unfortunately, members seem to prefer to wait for a paper invitation to rejoin, so reducing its potential efficiency.
- We have 2 vacancies on NASGP council, and are advertising these posts in this edition. We discussed the pros and cons of retaining our status as a national membership organisation as opposed to effectively becoming a private limited company. Fortunately, the latter idea was a non-starter and we agreed overwhelmingly to continue as a national democratic and representative organisation.
- We are meeting with the GPC in May to consider how we can help the GMC to best represent the interests of Sessional GPs in its efforts to help us work within 'approved environments', and to make the revalidation process as easy as possible for freelance GPs.
- We need more members - what organisation doesn't?! Tell your friends and colleagues about us! We're writing to all our groups again to ask them to encourage their members to join too.
- Sales of our Standardised Practice Induction Pack have reached over 3,000!

South West Peninsula Deanery Sessional GP Conference

On 30th March the South West Peninsula Deanery held its first ever Sessional GP conference. Over 100 GPs from across the peninsula were in attendance, with GPs on the Flexible Careers Scheme and Retainers' Scheme being well balanced by significant numbers of Freelance and other Salaried GPs. The conference had three aims: the first was to encourage isolated Sessional GPs from across the region to share ideas and experiences, and to meet members of the GP Directorate; our second aim was to empower and inspire GPs about their future in general practice, and our third was to help them to identify and develop the skills they will need to thrive as GPs.

The keynote address was an inspiring, interactive session on the future of general practice, encouraging GPs to create compelling futures for themselves based on their own aspirations. This dovetailed beautifully with the subsequent session on the art of portfolio general practice. The key messages here were about empowering GPs to take control of their careers and creating a career that fits them.

Coffee was followed by an excellent session on how to avoid burnout. During this session, and in the discussions before and afterwards, clear themes began to emerge about what surviving and thriving as a GP entails.

After lunch there was a brief presentation on the duties of the educational supervisor for FCS GPs and retainers. It had become apparent that there is a lack of clarity concerning the responsibilities of educational supervisors and, in response to this, the Deanery has produced a document to make their duties explicit.

The bulk of the afternoon was given over to skills-based workshops that were planned to address the themes and needs identified in the morning, covering issues as fundamental as core values and co-mentoring, through to sessions on assertiveness and time management.

The day finished with a plenary session and a question and answer session for the GP Directorate. Whilst the outlook for continuing professional development provision for GPs is currently bleak, it was hoped that all present would feel empowered and inspired to seek out the support they will need in order to develop and thrive. The GP Directorate also benefited from some useful feedback on what support they should be providing for Sessional GPs.

It was widely agreed that the day had been a real success. The hundred-strong delegates brought immense energy and enthusiasm to the conference, and the interactive nature of the day meant that this energy was channelled into effective learning. It seemed from all of those in attendance that there is strong support for this to become an annual event.

Dr Vik Mohan

Sessional GP and Associate Director, South West Peninsula Deanery

Superannuating your appraisals

The bottom line is:

- Payments for one's own appraisal, no matter what your contractual arrangement as a GP is, can not be pensioned.
- A GP whose **only** work is as a Freelance GP **can not** pension their work as an appraiser. We are told that the BMA is pursuing this inequity, but our advice meanwhile is to arrange a contract with the PCT who could then pay the employers contributions for your appraisal work.
- A GP who works freelance as well as being a 'partner' or salaried **can** pension their work as an appraiser.

This issue raised this issue with the DoH, but their line is that the 'regulations' don't allow for solely Freelance to pension appraisal or PCT board work as this type of work is not technically "locum type" work.



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Twinn Speaks

Jason Twinn, NASGP member and regular contributor to the www.doctors.net.uk 'non-principals discussion forum', continues his regular column giving a round-up of the latest hot issues being debated.

One of the great things about medicine and general practice is the diversity - not only of the actual work done, but in the way in which it is done: at first it might seem like constantly re-inventing the wheel, but in fact it is the opposite. Every practice has its own quirks and peculiarities, and thus each finds its own way of doing things. The result, of course, as a Freelance GP in a new practice, is that the challenge is often not seeing the patients, but finding how things work and where things are in a certain practice.

So when a prospective salaried GP asks whether £65k is reasonable for two 3 hour surgeries a day with no visits, you get a myriad of opinions. I know that one of my idiosyncrasies is that once I reach 2 hours of consulting I cease to maintain any interest or focus on a consultation, yet for some 3 hours is just fine.

But of course it is not only the work that is diverse, but so are the people that choose to become Sessional GPs, and what being one means to different people. Some choose solely to do 9 or 10 sessions as a Freelance GP, some are salaried, some are retainers, some do out of hours work and some don't. And even within these there is scope to diversify into areas such as family planning, minor injury, neuro-linguistic programming, acupuncture, CBT and so on. In fact if you take the whole spectrum of possibilities, it is reasonable to assume that no two Sessional GPs are the same.

There seems to be quite a lot of angst and confusion, worryingly, amongst Sessional GPs over areas such as loss of continuity of service for pensions, sick pay rights, when does one become employed in terms of the law and thus can gain annual leave and so on. It even appears that one of the medical sickness insurers has been advising Freelance GPs that they are entitled to sick pay if they carry on paying into their pension. Quite who they expect to pay out is beyond me. It is difficult enough when starting out to know what forms of insurance etc. you need, without incorrect advice being given. If you are in any doubt then the NASGP website should answer most of your questions.

At this point I will add that this will be my last addition to the newsletter - after two years as a Freelance GP I am finally going back into partnership. The arrival of my son, the unexpected vacancy in a practice I like, with partners I get on with, not to mention proximity to home, all persuaded me to change career path once more. We all make different choices for different reasons, such as family, love and so on, and the decision to become a Freelance GP 2 years ago was probably the best of my life. Thank you for reading this far and good luck to the rest of you.

You can contact Jason at j_twinn@doctors.org.uk

Exeter Sessional GP Group

The Group, which has been in existence for several years, includes members from the East Devon, Mid Devon and Exeter PCTs. With regular monthly meetings (in Exeter) it offers a forum for sessional GPs in these regions to come together and develop their skills in a friendly, supportive environment. The popularity of the meetings is reflected in the consistently strong attendance, with figures ranging from 20 to 30. The Group continually aims to be educational, all inclusive and supportive to its members at all times and to evolve with its members' changing needs. One of the great strengths of the Group is the broad mix of its members' backgrounds, from "locally grown" recently qualified sessional GPs to GPs newly moved to the region and, finally, those established sessional GPs in the region. This mix keeps the meetings exciting and forward thinking.

Each meeting will include a "guest speaker" and over the last 12 months we have packed in a wide range of topics from adolescent to old age psychiatry, obesity management to complementary medicine and pension planning to how weather affects health. We have, for the second year running, organised a skin forum for our members. The forum took place in Exeter and a group of patients, with skin conditions, was invited (by the Group members) to attend, be examined and then each condition was discussed with a local consultant dermatologist. It has proven to be particularly popular and an excellent way of learning. The Group organises resuscitation updates for our members, which is an obviously vital educational need and something many of our members are unable to obtain elsewhere in view of their nomadic work patterns. The meetings are also an opportunity to highlight future educational events in the region and also upcoming job vacancies.

Along with the educational "stuff" we also see the Group meetings as an ideal way for members to just get together and chat. Due to our nomadic lifestyles, sessional GPs can often end up working in a vacuum without opportunities to bounce their problems (and successes) off each other. We hold 2-3 social evenings over the year (curry nights, BBQs and wine tasting) and again, not surprisingly, these are always very popular. If you happen to find your way down this neck of the woods in the future we would be happy to have you along.

Liam Kinsella

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Lincoln Sessional GPs

Being a co-ordinator of our Group, I am invited by the Royal College of General Practitioners, Vale of Trent Faculty, to its Board meetings. I took the opportunity of introducing the Board members to 'The Sessional GP', which was well received. Through its secretary the Board has provided help with mailing local notices of our meetings and I have been e-mailing our members too. Soon after the earthquake in Pakistan last autumn a group of doctors from the East Midlands went out as a UK Government trauma team to help. We had the pleasure of inviting two of them to talk to us about it at our last meeting. Their work gave us an insight into what a group of caring doctors can achieve through their effort and a lot of support from their colleagues during a week they spent dealing with all kinds of very horrendous injuries. This has inspired the Group of Midland doctors to continue their work by building a charity hospital in Muzzafarabad, the epicentre Zone, to provide much needed medical help to the region.

The group is drawing on expertise in the many aspects needed for the project: managerial, architectural, seismological, etc. It has purchased a suitable piece of land and an earthquake proof hospital is now at the design stage. More information can be found on the midland doctor association website (www.mdauk.co.uk). We learnt a lot from that talk. Although the specialist trauma consultant, anaesthetist and radiologist provided their expertise, general practitioners can also provide a great deal of help by their experience

and knowledge of medical care. We wished them success and offered our help in all their effort. For our next meeting the speaker will be a consultant anaesthetist, who has special interest in pain management.

Amber Porter

amberdurdana@hotmail.com

The Liverpool GP Forum

We are a friendly, informal and very international group of sessional GPs, GP principals, registrars and primary care academics. We hold educational meetings once a month, during which there is plenty of opportunity to meet new colleagues. Since our inception in January we have held talks on HIV, pandemic influenza and travel medicine. Meetings are held on the last Wednesday of the month from 7.30pm in the upstairs room of Que Pasa Cantina Restaurant, L17 8UU. Meetings are not sponsored, although it is possible to buy food and drinks from the bar. Our next talk on 26th April will be an update on diabetes. All welcome!

Katharine Jones

kats@liv.ac.uk

The Wirral Non-Principals Group

The Wirral Non-Principals group had a good year after the help of the LMC to restart. We had several meetings and established a website at www.wirralgp.org.uk. After a quiet start to the year we hope to develop further through 2006 with regular newsletters and educational meetings.

David O'Hagan

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Morecambe Bay Non-Principals

The Morecambe Bay Non Principals group is going well. We are an informal group which meets every 2 months or so. I contact people by email, which keeps costs down so there is not as yet a membership fee.

We continue to meet at the Education Centre of a local hospital which is reasonably central. Our recent meeting was attended by 12 people and was very useful and practical, covering palliative care emergencies.

Rowena Grenfell

all@thebrownefamily.com

Sefton Non-Principals Group

This group has been in existence for many years. The membership of 40 is steady, but we normally get attendances of 15-20. We are getting enquiries from recently arrived EU doctors who have started as locums or salaried. Our last meeting was on "Unstable Female Bladder" and the speaker was a local Consultant Gynaecologist. We have a member who has become an expert on antiques and makes a reasonable business on E-Bay! We get a grant from the Postgraduate GP office for office expenses, but have to struggle to pay for a speaker if there is no sponsorship. The 2 PCTs have not been helpful.

Nick Pati

dr.pati@virgin.net

South Essex Sessional GPs Support Group

We have progressed with our group's educational programmes as well as in the medico-political field. Our regular monthly Self Directed Learning Session during a lunch hour remains popular. Topics are chosen by the members of the group and evaluated, forming part of their appraisal portfolio. Also, in liaison with our local PCT, sessions were organised to help Sessional GPs understand the importance of Patients Participation and Empowerment Seminars in promoting Health in the Community. Diabetic Care & COPD update sessions are held by our local expert. Medico-politically, we now have four representatives in the Essex LMCs with the addition of a recently elected member in the Brentwood area, thus strengthening our lobbying position.

Parameswaraiyer Ambikapathy

aonedoctor@hotmail.com

Money Matters

Liz Densley is medical specialist partner with Sussex Chartered Accountants, Honey Barrett, and is secretary of AISMA (the Association of Independent Specialist Medical Accountants). Contact her on 01424 730345 or at liz.densley@honeybarrett.co.uk.

Capital allowance claims for locums

Business expenses are tax deductible only if they are 'revenue expenses'. Capital expenses – things which are of enduring benefit to the business – are treated differently.

Broadly, these costs are split into two categories and you can claim:

Equipment (including mobile phones, computers and printers as well as office furniture, etc.)

- 40% in the year of purchase
- 25% p.a. on the reducing balance thereafter

The calculated amount being reduced proportionately where there is any private use of the asset.

Motor cars

25% p.a. on the cost – and thereafter on the reducing balance, but subject to a maximum amount on any car in any year of £3,000. (So effectively cars costing more than £12,000 only get an allowance of £3,000 p.a. until the 'written down value' is less than £12,000)

The calculated amount is reduced by the private use of the asset (i.e. private miles/total miles)

The first year percentage allowance claimable on new assets acquired tends to change from year to year – and there are added complications with assets sold/scrapped/part exchanged, etc. – seek advice for this.

Liz Densley

Having it all? CPD and the Sessional GP

Fifth National Conference, Call for papers

Friday 6 October 2006, BMA House, London

The conference offers an opportunity for all those involved with the Continuing Medical Education and Continuing Professional Development of Sessional GPs (salaried and locum GPs) to come together and share research, ideas and examples of good practice. We will also consider the impact of performers lists, appraisal and revalidation on this group of doctors.

We are intending to have a morning session of three keynote speakers and 'themed' sessions with posters and time for further discussion. During the 'themed' sessions each presenter accepted will have a five-minute slot to talk about their work, and will be asked to prepare a poster with further details. In the afternoon there will be a keynote speaker and workshops for sharing ideas and working practices.

If you would like to participate in one of the following ways, please complete the online submission form at www.bma.org.uk/conferences:

- Give a short five-minute presentation on your poster display to all conference delegates about what you are doing for Sessional GPs in your district/region, or about related research you have undertaken.

- Have a poster display at the conference, but do not wish to give a short presentation.
- Run one of the workshops – please note that workshops will last one hour, and may be repeated twice during the day.

Review of submissions and registration

Authors will be notified in writing of the result of their submission by **Friday 26 May 2006**. Presenters (oral, poster presenters and workshop presenters) will be expected to pay the registration fee and must cover their own travel and accommodation expenses. The registration fee is £105.00 + VAT (£18.38) = £123.38, or £65.00 + VAT (£11.38) = £76.38 for Sessional GP Leaders who cannot get funding.

For further information please contact BMA Conferences on 020 7383 6137/ 6605 or email confunit@bma.org.uk.

Be Prepared

The Key to Out-of-Hours

by Annmarie McTigue, Writer – MPS

Here's a brief guide for practising safely when working out of hours.

- **Get the correct indemnity.** Contact your indemnity provider to check you are paying the right subscription if you are switching from in-hours to out-of-hours work, or adding out of hours to your existing practice.
- **Collect your contacts.** Ask the co-op or out-of-hours provider to send you a list of useful contact telephone numbers, eg hospitals, nurses and social workers.
- **It's in the bag.** Make sure your doctors' bag is up to date with what you will need for out-of-hours work. See the Drugs and Therapeutics Bulletin or the NASGP website for full details on what you are expected to carry.
- **Back to basics.** You probably will not have the patient's record and may not know them either, so it's back to basics. Make sure that you ask the patient the questions for the answers you would normally find in their records. Take an extensive history, ensuring that you know about previous medical history, any medication they may be taking and any allergies.
- **Document everything.** Make thorough and clear notes. Document any examination and record relevant positive and negative clinical findings. You should also indicate any decisions or diagnoses that you have made or excluded.
- **Follow up.** Document any details required by the patient's own GP to follow up their care. Occasionally it may be worth keeping a patient's contact number and following them up the next day. This gives you the chance to repeat the advice you gave to them when you are both more awake, as well as the opportunity to reflect on their condition and the advice you gave.
- **Get your rest.** Make sure you get plenty of sleep before any out-of-hours shifts. You're more likely to make an error or be involved in an accident when tired.
- **Don't panic.** It is widely believed that patients are more likely to complain about out-of-hours services and treatment. However, a recent MPS study of GP claims was not able to demonstrate any increase in risk profile between in-hours and out-of-hours work. By following the above steps, you may save yourself the time and trouble of a complaint or claim.

aPMS and Sessional GPs – threat or opportunity?

The latest White Paper on primary care follows on from plans such as PMS and Practice Based Commissioning to discuss how to make the most of alternative PMS. aPMS providers can be anyone; they should have a medical director, but this isn't obligatory. Currently there are a few companies in this market; some are taking on 'vacant' practices, others are taking over PCT PMS practices, potentially further reducing the scope for new GP practice developments. Some of these companies work in partnership with existing GP principals, but many of the doctors working for these companies are salaried; some are even described as 'long term freelance doctors'. You may be one of these doctors yourself. The terms and conditions of employment do not have to match BMA negotiated ones, and whilst they may exceed them, this is unlikely. NHS superannuation schemes are open to some of these companies but not others and working as a locum for a non-included company will not count as service for superannuation. It is likely that the private companies will cover a greater proportion of practices in the next 3-5 years.

As a Sessional GP, have you had any experience of aPMS? Do you see it as a threat to the NHS? How can we make the most of this new way of working? Your thoughts please!

Elections

There are two vacancies for NASGP council members, commencing in October 2006 for 3 years. Council members are asked to attend up to 2 midweek meetings in London per year, with travel expenses and honoraria. Other business is generally performed via email.

Any Sessional GP member of the NASGP may propose another Sessional GP member for election to one of these 2 seats. A web-based ballot will take place in **June** if the number of nominations exceeds the number of seats. The results will be declared in the August-September edition of The Sessional GP.

Nomination forms and further details are available in the 'What's New' section on the NASGP website or by writing to the NASGP. The closing date for applications for nomination is **May 30th 2006**.

NB in the event of a ballot, members will be notified by email – if you did **not** receive an email notification on Friday 21st April 2006 from the NASGP then please update your email address on the NASGP website.

Artwork by Amber Porter, NASGP Member



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Locum Doctor Survival Guide

Judith Harvey is a NASGP council member and regular contributor to the Newsletter. For the next few editions, we thought we'd take a break from reviewing medical equipment.

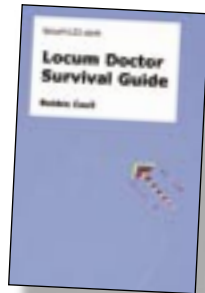
Locum Doctor Survival Guide, Robbie Coull 2005 ISBN 0-9552072-0-7 (also available as a free download)

Can I charge for someone to take care of my pet parrot when I am working away from home? What is corporation tax and am I liable for it? How do I write an invoice? What happens if I receive a complaint? These are just a few of the questions Robbie Coull's Locum Doctor Survival Guide will answer.

Robbie Coull started doing GP locum work in 1998. After a year of being overworked and underpaid (at BMA rates) he took a grip, and this book, also available as a free download from his website, is a distillation of his experience, mostly as a GP locum in the north of Scotland, but also in hospitals and in Canada.

You may well wonder what 'Locum Doctor Survival Guide' has that NASGP's 'Handbook for Non-Principals in General Practice' (the Yellow Book - now only available on-line) doesn't. A snappier title, sure. A more modern layout, and index, and the text is livened up with boxes which usefully encapsulate important points, often with an example or anecdote. (Though retiring GPs wanting to do some locum work before they sink into senescence may find the print of the paperback version a bit small.) But both books cover the basics which ingénue locums have to tackle: how to get started as a freelance GP, the legal and financial aspects of self-employment and running your own business, negotiation, pensions, equipment and supplies of medication.

The Survival Guide reflects the approach of a rugged individualist in the wilds of Scotland. But what is useful in the outer isles is equally useful in inner cities. And those of a less combative disposition who realise that employers are taking advantage of them will find the advice on setting rates and negotiation with potential employers invaluable.



Isolation and communication are locums' big problems. Now the ante is being upped by GMC plans to divide us into safe doctors and risky doctors, according to the environment in which we work. Getting to meetings in a remote area is a major expedition but it can be difficult in a city too - try travelling from London NW8 to London N1 by public transport. So even we city softies have to reduce our isolation and to learn by other means - principally, as the author explains, on line. Perhaps that is why the author hasn't mentioned sessional GP groups or Higher Professional Education programmes. Most locums will have them within striking distance. Nor does he mention other ideas such as sessional GP support teams. Appraisal is mentioned, but there is no advice on preparing yourself for your annual inspection. The Yellow Book isn't up to date, but it does offer more guidance on monitoring practice and self-directed learning.

I am surprised that he doesn't describe how to get on the mailing list for the BNF and other publications which principals get automatically; I find that a lot of freelance GPs still don't know. And unfamiliar computer systems are a major headache and a source of risk for locums. The Survival Guide does not mention this at all. See www.nasgp.org.uk IT systems for valuable advice and links to crib sheets for the major medical software systems.

Some people, and I suspect the author is one, like challenging the system from the outside. It is a very effective way of changing things, but we are not all cut out to be lone warriors. For the rest of us there are formal structures. Slow, boring and often apparently ineffective they may be, but tortoises have their uses. There is nothing here about the role of LMCs, the GPC and its Sessional GPs Subcommittee. I think this is a pity. Too many doctors just do not understand how the profession negotiates on their behalf, and how to make their voices heard. Locums' survival is affected by what goes on in BMA House, and we need effective representation. The local deanery is another organisation which impinges on the working life of locums. Many GPs don't know what deaneries do and how they might be useful. An explanation would be of help.

I haven't done a head-to-head trial, but I strongly suspect Locum Doctor Survival Guide would outperform the Yellow Book. There are areas which the Yellow Book covers better than its rival, but for a doctor starting out it is today's practicalities which matter, and the Survival Guide's information is better presented and, above all, up to date.

Judith Harvey, April 2006

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