national association of sessional gps

THE SESSIONAL GP

JUNE - JULY 2006

Welcome!

This edition sees news about two vacancies on NASGP council; more from our MPS columnist on the perils of Repeat Prescribing. We interview Vik Mohan, and regular contributor Judith Harvey gives a review of Suburban Shaman: Tales from Medicine's Frontline. We start off as usual with a fascinating account of Sessional GPs working or training in unconventional situations; this time we hear from Sarah White who works as a flying Doctor in the UK with CEGA.

Altitude Sickness

I first became interested in aviation medicine whilst working in Australia, transporting patients interstate during my hospital work. Having returned to general practice in the UK I needed a new challenge and was happy to take on some part time work for a small repatriation company assisting with European patient transfers, before applying for the position of flight doctor with Cega air ambulance who handle thousands of cases a year. After an induction day having the basics of medicine at altitude explained and updating my ALS certificate, I began working for the company 18 months ago on a freelance basis, which allowed me to continue working part time in general practice too.

Dr Sarah White

I am notified by our flight care staff of a pending job one or two days in advance – usually a patient suffering from an MI, arrhythmia or trauma. On the day of travel, my job is to pick up all the necessary medical equipment from the stores and make the final phone call to the treating doctor overseas to ensure the patient remains 'fit to fly' (FTF). I am then driven to the airport and use the time on the outbound flight to read up the case notes or fall asleep.

My first job on landing is to make contact with the patient and reassess them for their FTF status which involves taking a history, examination and a set of observations, bearing in mind the potential effects of altitude on their condition. Once I am happy with the FTF status I am off duty until the return flight, which gives me the perfect opportunity to wind down and explore wherever I have ended up. Intermingling with the many overnight trips to southern Spain and the Canary Islands are fantastic opportunities for longer trips with the chance to shop in the States, sail in Hawaii and dive in the Caribbean - not bad whilst being paid!

The journey home starts with picking up the patient and relatives for the journey to the airport and looking after the logistics of checking in with oxygen, wheelchair, stretcher etc. Eyebrows are often raised whilst we are getting permission for the heavy equipment to be cleared for the cabin and through x-ray, so diplomatic skills prove very useful.

On the flight my work can be very varied, from simple checking of obs to managing complications such as chest pain, sepsis and confusional states to CPR at the extreme. The variety, challenge and difficulties of working at altitude in a confined space are for me the truly exciting aspects of the job.

Once, whilst actually off duty on my way to a 'repatriation' in LA, the passenger next to me went blue and fell off his seat. No chance to pretend that I was not a real doctor so I proceeded to attempt the management of his respiratory arrest with bits of BA equipment from the dark ages, as all my equipment was in the hold. The classic comment from a helpful passenger sat across from me was 'this is much better than on casualty....'! With an emergency landing in Iceland and hundreds of rather irritated passengers I was rather pleased to get an upgrade to first class!

Once back in the UK I will accompany the patient to their final destination and remain responsible for their care until handing over to either the admitting hospital or to the patient themselves back at home. From there I will be driven back to the Cega base and usually use the opportunity for a power nap!

Working both for Cega and as a Freelance GP is a great way to combine acute and chronic medicine and allows me to have the flexible lifestyle that I enjoy. I particularly love the opportunities and challenges that the travel gives me. There have been difficult moments - being stopped at midnight by armed guards outside a military hospital in Morocco and trying to explain in my rough French why I wanted to get in, whilst trying to ignore the gun pointing at me - but the plus points far outweigh the negative. Whether it's the draw of the non-alcoholic cocktails in the hotel pool of a Caribbean resort or the satisfaction of successful repatriation, I'll let you know when I come off the beach!

Sarah White
sclwhite@yahoo.co.uk

New NASGP affiliate Freelance GP Scheme

Do you remember our Sessional GP Support Team concept? We first came up with this idea in 2002 as a means of enabling isolated Freelance GPs (FGPs) to team up with local colleagues to share resources and to be more involved in local NHS structures and processes.

This concept is all very well if a SGPST is already in existence in the GP's local area, or if one can afford to invest in setting up a SGPST privately with other like-minded colleagues. But for those FGPs not able to access such a group or who are not keen to work in a team-based environment, there are few options left to easily access the various means of support enjoyed by practice/ team-based GPs.

To this end, the NASGP is exploring ways in which an individual FGP can become affiliated to a practice and is proposing the new concept of an ***affiliate* FGP** (***a*FGP**).

We think that this could be a great way for some Freelance GPs to work. It's not going to be everyone's cup of tea, but it should offer yet another novel way of working as a GP. We have produced a discussion document on this new aFGP scheme and are now inviting our members and medical organisations to offer us their suggestions, thoughts and ideas on how to make this scheme workable. You can download the document from www.nasgp.org.uk/afgp and we would value your comments by the end of August 2006.

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Complaints Document

We've now published our updated document on helping practice managers and other primary care organisations to involve Sessional GPs in their complaints procedures in conjunction with the Medical Protection Society, who will be sending copies to practices with their usual literature. We will be sending it to practices when they purchase one of our Standardised Practice Induction Packs and it can also be downloaded from the NASGP website.

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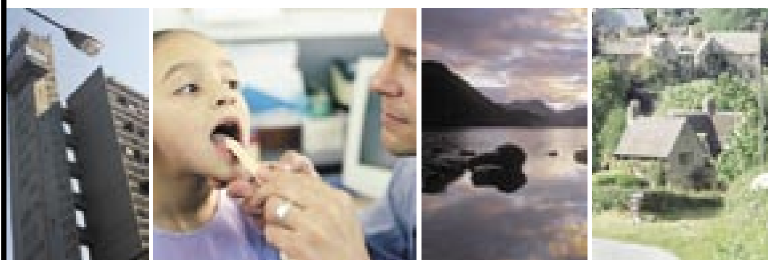

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Medical Protection Society

New additions to NASGP council

We are delighted to welcome two new members to our council. The first is Jean Ker as a representative from the RCGP. Jean is currently the Director of the Clinical Skills Centre at the University of Dundee and also works 2 sessions a week in General Practice in Dundee. Jean's main interest has been around patient safety, reflective practice and developing clinical skills standards. Our second addition is Peter Taylor from Shrewsbury, who has been elected unopposed through our membership ballot. Peter has worked as a partner for 4 years, followed by four years as a full-time locum and now works in a part-time salaried post, continuing to work his remaining sessions as a locum. Peter feels that, despite being better off than 10 years ago, we're still 'undervalued, treated inequitably and our needs ignored or dealt with as afterthoughts. "We need a strong, active national body that will work closely with the GPC Sessional GP Subcommittee, but which can speak and campaign for us independently."

Swindon Area Locum Group

Our group continues to thrive. We have a regular core of 10-15 sessional GPs who attend our evening meetings and new members contact me frequently to join the group. We have had some excellent meetings recently, including one on spirometry and a resuscitation update. Most recently we invited a local dietician to talk to us about obesity which went down very well. We are hoping to organise a social evening some time this summer. New members always welcome.

Alison Brooks **acbrooks@btinternet.com**

Basingstoke Sessional GPs

Unfortunately our group has stopped meeting due to a lack of numbers, but If anyone in the area would like to start another group, I'd be happy to put them in touch with the relevant contacts.

Helen has developed a 'Practice Feedback Questionnaire' survey for use in her appraisal, and copies of this can be downloaded from www.nasgp.org.uk/cpd/appraisal

Helen Wright **helenwright@doctors.org.uk**

Lothian Non-Principals Group

We have been growing steadily over the last few years and we now have around 150 members. We meet once a month for educational meetings; recent meetings have included an update on Allergies, the new Mental Health Act in Scotland, GPs with Special Interests and Resuscitation update. Thanks to the hard work of past and current committee members, we have an excellent website with a members' area and practice managers' area. Work can be advertised via the site, and members can post questions and information. If you would like to find out more, please visit www.lasgp.org.uk.

Lorna Nunn **lorna@fish.co.uk**

Congratulations to Lorna who gave birth to Rachel on the 2nd May

Warwickshire Non-Principals

We meet 9 months a year at Warwick Hospital Postgraduate Centre. Meetings are small and informal to encourage sharing of ideas and exchange of useful information. We sometimes have a speaker but at other times we discuss problem patients or interesting journal articles. This year we have had a resuscitation update, a talk from the Back Clinic Physiotherapist and met our local Health Psychologist. Our June meeting will be an informal discussion when we will hopefully plan a social event for July.

Pete Hutchinson **petehutch1959@btinternet.com**

Wirral Non-Principals Group

Our most recent meeting covered Paediatric emergencies using cases from our own experience. The slides and subject were based on the APLS course. I have put slides and handout on our website, www.wirralgp.org.uk/meetings. We are hoping to cover some financial issues in our next meeting.

David O'Hagan **david_o_hagan@doctors.org.uk**

Sefton Non-principal GP Group

We have a stable membership of around 20 GPs. We enjoy our sponsored educational meetings, usually with a prominent local speaker, the fellowship and the food. Our two local PCTs are merging in October, but we're unsure how this will affect us. At present, one PCT pays for appraisal as reimbursement for 2 sessions, whereas the other doesn't pay anything at all! The availability of locum sessions is reducing due to a number of salaried GP appointments by PCTs.

Nick **Pati.pati@virgin.net**

The Liverpool GP Forum

We are a friendly, informal and very international group of sessional GPs, GP principals, GP registrars and primary care academics. We hold an educational meeting once a month in a private room of a local restaurant during which there is plenty of opportunity to meet new colleagues. Planned talks for June and July are Hepatitis C and "Mind and 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. Although the meetings are not sponsored attendance is free and it is possible to buy food and drink from the bar. All welcome!

Katharine Jones **kats@liv.ac.uk**

Morecambe Bay Non-Principals

We continue as a group of email contacts interested in keeping in touch and meeting up every couple of months. We aim to have educational meetings and also discuss any issues that people have come across.

Our recent meeting was a journal club with 7 people attending. It was useful to discuss a wide range of topics, and we plan to meet again in July

Rowena Grenfell **all@thebrownefamily.com**

NASGP News

We're constantly updating the website – for the latest, go to www.nasgp.org.uk/news. There's even a facility there to receive an email every time news is added.

Renewing Membership

It's now been a year since our membership has gone on-line, and all members are now sent an email asking them to rejoin. This obviously saves us administration and postage costs and keeps everything efficient. If you have not received an email from us, it may be worth adding our email address 'support@nasgp.org.uk' to your safe-senders list in your junk mail filter.

Money Matt£rs

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.

How do you decide what expenses can be claimed?

An expense must be incurred wholly and exclusively for the purposes of the business (see www.hmrc.gov.uk/manuals/bimmanual/BIM37007.htm)

For example you can claim:

- Motor and travel expenses (discussed in a previous column)
- Professional subscriptions and liability insurance (MDU/MPS etc)
- Telephone costs (split between business and personal)
- Computer running costs and internet connections
- Use of home as office (usually a round sum to equate to the extra cost of running the business from home)
- Accountancy fees
- Update training costs – including course fees, travel and subsistence, books etc (but not initial training costs to put you in a position to do the job)
- Stationery and postage.

Strictly where an expense has both personal and business use it is not allowable – but in practice where a specific business element can be calculated (such as use of a car), that will be allowed.

Ordinary clothing is not allowed – as that has a primary purpose of warmth, decency etc – but specific uniform or protective clothing (such as a white coat) would be allowable.

Capital expenses are not deductible – such as computers, printers, office equipment – but capital allowances may be claimed separately. Now 50% first year allowance in 2006-07; 25% writing down allowances thereafter.

See the NASGP Money section **www.nasgp.org.uk/money** for a more detailed checklist from Honey Barrett.

Having it all? CPD and the Sessional GP

Fifth National Conference

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.

Target audience

If you are a medical educationalist or Sessional GP with a special interest in Sessional GP education, appraisal and revalidation, or GP returners, the GP Retainer Scheme and the Flexible Career Scheme, then you should attend this conference.

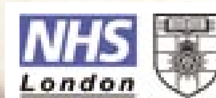
Conference costs

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.

Objectives

- To provide an opportunity to meet others working in the field of CPD for Sessional GPs.
- To deepen understanding through the presentation of research into Sessional GPs.
- To share initiatives and good practice in CPD for Sessional GPs in different parts of the country.
- To inform participants about developments affecting Sessional GPs such as performers lists, appraisal, clinical governance and revalidation.
- To publish the conference proceedings in 'Education for General Practice' (as in 1997, 1999, 2002 and 2004) for use as a toolkit for those working in the field.



Side-stepping problems as a Sessional GP

Annmarie McTigue, Writer – Medical Protection Society

Situations or decisions that would rarely trouble a salaried GP often cause their freelance colleagues a great deal more angst. Anecdotal evidence from MPS's medicolegal advisers shows that many queries centre on issues of repeat prescribing, performance in a practice and ensuring an audit trail of computerised record entries. In the first of a series of articles, here's our advice for crossing the first of these medicolegal minefields when providing locum cover.

Signing repeat prescriptions

Simple advice here is to try not to get involved in repeat prescribing. This is an area fraught with risk for locums. If you don't know the patients or their medical histories, this could compromise their care. The last thing you want is a batch of 100 prescriptions to sign off under the pressures of time and record-checking.

Nevertheless, you may be unable to avoid this task if your services are required long-term or in a single-handed practice. In this case, you should agree what will be expected of you regarding repeat prescribing in your terms with the practice in advance.

It is important to clarify:

- Will you be expected to sign repeat prescriptions?
- Does the practice have a protocol for safe repeat prescribing? (Some locums ask for the practice to state in writing that this system is robust and checked regularly.)
- What extra time you will need and any supplementary fee for carrying out repeat prescribing work.

When using an unfamiliar electronic prescribing system:-

- Specific review period or dates should be entered and observed.
- Don't ignore computer warnings of over- or under-use of medication.
- Prescriptions should be issued with caution if a review with the patient is overdue. Make sure appropriate arrangements for timely follow up are in place.
- Add appropriate computer messages, eg 'No more methodone until seen', with the date and your initials.

From a patient safety and risk management perspective, the suggestions below may help.

- Familiarise yourself with the practice's repeat prescribing protocols.
- Some medication is unsuitable for repeat prescribing, so a face-to-face consultation would be essential in cases such as night sedation, antidepressants in the suicidal and NSAIDs in the elderly.
- Don't issue a prescription for an item you feel uncomfortable with, eg hypnotics, strong analgesics or anti-depressants.
- Refresh your memory on the National Prescribing Centre's guide – Saving time, helping patients: A good practice guide to quality repeat prescribing.

Portfolio Lives

Vik

Vik Mohan is a Sessional GP in Exeter and is currently Associate Director for Postgraduate GP Education for the South West Peninsula Deanery.

Can you tell us something about your home life?

I live in the centre of Exeter, so I cycle to work, walk to town and am within striking distance of Dartmoor National Park and beautiful coastline.

I believe we all have a responsibility to minimise our ecological footprint on the planet and, for this to be effective, it has to be consistent and at every level. I try and cycle to work, use renewable energy in my home and minimise waste. I also believe in supporting communities and local economies, so buy local produce and support local businesses as much as possible. There's nothing remarkable about any of this, but it's important to me!

I also have written and performed comedy for many years, including at the Edinburgh Festival. Currently a colleague and I are reworking the script for a satirical, medicopolitical play that we wrote and performed a couple of years ago, in the hope of getting it performed to a wider audience. I'm at least as proud of my creative achievements as my medical ones.

What medical organisations have you been associated with?

I am the outgoing chairman of the Exeter Sessional GP Group and am now Associate Director for Postgraduate GP Education for the South West Peninsula Deanery. I have recently run a successful Sessional GP conference, at which over 100 Sessional GPs were in attendance, and my new brief within the Deanery is to help develop a CPD strategy for all GPs across Devon and Cornwall. This will involve working with the appraisal system, PCTs, the LMC and the RCGP to create a strategy that meets the learning and development needs of all GPs, whatever their working pattern.

Describe, briefly, your GP career so far?

I freelanced for several years, interspersing GP with travel and work as an expedition dive doctor on various conservation projects in the tropics. This has enabled me to work as a medical advisor to Blue Ventures, a marine conservation charity with an expedition site in South West Madagascar.

During this time I also studied for the PGCME and developed an educational strand to my portfolio, in addition to becoming a Sessional GP appraiser – a job which I love. It allows me to use my coaching skills (I'm a trained life coach) and enables me to help develop GPs. Although I don't exclusively appraise Sessional GPs, this is the area where I feel I have the most to offer.

In the last year I have been the co author of a satirical column in the BMJ Careers magazine. It has been an amazing opportunity to be a columnist for the BMJ, and one of my proudest achievements. I have recently joined the Flexible Careers Scheme, and work at the Exeter University Student Health Centre, which allows me the freedom to pursue my expedition and travel interests outside university term time.

How does this enthusiasm influence the way you work as a GP?

One of my core values is connection, and if I can connect with patients and colleagues I've had a great day at the office! I'm sure I'm a better doctor and work colleague when I'm connecting with people. Also, I use my skills as a life coach to help people to move forward!

What are your passions outside general practice?

Conservation – I plan one day to integrate conservation into my career alongside medicine. I'm currently trying to set up a marine turtle monitoring programme in Madagascar. Not being a marine biologist it's quite a challenge! I'm hoping to look at the incidence of poisoning from eating turtle meat, as this is a research area that straddles medicine and conservation.
I want to see as much of this beautiful planet as I can. I love the outdoors, being able to get on my mountain bike or go hiking or surfing here in the South West.

What sort of changes have you noticed about being a Sessional GP since you became one?

We are becoming more recognised as a group, and are slowly being valued a little more; we are also being offered opportunities that allow us to create greater variety of working patterns, such as salaried work, although I worry that this is not always under very favourable conditions. With the increased opportunities there is more scope for creating a pattern of working that suits our individual needs.

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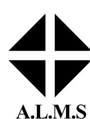
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Artwork by Toby Fieldhouse, aged 10

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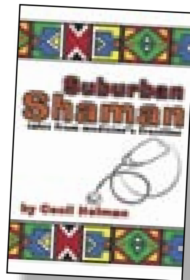
Suburban Shaman: Tales from Medicine's Frontline



The BMJ reviewer called it war poetry, Julia Neuberger wrote in the Independent that it should be required reading for every medical student, it has already been serialised on Radio 4. Cecil Helman's 'Suburban Shaman' describes illness and its cultural context, and he writes from the front line – he was a GP for 27 years.

In the 1970s it was 'A Fortunate Man', a lyrical photojournalistic essay about the life and work – the two almost indistinguishable – of John Sassall, a rural GP, which shaped the aspirations of idealistic doctors. Is 'Suburban Shaman' the 'Fortunate Man' for a new generation — exploring the mystery of general practice in the London suburbs rather than in villages of the Forest of Dean?

Cecil Helman, scion of a medical family, came to London from his native south Africa in the late 1960s, primarily to escape serving in the army under the apartheid regime, but once here he escaped again – this time from his family history. He left medicine to study anthropology. When he returned to practice, he took his anthropological training with him, first on board a cruise liner as a ship's doctor, then into a consulting room in suburban London. Additionally he has written a classic book 'Culture health and Illness' and he runs a highly regarded course on Cross-Cultural Primary Care.

So 'Suburban Shaman' has had a big build up. Perhaps a degree of disappointment was inevitable. The first few chapters describe Helman's early life in South Africa. The anecdotes are interesting, but any liberal young South African exile of that era could produce a string of similar apartheid stories, and the immigrant's struggle with the contrast between Africa's big skies and 1960s London's cramped greyness has a familiar ring.

Helman went back to medicine and became a GP. His exposure in South Africa to other healing traditions, his anthropological training, and his own experience as a migrant and a patient illuminate his work. His stories are vivid, often amusing, and sometimes sad.

His message is that patients seek a context for their illness, and this is what traditional systems of healing provide. Western medicine, with its goal of cure, has lost the art of healing, of relating the illness to the person and to their society. But if patients can understand why they are suffering they are better able to bear the uncertainty that even the most modern technical medicine cannot eliminate. Helman acknowledges the place of hospitals and high-tech medicine, but he asks that we do not forget the person and their needs and hopes and fears and beliefs, and, like the shamans of his African childhood, that we bear witness to their travails.

If Suburban Shaman is the Fortunate man de nos jours, what does that say about 2006? Certainly we live in less idealistic times than the 1960s. The 'Suburban Shaman' provides a humanistic conscience for an era in which intervention is expected to be evidence-based and subject to assessment by tick-box. Policy-makers pay heed!

'A Fortunate Man' today reads like an elegiac lament. It was written at a time when technological medicine was taking off and the social structures of generations were just beginning to crumble. Forty years on the suburban shaman practises in a world which is irreversibly exiled from that imagined Eden. But there is still a place for inspirational role models. Maybe we act the suburban shaman during the week and dream on Sundays.

Nevertheless I would hold that the doctor-patient relationship, in general practice at least, is in no worse shape now than then. For every 'fortunate man' in 1967 there must have been many good-enough GPs struggling with work-life balance and a number of quacks ready to rip off the vulnerable. In 2006 we may have abandoned 24-hour cover and will see few patients from cradle to grave, but our relationship with our patients is analysed by academics, examined in Balint groups, and dissected in VTS course sessions the length and breadth of the country. We recognise that the medium is at least as important as the message. Helman's message is thoughtful, and insightfully illustrated, but it isn't news. And that is a good thing.

Suburban Shaman: Tales from Medicine's Frontline Cecil Helman 2006
ISBN 1 905 14008 8 Hammersmith Press, £9.99

A Fortunate Man: The Story of a Country Doctor John Berger 1967
ISBN: 067973726X Vintage

Culture health and Illness: an introduction for health professionals
Cecil G Helman fourth edition 2001 ISBN 075064868 Hodder Arnold

Cross-Cultural Primary Care (course) http://www.ucl.ac.uk/pcps/information/events/courses/cross_cult/index.htm

Judith Harvey, May 2006 **judith.harvey@btclick.com**

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