

The NANP guide to setting up and running your very own non-principal group

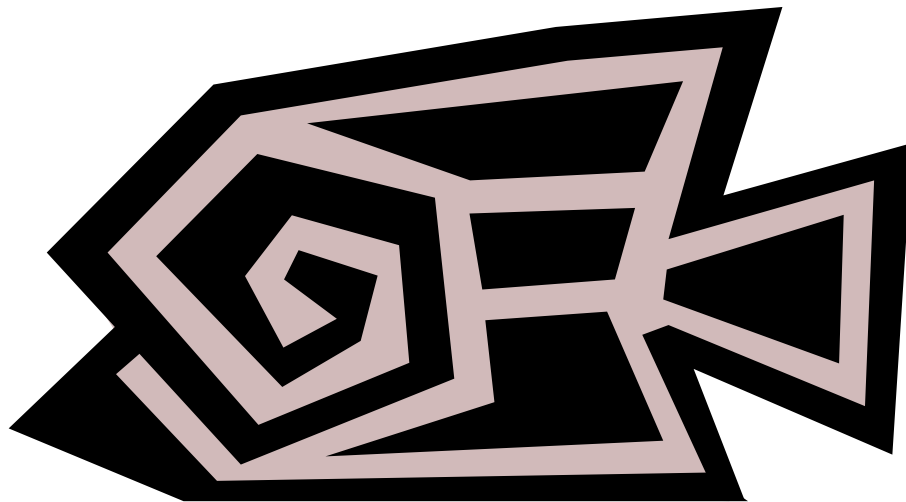
In association with

The South London Locum Group

The Swansea Non-Principal Group

The Chichester Non-Principal Group

*and delegates attending the 2nd NANP National
Conference Stockport 1999*



I

Introduction & contents

The NANP was set up in early 1997 to improve the welfare of all GP non-principals. As an organisation, one of the ways we hoped to do this was through supporting the many non-principal groups throughout the UK.

To date (November 1999) there are over 70 non-principal groups in the UK. All are organised and run in different ways, and we hope to bring many of the useful ideas together in this document.

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Part 1

Setting it up...

To NPG or not to NPG...

Ask your self why you want to be a member of a non-principal group. What are the key objectives that you wish to achieve (your aims) and how are you going to achieve them (your objectives). Here are some suggestions:

- ❑ *To reduce both professional and social isolation*
It's quite likely that many non-principals in your area haven't been one for long – either recently qualified, retired or new to the area. Some may have been working for years yet feel the need to liase more closely with other GPs in a similar position to their own. A non-principal group is a good medium to simply meet other like-minded individuals and catch up with what's going on in our profession.
- ❑ *To share work experiences and opportunities*
Work opportunities for non-principals can often be insecure so having a working knowledge of what's happening in the job market locally can be invaluable. Any posts (partnership, salaried, assistantship etc) coming up? Any practices to watch out for? Have you experienced a stressful experience relating to your work that you'd like to share with others?
- ❑ *To improve communication locally*
For example, you may wish to liase with your local PCG/LHG, Health Authority, neighbouring non-principal groups, Local Medical Committee etc. And, being in a group or, better still, a representative of that group, you should be able solve any problems that you may face more successfully as a group than as individuals. This may of course have the overall effect of improving the care that you give as a GP.
- ❑ *Education*
Either by campaigning locally for improved provision and access or getting down to it yourselves as a group.
- ❑ *Support the NANP*
The NANP needs members to exist for all sorts of reasons, least of which is to be able to produce such worthwhile documents as this ☺
- ❑ *Promote full representation at LMC and PCG level*
Representation is a boring but important issue, and lack of it is arguably the main reason why many non-principals have felt themselves to be the under-dogs of general practice for so long.

So if an NPG is what you want to be, it's worth setting out on paper your aims and objectives together with a few rules on how you want to be run. Once you've done this and the other members of the group agree to this you have yourself a constitution. We've provided a sample one for you to use at the back and adjust to your own desire.

Types of meeting

Non-principal groups vary widely in their function but broadly follow one of three types:

- ❑ *Social*
Regular meetings in a pub, bar or member's home, often with food and drink. Discussions range from the purely social, practices to be wary of to clinical conundrums, with the overall effect of reducing isolation and stress.
- ❑ *Business*
These can be informal, usually discussed somewhere amidst the social gossip, or formal with a written agenda and minutes. Although these types of meetings tend to be less often and perhaps a little daunting for some, they have a strange knack of making the group more cohesive by giving members a sense of ownership and more control over their professional lives.
- ❑ *Educational*
Arguably this is a component of all the above, but is meant in the context of *continuing medical education* rather than *continuing persona/professional development*. Again, these meetings are formal or informal. In the formal case, the sky's the limit in when it comes to what can be done. Several groups hire education centres and speakers with formal PGEA approval and pharmaceutical sponsorship. Some groups run separate journal clubs in member's homes, and others are happy to mix the educational component with social meetings. If you wish to have your educational meetings accredited then you must discuss this with your local GP tutor and fill out the relevant form from your local postgraduate dean.

Frequency and timing of meetings

This mainly depends on the type of meeting. Most groups seem to get together in one form or another once a month, perhaps varying their type each time. Some groups seem to be happier having the more formal educational type of meeting on a separate date.

Most meetings are held in weekday evenings. It may be better to alternate which day of the week the meetings are held to fit in with other commitments like basket-weaving evening classes but not so much so as to confuse members. For example, alternating the first Tuesday of the month with the second Wednesday of the next month etc should suit most people. An 8pm start should ensure that those with kids have enough time to settle in the babysitter and arrive at the venue.

Membership

❑ *"Members"?*

"Member" is quite a formal term – it generally implies a person with their name and address appearing on a list somewhere and being associated in some way with other people on that list. In the case of a non-principal group this probably implies a professional association.

❑ *How many members?*

Groups vary in size from 4 to 150 members, though around 20 to 30 seems about average. The size is largely determined by geography, with members travelling not much further than 20 or 30 minutes to meetings. Hence bigger cities seem to have more members.

❑ *How do we recruit?*

Perhaps the most productive strategy to attracting additional members to the group is to do nothing at all – other non-principals will soon hear of you and start ringing you up if there interested in joining. But apart from this, if you wish to take a more pro-active stance on recruitment, you can start asking the local practice managers who their non-principals are. Try the Yellow Pages or ask your local Health Authority/Board for their list of practices. Asking your Health Authority/Board for a list of non-principals will probably be as productive as planting light bulbs – they'll soon be asking you for your list!

❑ *Who can join?*

If any criteria are set up at all, the majority of groups simply ask that "proper" members are non-principals. This generally doesn't stop other GPs coming along to meetings too, and often spouses, friends, children and dogs come along to the social-type of meeting. Some ex non-principals carry on attending for years.

❑ *How often should we attend?*

Most groups do not specify a minimum number of attendances at meetings that a person should attend to remain a member. A few specify at least three meetings a year with the reason being that, as a group of professionals, it's important that other members have at least a little insight into the other GPs with whom they are associated.

Membership criteria

❑ *Should we fulfil certain minimum criteria for membership?*

Having certain minimum criteria may ensure the continuing good name of your group and all the other GPs associated with it. For example, all members could:

- maintain an educational portfolio to fulfil criteria for clinical governance which may be subject to external evaluation
- produce a copy of their current GMC, medical indemnity and JCPTGP certificates (or a certificate of equivalent experience) on joining and on renewal of annual membership
- agree to abide by the NANI's Code of Good Practice

❑ *Should we have a membership fee?*

Most groups seem to charge a small annual membership fee to cover running costs that can't otherwise be met by sponsorship or other forms of funding.

❑ *Will we need a constitution?*

A constitution is a set of guidelines or "rules" for an organisation to follow. Most non-principal groups seem to have one albeit only verbal, taking the form of whom the group is run by and when the meetings take place. A few have written versions, and we have included suggestions for such a constitution in the appendix. The best kind of constitution is one that can be filed away and only used to show new members or if a problem arises.

What geographical area should our group cover?

Groups will naturally form their own geographical boundaries that will most likely reflect those of health authorities/boards or PCGs/LHGs.

Funding

Where do I put it?

Whatever you do about funding, you're most likely end up having to open a bank account. The high street banks are happy to do this and, as you're a voluntary organisation, you'll most likely be offered one of the special accounts for clubs and societies.

Where do I get it?

"The greatest cause of unhappiness in the universe is due to the lack of flow of little green pieces of paper...but the paradox is that its not these little pieces of paper that are unhappy in the first place" to misquote Douglas Adams.

Members

GPs are notoriously bad at wanting to pay for something if they can get it for nothing. But like any organisation, you'll need some money from somewhere to get things going and the easiest way to do this is to persuade members to pay a little something once a year. A few small subscriptions will buy a lot of stationary, and a lot of small subscriptions could buy the group a computer if necessary.

Practices

Some groups supply a monthly list of available locum members once a month to all local practices and make a charge for this service. By doing this you'll be able to save the practice hours of work so making a charge for this could easily be justified. If you do send out a list of locums, you must accompany this with a disclaimer saying that you or your group are not responsible for any of the locums and that it is the responsibility of the employing practice to perform any necessary checks on the credentials of the locums they employ.

Health Authorities and PCGs/LHGs

This is perhaps your best chance of getting a significant grant but could take months to negotiate and will probably only be a one-off payment.

Pharmaceutical companies

Drug reps are limited by the funding they can give. They're often very helpful paying for speakers at meetings, hiring venues and buying supper. Occasionally you may be able to persuade a drug rep to reimburse the occasional group expense like stationary, the cost attendance at a conference or even something like a printer for the group.

Who looks after it?

Your treasurer. There'll probably be someone around who's not averse to banking the odd cheque, but they'll need to have a chat with a friendly accountant to see if the group is liable to pay tax on any income. They'll also need to keep an eye on any potential tax liability, which may only be relevant if you charge practices.

Part 2

...and
running it

Running the group

Name

Without exception, all non-principal groups reflect the area they cover in their title. Although there is no reason why you can't be different, be careful not to confuse anyone. The term "locum" used to be common in the title as most of the first groups to be established were set up by locums. Most have now changed to include the term "non-principal", although some prefer to use terms such as "associates", "locums and assistants" or "independent doctors". A few groups also helpfully use the terms "support" or "association" to give others a feel of what they're up to.

Logo

One or two groups have even designed their own insignia to give them a more corporate image. This can simply be a consistent typeface used on any headed notepaper or even extend to a little picture. Often something worth asking one of your members' teenagers to design after they've finished their homework.



Committee

It's almost impossible to start any type of group without some form of committee. Usually this takes the form of one or two organisers taking on the roles of chairman and secretary (whether they call themselves this or not) in an unofficial capacity. With time, other roles may become necessary and by this time you have yourself a committee. Their basic roles are discussed below:

- ❑ **Chairman**
The group's leader, acting as figurehead for the group and one of the two main points of contact. Overseer and facilitator of decisions rather than maker of them.
- ❑ **Secretary**
Other main point of contact and right-hand man to the chairman (no sexism implied, you understand). Will usually share the work of setting up any formal meetings with the chairman and take minutes for these meetings if necessary.
- ❑ **Treasurer**
If the group has any funds, the treasurer will need to set up the group's account and keep track of the finances. It's always worth speaking to an accountant about this.
- ❑ **Social secretary**
Book venues for meetings, Christmas dinner and liaise with members to check numbers for social events.
- ❑ **Educational facilitator**
It's worth having a member with an academic interest to help organise educational events and liaise with local GP tutors or Deans.

Services

So now you've got a group off the ground you'll be itching to do more.

❑ *Locum lists*

Practices just love to receive up-to-date lists of available locums. And many would chop off their right arm for a regular list of locums' free sessions. This really is where mail-merge comes into its own. It is a lot of work at first, but once you've got a system up and running its easy to churn out lists on a regular basis. This can be faxed directly from your computer using a mailing list of practice fax numbers. Alternatively, many health authorities/boards are happy to post this for you for free. As for the extra time it takes the individual to do, some groups charge their locums a little extra for this service or some charge practices. Remember that you must include a disclaimer as described on page 11. Groups should refer to an accountant and/or local tax office for advice if they are making a charge to practices for providing a list.

❑ *Newsletters*

These can be for members or practices or both. It's a good way of letting people out there know you exist, a bit about how you're run and what sort of things you're up to. You can give details about new group members, social events, advertise jobs, how Dr Smith gave birth to triplets etc.

❑ *Stationary*

If you've got a good printer it's easy to print out high quality headed notepaper for individual members, which can give your practices a good impression. Some groups even produce business cards, compliment slips and headed invoice sheets but this can all be a little time-consuming.

❑ *Door-plates*

Do you ever wonder what patients feel when they see that your door-plate is the only one written illegibly in pencil on the back of old envelope? A cheap and easy solution, again preferably using mail-merge, is to print on to card the professional title and name of your members together with their qualifications and even the name of your group. These can then be individually laminated and blu-tacked to the surgery door.

❑ *"Reception CVs"*

If you really want to go to town on the "lets create a good impression" front, design a little poster either about your group or one for each member designed to be shown at the practice reception and read by patients. Together with a photograph and even a potted professional or personal history could be enough to give patients more confidence and trust in members of your group.

❑ *Websites*

Perhaps the shape of things to come but not many practices seem to be on-line yet. But come NHS-Net, with every practice potentially on-line, having a website will be by far the simplest way of getting your message across. The potential is enormous, and its quite likely than someone in your group already has some experience of setting one up.

Database

Once you've found some members you'll want to keep a list of them. A database is a collection of names and addresses, and at its simplest level can be written on the back of an appropriately sized envelope. They tend to be more useful if kept in a proper database or spreadsheet on a computer if you need to, or need to know how to, merge the names or addresses into letters.

What do I record the data on?

Perhaps the easiest and most useful is nice and neatly on a word-processing document – a glorified type-writer on a computer. The advantage of recording the information on a spreadsheet (like Microsoft Excel or Lotus 123) or database (like Microsoft Access or Lotus) program is that you can cleverly “mail merge” the data from this program onto your word processor document.

What is “mail merge”?

This is a set of fiddly things you need to do in your word processor that sucks in data from another program like a spreadsheet or database. So each time you have a new member or one of their details changes this is automatically reflected on any word processor documents. Its worthwhile learning about if you write a lot of identical documents that differs only in the person they are written to or person/people they are written about (or want to get out of doing the washing up). But all this can take a lot of time to learn and can be very fiddly – you'll know the right time to get into mail-merge documents when someone wearing an anorak volunteers to do it for you.

Data Protection Act

You may have to register if you hold details about another person on any type of computer. You can check with them first, and registering couldn't be easier- telephone the Data Protection Registrar on **01625 545740** (or visit their website at www.dataprotection.gov.uk) for advice, give your name and address and tell them that you are a probably a “consultancy” (this is a “catch-all” phrase that for their purposes best describes what many groups will be doing with the data). They'll then send you a pre-completed form to sign and that's it. Be prepared to part with £75 every 3 years.

Application forms

If you are going to use a database, the easiest way to collect the data is by using a form. As well as collecting names and addresses, you can also record an individuals' defence union details, qualifications, whether they're an assistant or locum etc, how much they paid to join etc. We've attached an example in the appendix or this can be downloaded from www.nanp.org.uk/npg.

Representation

Once you've got a group up and running you'll soon find out that there are issues that the group would like expressed to the necessary parties. By having a constitution, you'll have a formal mandate to represent the wishes of your group.

There are already lots of representative groups for GPs out there and some are doing a fine job for non-principals already. But most are still not and so the need for local non-principal representation can be great.

If, as a group, you feel representation of your particular needs are not being met you may wish to approach this deficit by either writing to the particular organisation concerned or suggesting they listen to your concerns in person. Such organisations include:

- Health Authority*
- Local Medical Committee*
- Royal College of General Practitioners Faculty*
- GP Tutor*
- Regional Postgraduate Education Committee*
- Primary Care Groups or their local equivalents*

Appendix

Sample constitution for non-principal groups:

A *“Informal” constitution based on the Chichester Non-Principal Groups’*

1 AIMS:

- 1.1 To reduce non-principals isolation, both professional and social.
- 1.2 To share work experiences and opportunities.
- 1.3 To improve communication between non-principals and local practices, [local HA/HB], local Health Trusts, LMCs, post graduate centres, neighbouring NP groups, GP tutors, Private Health care agencies and deputising services thus improving standards of care.
- 1.4 To campaign for better CME for non-principals and its financial support
- 1.5 To support the NANP.
- 1.6 To promote full representation at LMC and PCG level, and to encourage participation by NP colleagues.
- 1.7 To provide alternative educational initiatives and vehicles with particular reference to NPs’ needs
- 1.8 To consider and act on other issues relevant to non-principals.ⁱ

2 MEMBERSHIP

- 2.1 “Voting” members are those members of the group either living within the geographical confines **area a**ⁱⁱ or **area b etc.** or performing the majority of their clinical work in this area. “Non-voting” members are those who do not live within the geographical confines of **area a** or **area b etc.** or perform the majority of their clinical work outside this area.ⁱⁱⁱ
- 2.2 All members should be qualified to practice as GPs and work as non-principals. GP registrars are welcome to attend meetings as guests or observers.
- 2.3 All members are expected to attend a minimum number of **x**^{iv} meetings per annum.
- 2.4 All members must maintain an educational portfolio from **date**^v to fulfil criteria for clinical governance, which may be subject to external evaluation.
- 2.5 All members will pay an annual fee^{vi} to be agreed by the group to cover running costs (stationary, postage etc.)
- 2.6 All members will produce a copy of their current GMC, medical indemnity and JCPTGP certificates (or a certificate of equivalent experience) on joining and on renewal of annual membership.^{vii}
- 2.7 All members will agree to abide by the NANP’s Code of Good Practice

3 MEETINGS

- 3.1 Meetings will take place monthly, usually on the **[number] [day]** of the month unless agreed otherwise. They will be a mixture of informal, educational and business.^{viii}

- 3.2 Minutes will be circulated to all members following each business meeting
- 3.3 Each voting member has one vote.

4 OFFICERS

4.1 Officers will consist of chairperson, secretary, treasurer, educational facilitator and social secretary to be elected by the group, by a secret ballot if there should be more than one candidate for each post. Posts will be held for a year.

5 QUORUM

5.1 At least a third of the current group must be present at a meeting for any decision to be valid. Only members present will be eligible to vote.

ⁱ This can be left as-is or specific issues can be added by the group

ⁱⁱ The area could be based on a PCG or LHG, or LMC or any other similar body as decided by the group. NPGs tend to be formed in traditional geographic areas, and so a PCG or LHG in England and Wales is a natural choice.

ⁱⁱⁱ "Voting" membership is for the purposes of voting in business meetings only, to allow these members to have the say in matters that effect them most as decisions made in business meetings can have an effect on the individuals livelihood.

^{iv} To be decided by the group – a minimum of 3 recommended.

^v This date could be the financial year start or the date that PCGs go "live"

^{vi} Delete if no fee charged

^{vii} We suggest that the group's chairman or secretary keep photocopies to satisfy the group that members are legally qualified to practise and thus join the group. However, you must make clear to employing practices that it is still up to them to ensure that they also see the individuals registration documents as it is not the responsibility of your group to prove registration etc.

^{viii} Delete as necessary – it helps to produce a list in advance to give members plenty of notice

B "Formal" constitution based on the south London Locum Groups'

1. The **NAME OF GROUP** shall be hereinafter called 'the Group'.

2. The Group's aims are:

to offer mutual support to doctors engaged in general practice non-principal work

to share opportunities for work

to keep local practices informed of members' contact details and availability for locum work

to promote learning among members; to continue the campaign for financial support

for Continuing Medical Education

to maintain the excellence of its local reputation

to initiate and maintain a high level of involvement in local issues in general practice

to develop its existing links with the Health Authority

to support and liase with the National Association of Non-Principals

to consider any other issues which may be relevant to its members

3. Membership

Membership is open to doctors who have satisfied the legal requirement to work as general practitioners. Principals and GP registrars may be members

but will not have a vote. Application for membership shall be made to and approved by the Secretary. The Secretary shall notify the group of new members.

4. Proof of eligibility for membership

New members must produce:

- i) evidence of their eligibility to practise medicine in the UK (GMC Certificates of Full Registration and Annual Registration)
 - ii) evidence of appropriate training for general practice (JCPTGP Certificate of Prescribed Experience or Equivalent Experience, or Certificate of Specific Training, or evidence of Acquired Rights)
- evidence of medical defence organisation membership.

Photocopies of these certificates must be provided to the Secretary at the start of membership and every [ENTER NUMBER OF MONTHS] months upon request.

5. Officers

The group will have the following elected officers, the Secretary and [HOW MANY] Deputies, and a Treasurer to be elected by the Group. The officers will act in accordance with the Group's aims and on members' behalf. Posts are held for [HOW MANY YEARS] year, or less if officers resign, but an officer may be re-elected to the same post.

6. Meetings

There will be a [HOW OFTEN] [WHICH TYPE OF MEETING: BUSINESS?] meeting of the Group for which all members will receive at least 10 days' notice, and an agenda. The Secretary or Deputy Secretary shall chair the meeting, or in the absence of both, the members shall elect a chair for that meeting. Items for the agenda should be submitted through the Secretary. The agenda of a meeting may include: reports from the officers; election of the Secretary and Deputy Secretaries; election of the Bankers, who shall be independent of the Group; setting the subscription rates for practices and members; setting of the recommended fees to be charged by members; each of these items of business will be resolved by a meeting on at least one occasion per year.

Each member of the Group shall have one vote in connection with each motion put before a meeting. For a quorum at least one third of the Group's members should be present. A resolution will require a simple majority. Where a tie occurs, the chair will have an additional deciding vote.

7. Finance

[MEMBERS AND/OR SUBSCRIBING PRACTICES] will pay a subscription fee, every [HOW OFTEN?] months for members and [HOW OFTEN?] for practices, the amounts to be kept under annual review by the Group. Membership subscriptions will be due by [WHEN?]. Membership will be deemed to have lapsed if subscriptions are not paid by those dates. Practice subscriptions will be due by [WHEN?]. A practice will no longer receive the directory if the fee is not paid by that date [DELETE IF INAPPROPRIATE].

The Group's accounts will run from [] to []. The appointment of Bankers shall be made by the Treasurer on the decision of the Group. All monies will be administered by the Treasurer who will pay incoming monies into a bank account in the name of the Group, and shall arrange for the proper investment of any available balance. The Treasurer shall account to the Group for all monies. Withdrawals from the bank shall be against the signatures of the Secretary or Deputy Secretary or as required by the rules of the bank.

8. Alteration of the Constitution

Any proposal to the constitution must be approved by resolution passed at a meeting.

9. Dissolution of the Group

The Group may be dissolved by the members only at a special meeting called for the purpose of dissolution. The motion must be carried by a two-third majority of members present and voting. Before a vote for dissolution takes place, the Group shall determine how its assets are to be disposed of in the event of the motion to dissolve being carried.

Standing Orders

1. Directory of Members

Members' names, contact details and those available for locum work will be included in a directory and distributed to subscribing practices each month. New members' names will not be added to the directory until they have attended one meeting and their certificates and membership fee are received by the secretary. Members are required to attend a minimum of one in every three meetings [ADJUST AS APPROPRIATE], keep the secretary informed of their availability and provide updated copies of their certificates every [HOW MANY] months. Those not complying with these requests will have their name removed from the directory.

2. Fees and Employment

Please refer to the NANP website for advice on setting rates.

3. Code of Good Practice

The Group subscribes to the Code of Good Practice for non-principals described by the National Association of Non-Principals and endorsed by the Royal College of General Practitioners. The code is published by the NANP in their Handbook for Non-Principals in General Practice 1998, and on their web site (www.nanp.org.uk). The code includes endorsement of the General Medical Council's guidance contained in 'Good medical practice, (Duties of a doctor, GMC 1995)'. Members should be familiar with both documents and aim to abide by them. In the interests of the reputation of the Group, the Group reserves the right to remove from the directory any member who does not abide by the Code of Good Practice. This motion must be carried by a two-third majority of members present and voting.

4. Quality Control

Group members will aim to provide a high quality service to subscribing practices. If it is necessary to handle complaints about a member from employing practices the Group will endeavour to assist in resolving the problem, guided by the GMC recommendations to all doctors where there is concern about a colleague's health, conduct or performance: 'Maintaining Good Medical Practice', July 1998.

Practices who have concerns about a doctor's performance are advised in the first instance to approach the doctor to discuss their concern. If the secretary is notified in writing the matter will be considered impartially by the group and the member concerned at a meeting, and the outcome of the discussion will be relayed to the practice. The Group is not normally in a position to make judgments on the professional performance or fitness to practise of its members. In the case of exceptional problems doctors and practices may wish to consider contacting the GMC.

Practices will be anticipated to conform to the standards outlined by the General Medical Council in 'Good Medical Practice' when arranging locum cover, e.g. there should be effective handover procedures and clear communications. When a practice provides inappropriate working conditions this will be discussed by the Group and the practice will be informed. In exceptional circumstances members may be advised not to take up locum work in such a practice until matters are improved.