The NASGP was set up in 1997 to improve the welfare of all sessional GPs. As an organisation, one of the ways we hoped to do this was through supporting the many sessional GP groups throughout the UK.

When we first formed, there were only seven sessional GP groups, but to date there are now over 90 groups across the UK. All are organised and run in different ways, and we hope to bring many of the useful ideas together in this toolkit.

Group or chambers

To be a group, or not to be a group...
...or a chambers...

Registering your group with NASGP

NASGP’s sessional GP group admin area
   Your group widget (for group leads)
   Logo
   News widget
   Events
   Local Groups
   Your group’s forum

Why do you need a group or chambers?

To reduce professional and social isolation
To share work experiences and opportunities
To improve communication locally
Education
Support the NASGP
Promote full representation at LMC and PCO level

Running a group

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   Frequency and timing of meetings
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   “Members”?
   How many members?
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...and managing it

Running the group

Name

Legal status

Limited Company
Unincorporated company

Logo

Committee

Chairman
Secretary
Treasurer
Social secretary
Educational facilitator

Newsletters or blogs

GP Profiles

Websites

Data Protection Act and GDPR

Representation

Appendix - Sample constitution for Sessional GP groups:

A “Informal” constitution

B “Formal” constitution (example)
Group or chambers

To be a group, or not to be a group...
Ask yourself why you want to be a member of a sessional GP group, or why you want to take a lead role in one. What are the key objectives that you wish to achieve (your aims) and how are you going to achieve them (your objectives)?

- Meet like minded professionals
- Make friends
- Get to know a new area
- Share my in-depth knowledge of a local area
- Get support with complaints and significant events
- Develop a network of locum GPs
- Share stories
- Generate evidence for my appraisal
- Find work
- Sense of belonging

…or a chambers...
A chambers is a more formal version of a group, with proper governance structures, managers, directors and a funding stream all of its own. Freelance GPs within the chambers usually fund it through a levy on all their locum work, whereas salaried GPs would pay a flat fee. Although a cost is involved, this is often more than recouped from the advantages of having a team of managers and directors to secure much higher volumes of work.

Same as a group, also
- Managers take care of all my bookings...
- ...facilitate feedback, complaints...
- ...meetings and events all laid on.
- Professional structure
- Active marketing of my available sessions

The best way to set up a chambers is to start off as a group and then see where it takes you.
Registering your group with NASGP

One of the first things you’ll see when you log in to the NASGP website is NASGP’s Practeus login area containing all sorts of widgets. Clicking on the ‘+’ button takes you to the very simple group registration form - it’s completely free.

NASGP’s sessional GP group admin area

If you’re a registered sessional GP group lead, when you sign to Practeus there’ll be four new widgets, a new forum and of course your group’s logo.

Your group widget (for group leads)

A list of all NASGP members that you’ve accepted into the group (at the moment, that’s just you). If anyone else requests to join, you’ll get an automated email, they will be added to this widget, and you can accept or turn down their enquiry. You can also invite your friends or colleagues to join by adding their email. Any member you add who is already a NASGP member, or joins NASGP, will be able to see all the information you share with them. If they’re not already a member, they’ll get an invite (and can also get three months full free access as a trial). If someone else in your group also wants to be a group ‘admin’ we can easily add them too.

Logo

We can change the text and appearance of this at any time - just let me know.

News widget

Add news about your area, or group etc

Events

Info about any meetings you've organised, or what's happening locally

Local Groups

An interactive list of all UK groups so far with a button to enquire about joining.
Your group's forum
Just like the NASGP forum, but just for your group.
Why do you need a group or chambers?

To reduce professional and social isolation
it’s quite likely that many sessional GPs in your area haven’t been one for long – either recently qualified, retired, new to the area or just plain had enough of being a partner. Some may have been working for years yet feel the need to liaise more closely with other GPs in a similar position to their own. A Sessional GP group or chambers is a good medium to meet other like-minded individuals, catch up with what’s going on in our profession and most importantly, feel that they’re part of something rather than being isolated.

To share work experiences and opportunities
Work opportunities for sessional GPs 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, locum work 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 liaise with your local GP clinical commissioning group, federation, 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 team than as individuals. This may of course have the overall effect of improving the care that you give as GPs.

Education
Either by campaigning locally for improved provision and access or getting down to it yourselves as a team.

Support the NASGP
The NASGP needs members to exist for all sorts of reasons, least of which is to be able to produce such worthwhile documents as this :o). If all, or as many as possible, of the members in your group are NASGP members, the NASGP may be able to give your group funds to spend as it pleases.

Promote full representation at LMC and PCO level
Representation is a boring but important issue, and lack of it is arguably the main reason why many sessional GPs have felt themselves to be the underdogs of general practice for so long.
Running a group

Types of meeting

The meetings that Sessional GP groups run 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 and 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. It’s good too to know that decisions can be made and that changes can happen.

Educational
Arguably this is a component of all the above, but is meant in the context of continuing medical education rather than continuing personal/professional development. Again, these meetings are either 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 educational approval and pharmaceutical sponsorship. Some groups run separate Self Directed Learning Groups 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. But most don’t seem to bother!

Frequency and timing of meetings
This mainly depends on the type of meeting. Most teams seem to get together in one form or another once a month, perhaps varying their type each time. Others 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 (oh yes) or out of hours commitments, 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 7.30 pm 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 Sessional GP group this probably implies a professional association beyond what is actually in reality being delivered, whereas in a chambers all members have a very strong professional affiliation with each other.
How many members?
Groups vary in size from 4 to 350 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, and more teams. Chambers tend to have between 5 to 15 members per chambers.

How do we recruit?
A great way is through the sessional GP group widget in NASGP’s ‘Practeus’ login area. Sessional GPs are accessing this every day to view the NASGP forum, manage their locum work and view their practice’s Standardised Practice Information Portals (Spips).

Who can join?
Completely up to you. If any criteria are set up at all, the majority of groups simply ask that “proper” members are sessional GPs. 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-sessional GPs carry on attending for years, and a few teams are still run by GPs partners after having set the team up as sessional GPs.

How often should we attend?
Groups do not tend to specify a minimum number of attendances at meetings to remain a member, although chambers usually do insist upon a minimum attendance, partly because it allows for a much tighter chambers, but also because they can include it as part of their terms and conditions. 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 insight into the other GPs with whom they are professionally associated as a chamber.

Membership criteria
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 agree to abide by the NASGP’s Code of Good Practice.

Having stricter membership criteria is more appropriate for a locum chambers, who have managers and directors who can guide their members more along these lines.

Should we have a membership fee?
Some groups charge a small annual membership fee to cover running costs that can’t otherwise be met by sponsorship or other forms of funding. Chambers on the other hand, because of the more sophisticated services they’re able to offer, usually charge a flat fee for salaried GPs and a percentage of their locum’s incomes.

Will we need a constitution?
A constitution is a set of guidelines or “rules” for an organisation to follow. Most sessional GP groups seem to have an informal one, a set of values that include who 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.

What geographical area should our group or chambers cover?
Groups will naturally form their own geographical boundaries that will most likely reflect those of health authorities/boards or PCGs/LHGs/CCGs, and will no doubt change as the group evolves.
Money

Where do I put it?
An informal, voluntary group will most likely be offered one of the special accounts for clubs and societies. Chambers generally employ staff who manage all the financial aspects of running the chambers. A chambers would need a business bank account, and would need to be a limited company, with all that entails, and is beyond the scope of this document.

Members
You might want 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. But beware that it can also be a lot of hassle collecting and looking after the money, so on balance it might be more hassle than it’s worth.

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. To be done with caution and perhaps get the advice of an accountant.

Health Authorities, PCOs, CCGs and federations
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.

A note on locum chambers
First proposed by the NASGP in 2002, GP locum chambers are a formal type of locum group. The chambers members all work as a ‘single undertaking’, booking all their work through the chambers, with all the non-clinical aspects of locum work taken care of by chambers managers or clerks. Each separate chambers is usually a team of up to around 15 members, with one of them acting as the chambers lead, who chairs meetings, interviews new members and manages clinical governance issues. These chambers leads are in turn supported by clinical directors. Members can be given autonomy to lead a clinical or non-clinical portfolio area such as prescribing, guidelines, dermatology or women’s health.
...and managing it

Running the group

Name
Sessional GP groups normally 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 “Sessional GP”, although some prefer to use terms such as “associates”, “locums and assistants”, “portfolio” 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. And of course, “non-principal”. Or why not just “GP”.

Legal status

Limited Company
Setting up as a limited company gives those running it some legal protection. For example, if the group suffers and financial losses, it’ll be the group that goes bankrupt and not the individuals running it. This won’t of course cover you for illegal activity, such as fraud. There is work in setting it up, and if you’re carrying on business activity, trading or receiving income, e.g. providing a list of locums to practices, or organising educational events, you will need to submit your accounts to Companies House every year.

Unincorporated company
If you’re not providing any services of any kind, and really are in name only, you might be able to get away without registering with Companies House, but NASGP formally advises anyone setting up a group to discuss this with an accountant or a solicitor.

Accountant
Whatever you do, you must speak to an accountant who can advise you whether you need their services or not. Even if no money passes through your group, you may still need to produce accounts to HMRC.

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. If you’re using NASGP’s sessional GP group management system, the NASGP will create this for you. Here’s an example we’ve created for the North East London Locum Support Group.

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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. 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.

Newsletters or blogs
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. You can set up a blog for free using www.wordpress.com.

GP Profiles
If you really want to go to town on the “lets create a good impression” front, design a little A4 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
A cheap and very functional way to do this is to use Google Sites or, if you’d prefer a blogging platform, try www.wordpress.com. With social networking sites like Facebook, it’s now pretty straightforward to have a Facebook ‘Page’ or ‘Group’ for your group too.

Data Protection Act and GDPR
If you’re starting to hold any data about your members, just be aware of the Data Protection Act 2018. If you’re using NASGP’s sessional GP group service, or are in a chambers, this will all be covered for you.
**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.

If, as a group, you feel local 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:

- CCG
- GP federation
- Local Medical Committee
- Royal College of General Practitioners Faculty
- Regional Postgraduate Education Committee

All in all, although it can be quite hard work at times, and sometimes frustrating, being involved with running a sessional GP group can be extremely rewarding. It’s a great way to get to know people, great friendships can be forged and you’ll learn new skills that will stand you in good stead later on in your career. If you’ve not done this sort of thing before, start small and slowly and you will find that gradually your group will slowly take on a life of its own.

**Appendix - Sample constitution for Sessional GP groups:**

**A “Informal” constitution**

1. **AIMS:**
   a. To reduce sessional GPs isolation, both professional and social.
   b. To share work experiences and opportunities.
   c. To improve communication between members of the group and local GP services.
   d. To campaign for better CME for sessional GPs and its financial support
   e. To support the NASGP.
   f. To promote full representation at LMC and PCG level, and to encourage participation by SGP colleagues.
   g. To provide alternative educational initiatives and vehicles with particular reference to NPs’ needs
   h. To consider and act on other issues relevant to sessional GPs.

2. **MEMBERSHIP**
   a. “Voting” members are those members of the group either living within the geographical confines area a 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

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1 This can be left as-is or specific issues can be added by the group
2 The area could be based on a PCG or LHG, or LMC or any other similar body as decided by the group. SGPGs tend to be formed in traditional geographic areas, and so a PCG or LHG in England and Wales is a natural choice.
the geographical confines of area a or area b etc. or perform the majority of their
clinical work outside this area.³

b. All members should be qualified to practice as GPs and work as sessional GPs.
GP registrars are welcome to attend meetings as guests or observers.
c. All members are expected to attend a minimum number of x³ meetings per
annum.
d. All members must maintain an educational portfolio from date⁵ to fulfil criteria for
clinical governance, which may be subject to external evaluation.
e. All members will pay an annual fee⁶ to be agreed by the group to cover running
costs (stationery, postage etc.)
f. 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.⁷
g. All members will agree to abide by the NASGP’s Code of Good Practice

3. MEETINGS
   a. 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.⁸
      i. Minutes will be circulated to all members following each business meeting
      ii. Each voting member has one vote.

4. OFFICERS
   a. 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
   a. 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.

6. INCOME
   b. All income must be spent to the benefit of our members.

**B “Formal” constitution (example)**

1. The NAME OF GROUP shall be hereinafter called ‘the Group’.

2. The Group’s aims are:

   ³ “Voting” membership is for the purposes of voting in business meetings only, to allow these members to
   have the say in matters that affect them most as decisions made in business meetings can have an
   effect on the individual’s livelihood.
   ⁴ To be decided by the group – a minimum of 3 recommended.
   ⁵ This date could be the financial year start or the date that PCGs go “live”
   ⁶ Delete if no fee charged
   ⁷ 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 individual’s registration documents as it
   is not the responsibility of your group to prove registration etc.
   ⁸ Delete as necessary – it helps to produce a list in advance to give members plenty of notice
• to offer mutual support to doctors engaged in general practice Sessional GP 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 liaise with the National Association of Sessional GPs
• 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.

All income is for the benefit of our members.

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 NASGP website for advice on setting rates.

3. Code of Good Practice
The Group subscribes to the Code of Good Practice for Sessional GPs described by the National Association of Sessional GPs and endorsed by the Royal College of General Practitioners. The code is published by the NASGP in their Handbook for Sessional GPs in General Practice 1998, and on their web site (www. NASGP.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.