

Devon Local Medical Committees



Newsletter ~ Vol 2 ~ Issue No 17 December 2001

Devon LMC News

Chief Officer's Corner

NHS Reform and Health Care Professions Bill

Essentially this Bill saves some time in the implementation of "Shifting the Balance of Power" (St.BOP) by leaving out what had been forecast as a six-month period where GP contracts would be held by the future Strategic Health Authority (SHA) and legislating for the transfer of HA rights, responsibilities and duties with regard to GPs to PCTs on 1st April 2002. Effectively it sets up SHAs and makes PCTs the key organisations for the local planning and commissioning of NHS services.

With regard to Local Representative Committees the Bill establishes the arrangements for professional representation by shifting the recognition of LRCs from HAs to PCGs but gives flexibility as to whether committees should be drawn from the single PCT alone or from any combination of a number of PCTs. Each profession can propose their own size of area to be represented by their committee and that can even cross SHA boundaries. Discussion is currently taking place amongst the three LMCs in the proposed SHA covering Devon, Cornwall and the Isles of Scilly and I would like to receive your views as to how you should prefer to be represented.

In addition the Bill gives CHI the right of entry to any premises in which NHS care is provided and this includes privately owned GP premises. It will be "strengthened" and made "more independent" in that the CEO will be appointed by CHI rather than by the Secretary of State and similarly it will report directly to Parliament annually. A new Council for the Regulation of Health Professionals (CRHP) (*surely "Council for the Regulation of All-health Professionals". Ed*) will bring the eight current regulatory bodies into one framework and will be accountable to Parliament also. This will not threaten further action against professionals dealt with by their "body" but will review the actions of the "body" itself.

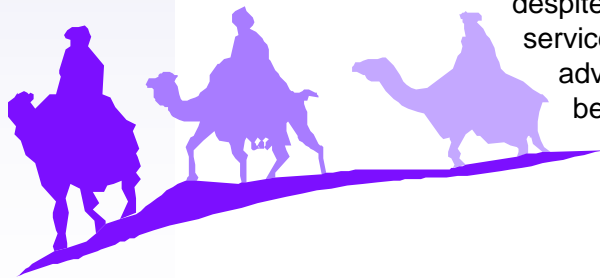
Sadly, CHCs are also abolished by the Bill to be "replaced" by Patient Liaison Groups and Patient Forums. I hope that the good work done by CHCs (which were genuinely independent) will not be lost in the new system where I am not so certain of the independence. You can find the Bill in its entirety on our website at: www.devonlmc.org

Reforming Emergency Care -

Surprise, surprise! The DoH proposes to make additional funding available to secondary care to improve emergency care and treatment but no funds were identified for primary care despite its integral role in keeping the pressure off secondary care services. Indeed the Dept "disregarded" the GPC's comments and advice on their proposals and therefore an urgent meeting has been demanded for discussions. **Could our Members of Parliament please note the above?** (All receive regular copies of LMC News.)

IN THIS ISSUE :

Reforming Emergency Care	1
GPC Aims for a New Contract.....	2
LMC Awayday.....	3
BMA Junior Members Forum.....	3
Drug Therapy for IVF	3
Medical Training and Hepatitis B.....	5
Devon Partnership NHS Trust.....	7
Office Manager.....	8
Vacancies	9



“Golden Hellos”

The GPC have been successful in negotiating that this particular innovation will be backdated to 1 April 2001. The payments are superannuable and are set at £5,000 for those taking up their first substantive GP post or their first post following a GP retainership. This is doubled to £10,000 in “under doctored areas” and Exeter, East Devon, Torbay and Teignbridge were defined as such! GPs starting part-time posts get more silvery hellos! Details are available by calling the Secretariat Office.



GPC Aims for a New Contract

I have lifted this directly from the last GPC Negotiations bulletin as many of you are interested in the progress towards a new GMS contract for the 21st Century:

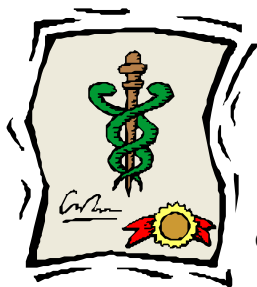
- Pay must be part of the answer to recruiting and retaining GPs
- The core contract (and any future core contracts) must be nationally negotiated with the GPC at UK level, with local flexibility
- Adequate resources must be made available to enable a high quality of general medical care to be made available to all those in need, without compromising the well-being and health of GPs
- GPs' time must not be regarded as infinitely elastic – proposals must ensure that the workload of individuals is at a level consistent with the safety and well-being of both patient and practitioner
- Of the range of activities undertaken by a GP, the primary diagnosis and treatment of illness must be paramount – Government objectives and priorities must not take priority over the care of patients who are ill or believe they are ill
- The focus must be on delivering a high quality service to individual patients – it must be recognised that the most valued resource is a skilled primary care workforce
- Proposals must reward and recognise skills, responsibilities, job weight and job volume
- Proposals must be consistent with the promotion of family-friendly practice
- The diverse nature of the GP population and the consequent variations in aspiration and need must be GPC recognised
- The new contract must maximise the role of the GP and the role of other primary care workers
- The gatekeeper role of the clinical generalist must be strengthened
- The contract must promote equity for and prevent discrimination against GPs

I will keep you informed and will be happy to feed any comments from you into the process.

Supporting The GPC

Lynn and Jen were bemoaning the fact that there seems to be an increase in the numbers of those GPs who are not contributing to the Voluntary Levy, which is how the GPC has traditionally been supported financially by GPs. The levy is a total sum claimed from each LMC and it is paid on a pence per patient basis by those GPs that have signed a mandate for that purpose. It is therefore important that as many sign up as possible as otherwise the cost to

each individual goes up. It has been suggested to me that those who do not wish to sign up should allocate any additional income coming from central negotiations headed by the GPC to a medical charity such as the Cameron Fund, but that seems perhaps a shade too draconian! I hope that “non-payers” will reconsider their position. We are happy to welcome lost sheep at any time but particularly at Christmas!



The "Sir James Cameron Award"

Talking of the Cameron Fund above reminds me that it is the time of year when nominations (including self-nominations!) are sought by the Directors of the GMSDF for the above award which "will be awarded annually to the doctor working in general practice who, in the view of the judges, has contributed most to the development of UK general practice in the preceding year. The main award is obviously the honour



itself but there is also a cheque for £500 and a framed certificate!! OK get thinking and nominating to:

Head of the NHS GPs Division, BMA House, Tavistock Square, London, WC1H 9JP

LMC Awayday - 11th January 2002

As you have already read the structure of LMCs is shortly to be determined although the main functions will remain unchanged. What we need are future leaders and "workers" ie both those who are prepared to be the public face of the future organisation(s) and those who will get involved in the nitty-gritty bits of caring for the interests of GPs. Both are in shorter supply than was the case in the past partly because of the increasing workload of "the day job" of being a GP but also because of the very existence of PCTs with their requirement for GP members of their clinical executives. When pondering your future please remember that the LMC has endured since 1911 and may well be around for decades after the acronyms "HA" and "PCT" have become distant memories!



If you see yourself as a possible future leader or wish to contribute to your profession as an active working member of an LMC then please contact either me or John Baker to discuss a place at this away day where the way we work in the future will hopefully be settled. Standard attendance costs will be met. Email to admin@devonlmc.org or telephone us on 01392 201654.

BMA – Junior Members Forum April 2002

Each year the LMCs are asked to nominate doctors for this meeting who are both members of the BMA and who are within 12 years of their provisional registration or 11 years of their full registration. It is preferable if they have not attended a previous forum.

This year the meeting is in Aberdeen over the weekend of 13 and 14 April and the BMA pays the travel and accommodation costs of those accepted following LMC nomination. The meeting is open to any junior member as an observer at his or her own expense but I think it is best to be an official representative!

The title of the forum this year is "Devolution: Democratically desirable or diabolically divisive?" and you will have the opportunity of meeting and talking with the profession's political leaders as well as exchanging views with other young GPs from all over the country. Please contact me as soon as possible so that I can put you forward as a nomination from the LMC and by **no later than the beginning of the 2nd week in January 2002.**

Drug Therapy for IVF - Dr Dick Page, Plymouth Sub Committee

This subject continues to be a problem for GPs in that the privately funded Centre of Reproductive Medicine at Derriford Hospital is continuing to pressurise GPs into prescribing drugs used in IVF. A recent letter from Adrian Jacobs to Paul Roberts makes the following points:

1. IVF is not purchased by South & West Devon Health Authority.
2. GPs should not prescribe drugs used in IVF.
3. The Centre of Reproductive Medicine must not ask GPs to prescribe these treatments and they must not inform patients of the GPs in the area who will prescribe IVF treatments.

The LMC strongly supports this policy and would like to know of any instances that come to your attention where it is not being followed.



Insight is the key to change.....

With a breath of fresh air we were swept off our feet, lifted out of the depths of despair and then up, up and away on the crest of a wave. There we glided effortlessly, and, so, with the chores of obsessive navel gazing far behind us, we moved on towards the Land of Make Believe.

And there we dared to dream –

And we did learn from our dreams.

And as we awoke we felt refreshed and we rejoiced at the dawning of a new day.

And thus with confidence renewed and kinships rekindled, supported by our dedicated team of experts we felt prepared for the journey ahead –

And so full of knowledge and the thrill of adventure, we skilfully set sail once more – Across the Sea of Life – to make our dreams come true.

This year's Occupational Health Conference was entitled "In Sickness and in Health" and was organised for Primary Care staff by the Devon LMC in partnership with the Occupational Health Service for Devon and Cornwall. It took place at St Mellion Golf and Country Club in Cornwall on Thursday 22 November.



Over 100 healthcare workers gathered together committed to a lesson in self-preservation and how to help others, without destroying oneself in the process. We participated in a guided tour of 'The System' – its handicaps and its pitfalls. We attempted to grapple with the impossible task of understanding an ailing Health Service and more importantly reviving its vulnerable and ailing workforce. We learnt to respect the Jester in life, the one who with wit and agility can challenge the Powerful. How in the guise of the Fool and armed only with humour this privileged individual can hold up the mirror of Honesty to those in High Places and expose deceit while avoiding persecution.



We learnt the relief of laughing at our own follies within the security of Friendship and we were gripped in spellbound admiration as Pete Goss took us around the world's seas and brought us safely home again.

We had witnessed the wonders of achievement through inspired leadership. We had seen how a little loneliness focuses the mind and makes the heart grow fonder for those we love. As so dear reader, I leave you with these words of wisdom –

Listen to the voice of your Soul
 For insight is the key to change.
 Think with your Heart
 And dream the impossible Dream.
 Fear no evil.
 Befriend your Dark Shadow and use its expertise to your advantage.
 Take that Calculated Risk and have yourself some fun.
 Take good care of yourself and as you move forward try and remember –
 To treat success and failure just the same;
 Treat them both as part of progress.

Yours truly **"Gotafix"**



Dr Gill Morgan

I am sure that you will be pleased to echo my congratulations to Gill who takes up her new position as Chief Executive of the NHS Confederation on 1st February 2002. She replaces Stephen Thornton (Child B man) in a role that will probably have more importance and relevance to GPs now that Alan Milburn has “delegated” negotiation of the new GMS contract to the NHS Confederation.

Gill has been CEO of N&E Devon HA since its inception and headed the old Devon FHSAs in its final year. She has long had a high national profile particularly in her association with the IHSM where she was first Chairman and latterly President. Her writings in various Devon LMCs Annual Reports have brought her to an even wider audience (Surely not! Ed.). I hope she can bring a Devon spin to her future deliberations and wish her good luck!

In the interregnum until PCTs take up their responsibilities more fully John Bewick will be acting CEO for the HA and we wish him every success.

Medical Secretary - Medical Training and Hepatitis B

A Plymouth practice recently found themselves in a difficult situation when they were presented with a fax from the Occupational Health Department of Imperial College School of Medicine by the mother of one of their patients. This had been sent to her daughter, who had been offered an interview (not a place) at St Mary's Hospital, informing her that she should see her GP as soon as possible, so that she could be tested for hepatitis B antigen. The fax went on to state that the GMC would not allow people that were at risk of transmitting the infection to qualify as medical practitioners. This was clearly an occupational health matter and not something provided for within General Medical Services. However, when this was pointed out to her, the mother was extremely vexed and made a complaint. I was asked to assist and found myself opening a rather large can of worms.



Firstly, we should consider precisely what antigen testing involves for the GP. Subjects must receive pre-test counselling, in order that they may give informed consent to undergo the procedure. This must include information about the possible effects that a positive result might have on employment, health, insurability, and sexual and general relationships. Contact tracing, false negative results and the need for periodic re-testing should also be discussed. The process is, in many ways, similar to that required for HIV testing. The blood should only be drawn and tested for hepatitis B surface antigen (HBsAg) after such counselling.

Once the result has been received, it would need to be discussed with the patient and documentary evidence would have to be provided for them to submit to the medical school. If the test were positive, further investigation to assess the degree of infectivity would be necessary, as well as possible referral for clinical management advice. According to the Council of Heads of Medical Schools and Deans of UK Medical Faculties (CHMS), only those applicants who were HBsAg-positive and e-antigen seronegative with a viral DNA load less than 10^3 genome equivalents/ml would be considered for admission. Those with higher viral loads exceeding 10^3 genome equivalence/ml would be denied entry. As can be seen, this is not a simple matter and has resource implications in terms of medical, nursing and administrative time, as well as the cost of the HBsAg test itself.

Next, we should consider some ethical questions.

- *Is it ethical to screen school students who have not even been offered a place at medical school?* The Faculty of Occupational Medicine of the Royal College of Physicians does not consider it to be ethically acceptable to subject job applicants to any form of health screening until they have been offered a post. The same principles should apply in this situation and potential students should not be screened prior to their being offered a place.
- *What are the reasons for excluding students at risk of transmitting hepatitis B from medical training?* The reason given by Imperial College was that it was a GMC requirement. The GMC deny this, although their own guidelines, “Student health & conduct”, are ambiguous. The CHMS state in their own guidelines, “hepatitis B infected applicants to medical school ... may be denied entry since they would be unable to perform exposure-prone procedures (EPPs) during the medical course and would therefore be unable to graduate and apply for provisional GMC registration.” When I asked for a list of those EPPs essential for the completion of medical

training, neither the GMC nor CHMS could provide me with one. Generally speaking, an EPP is a procedure where the hand is not visible within a body cavity simultaneously with a sharp instrument or needle. Phlebotomy, insertion of drains, and vaginal and rectal examinations are not EPPs. In reality, EPPs are mainly met during abdominal, chest, oral, gynaecological and obstetric surgery. In today's medical training, students no longer spend hours assisting in theatre, or repairing episiotomies. It is perfectly feasible for a new doctor to satisfactorily complete a demanding surgical house job without ever performing an EPP. Clearly, a student at risk of transmitting hepatitis B would not be able to enter a career involving EPPs, but such careers are in a minority.

• *Is it reasonable to exclude such students from medical training?* It is difficult to argue a case why they should be excluded, although they would be limited in their choice of career, as might other students with a disability. Primary care, psychiatry, pathology and many general medical specialities would not require their participation in EPPs. It might reasonably be argued that it is unjust discrimination to exclude students at risk of transmitting hepatitis B, with unpredictable legal consequences for Universities.

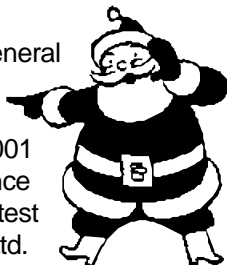
There is a real danger that students at risk of transmitting hepatitis B will be incorrectly and unjustly labelled as carrying some form of terrible "plague", as were people affected by HIV 10 or 15 years ago. It is quite wrong to think that everyone with hepatitis B has acquired it through sexual contact or sharing needles. Some may not even be aware that they are at risk. Consider a bright school student of oriental origin, who has devoted himself to his studies and is the pride of his family, suddenly denied the chance of fulfilling his life's ambition on very dubious "public safety" grounds. What are the personal consequences for him and for his family? What is the cost to society, in losing an exceptional student that might make a major contribution in one of the many medical specialities where there is no conceivable risk of viral transmission?

Then there are the legal pitfalls. There is the possibility of litigation being pursued under disability or racial (as hepatitis B is much more prevalent in some ethnic populations) discrimination legislation, or under the Human Rights Act.

This is a complex area that must be clarified by the GMC and Department of Health, and we will now pursue the matter with them. GPs would be prudent to ask for advice from the LMC before acceding to seemingly simple requests to perform HBsAg screening on behalf of a medical school or any other institution or employer. It should be a matter for their own occupational health services not GPs.

VOLUNTARY LEVY

We have received notification from the General Practitioners Defence Fund Ltd. of the amount of the voluntary levy for the calendar year 2002. It has been increased from the 2001 figure by the 3.9% DDRB award to 4.05 pence per patient (2001 – 3.9p). Based on the latest patient population figures that the GMSDF Ltd. have, they are actually asking for a total amount for South Devon LMC of £24,408 and for North & East Devon LMC of £20,040. You will appreciate that this amount has to be paid regardless of how many GPs sign the mandate, so the final pence per patient figure will be slightly higher than the 4.05 pence noted above. (For comparison purposes, in 2001, the amount requested was 3.9 ppp and the



amount actually deducted was 4.18 ppp for South Devon LMC and 3.93 ppp for North & East Devon LMC)

For those GPs who have signed the voluntary levy mandate, this amount will be deducted from your quarterly payment from the PPSA in March 2002. Could I please remind those we have sent new mandates to recently and have not yet replied, to do so. The Treasurers will be following up all negative and non-replies during December.

Jen Townsend, Secretariat Accountant

Comings and Goings November/December 2001

Goodbye To:

Dr Catherine Stoecker, Pathfields Practice, Plymouth
 Dr Holger Stoecker, Pathfields Practice, Plymouth
 Dr Gillian Belsey, Northam Surgery, Bideford
 Dr John Dean, Salisbury Road Surgery, Plymouth (from general practice only)
 Dr Peter Duff, Collings Park Medical Centre, Plymouth
 Dr Elizabeth Hardy, Richmond House Surgery, Teignmouth
 Dr Fiona Bolden, Wyndham House Surgery, Silverton
 Dr John Ridge, Southover Medical Practice, Torquay



DEVON PARTNERSHIP NHS TRUST

Devon Partnership NHS Trust was formed on 1st November 2001 and provides mental health and learning disability services across North and East Devon and the Torbay area. Plans are already in place to extend coverage to the whole of Devon with the exception of Plymouth City and including integration with Social Services as from 1st April 2002.

The following members of the Trust presented at the LMC meeting on 28th November:

Valerie Howell, Chief Executive - **Adrian James**, Medical Director
- **Liz Davenport**, Locality Director for North and Mid Devon

There were accompanying presentations from partner organisations, including Anthony Farnsworth, Executive Director at the Health Authority, and Simon Polak from North Devon Primary Care Trust.

Valerie Howell was able to outline the management structure of the Trust, in particular the locality based management structures.

The Locality Directors are:

George O'Neill – Exeter and East Devon, Wonford House Hospital, Dryden Road, Exeter EX2 5AF. Tel: 01392 40343.

Liz Davenport – North and Mid Devon, North Devon District Hospital, Raleigh Park, Barnstaple, EX31 4JB. Tel: 01271 311522.

Elaine Leitch – South Devon, Torbay Hospital, Lawes Bridge, Torquay, TQ2 7AA. Tel: 01803 655008.

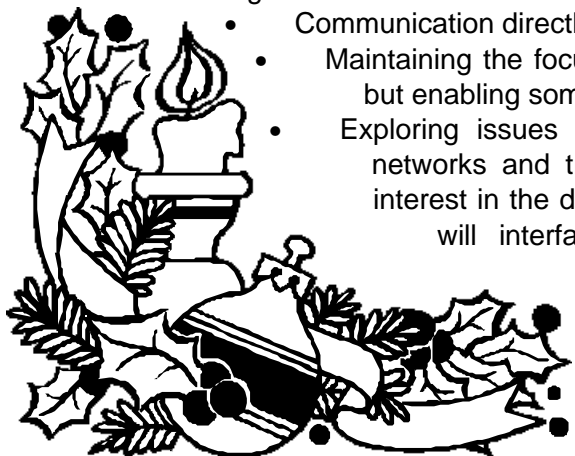
The importance of the local implementation groups operating within each PCT area was highlighted and GPs were present at the meeting from each of the LIGs. The Forum for commissioning arrangements will be the new Partnership Trust Liaison Board, which is due to have its first meeting in December 2001. It was recognised by the meeting that Mental Health Services had been poorly resourced over a number of years.

The Trust faces a considerable developmental agenda particularly in the following areas:

- National Service Framework key targets, such as assertive outreach and early intervention.
- Child and Adolescent Mental Health Services across the whole patch where waiting lists have increased hugely in recent years.
- The development of consultant posts which meet the Royal College of Psychiatrists catchment area requirements.
- Psychological therapies.
- Services for older adults.
- Learning Disability services.

The Trust will be taking forward a number of suggestions made at the meeting, including:

- The development of a web site to have appropriate information regarding service and personnel changes.
- Communication directly with general practices through the locality structures.
- Maintaining the focus on consultants and teams serving a particular catchment area but enabling some flexibility.
- Exploring issues such as learning sets around primary care psychiatry, clinical networks and training in primary care mental health. There will be particular interest in the development of primary care mental health workers and how these will interface with both primary care but also with community based psychiatric services.

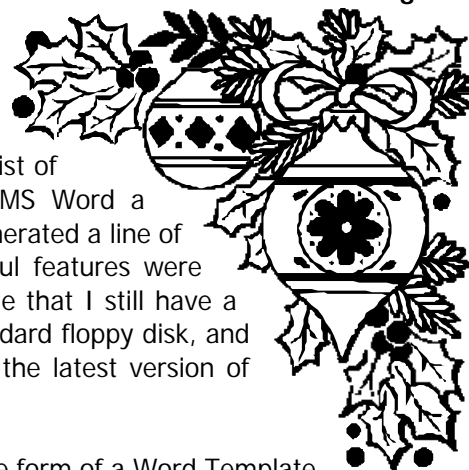


The Partnership Trust agreed to return to a meeting in six months to build on communications now established.

Secretariat Manager

Christmas Fun – Number 1 - Printing Font Lists

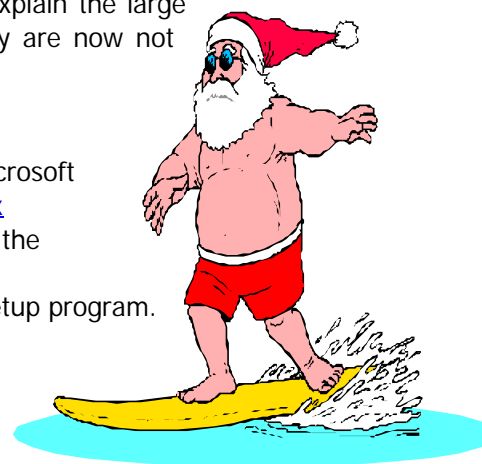
I have been contacted by a practice asking if it is possible to print out a list of all the Fonts they have installed on their PCs. In earlier version of MS Word a specimen macro was provided which not only listed the font, but also generated a line of text in that font as well. Sadly this, plus a vast number of other useful features were dropped as Microsoft applications were simplified. It is interesting to note that I still have a working copy of Microsoft Word (albeit version 2), which will fit on a standard floppy disk, and also runs blindingly fast, as compared to the multiple CDs required for the latest version of Office – this is progress...



The Macro is contained in a template called Macros9.dot – the file is in the form of a Word Template and contains a number of very interesting other macros, including; **Auto Correct Utility** - which allow you to back up, restore, and move your AutoCorrect entries, **Find Symbol** - allows you to find and replace symbols in your documents, as well as the above **Font Generator**. This plus other specimen Macros were included to demonstrate how powerful the macro language could be and may partly explain the large number of Macro Viruses currently doing the rounds, as well as why they are now not included!

How to Install the Macros9.dot Template:

1. Download the Word 2000 Supplemental Macros file from the following Microsoft Web site: <http://office.microsoft.com/downloads/2000/supmacros.aspx>
2. Download the file (Macros.exe) by clicking Download Now! and following the instructions in the dialog boxes.
3. Double-click the Macros.exe program file on your hard disk to start the Setup program.
4. Follow the instructions on the screen to complete the installation



How to Use the Macros9.dot Template:

1. Open Microsoft Word 2000.
2. On the File menu, select Open.
3. Change "Files of Type" to Document Templates (*.dot).
4. Change "Look in" to the location on your hard disk where Macros9.dot was installed. Macros9.dot is installed by default to the following folder: C:\Program Files\Microsoft Office\Office\Samples\
5. Select Macros9.dot, and then click Open.

NOTE: If the following message appears, click Enable Macros. If the Enable Macros button is not available, click to select the "Always trust macros from this source" check box, and then click Enable Macros. As always if you have any problems – drop me a line on the normal address

Christmas Fun – Number 2

Still finding you have too much spare time at the end of your surgeries, want to carry on working into the evening trying to sort that quirky computer problem – looking for the perfect present for the "IT geek" who think they have and know everything... Look no further!

What you need is a copy of Microsoft TechNet, which builds every month to a massive collection of approximately 50 CDs, covering just about everything you ever wanted to know about every Microsoft product ever sold, from Microsoft Bob to the latest news on XP. Nearly every upgrade, service pack, bug fix (or should I say value added feature) is included – while it would seem expensive at £150 for the year, the wealth of knowledge and material can easily pay for itself in a very short period of time. Designed for the IT professional, it is also crammed with a vast array of interesting material for the keen amateur and anyone looking to seriously develop a knowledge of IT. TechNet can be purchased from a wide variety of sources – if we all ask nicely, it is the sort of resource that should be made available over the NHS Net.... Now that would be a good Christmas present!

However, you would miss out on the tactile, wide gusseted, heavy duty, zipped, ever-ready, combat quality presentation folder. Time for bed said Zebedee...

Happy surfing!

The Secretariat Office will be closed from midday Friday 21 December and will re-open on Wednesday 2 January.



WAST - Urgent Transfer Vehicles

Following a number of enquiries, I am writing to confirm the ability of a Technician and Ambulance Care Assistant crew.

Ambulance Technicians complete the same basic training as their Paramedic colleagues. They can carry out a range of duties including defibrillation. The only areas that differ from Paramedic to Technician, is Intubation, IV Infusions and some Drug Administration. Technicians can administer Salbutamol, Hypostop and Glucagon, they cannot administer Naloxone, Nubain, Adrenaline, Lignocaine, Atropine, Aspirin, GTN, Metoclopramide, Tramadol, Diazepam and Diazemuls.

I would suggest that unless you perceive a need for Paramedic intervention your patient will be suitable for the Urgent Transfer Vehicle.

Mike Killoran, Assistant Chief Ambulance Officer

VACANCIES IN DEVON

<p>Barton Surgery Lymington House Barton Hill Way Torquay TQ2 8JG Tel: 01803 323761</p>	<p>TRAINEE NURSE PRACTITIONER</p> <p>Our expanding 5-partner practice requires a part-time nurse to complement our existing team. The post will initially be for 16 hours. Extensive in-house and external training will be given over a 2-3 year period in practice nursing, triage and the nurse practitioner role. A minimum of 3 years post registration is required. Enthusiasm, good communication and a sense of humour are all essential. Salary dependent on experience. For further information please contact David Pratley, Practice Manager, on 01803 323761.</p> <p>Closing Date: Friday 21 December</p>
<p>Collings Park Medical Centre 57 Eggbuckland Road Hartley Plymouth PL3 5JR Tel: 01752 771500</p>	<p>FULL-TIME REPLACEMENT PARTNER PLYMOUTH</p> <p>Required for 3.5-partner practice in attractive residential part of city. Conveniently situated for local facilities including university and developing Peninsula Medical School. Local Co-op or Healthcall enable beautiful surrounding countryside and seascape to be appreciated out-of-hours. EMIS/PHCT meetings (cheerful)/clinics and usual services/higher targets/GMS. Practice evolving and some flexibility on commitment and terms. To find out more please send CV and short handwritten letter to:</p> <p>Martin Pallett, Practice Manager</p>
<p>Barton Surgery Barton Terrace Dawlish EX7 9QH Tel: 01626 888877</p>	<p>SALARIED GP</p> <p>Applications are invited to join a 6-doctor PMS Practice as a salaried GP for 5 sessions per week with no on-call commitment. We are a dedicated, enthusiastic Primary Healthcare Team working alongside our new Community Hospital with X-ray facilities and 24-hour nurse led Minor Injuries Unit. The start date would ideally be March but this is flexible as are the hours to fit in with the practice and your needs. Salary c£25,000 depending on experience. For more information please contact Janine Payne, Primary Care Manager. Janine.payne@gp-l83005.nhs.uk</p>

<p>Glenside Medical Centre Glenside Rise Plympton Plymouth PL7 4DR Tel: 01752 341340</p>	<p>PARTNERSHIP VACANCY - PLYMOUTH Full time partner required from 1st April 2002 for this friendly 3-doctor suburban practice to replace retiring partner. Stable 6000-list size. Spacious modern purpose built premises. Fully computerised (Vision). Well-established happy Primary Health Care Team including Nurse Practitioner and Counsellor. All higher targets met. Out-of-hours co-operative. Scope to develop interests. Eligibility for Obstetric List, Family Planning, CHS and Minor Surgery an advantage. Informal enquiries and visits welcomed. Contact Dr Crawford Murphy or Kath Dix on 01752 341340. Applications with curriculum vitae to Dr Murphy.</p>
<p>Teign Estuary Medical Group Glendevon Medical Centre Carlton Place Teignmouth TQ14 8AB Tel: 01626 771114</p>	<p>GP RETAINER Retainer required for 2 sessions weekly in this really dead quiet, idyllic and forward looking practice, which has two main sites, on either side of the beautiful River Teign, in Teignmouth and in Shaldon. Leisure facilities are available locally all year round. The successful applicant will be reliable and flexible, with the warped sense of humour, which is required to fit in with the rest of our practice team. In return we shall pay you regularly, provide free parking and vast amounts of tea/coffee with the occasional biscuit, provided that you do not wreck the computer system, lose our notes or hide all the post-its. A good variety of cake shops are within easy walking distance and we provide free use of a microwave oven for heating your low calorie soup at lunchtime. For further information please contact our wonderful Practice Manager, John Pearce, on 01626 771114 or email john.pearce@gp-l83657.nhs.uk</p>

A Very Merry Christmas and a Happy New Year to You All



Question Time Panel

Dr Kit Harling
Dr David Longdon
Dr Andy Stewart
Dr Ben Charnaud

More photos from the Occupational Health Conference November 2001



Guest Speaker Mr Pete Goss and Dr Charlie Daniels



Zuleika Robertson
Psychotherapist