

Devon Local Medical Committees



Newsletter ~ Vol 2 ~ Issue No 18 ~ January 2002

Chief Officer's Corner - What next?



Devon LMC News

The above question is perhaps the commonest asked by anybody connected to the NHS. It is certainly more common since "The New NHS"! In any event representatives of the two LMCs met on 11th January as we informed you would be the case in the last "purple pages". We were joined by one non-LMC member GP (who happily now wishes to become fully involved) and also by an old friend of the LMC, Dr Adrian Jacobs. Sadly we lost our Facilitator to "flu the day before and John Dean had to take on a dual role as facilitator and contributor.

We identified a long list of duties undertaken by the Secretariat staff, the main committees and the local sub-committees, and agreed that all were appropriate and that nothing should be struck off the list of things that we do! Indeed with new organisations taking on new responsibilities there will be even more that should be done. With that said could we put all these priorities in an order that allowed "as few balls to be dropped as possible"? As the importance and urgency of all these tasks/duties shifts with time and circumstances it was decided that we must remain flexible and continue to live with uncertainty and always be prepared to change our plans at short notice. (*Nothing new there then! Ed.*) We talked around whether the democratic function of individual representation of GPs could be fulfilled with fewer members and very different views were expressed. At the end it was determined to recommend that the numbers should remain unchanged but that the pattern of meetings might be altered. Indeed the functions of members might well change in the future with one possibility being that members take on lead responsibility for an identified area which could, for example, be an individual PCT or a role such as prescribing or IT.

We discussed whether working GPs (particularly full-timers) were the most appropriate people to take on lead tasks and whether lay employees might be more appropriate and cost effective. No final determination was made on that and I would very much appreciate your views as to how comfortable you might be with your needs being increasingly represented to others by non-GPs.

We agreed that the most appropriate structure for the medium term was an LMC that covered the whole county of Devon with constituencies that mirrored the existing PCT areas and sub-groupings that reflect the needs of our constituent GPs. This would be set up by an unofficial merger of the two Devon LMCs as soon as practicable, but in any event by 1st April, with the intention of a new Constitution and membership becoming official on 1st October 2002. In the intervening period further consideration would be given to what groupings of members should meet in the future and how often with recommendations being put to you for your views. Happily the most recent missive from the centre gives us the ability to follow this course of action (although we were determined to do so before we learned we could do so legally!).

Please let me know your thoughts on this via the usual ways, with email being the easiest for me to co-ordinate (peter@devonlmc.org will reach me the quickest). I will keep you informed as to progress.

Meningitis C – extending the vaccination programme

The DoH and the GPC have agreed an Item of Service B payment (£6.55) for all immunisations of young people who are at risk and under the age of 25 years. This includes the 20 to 24 year olds who lay outside the remit of the 1999 programme and those who missed out from that programme. PMS practices will receive additional funds via their PCT as this work lies outside their contracts but will have to keep a record of the numbers and

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submit manual claims to the PPSA. We append a copy of the latest information on this from the PPSA – please contact Paul Ham if you have any queries.

One very practical point is that we have been informed that much of the vaccine already distributed to GPs has a very short shelf life with some expiring at the end of January! Please be very careful to check that what you have been sent isn't already time expired!!

I have not yet received assurance that these payments come from new money added to the GP pool. The newly knighted CMO, Sir Liam Donaldson, reminds all doctors to remain vigilant for the signs of meningitis in "the peak winter Meningococcal season" stating that the vaccination programme this far has been a great success but gives no protection against the commonest cause of meningitis in children, which is Meningitis B.

The PPSA Link Letter says:

Following reports in the GP press concerning the above I am pleased to inform you that I have now received official confirmation from the Department of Health that from 13 December 2001 one B rate Item of Service fee will be available for immunising persons in this age group. Please note the following instructions for claiming these fees.

GMS Linked Practices

Submit via IOS link using the code MEN7. If your software does not have the facility to enter this code directly you may submit claims as OTB with "MEN7" in the free text of the claim. If using the free text, please ensure that it is only "MEN7" in the free text, as anything else will prevent the automatic acceptance of the claim.

GMS Manual Practices

Submit on separate GMS4 with "MEN7" entered in the white box on the top left corner of the claim.

PMS Practices

As GMS Manual Practices above. These claims will then be paid in addition to your PMS contract until such a time as it is added to the contract. Paul Ham, PPSA (Tel: 01392 207432)

Simon Worswick

Simon is the CEO of the Torbay PCT, which is moving from level 3 to level 4 status on 1st April 2002. He has been highly successful in that role and has been a positive pleasure to work with because of his "can do" attitude and his policy of inclusion in planning and decision-making. He has been "GP friendly" and has tried to make things easier for our beleaguered profession. It was therefore with great dismay that I read the email he sent me telling me of his decision, for personal reasons, not to apply for the post of CEO of the new PCT. I fully understand and endorse his decision but regret that in his case, as in so many others, the way the NHS functions means that those most suitable to work within it, i.e. those that both care and are good at their job, are those who are put most at risk by it. Simon both cares and is b***** good at what he does and I hope that we do not lose him entirely from our local scene. I wish him the very best for the future and thank him for his past efforts.

Supplementary lists for Non-Principal GPs

I have met both HAs together along with Dr Vik Mohan (representing the Exeter Locum Group) to look at the new rules governing Supplementary HA Lists and the application forms needed for them. Sadly there is no centrally agreed form so this work is happening in every HA area. Thank heavens that responsibility has not yet passed to PCTs as then the multiplying factor would be approximately 4 fold! In any event we have attempted to find sensible pragmatic compromises where needed and I believe that the form to be used protects all concerned. Things may well alter when the results of ongoing national discussions on this area are known.



Our pragmatism includes that we have agreed that the applicant will take up the two clinical

references called for under the rules and pass them to the LMC for us to certify them as genuine before returning them (having taken a copy) to the GPNP for retention by them in their portfolio. This will allow employing practices to examine references and make their own determination as to the appropriateness of the references with respect to the prospective employment of the locum. We have similarly agreed that where there is any doubt as to whether a non-principal should be admitted to the list that the LMC will be pointed out to the GPNP as being available to assist them. **THE IMPORTANT DATE FOR GPNP LIST APPLICATIONS IS 28 FEBRUARY 2002 IF YOU WANT TO BE ABLE TO WORK AFTER 1ST APRIL 2002!** In the case of locums apply to the HA of your choice either where you do the majority of your work or where you live if that is more appropriate. Assistants and retained GPs should join the list of the HA which holds the contract for their employing practice. Remember that responsibility shifts to PCTs in April and that the same thoughts apply to them as to HAs.

Is it "a fair cop Guv"? Declarations by all GPs by 1st April

Doctors applying to be on the main or supplementary GP lists will have to make declarations as to all criminal convictions, investigations by a licensing, regulatory or other body where the finding was adverse, and where you know if you are the subject of any investigation by such a body and then fill in the details! All GPs presently on the list will have to make similar declarations by 1st April 2002 or be in breach of the Terms of Service as unilaterally amended (once again!) by the DoH. There are ongoing national discussions on this but we hope to protect GPs locally whilst the battle continues! Where there are any positive disclosures we have agreed that the LMC will be fully consulted before any action by the HA/PCT is considered.

It seems to me unfair that doctors should be excluded from the Rehabilitation of Offenders Act and that a police caution given to someone as a minor for example has to be disclosed under these regulations. I can think of several former medical students (now honoured GPs and Consultants) who might have argued things through the courts for what were minor indiscretions of youth if they had known that regulations could change the effect of a caution retrospectively! If you have any worries about filling in your declaration form when it arrives please contact John Dean or me (Peter Jolliffe) and we will be pleased to advise you.

Dear LMC...

I think Sir Donald Irvine should be encouraged to apply for the post vacated by Elizabeth Filkin as Parliamentary Standards Commissioner. He could make MPs pay out of their own pockets for an organisation, which develops parliamentary standards. Lay members would be involved more. A system of yellow cards could be introduced and the public made aware of what to expect from a good MP.

Yours sincerely

Dr S. U. SPENDED

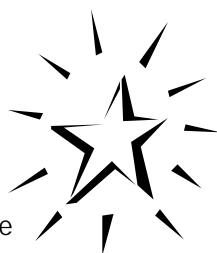
Dear Peter

Thought you might like the little ditty we used to sing to our now medical student daughter when she was a baby (in the hope that one day she would become a tsarina)

"twinkle, twinkle little tsar
how I wonder where you are,
up in London so I hear
why the f... don't you come down here"

(Inspired by Michael O'Donnell's letter to BMJ)

(Name withheld to protect the guilty.)



Comings and Goings in January 2002

Welcome to:

Dr Anthony O'Brien, Wyndham House Surgery, Silverton
Dr Henrietta Epps, St Budeaux Health Centre, Plymouth
Dr George Gardner, Litchdon Medical Centre, North Devon
Dr Nick Woodall, Okehampton Medical Centre
Dr Paul McDermott, Barnfield Hill Surgery, Exeter
Dr Amanda Beasley, Tothill Surgery, Plymouth (formerly of Wycliffe Surgery)
Dr Gillian Eadie, Wycliffe Surgery, Plymouth

Goodbye to:

Dr Andrew Stainer-Smith, Okehampton Medical Centre

OOOPHS! Apologies, I inadvertently said **Dr John Ridge** was leaving Southover Medical Practice (December issue) this should have been **Dr McKay**.

Peninsula Cardiac Rehabilitation Group supported by the British Heart Foundation

Focus on Heart Failure

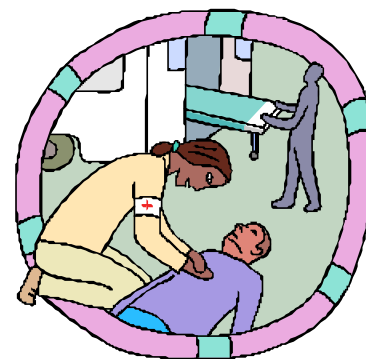
Friday March 8th 2002

9.30am – 4.00pm - English Riviera Centre, Torquay

An exciting opportunity to pick up on the latest developments in heart failure
Chaired by Dr Peter Jolliffe, Chief Officer, Devon Local Medical Committees

Topics will include

- ❖ Heart failure overview and echocardiography; Dr G.S. Liddiard, Primary Care Cardiologist, Bournemouth
- ❖ Nurse-led clinics: Paul Warburton, Clinical Specialist, Chester
- ❖ Palliative care: Helen Roberts, Nurse Lecturer, University of York
- ❖ Patient's view of heart failure; Ann McCoy, Clinical Psychologist, Charing Cross Hospital
- ❖ Exercising the heart failure patient; Dr Ann Taylor, Physiotherapy Lecturer, King's College Hospital



Cost: £25 including refreshments and lunch

For more details and an application form please contact:

Lynne Kilner 01803 294114 or Jean Johnson 01935 415246

“Golden Hello”

Dear LMC Editor/Secretariat

I was just reading the December newsletter and was delighted to read that the "Golden Hello" has finally been negotiated and backdated. I was then slightly gutted to read it has only been backdated for seven months; when I joined Mount Pleasant as a partner in January 2000 this "Golden Hello" had already been a talking point by Politicians and there was an element of both hope and expectation by many of my immediate peers that the backdate would actually encompass more of us who joined this profession recently.

Even a "graded" backdate seems fairer than saying someone who became a partner this year gets £10,000 but if you became a partner last year you get nothing. There is no logic in this at all, and is distinctly unfair. Many would argue that last year, before we had PMS, before we had Nurse Practitioners, before we had the benefits of the walk-in centres, before NHS Direct was of any apparent use, before any of this was offered, those of us who joined as partners were a great deal braver and harder done by than those who join now just one year on.

Please could you let me know whom I can chase this further with?

Many thanks.

Dr David Hopkins

Plymouth Hospitals NHS Trust Occupational Health Sessions

Exciting opportunity for Dip.Occ.Med. or AFOM GPs to help the OH unit at Derriford. 1 to 4 sessions per week, by mutual agreement. Mainly seeing OH referrals from local employers to whom we provide ad hoc or contract OH services; some work place visits and policy/procedure development work. Duties and salary dependent on experience.

Please telephone Dr Gerard Woodroof, Consultant Occupational Physician,
on 01752 763580 for informal discussion

OLD BORE'S ALMANAC 2002

JANUARY:



Train Surgeries introduced in exciting new initiative. Sir Richard Branson and Alan Milburn announce that the large number of doctors travelling to London to meetings and the GMC will hold surgeries next to buffet car. 1st Class passengers will of course get priority.

FEBRUARY:

'Abandon NHS' Drill launched in GP Surgeries. Practices encouraged to identify local hostelry and ensure it contains adequate supplies of food and drink. LMC staff offers to check arrangements.

MARCH:

7 New Quangos set up including CHUMP (Committee for helping Under performing Managers in Practice) and CTDAD (Committee for Treating Doctors and Donkeys). Lord Irvine of Scotland to chair the latter – He announces drive to educate doctors about carrots and sticks.



APRIL:

GPs urged to write 'eaten by crocodile' on all requests for reports, sick notes etc.

MAY:

Mr Milburn extols virtues of Single Handed Practice. Denies U turn related to shortage of GPs.

JUNE:

17 Million Requests For Sick Notes. NHSE says "all patients should be able to get to see their GP before the first world cup match".
England knocked out in first round.
GPs blamed for hooligan behaviour of journalists in Japan.

JULY:

PCT Initiative with 'GOING PLACES' – anywhere in the world provided they book £300.



patients to be allowed to go to GPs a 'Going Places' holiday worth at least

AUGUST:

MPs give themselves 20% pay award.

Hunt launched for O Bin Doctor – thought to be responsible for countless acts of mockery of ministers and Department of Health staff.

SEPTEMBER:

American satellites over fly Bognor Regis pubs – intelligence sources said that Bin Doctor was known to have frequented them in the last 6 months.



OCTOBER:

GMC introduce Ducking Stools – "It seems as fair a way as any to establish if doctors have been guilty of interrupting patients" said a spokesman.

NOVEMBER:

1000th NSF launched with firework display. Mr Ronald Footsore, a retired painter and decorator from Rochdale is made 'In growing Toenail Tsar' to oversee its implementation.



DECEMBER:

7 Spanish Donkey Owners to become Regional Motivation Tsars for Primary Care.

Through an interpreter one of them said "using the right technique donkeys can be made to carry twice their own weight"!



Retirement of Mick Davies

Mick Davis retired at Christmas from this post handling Primary Care complaints for South & West Devon. As an LMC we should like to acknowledge Mick's professionalism, wisdom and fairness in the difficult work he has had to do.

PCTs and changes in NHS Complaint Procedures – Dr John Dean

Back in March 2001, we published the first of what was meant to be a series of three articles about complaints. This series came to an abrupt halt after the first article when the Department of Health announced that the system was to change. We can now continue the story...

The current round of NHS reorganisation has resulted in a change in the way that health authorities and trusts manage complaints involving general practice. From 1 April 2002, new regulations require that Primary Care Trusts take on many of the responsibilities previously vested in the two Devon Health Authorities. This has led to concerns that PCTs will be involved in "investigating" complaints and, as they are such small, highly localised organisations, practices would find themselves investigated by colleagues with whom they normally worked very closely. However, these concerns are probably unjustified and due to a misunderstanding of the role of health authorities, and now PCTs, in handling complaints.

For the present at least, the actual complaint procedures for general practice remain the same. The first stage is still local resolution within the practice. All practices must have an in-house complaint procedure, as a contractual requirement. The LMC can supply you with a model procedure that you can adapt for your own practice. If you do not have a practice procedure, or are uncertain as to how to apply it, contact the LMC office urgently and we will try and assist you. Complaints must be dealt with according to your published procedure, with particular attention being paid to statutory deadlines and consent issues.



Most complainants simply want an explanation of the events that led to their making a complaint and, where appropriate, an expression of regret from the individual or practice if things went wrong. In many cases, that will be the end of the matter. Adopting an unreasonably defensive or obstructive approach to complainants may force them to request a formal independent review of the case. If you are uncertain of what to do with respect to a particular complaint, ask the LMC or your defence organisation for advice. However, do ensure that the complainant feels that their complaint is being dealt with in a just, equitable and professional manner. It is often very helpful to offer to meet with the complainant, rather than just providing a written response. This meeting might involve just

your complaint co-ordinator and the complainant, or it might include those health professionals involved, too. If you feel that the issues involved are too difficult to handle without assistance or if the complainant has concerns about the objectivity of an "in house" system, you can request the involvement of an independent conciliator. PCTs should maintain a register of trained conciliators, who will be knowledgeable of but not employed by the NHS. The PCT should assist practices in arranging conciliation meetings and will pay the conciliator's expenses.

Health Authorities have never had a role in "investigating" complaints and neither will their successors in this area, the PCTs. The role of PCTs is to provide information to practices and complainants on how the complaint system works and to ensure that the correct procedures are followed. They have no role in investigating complaints involving attitudinal or clinical issues. If the procedures call for such an investigation, an independent review board, appointed regionally and with no direct connection to your locality or PCT, will carry it out.

Authorities and Trusts have a role because complainants often do not understand the procedures and frequently choose to make their complaints to the wrong person. The correct first point of contact is your practice's complaint co-ordinator. If the complainant were to first approach the Health Authority or PCT, as is often the case, they should be put in contact with the Authority or Trust's complaint manager. This manager should give the complainant information about how the procedures work and refer them to the practice's complaint co-ordinator, who should then ensure that the complaint is managed in accordance with the "in house" procedure. If the complaint is of an extremely grave nature, or if delay would result in other patients being put at risk, the complaint manager may raise the matter with the Authority or Trust's Medical Adviser, the Director of Public Health and the Chief Officer or Medical Secretary of the LMC. They will decide together what, if any, immediate action is necessary.

There are important issues of confidentiality for Authorities and Trusts and these are the subject of ongoing

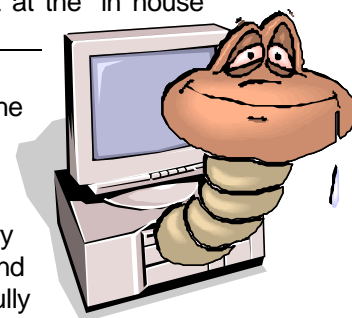
discussion with Devon LMCs. Health Authorities and PCTs must develop procedures specifying who is involved in handling complaints and who is made aware of them. The LMC view is that the Authority or Trust's complaint manager should not inform their chief officers or management board of complaints other than in the most grave and exceptional circumstances. Information about complaints should not be passed to clinical governance leads or any other PCT officer or member. The logic of this is that the only reason that the Authority or Trust has any knowledge of the complaint at all is because the complainant chose the wrong place to access the system. In the case of complaints of an extremely grave nature, the manager might seek guidance on how to proceed from their Medical Adviser or Director of Public Health. We would expect that the LMC would be involved in any decision making process at this stage.

The PCTs formal role in managing complaints only begins when local resolution through the in house procedure fails and the complainant requests an independent review. Once again, the PCT has no role in investigating the complaint and its responsibility is limited to administering the review. The complaint manager will pass all relevant documentation to a regionally appointed lay chairman, who will make a decision as to whether an independent review is justified. The chairman may take medical advice before making this decision. Only a handful of such reviews of complaints against GPs and their staff are held each year. If it is decided to hold a review, the PCT complaint manager will deal with its administration only and will not be involved in its conduct. The PCT may provide secretarial support to the review board but its proceedings are confidential until the board publishes its findings in a written report. Further action, including disciplinary measures, will depend on those findings. If disciplinary measures are considered appropriate, these will be decided by a panel from another area and not by the PCT where the practice is located.

We all hope that you will never have the opportunity to learn about these processes first-hand. However, it is useful to know how they work and, we hope, a comfort to know that the LMC is there to support you in case of difficulty. One last point though, it is worth making every effort to resolve a complaint at the "in house" procedure stage if at all possible. Do make use of conciliators and do ask us for advice.

Real Viruses and even the Occasional Hoax

It is a sad sign of the times that the number of real and hoax viruses is increasing. The secretariat office plus a large number of individuals around the patch, recently had the pleasure of receiving and then trying to remove both the W32/Badtrans-B and Troj/PWS-AV viruses. In the past other viruses have proved relatively easy to kill and remove, this pair proved to be quite a lot more complex and resilient. Sophos was very good at posting removal instructions; it was quite interesting to see how the advice and procedures for removal changed significantly during the period of the attack. Hopefully those that suffered were able to deal with the problem and can now be classed as clean.



While real viruses are a major problem for all, we are also starting to get more Hoax or False virus warnings. The recent "Sulfnbk" hoax is one such example. Well-meaning people, who received the hoax email and were taken in by the content, forwarded the email to everyone in their address book. Hoax messages normally start with something like:

"... I got this virus and chances are you have it too because you are in my address book. It lies dormant for 14 days, and then it kills your hard drive. Please check to see if you have it by following the instructions below: If you have it, send this to everyone in your address book.

1. Go to "Start on your computer.... Then to "find or search"

2. In the "Search for files and folders" type sulfnbk.exe this is the virus"

Anti-virus tools don't detect the file in question "sulfnbk.exe" because it's not a virus, it's actually a normal part of DOS-based versions of Windows (e.g. the older ones) – it is actually a tool for backing up and restoring long file names. Those who fell for the hoax and deleted the file, actually end up removing part of their operating system!



Hoax viruses are a real problem and it can prove quite difficult working out exactly what you have received. The rule I tend to follow is that I will always go to my anti-virus supplier first – they will be very aware of what is happening in the wider IT world and, if it is a real problem, they will know how to deal with it. As I have said in the past, be aware of your communication flows, be alert to strange email, especially from unsolicited

sources and those with strange attachments which you cannot recognise. There are also a number of other useful websites that can provide information on hoax viruses and other urban legends, which may be of use:

- Sophos hoax page at <http://www.sophos.com/virusinfo/hoaxes>
- Symantec Anti Virus Research Centre at <http://www.symantec.com/avcenter/index.html>
- McAfee Associates Virus Hoax List at <http://vil.mcafee.com/hoax.asp>
- Department of Energy Computer Incident Advisory Capability at <http://ciac.llnl.gov/ciac/CIACHoaxes.html#Debunking>
- Online and email hoaxes <http://www.kumite.com/myths>
- The Urban Legends Web Site at <http://www.urbanlegends.com>
- Vmyths.com - <http://www.vmyths.com/hoax.cfm>
- Urban Legends Reference Pages at <http://www.snopes.com>
- Datafellows Hoax Warnings at <http://www.Europe.Datafellows.com/news/hoax.htm>

This list has also been published on the IT section of the www.devonlmc.org site

VACANCIES IN DEVON

<p>Chatto Road Surgery 104 Chatto Road Torquay Devon TQ1 4HY Tel: 01803 314277</p>	<p>SALARIED GP OR RETAINER</p> <p>We are a 3-Doctor 3rd Wave PMS practice looking for a replacement for our retainer who is leaving the area. We are looking to replace this position with either a Retainer or Salaried GP for 3 sessions per week with the possibility of increasing this to 4. We are trying to square the circle and provide a real family doctor service using the benefits of the Modern NHS. To support these changes we have an effective skill mix. Our highly motivated team includes a Nurse Practitioner.</p> <p>Salary in the region of £17,000 depending on experience. A Salaried GP would be eligible for the enhanced higher rate 'Golden Hello'</p> <p>Applications should be addressed to Mrs Lynn McLean, Practice Manager, in the form of a CV together with a covering letter.</p> <p>Closing Date: 28 February 2002</p>
<p>Rolle Medical Partnership Exmouth Health Centre Claremont Grove Exmouth Devon EX8 2JF Tel: 01395 273001</p>	<p>PMS PILOT - ASSOCIATE GP - EXMOUTH An Exciting Opportunity</p> <p>Associate GP – Four Sessions a week, required for Innovative Coastal Practice. We are a 4th Wave PMS + Pilot Practice, with 13,000 patients and 8 Partners (7.25 WTE), fully computerised using EMIS with 19 years' experience as a training practice. Golden Hellos – This post is eligible for both elements of this payment on a pro rata basis.</p> <p>Salary £20,500 p a. No out-of-hours commitment. 3 year contract offered – preferred start in April 2002 but this is negotiable. To apply and receive an information pack, please send a handwritten letter and your CV to: Mrs Tracey Hector, Practice Manager</p> <p>Closing Date: Friday 25th January 2002 Interviews: Friday 15th February 2002</p>
<p>Bishop's Place Surgery 1 Bishop's Place Paignton TQ3 3DZ Tel: 01803 521458</p>	<p>REPLACEMENT HALF-TIME TO THREE-QUARTER TIME PARTNER Required from 1 April 2002 in a 3-Partner Practice.</p> <p>List size 3,500. Historic Practice located in the centre of town with access to Community Hospital nearby. Informal visits and telephone enquiries welcome. Written application with CV to Mrs Ingrid Marsh, Practice Manager by 20th February 2002</p>
<p>Barton Surgery Horn Lane Plymstock Plymouth PL9 9BR. Tel: 01752 407129</p>	<p>RECEPTIONIST</p> <p>15 – 20 hours per week required Monday – Friday to work as part of a small friendly team in a busy GP Surgery. Pay around £5.00 per hour depending on experience.</p> <p>Apply with CV to Martin Pallett, Practice Manager, (Mondays and Wednesdays).</p>

<p>Medical Centre East Street Okehampton EX20 1AY. Tel: 01837 52233</p>	<p align="center">CLINICAL ASSISTANT</p> <p>Required from March 2002, job share for 6.5 WTE rural practice in Okehampton, Devon. 2/3 sessions per week 10.00am – 2.00pm Monday–Friday. Work is mainly acute general practice, some casualty work. Salary £23,000 per annum, pro rata, negotiable. Easy access to Exeter (20 mins.) Applications with CV to Practice Manager. For further details please telephone. Closing Date: As soon as possible</p>
<p>Albany Surgery Albany Street Newton Abbot Devon TQ12 2TX Tel: 01626 334412</p>	<p align="center">GP ASSISTANT & GP RETAINER (2 VACANCIES)</p> <p>We are looking to recruit both a GP Assistant and a GP Retainer at this busy, 5-partner, town centre practice with a list size of 10,000. The successful applicants will be keen to become fully involved in all aspects of the practice. Experience and an interest in antenatal care, family planning and child health surveillance would be an advantage. A good sense of humour is essential! Each post is for four sessions per week and further information and an application form can be obtained from our Practice Manager, John Green, who can be contacted by phone or by Email: john.green@gp-1183034.nhs.uk Closing Date: Friday 22 February 2002</p>
<p>The Warwick Practice Ilfracombe Medical Centre St Brannock's Road Ilfracombe Devon EX34 8EG. Tel: 01271 863119</p>	<p align="center">PRACTICE MANAGER</p> <p>We are a 6-doctor, two site, presently GMS practice seeking a proactive manager. We are fully computerised with Vision and have an excellent team of experienced staff in place. We are already paperless so the main challenge will be managing the clueless doctors. The successful applicant will have responsibility for IT, HR, H&S, practice finance and organisation. Take us where you will - provided patient care is not compromised. Previous NHS experience would be helpful. Salary is negotiable according to experience. Informal discussion or visit welcome. Please send letter and CV to Dr John Womersley, Managing Partner.</p>
<p>The Ridgeway Practice Plympton Health Centre Mudgeway Plympton Plymouth PL7 1AD Tel: 01752 346634 or 07967 272920</p>	<p align="center">HALF-TIME REPLACEMENT PARTNER Required from 1st April 2002</p> <p>Pleasant suburban practice nestling on the slopes of South Dartmoor within easy reach of the sea and the city of Plymouth.</p> <ul style="list-style-type: none"> ❖ Above average remuneration ❖ Nine partners (7.5 WTE) ❖ 15,500 patients ❖ Our own purpose built premises on three sites ❖ Members of Plymdoc (Out of Hours co-operative) ❖ Very well supported by a friendly team of staff ❖ Fully computerised throughout the entire practice <p>We are looking for a good team worker with energy, enthusiasm and a good sense of humour. To be based at our Chaddlewood surgery. Informal enquiries welcome. For a full job specification please contact Miss P Ellison, Practice Manager.</p>
<p>The Whipton Surgery 378 Pinhoe Road Exeter - EX4 8EG Tel: 01392 462770</p>	<p align="center">MEDICAL SECRETARY</p> <p>Required 3 mornings per week Apply in writing with CV to: Mrs Christine Howe, Practice Manager.</p>
<p>Roborough Surgery 1 Eastcote Close PLYMOUTH PL6 6PH Tel: 01752 701659 Fax: 01752 201410</p>	<p align="center">FULL-TIME PRACTICE MANAGER</p> <p>Required for 6-partner practice at Roborough Surgery. Previous experience of NHS administration, IT and financial management skills essential. Ability to supervise approx. 20 ancillary staff. Salary negotiable but in excess of £20k - NHS pension scheme. Application in own handwriting with CV and two referees to: Dawn Mainland, Practice Administrator.</p>

CONFERENCES, COURSES AND INFORMATION

Gatehouse

Mental Health and the NSF – Are we making Progress?

19 February – Central London

National Service Framework for Mental Health presents services with huge challenges. There is great clarity around both patient and professional expectations, but with the arrival of PCTs and new Strategic Health Authorities there are many questions that need addressing. Is there sufficient commissioning capacity of a high calibre in the NHS? What is the role of primary care services in delivering the National Service Framework? Where are we on improved strategies to manage personality disorder? What are we doing to improve the experiences of women and black and ethnic minority communities?

Forthcoming Event – Evidence-Based Mental Health Care

1-Day workshop to demystify the issues surround evidence-based care and provide realistic ways of using evidence to enhance professional activities and personal efficacy.

Tuesday 28 February. Tuesday 30 April. Wednesday 26 June.

Participation limited to 20 delegates. Further details 020 7420 3530

New Courses – Training and Development

Staff Selection Skills for Managers

Thursday 14 March. Wednesday 29 May

Essential Budgeting

Friday 26 April. Thursday 27 June

Conducting Successful Performance Appraisals

Monday 8 April. Friday 5 July.

Balancing Workloads

Tuesday 23 April. Monday 1 July.

Making Your Meetings Work

Wednesday 22 May

Motivation for Managers

Tuesday 23 April. Tuesday 18 June

Effective Delegation

Friday 8 March. Tuesday 18 June

Negotiate with Confidence

Friday 19 April. Thursday 11 July

Presentation Skills Masterclass

Tuesday 21 May

For further information about any of these courses please call Gatehouse on 020 7420 3530.

South Western Deanery Trainers Conference
Spring 2002

“COPING WITH CERTAINTY – THE UNCERTAIN PRINCIPAL”

Residential course at Saunton Sands Hotel,
Nr Braunton, Devon

Thursday 21st and Friday 22nd March 2002

The Trainers' Conference

Speakers:

Dr Bill Summerskill

Co-author of *Evidence-Based Medicine in General
Practice*

Dr James Willis

Author of *Friends in Low Places & Paradox of
Progress*

For further details please contact: Mandy Hall

Email: mandy.hall@swndeanery.swest.nhs.uk

Royal Cornwall Hospitals NHS Trust

The Home Front

Waging the Battle Against Infection in the Community

1-Day Conference 15 March 2002

The Falmouth Beach Hotel, Cornwall.

Delegate Rate £35

24 Hour delegate rate £105

For further information please contact

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Email: suzv.becker@rcht.swest.nhs.co.uk