

## Chief Officer's Corner



### APRIL FOOL!!!!

Well April 1<sup>st</sup> has come and gone and it seems as though the "New Contract" wasn't an "April Fool!" after all. I wonder (for those of you who are old enough) whether we will, in a few months, awake like Bobby Ewing in "Dallas" to find that it has all been "a nasty dream", but I will not be holding my breath! So time to get stuck in and make it all work.

The good news is that the majority of PCTs, for the majority of the time, are attempting to get as much funding into General Practice as possible and only occasionally are trying to get new work introduced before ensuring that current work is funded in some way. One "April Fool" is a proposed LES in Exeter known as CL2P or "Copying letters to patients". You will remember an earlier bit on this where I questioned the evidence base and the cost and extent of the "problem". The idea was one of those defined as "a good idea" which was inserted by someone nameless into the NHS Plan in 2000 and subsequently PCTs and Hospital Trusts have been ordered to comply with it. GPs do not have to do so and LMC advice is to refrain even when a PCT offers you money to do so! I have asked the following questions in an email to the PCTs promulgating this idea and I still await a reply:

*My main concerns as a tax payer, patient and representative of Devon GPs remain: 1. What is the evidence base? 2. How many letters are we talking about? 3. How much will it cost to comply with the proposal? 4. How much health gain will derive from following the policy? 5. What else in terms of additional health gain could have been achieved by spending the resource on other matters? Frankly these questions, and probably many more, should have been answered appropriately BEFORE the idea was promulgated in the NHS Plan. I repeat - this is a classical "good idea" most of which prove to be anything but.*

*Oh and by the way I know this is not the fault of anybody local but I believe that PCTs and NHS Hospital Trusts should vigorously challenge the whole basis of this. I suppose I ought to copy this correspondence to the National Audit Office.....*

The above shows that I occasionally get stropky just like everybody else but I genuinely believe that the fact that somebody higher up the line says "Do it!" is no reason to comply dumbly. It is particularly annoying that something with an evidence base that would never get past say the "Effective Practice Committee" goes through on the nod at a single PCT level.

### GPC News

I am very pleased to announce that Dr Gary Tudor, a GP at Park Hill Practice in Torquay and a member of Devon LMC, has been elected as the GPC Representative for the Devon and Cornwall & the Isles of Scilly Constituency of the GPC. He was once a GP Registrar member of the GMSC so the new role should not be too much of a shock for him although the complexity of the politics is probably more difficult than in the past. He is a hard worker who has achieved change locally in the areas in which he has lead for the Torbay LMC and I know he will represent the interests of his constituents with vigour and enthusiasm. Congratulations and GOOD LUCK!

*(Note: Dr Roger Bulley continues as GPC Representative for N&E Devon and Somerset).*

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### Other Items

I am typing this on my 51<sup>st</sup> Birthday (April 6<sup>th</sup>) and have just had a card from the Secretariat staff. It informs me that "Politics" comes from two words – "Poli" meaning "Many" and "Tics" meaning "Blood sucking parasites"! It made me laugh.....!

The last GPC meeting allegedly spent 6 hours discussing "the end of general practice as we know it" – the new Contract? No the great danger is seemingly "The sale of Goodwill"! You will all have had a copy of a two page letter dated 25 March from John Chisholm on this topic and I am sure this will "Run and run". I would have thought the recruitment difficulties might have been more serious but....

We have had many queries about Cremation Forms and changes to the rules post-Shipman. We hope that the changes will not result in everybody having to be buried once they go to "Part 4" and Adrian Midgley has written a useful article and I recommend you have a look at it later (page 4).

Dental problems have been addressed by The Grosvenor Road Surgery in Torquay and they

are sharing their system for dealing with this old chestnut. They are happy for their "Policy" to be adopted/ adapted by others (page 4).

We have an article from specialist workers caring for patients with MS which may be of interest. It is an area where a NES has been proposed nationally but none of the Devon PCTs has been ready to commission the service this year although most are looking to establish the feasibility of doing so in the future. As ever funding is probably the main stumbling block but it is also sensible to try to fit such a NES into an overall strategy of caring rather than react blindly. I expect more news for next year on this topic (page 7).

And finally you will find an article on the tax position regarding educational activities. Many GPs enjoy getting their educational updates at Conferences overseas where they can spend a little time sunning themselves after lectures (*With Factor 25 sunscreen on! Ed.*) Hopefully the advice in the article may help in keeping the costs down.....! HAPPY EASTER!!

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## Executive Officer - Debbie Galbraith



### Housing Letters – Again!

Hello all. Just a reminder that I have written to all Council and Housing Associations with the same message – "GPs will not complete any applications or write letters for people requiring housing unless a fee is agreed in advance". Once again, another association has come out of the woodwork – Devon & Cornwall 'Foyer'? This and any others that send such requests will be dealt with accordingly. If you receive any of these letters which you would prefer me to deal then send them into the office and I will deal with them.

### Executive Officer – Nicola Heywood

Finally after many promises the nGMS workshops are on the starting blocks. You should have received a booking form for the "New Contract Survival Training Week" with this newsletter. Feel free to photocopy it if you wish to send more than 1 delegate!

Places are limited and will be allocated on a first come first served basis. If demand is high then we will set up more. We already have expressions of interest so don't delay! Do read the agenda for the Thornfields courses incorporated into the week to ensure they are appropriate to your needs.

**It is Most Important** – that you send us details of your burning issues/questions for the network sessions when complete the booking forms, or if you think of something after sending off the form by email to [nicola@devonlmc.org](mailto:nicola@devonlmc.org)!! Without your support in this the network sessions will be less successful in meeting your needs.

If the network sessions prove successful then we will set up more later in the year to address ongoing matters. We have been asked specifically for these sessions by practice managers, although they are

open to all. We have set them up to support you in meeting the demands of the New Contract – please give your support to make them successful and appropriate to your needs.

**GPs** – please note that this training course is probably the most essential for your practice managers to attend this year along with any QOF training going. We hope you will give them your support and that we will see strong attendance particularly from smaller practices where we know it is hard to release staff for training.

## **Sessional (Non-Principal) GP - Update**

Dr Mark Selman, Member of Torbay LMC, GPC NP Sub-Committee and Deputy Chairman of NANP.

Sometime in April with the new contract, all those on the supplementary list will be transferred to the Primary Medical Performers list of their nominated PCT. It is worth checking that your details are on the supplementary list and that they are correctly entered to avoid problems with this process. To check these details a list of email addresses or phone numbers are included below.

At the same time it is worthwhile checking what your nominated PCT is doing about your appraisal and what level of funding is available. Devon LMC has negotiated funding equivalent to that of Principals in some PCTs. Contact Devon LMC if you come across problems with this. There are also trained non-principal appraisers available.

From April the employer's contribution for our pensions will go up to 14%. Paul Ham of the PPSA in Exeter has said that locums should continue to send in their forms with their 6% contribution as per usual.

There will soon be elections for the Non-Principals subcommittee of the GPC. I had difficulty getting elected last year as so few South West NPs were on the electoral role. If you wish to vote in forthcoming elections then send your name, address and job title (locum, assistant, etc) to **J.Goodway@BMA.org.uk** to get on the database. Your details will only be used for the election and you do not have to be a BMA member to vote.

Area	Contact	Email Address
Exeter NP Group	Dr Vic Mohan	<a href="mailto:mohanvik@hotmail.com">mohanvik@hotmail.com</a>
North Devon NPs	Dr Anneke Dissevelt	<a href="mailto:annekedissvelt@hotmail.com">annekedissvelt@hotmail.com</a>
Torbay & South Devon NPs	Dr Mark Selman	<a href="mailto:maselman@yahoo.com">maselman@yahoo.com</a>
Plymouth NPs	Dr Lisa Baxter	<a href="mailto:lisabaxter@v21mail.co.uk">lisabaxter@v21mail.co.uk</a>

### **PCT Contacts**

#### **Mid Devon PCT**

Tel: 01392 449763.

Email: [Jane.Gorman@MidDevon-PCT.nhs.uk](mailto:Jane.Gorman@MidDevon-PCT.nhs.uk)

#### **North Devon PCT**

Tel: 012172 327779.

Email: [Vicki.Mock@ndevon.swest.nhs.uk](mailto:Vicki.Mock@ndevon.swest.nhs.uk)

#### **East Devon PCT**

Tel: 01392 207512.

Email: [Luke.Woolley@EastDevon-PCT.nhs.uk](mailto:Luke.Woolley@EastDevon-PCT.nhs.uk)

#### **Exeter PCT**

Tel: 01392 449700.

Email: [helena.bradford@exeter-pct.nhs.uk](mailto:helena.bradford@exeter-pct.nhs.uk)

#### **PPSA – Pensions etc.**

Tel: 01392 207426.

Email: [Marion.Braund@ppsa.nhs.uk](mailto:Marion.Braund@ppsa.nhs.uk)

[Paul.Ham@ppsa.nhs.uk](mailto:Paul.Ham@ppsa.nhs.uk)

#### **Websites - PCTs:**

[www.ex.ac.uk/library/eml/primary.html](http://www.ex.ac.uk/library/eml/primary.html)

[www.sw-devon-ha.swest.nhs.uk](http://www.sw-devon-ha.swest.nhs.uk)



## Dental Policy used by Grosvenor Road Surgery, Paignton

### Patient presenting with dental problem

1. Ascertain their registered dentist if they have one (Latter point is easily established by asking the date of their last attendance or if they have been de-registered by a practice they should have letter from PCT notifying them).
2. Establish exactly what they have requested - have they asked dentist for prescription/treatment. If so which dentist and with what response.
3. When relevant have they tried the out-of-hours dental service?
4. Have they tried Castle Circus – if so with what response?
5. Refer patient to local pharmacist who is likely to be in better position to advise re interim medication.
6. When relevant refer patient back to dentist or Castle Circus to ensure they have made the necessary requests for help.
7. Issue standard letter (text see below - letter on intranet under Patient Information/Admin) to patient for them to present to dentist explaining our policy and concerns.
8. Report all instances to PM for LDC, LMC, PCT and relevant dentist indicating circumstances and action taken/advised by GP.



### Standard Letter Text (for patients to take to dentist)

*Dear Dentist,*

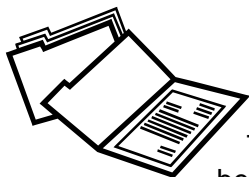
*This patient presented to the surgery with a clear and significant dental problem.*

*We are of course concerned for patients in pain caught in the current unsatisfactory situation with regard to NHS dental service provision but GPs are not qualified to deal with these problems and should not be doing so. We cannot and should not be used to as a cheaper or easier alternative to correct dental treatment /advice.*

*The patient has been referred back to a dentist who it is hoped will make a proper professional assessment and advise the patient accordingly.*

*A brief report of this incident will be sent to the PCT, LDC, LMC and any dentist we know was involved.*

*Yours sincerely  
Registered Medical Practitioners*



### Cremation Rules Change

**Adrian Midgley, Deputy Cremation Referee and LMC member**

This applies to Exeter; Plymouth and Torquay operate under the same constraints so will be similar.

When Cremation was legalized at the beginning of the last century one of the areas of concern was that it offered a chance to dispose permanently of the evidence of murder, mishap, carelessness and anything else about the body. In order to make this less easy or as a sop to the religious closed shop it was de-emphasizing, two extra doctors were introduced.

The Shipman enquiry demonstrated that a significant number of doctors had been signing Part C of the form without taking their role very seriously. Many of them called it Part 2, and regarded the presence of several questions and considerable white space on it as a mere interesting curiosity and profligacy of the layout. The Enquiry regarded them as a hint about useful things a confirming doctor might do, and space in which to write much more than a single word including comments on anything

at all. Perhaps embarrassingly it also became clear that some districts had taken that view for many years, and had succeeded in burning bodies despite requiring the second doctor to speak to a relative or similar person and record details of this on the form.

For 50 years or so before that, the BMA had been discussing with the Home Office (which is the department of State holding sway over burial and cremation) changes to the arrangements for disposal. Each proposal that comes out of the HO or Parliament is a political response to something happening, and accordingly most fizzled out. However, the view that there was less special about cremation than had been originally made out to be the case, and that certification of death and disposal by burial was also lacking in some certainty gathered support.

One end of a spectrum of views was that every death should be followed by an enquiry, commonly with a post-mortem. This foundered on the lack of people to enquire and funds to pay them, with a push from the Alderhay kerffuffle.

As a sort of compromise between common sense and this, we appear to be pointed toward 120 Coronorial medical officers who will raise enquiries into each death and run the certification. I'll believe it when I see it.

Meanwhile, the Home Office directed that the second doctor must question such people as are necessary to answer at least one of the questions 5 to 8 in the affirmative with identifying details. After some representations by cremation referees it was made clear that meeting in person is not required, and telephone contact is sufficient. This is to apply, by Home Office fiat, immediately, **and in practice this means it will be enforced in Exeter from next week.**

### **Some Notes on Cremation, Certificates and Referees**

No body need be burned. (If the requirements for cremation are not completed, bury the body)

No doctor need sign a cremation certificate in any part (the only doctor who may sign part B is the doctor certifying death (in the context of General Practice), the Cremation Ref has the interesting and explicit power to decline to authorize cremation for any reason, or giving none.)



There is no contractual duty upon an NHS GP to complete or sign a cremation certificate.

The first signing doctor does not have any duty to find another doctor. (Indeed one local practice decided to demonstrate a lack of conspiracy by randomly allocating requests for Cert C signings rather than allowing outsiders to choose a partner.)

It is expected by the Home Office that GPs wishing to know what is acceptable to a Cremation Referee would ask the Cremation Referee – they can be contacted through the Crematorium.

Home Office responsible civil servant: [Brian.Patterson@homeoffice.gsi.gov.uk](mailto:Brian.Patterson@homeoffice.gsi.gov.uk)

Shipman Enquiry: Part C doctor: [http://www.the-shipman-inquiry.org.uk/tr\\_page.asp?ID=165](http://www.the-shipman-inquiry.org.uk/tr_page.asp?ID=165)

Shipman Enquiry: certification: <http://www.the-shipman-inquiry.org.uk/genecat.asp?p=2&ID=44>

Shipman Enquiry: cremation: [http://www.the-shipman-inquiry.org.uk/fr\\_page.asp?ID=73](http://www.the-shipman-inquiry.org.uk/fr_page.asp?ID=73)

### **Advice**

If you feel, as did the Brodrick committee in 1971, that the Form C adds nothing useful, consider whether it is appropriate to perform the task. Do not sign Part C unless you are able to convincingly argue that you have done whatever is required to fulfill its purpose.

Do not insufficiently complete a Part C – this is likely to cause significant upset to grieving relatives.

If you are completing Part B, consider providing any information which will help the Part C doctor to answer questions from 5-8, and consider warning relatives that they may expect another doctor to contact them.

If you do them, write more on the forms. Some questions and answers:

1. **It sounds from your initial line as if the rules differ slightly from area to area?**
  - a. They do. Set by the referees.
2. **Is there an implementation date for the new rules?**
  - a. April 5<sup>th</sup> 2004.
3. **Is there somewhere I can get a list of Crem Referees/deputies?**
  - a. The Crematoria will tell you?
  - b. Exeter: Dr Ken Forber (via Crem) Deputies: Drs Adrian Rogers, Adrian Midgley, Adrian Renouf
  - c. It will be interesting to see if other areas have stuck to the Adrian theme!!
  - d. The LMC would be grateful if Crem Referees could make themselves known to us!

### **Tax Relief on Overseas Educational Activities**

Luke Bennett FCA CTA, Winter Rule, Chartered Accountants.

**lbennett@winterrule.co.uk**



One of the changes brought about by the new GMS contract is that overseas educational activities will no longer be accredited by the International PGEA panel as there is no longer any need to collect PGEA points. This may make it harder to justify to the Inland Revenue that tax relief is due on expenses related to such activities.

In the light of this change I thought it would be useful to summarise the Revenue's view on such expenditure and how to maximise your chances of successfully claiming tax relief.

The strict Inland Revenue view is that expenditure incurred in attending overseas conferences is allowable only when incurred **wholly and exclusively** for the purposes of your profession. This means that if the overseas trip is combined with a holiday then the whole cost could be disallowed. In practice the Revenue normally allow a fair proportion of the cost of overseas trips partly for holidays if there is a genuine business purpose.

The following factors will be taken into account:

- Was the subject of the conference of direct relevance to your day to day work?
- How long did the conference last when compared with the whole trip?
- Were you accompanied by your spouse / close relative / partner?

To maximise the chances of a successful claim you should:

- Keep a record of the detailed conference itinerary or programme.
- Ensure the reasons for attendance are noted in your personal appraisal.
- Keep all receipts, invoices etc.
- Be reasonable in the proportion of total costs you claim.

Finally don't forget any personal professional expenses are claimed through the partnership tax return. This means that if the Revenue chooses to enquire into your claim they will also investigate all the claims of your fellow partners. This may not make you the most popular member of your team!

## People with MS: find out more about your local services

**Files providing information about local health and social services are now available for people with MS living in the Teignbridge, Torbay, South Hams and West Devon and East Cornwall area.**

Finding out about how to access local services is often a great source of frustration to everyone involved with the management of a condition such as MS. Two women who are living positively with MS, Kate Tudor-Hart and Suzanne Raphael are part of an MS Care Pathway Group that is trying to change this situation. This group, which meets at Rowans Rehabilitation Unit in Derriford, Plymouth, is made up of health professionals and people with MS, who are working together to try to improve services for people affected by MS across South Devon.

The group feel that one way of achieving this is for people with MS to have information, in an easy to read format, about how to access local services. This in turn, they hope, will enable people to be more actively involved in their management. Kate Tudor-Hart and Suzanne Raphael along with 3 other members of the MS Society Averil Corrick, Jayne Steer and Virginia Williams, applied for funding from the MS Society Millennium Award Scheme, which is supported by the National Lottery, to produce the Information Files. They received funding to produce 4,000 files, enough for every person affected by MS living in the Teignbridge, Torbay, South Hams & West Devon and East Cornwall areas.



MP, Richard Younger-Ross (R) with the team that produced the information

The Information File is intended to be used in conjunction with the National Institute of Clinical Excellence (NICE) Guideline in MS Care published in November 2003. This document is available at no cost from [www.nice.org.uk](http://www.nice.org.uk) or by telephoning the NHS response line 0870 1555 455 and quoting reference number N0367 and NO366.

A constant problem with information files such as these is that information can quickly be out of date. The file has therefore been produced in an A5 ring binder to allow for changes to be incorporated. In the near future the file will be part of the Devon and Cornwall Section of the award winning MS Society Website [www.mssociety.org.uk](http://www.mssociety.org.uk). This will enable regular updates to be easily available to most people.

If you would like one of these files, or have any feedback concerning the information in them, please contact either chairs of the Care Pathway Group: Jenny Freeman at the Faculty of Health and Social Work, Plymouth University (01752 233849, [J1Freeman@plymouth.ac.uk](mailto:J1Freeman@plymouth.ac.uk)) or Helen Rutherford, MS Specialist Nurse at Derriford Hospital, Plymouth Hospital NHS Trust Tel: 01752 517639, [Helen.Rutherford@phntswest.nhs.uk](mailto:Helen.Rutherford@phntswest.nhs.uk)

### Changes in Practice Telephone, Fax or Emails

**It would be appreciated if you would notify the Secretariat if you have made any changes to your practice communication systems as we frequently find that fax/email addresses have changed therefore making it difficult to contact the practices.**

## VACANCIES

<p>Clare House Surgery Tiverton EX16 6NJ Tel: 01884 252337</p>	<p><b>WANTED - GP Retainer/Flexible Careers Scheme GP</b> From early May 2004 for 2 - 4 sessions per week. Times can be negotiated.</p> <p>We are a PMS Partnership of 5 full-time and 2 part-time doctors looking after 9,600 patients.</p> <p>We are a friendly practice based in a beautiful Georgian building in the middle of a Mid-Devon market town with a busy community hospital.</p> <p>We are paperless (Vision computer system) and hope to achieve high quality points. There is no OOH commitment required. For further information, or if you would like to come and look around, please contact Dr Mike Seymour via phone or email <a href="mailto:michael.seymour@gp-183085.nhs.uk">michael.seymour@gp-183085.nhs.uk</a></p>
<p>Mayfield Medical Centre, 37 Totnes Road Paignton TQ4 5LA Tel: 01803 558257</p>	<p><b>EXCITING PRACTICE NURSING OPPORTUNITIES 2004</b> Registered nurse or phlebotomist? - Enjoy working as part of a team? - Sense of humour? - Work under pressure? Good communication skills? - Computer literate?</p> <hr/> <p>Permanent New Post - E Grade Nurse (Practice nursing experience unnecessary) Required ASAP. 16-20 weekday hours Responsibilities include: Wound Management, Screening Patients, Health Promotion, Vaccinations, Immunisations, Infection Control, and Phlebotomy. Salary iro £ 17,660 pro rata per annum</p> <hr/> <p>Permanent Experienced Practice Nurse F Grade leading to G Grade Required 1st July 2004. 16-20 weekday hours Responsibilities include: Wound Management, Vaccinations, Immunisations, Travel Advice, Triage Nursing, Minor Illness. Able to use own initiative and undertake managerial responsibilities. Salary iro £19,585-£24,4S5 pro rata per annum</p> <hr/> <p>Temporary/Experienced Phlebotomist 3 months relief cover. Required immediately. 16-20 hours weekday mornings. This contract may be extended. Hourly rate iro £6</p> <hr/> <p>Please apply in own handwriting, enclosing large sae and CV to: Miss Laurette Ackland, Manager. Informal &amp; formal interviews to be held during April for all positions Members of staff cannot be patients of Mayfield</p>
<p>Compass House Medical Centre King Street Brixham TQ5 9TF Tel 01803 855897</p>	<p><b>LOCUM - Summer 2004</b> We require a locum to cover a full-time partner in our practice for 8 weeks from 5 July 2004. The position will be for 4 full-days per week and if 'opt outs' proceed as planned there will be no out-of-hours. Please contact Dr Andy Paton either by email or telephone for further details. Email: <a href="mailto:andy@paton2000.fsnet.co.uk">andy@paton2000.fsnet.co.uk</a></p>

<p>Coleridge Medical Centre Canaan Way Ottery St Mary Devon EX11 1EQ Tel: 01404 814447</p>	<p style="text-align: center;"><b>Locum Required</b></p> <p style="text-align: center;">Short summer locum required 2/3 time. August 9<sup>th</sup> – August 20<sup>th</sup> 2004. No out-of-hours. Please contact Anne Maher, Practice Manager. Email: <a href="mailto:Anne.Maher@-l83095.nhs.uk">Anne.Maher@-l83095.nhs.uk</a></p>
<p>Contraception Clinic 4 Barnfield Hill Exeter EX1 1SR</p> <p>Tel: 01392 427264/276892</p>	<p style="text-align: center;"><b>Family Planning Doctor</b></p> <p>We are looking for a doctor to work a regular late afternoon/early evening session on Monday, Tuesday or Wednesday in the centre of Exeter. Starting time negotiable.</p> <p>You will need DFFP and ideally Letters of Competence in Intrauterine Techniques and Sub-Dermal Implants, although training for the latter two could be arranged.</p> <p>Please contact Dr Lisa Barnett at the clinic. Telephone enquiries welcome.</p>
<p>Plymouth PCT Glenbourne Unit Morlaix Drive Plymouth PL6 5AF Tel: 01752 763117</p>	<p style="text-align: center;"><b>Full-time General Practitioner: One-Year Fixed Term Contract</b></p> <p>Come and work for Plymouth Primary Care Trust, delivering primary care to the local community</p> <p>This is an exciting opportunity for a GP to work for the PCT within our Personal Medical Services practice, currently at <b>Ernesettle Green Surgery</b>. The practice is soon to have new premises built under the first wave of Plymouth LIFT Projects.</p> <p>Salary scale: £54,340 to £70,715 depending on experience (Pay review pending).</p> <p>For an informal discussion, please contact Linda Trebilcock, Team Manager, on Tel: 01752 314958. To receive an information/application pack please contact Teresa Duggan, Medical Staffing Officer, E-mail address: <a href="mailto:Teresa.Duggan@pcs-tr.swest.nhs.uk">Teresa.Duggan@pcs-tr.swest.nhs.uk</a></p> <p style="text-align: center;"><b>The closing date for completed applications is 4.00pm on Friday 23 April 2004.</b></p>
<p>St. Leonard's Medical Practice 34 Denmark Road Exeter EX1 1SF Tel: 01392 201790</p> <p><b>Closing date April 23<sup>rd</sup> 2004</b></p>	<p style="text-align: center;"><b>STRATEGIC PRACTICE MANAGER (Half-time)</b></p> <p>We are seeking an experienced practice manager to work half time within this friendly, five doctor, city centre practice (PMS). Previous practice management and NHS experience are desirable. We are looking for a manager to head up the practice's management team and complete an exciting new build.</p> <p>The job could be expanded to a full-time position by adding a half-time post within Exeter PCT for suitable candidates. Salary £30k to £35k pro rata depending on experience and qualifications.</p> <p>Please apply in writing with CV to Dr Philip Evans</p>

<p>Okement Primary Care Centre Okehampton Hospital Cavell Way Okehampton EX20 1PN</p> <p><b>Closing Date for applications: 14<sup>h</sup> April 2004</b></p>	<p style="text-align: center;"><b>Salaried GP</b></p> <p>Full Time Salaried GP (37.5 hours per week) £60k – £65k p.a. Personal Medical Services Practice 3 year fixed term contract initially</p> <p>Okehampton is the fastest growing town in Mid Devon with a new 34-bed community hospital which opened in June 2003. The practice is currently located within the hospital and opened in January 2004.</p> <p>We are looking for a second full time GP to help us develop our new vision for health care in Okehampton and will expect the new GP to offer a GPwSI service to local practices for which appropriate training will be provided. At present the practice list is small but is expected to increase rapidly due to the major housing developments locally.</p> <p>We want to use the development of the new practice within the hospital to explore new ways of delivering healthcare to the population of Okehampton. The practice will give you an opportunity to do things differently working with other community and secondary care partners. We want to be able to offer an extended range of services complementing existing local provision.</p> <p>Our flexible benefits include:</p> <ul style="list-style-type: none"> <li>• Golden Hello and GPs Delayed Retirement Scheme to those eligible</li> <li>• Medical Indemnity subscription reimbursement</li> <li>• NHS pension</li> <li>• Protected learning time</li> <li>• Car leasing scheme</li> </ul> <p>If you would like to join us in our challenge of modernising services in Okehampton and would like further details or to arrange an informal visit please contact Dr Keith Gillespie on 01837 658051.</p> <p>For an application pack please contact Marilyn Poat on 01837 658000.</p>
<p>College Surgery Partnership College Road Cullompton EX15 1TG</p> <p><b>Closing date 27.4.04</b></p>	<p style="text-align: center;"><b>Medical Notes Summariser</b></p> <p style="text-align: center;"><b>6 Month Contract - 30 hours per week – 3 positions</b></p> <p>Past medical knowledge required and computer skills essential</p> <ul style="list-style-type: none"> <li>❖ Flexible hours are child or retirement friendly!</li> <li>❖ Experience preferred, training given for right people</li> <li>❖ Good way to keep fresh or refresh medical knowledge, if a nurse on or after a career break</li> <li>❖ Holidays honoured – 2 weeks paid leave included in Contract</li> <li>❖ Pensionable salary £6-8 per hour, dependent on experience.</li> </ul> <p>Please apply in writing with CV to: Mrs S Halliday, Data Quality Manager</p>

<p>Drs Selley and Stephenson The Surgery Fair Park Bow CREDITON EX17 6EY Tel: 01363 82333</p>	<p style="text-align: center;"><b>Replacement Receptionist/Dispenser</b> Some dispensing experience would be an advantage, though not essential. Hours: 20-30 per week, flexible, between 8am and 7.30pm 4 days (occasional Saturday mornings 8am-10.30am) Salary: Negotiable depending on experience</p> <p style="text-align: center;">For further information, please contact Bow Surgery.</p>
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<b>POSITIONS WANTED</b>	
<p><b>Dr Simon Jones</b></p>	<p style="text-align: center;"><b>GP seeking locum work Torbay area from July 1st 2004</b> I am currently working as a GP in Val D'Isere, France. I completed the Exeter VTS in 2002 and have MRCP. I am returning to Torquay for my partner to undertake her GP registrar year. I will be a full-time sessional GP and will consider short and longer-term locums in the Torbay area. I am on the Devon Supplementary List. For further information and CV please contact <b>simonjones111@yahoo.co.uk</b> for a quick e-mail reply.</p>
<p><b>Dr Shakeen Akhtar</b> Tel: 07767 350849</p>	<p>I will be looking for locum work in Plymouth/Devon/Cornwall area whilst seeking a full-time/three-quarter position in the area from June 2004. I will consider work before then if there is anything suitable. Registered on South &amp; West Peninsula Health Authority Non-Principal list but currently doing locum work in Yorkshire.</p>

## Conferences, Courses and Information

### General Practice - The Next Generation National Conference for GPs To Be Thursday 8 - Friday 9 July 2004 The Hilton Hotel, Glasgow

So, you're considering a career in general practice? You might already be on a vocational training scheme, working as a SHO or in your GP Registrar year. If you are one of the next generation of GPs this conference - jointly run by the BMA's GP Registrars Subcommittee and the Royal College of GPs - is for you!

You will:

- Benefit from the knowledge and experience of your contemporaries and many prominent GPs
- Learn first hand how general practice is changing and what challenges lie ahead
- Develop the skills and resources to help you through your training and early professional years
- Be fully equipped to deal with the ethical dilemmas you are likely to face in practice
- Have the right information to help you maximise your career options
- Enjoy superb networking and social opportunities in this dynamic city.

**Participants include:**

Dr John Chisholm, Chairman, General Practitioners Committee, BMA.

Professor David Haslam, Chairman of Council, RCGP.

Dr Roger Neighbour, President, RCGP.

And many other well known speakers covering a variety of interesting topics.

**Delegate fee: £350 - includes:**

One night's accommodation on Thursday 8 July

Admission to the Conference on both days, a delegate pack, lunch on both days, refreshments.

A ticket for the Conference "Highland Fling" dinner dance, including drinks.

Apply for study leave/deanery funding now. If you are a newly qualified GP, your Higher Professional Education funding may be used.

For further details or to book online please go to [www.bma.org.uk/conferences](http://www.bma.org.uk/conferences) or contact the BMA/BMJ Conference Unit on 020 7383 6605.

**Devon and Cornwall Criminal Justice Board  
Multi-Agency Witness Profiling Conference  
Wednesday 12 May 2004. Imperial Hotel, Torquay.**

**The Liverpool Model – Witness Profiling**

The event is being co-hosted by the Local Criminal Justice Board, the Crown Prosecution Service and the Police in the Devon and Cornwall area.

The invitation is being extended to a variety of agencies in Devon and Cornwall who would have direct involvement or interest in the scheme.

The Liverpool Model: Merseyside have successfully implemented a multi-agency strategy regarding inter-agency working. They provide a comprehensive witness care service to vulnerable victims/witnesses. This work includes witness profiling and multi-agency weekly meetings to prepare for vulnerable victims/witnesses to attend court to give their evidence. They work as a TEAM and provide an excellent witness care package.

**Aim of the Day**

To provide greater understanding and awareness of the importance of Multi-Agency interaction.

**Objectives**

- To consider a Devon and Cornwall Multi-Agency Strategy that complements the 'Liverpool Model'
- To provide awareness regarding the importance in improving our communication links between all our Criminal Justice Partners
- To understand the importance in communicating with the victims and witnesses and providing them with regular feedback. To take into account the victim's/witness's views and concerns, thereby assisting them to give their best evidence in court.



For further information please contact Hannah Duncan, CJS Performance Officer, or Kaye Willmott-Pilgrim on 01392 2888010.

**Comings and Goings April 2004**

**Welcome to:**

Dr Rachel Amherst, Southernhay House Surgery  
Dr Ruth Knowles, Southernhay House Surgery  
Dr Jonathan Tuckley, Friary House Surgery  
Dr Adam Morris, Dartmouth Medical Practice  
Dr Martin Rankin, Plym River Practice, Plymouth  
Dr Robert Seal, Sampford Peverell Surgery  
Dr Karen Brown, Riverside Surgery, Bovey Tracey

**Goodbye to:**

Dr Mohammed Chowdhury, Friary House Surgery  
Dr David Simpson, Plym River Practice, Plymouth  
Dr Anna Dissevelt, Boutport Street, Barnstaple  
Dr Daryl Pearce, Boutport Street, Barnstaple