

Essex Sessional GP Conference 2011

“Do you mind if I ask, what exactly is a sessional GP?” This question was put to me by two of the Consultants who contributed to the Essex Sessional GP Conference on 1st October. The objectives of this conference were manifold but updating secondary care colleagues on the diversity of the GP workforce had not been one of them. And yet this proved to be a fantastic opportunity to do just that and so much more than had been originally envisaged when Kate Barusya and I first met with Professor Hibble at the Postgraduate Medical Institute (PMI) earlier this year. Kate and I in our respective roles as Eastern representative on the Sessional GP Subcommittee of the GPC and Sessional GP representative on the South Essex LMC, wanted to explore and discuss how to engage with our sessional colleagues, many of whom have limited access to information about professional development and education. With the considerable support, advice and input from the PMI and North and South Essex LMC seven months later the doors of the Michael Ashcroft Building at Anglia Ruskin University were flung open on an exceptionally sunny October Saturday morning and we welcomed 50 GPs from across Essex and beyond to the inaugural Essex Sessional GP Conference. The composition of this gathering was roughly 50:50 of locums and salaried GPs with a smattering of educationalists, out of hours and prison doctors. The ensuing debates, discussions, questions and feedback from all those that attended bowled over the conference organisers.

The day started with a brief introduction recognising the frustration and isolation many sessional doctors experience. One of the aims of the day was to send out a signal to all those gathered that sessional GPs *are* an important and worthwhile group; they *do* have a part to play in the new NHS changes and want to be included in and contribute to the wider general practice community in Essex. The keynote speech was delivered by Professor Hibble, director of GP Development and Primary Care at the PMI. His overriding message was of the importance of professional self worth. He outlined the reasons why many of us have become sessional GPs (positive as well as negative reasons), what resources the sessional GP can access and what can help a sessional doctor remain resilient. He also spoke about educational opportunities at the PMI including skills updating and getting involved in primary care research. He invited sessional GPs to feedback their needs, define their strong points and become a resource and part of a partnership at the PMI.

After this there were brief presentations by representatives from the RCGP, BMA and North and South Essex LMC about the benefits of these organisations for sessional doctors. Alison Behn, RCGP Essex Faculty Secretary spoke about educational events organised by the faculty and about the wider benefit of RCGP membership including the Revalidation RCGP e-portfolio which is free to members. Kate Barusya spoke about her experience on the GPC Sessional GP subcommittee and that belonging to the BMA gave sessional GPs a stronger voice than trying to negotiate and steer their way alone. A lively discussion followed, in particular about difficulties facing sessional GPs trying to become more involved in commissioning. Brian Balmer, CEO of the North and South Essex LMC then ended the morning session speaking about the role of the LMC and its inclusion of sessional doctors.

Paul Zollinger-Read, Director of GP commissioning at East of England SHA and Medical Advisor and Primary care lead at King’s Fund, spoke about the impact of NHS reforms on sessional GPs. He explained that Clinical Commissioning Groups will need delegated leadership and sessional doctors should ask themselves how they will fit into commissioning as providers and as followers. There are options to develop a portfolio career, take on a commissioning project and set up a local self-

directed learning group of sessional doctors interested in commissioning. He emphasized the importance of constructive relationships and good communication between different parties involved in commissioning.

After this last formal presentation to the conference as a whole, delegates split up into groups for two back to back workshops that they had preselected out of a choice of 1) employment law and negotiating skills 2) setting up a sessional GP peer support group 3) preparing for partnership and 4) appraisal and revalidation. The workshops were very interactive and well received, however, particularly for the talks on appraisal and employment law, more time was required.

Delegates revived themselves over lunch and had an opportunity to visit sponsorship stands and network with colleagues before the afternoon session of clinical updates. There was a choice of three out of four workshops on CPR training (conducted by the PMI resuscitation trainers), Common Eye Problems in Primary Care (Mr Aggarwal, Consultant Ophthalmologist, Southend University Hospital), Dizziness in Primary Care (Mr Kanegaonkar, Consultant ENT surgeon, Medway Maritime Hospital and Guy's and St Thomas' Hospital) and Common Skin Problems in Primary Care (Dr Mehta, Consultant Dermatologist, Basildon University Hospital). The timing of these workshops was quite tight but the clinical sessions were all evaluated as excellent or good by delegates. The consultants also expressed their enjoyment at teaching such a keen and enthusiastic group of doctors. All those involved in planning the conference learnt a great deal and will take on board the constructive feedback received by delegates as well as all the presenters.

The conference ended with a brief summary by Kate Barusya and a prize draw by one of the sponsors and one lucky delegate left with a Kindle! During the day delegates had been invited to put down their name if they were interested in joining or setting up a sessional GP peer support group. As far as I am aware there are only two such groups currently running in Essex: the Southend Sessional GP Group and the Colchester Non-Principal Group. The names and email addresses of interested delegates were collated and enthusiastic responses have been received from a group of sessional GPs in Mid Essex who are planning to start a group and similarly from a doctor in West Essex who is launching the "Herts and Essex Sessional GP Group". Providing an opportunity for sessional doctors to meet and network with one another was a principle aim of the conference and throughout the day there was a buzz of engaging conversation amongst all those present. One delegate wrote in the feedback form: "very good idea to use this as a springboard for local support groups and networking." As a result of this conference the LMC and PMI now have a regional database of at least 50 sessional doctors and potentially six local peer support groups and we hope this will keep growing.

Everyone who returned the evaluation forms requested another event. One doctor wrote: "Thanks so much for an excellent inaugural conference, time very well spent. Hope to see you next year for a 2nd conference". Some of the other comments on the forms included: "I wanted to come for CPR but enjoyed the rest thoroughly", "Very informative conference. I would suggest it should happen annually" and "Feeling less isolated. Very helpful. Please continue. Thank you." Work is now underway to digest all the feedback we received including ideas for future topics and to plan for a second conference next year.