

College consults on Trustee Board proposals

The RCGP is consulting members on moving its charity trustee responsibilities from College Council to a smaller Trustee Board.



Prof. Amanda Howe

For the past two years, Council has been delegating many of the trustee functions currently carried out by the 70-strong Council to a Trustee Board of 12 members headed by former RCGP Chair Prof. Mike Pringle.

The College has been evaluating a pilot of the Trustee Board. It has proved a great success and has been able to provide much better scrutiny of the College's finances and risk management, freeing up Council's time to concentrate on leading the profession through the development of strategy and policy.

Council has now agreed to take the necessary next steps to make this arrangement permanent, with a newly constituted Trustee Board taking on the College's internal responsibilities and obligations as a charity from November 2012.

Trustee Board responsibilities will include safeguarding the College's charitable object, compliance with legal and Charity Commission requirements, and control over financial matters.

College Council will continue to take the lead in developing policy and strategy for the whole College and will also appoint the Chair and members of the Trustee Board.

Selection criteria will be reviewed regularly. The Chair must be a Council member who has held senior College office and be re-elected annually at the first Council Meeting of the College year.

There will be a Council member majority with eight GPs on the Trustee Board and a lay element

of four non-medical members to bring additional specialist expertise to the work.

RCGP Honorary Secretary, Prof. Amanda Howe, said: 'The Charity Commission encourages charities to have trustee bodies that are as small as reasonably practical, bearing in mind the size and scope of the organisation.'

'Most Council members are primarily interested in areas of the College's work that address professional issues for GPs and their patients, and they seek election or nomination with this in mind.'

'Looking at how we can deliver a faster and more efficient service to our members is part of a wider governance review of the College. I hope that as many of our members and fellows as possible will respond to our consultation about how the RCGP operates in future.'

Full details of the consultation, which ends on Friday 3 February 2012, are available on the College website: www.rcgp.org.uk.

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Take part in the RCGP membership survey

By now you should have received an invitation to take part in our annual membership survey. As a member of the Royal College of General Practitioners (RCGP) your views are highly valued. We would be delighted if you could respond by

9 January 2012 so that we can continue to be the voice of general practice and develop our work on behalf of our members over the coming years. This year all entrants will be entered into a prize draw for a free 'Red Letter Day' experience.

Coming together to combat cancer



A new report from the RCGP has revealed that three quarters of patients with symptoms of cancer in England are assessed, investigated and referred within a month of presenting to their GP.

Published by the RCGP's Clinical Innovation and Research Centre (CIRC), the report describes the findings of the National Audit of Cancer Diagnosis in Primary Care, undertaken in 2009/10 as part of the National Awareness and Early

Diagnosis Initiative. It offers an unprecedented insight into the successes – and gaps – that exist in cancer diagnoses in England.

Headline figures revealed that three quarters of patients visiting their GP were referred to a specialist after only one or two consultations, and that nearly 60% of all patients referred attended secondary care within two weeks.

The report was launched at a packed stakeholder and press

event hosted at the College and attended by National Clinical Director for Cancer and End of Life Care Prof. Sir Mike Richards.

(l-r) Prof. Sir Mike Richards, National Clinical Director for Cancer and End of Life Care; Dr Imran Rafi, Medical Director, RCGP CIRC; Dr Clare Gerada, Chair of Council, RCGP; Chris Carrigan, Head of the National Cancer Intelligence Network (NCIN); and Project Lead Prof. Greg Rubin, Professor of General Practice and Primary Care, Durham University.



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College appoints new Honorary Treasurer

Dr Helen Stokes-Lampard has recently been elected as the RCGP's first female Honorary Treasurer of Council. She will take over from Dr Colin Hunter in November 2012, but will be actively involved as Assistant Honorary Treasurer up until that time.

Dr Stokes-Lampard was a nationally elected representative for GP trainees from 2001–3, becoming a member of the College in 2002. She obtained her PhD in 2010, shortly before being nominated for fellowship. Throughout this time she has been heavily involved in a number of areas of the College's work including examinations and assessments, and research

and innovation. She served on the Finance Committee and then the Audit Committee. Dr Stokes-Lampard has been particularly involved in the Midlands Faculty, serving as Honorary Treasurer since 2005.

As a GP Principal at Cloisters Medical Practice in Lichfield, Staffordshire, Dr Stokes-Lampard is the Clinical Lead for women's health,

stroke/TIA and cancer as well as practice finances. She is also Clinical Senior Lecturer at the University of Birmingham, and Clinical Director of the Primary Care Clinical Research and Trials Unit (PC-CRTU). Her personal research interests include cytology screening, hysterectomy, other areas of women's health and epidemiology.

Dr Stokes-Lampard said: 'I am delighted and honoured to have been elected to be the next Treasurer of the RCGP by College Council. I have really enjoyed contributing to the work of the College over the last decade, during which time so much has been achieved. I look forward to continuing the excellent work that Dr Hunter has overseen in the last eight years, and playing my part in what is a very exciting but challenging time for the College.'



Nomination for the office of President of the RCGP, 2012–15

At the Annual General Meeting to be held on Friday 16 November 2012, Dr Iona Heath will have completed her three-year term of office as President. Nominations are therefore now sought for the office of President, to serve for the three-year period, 2012–15.

Members of the College may propose another for election to the office of President. Such nominations, signed by 12 members in good standing, must be received by the Returning Officer no later than noon, 31 March 2012.

Nomination forms and further details may be obtained from the Returning Officer, 1 Bow Churchyard, London EC4M 9DQ, or by email from jcheong@rcgp.org.uk.

Postal ballot

In the event of more than one nomination being received, voting papers for a postal ballot will be sent to eligible fellows and members during April. A single transferable vote system will be used for the election. Candidates standing for election will be informed of the results in the week before the Meeting of Council on 16 June 2012, when the results will be formally announced. The result will also be published subsequently in the *British Journal of General Practice*.

GP Enterprise Awards – East Yorkshire practice voted overall winner for innovation

South Holderness Medical Practice, Withernsea, East Yorkshire, was presented with a cheque for £4000 at the RCGP Annual General Meeting in November. South Holderness was voted by GPs as the most innovative GP practice in the UK for its joined-up care in treating long-term conditions.

The semi-rural area covered by the South Holderness team experiences a high prevalence of conditions such as diabetes – running at 6.7%. In a bid to provide a higher quality of care and a more integrated experience for patients, the practice brought together GPs, nurses and pharmacists, as well as patients.

The results have seen more than 1000 patients with more than one long-term condition receiving a health check in the past year alone. This includes screening for other conditions such as depression. The local Primary Care Trust has been so impressed that the 'care planning' approach is being rolled out across other local practices.



(l-r): Matt Lee, from the MDU; Dr David Fitzsimons (winner); RCGP President Dr Iona Heath; Dr Robert Blackburn (winner); and Colin Cooper from GP magazine.

The annual GP Enterprise Awards are sponsored by the Medical Defence Union (MDU) and presented by the Royal College of General Practitioners in association with GP magazine. The awards recognise excellence and celebrate innovation in primary care that can easily be adopted by other practices.

Deadline approaching for 2012 awards

The closing date for submitting entries for the 2012 GP Enterprise Awards is 6 February. There are six categories, with the overall winner being voted for by readers of *GP*. Further details and application forms can be accessed at www.rcgp.org.uk/pdf/GP%20Enterprise%20Award%202012.pdf.

Diversity in Practice – RCGP Annual Primary Care Conference 2011, Liverpool, 20–22 October



John Carnochan, Detective Chief Superintendent, Violence Reduction Unit, Scotland, on the link between violence and health inequalities.



Hands up for a global movement for health and human society.



AiTs rethinking career choices at the Cavern Club karaoke evening!



The moral maze of healthcare affordability.

Photos: sirastudio.com

The fourth RCGP Annual Conference got underway on Thursday 20 October. The theme for 2011 was 'Diversity in Practice', focusing on the many different ways GPs practise and the many diverse communities in which they deliver healthcare services.

Attracting more than 1500 delegates, the largest RCGP conference to date brought together key figures from across the health and social care sectors at a critical time for primary care and the health service in general.

Care not cost

In her first keynote speech as RCGP Chair, Dr Clare Gerada said that the unique relationship between GPs and their patients must never be compromised to cut costs.

Warning that the profession is under pressure to 'replace the language of caring with the language of the market', Dr Gerada said that patients were not commodities to be bought or sold, and urged GPs never to lose sight of why they entered to profession – to provide care to their patients.

While welcoming the role of GPs in commissioning, Dr Gerada said that the commissioning agenda must not sacrifice long-term benefits for patients in favour of short-term financial savings.

The shared agenda: 2011 conference highlights

The conference featured a wide variety of clinical updates and sessions on patient issues, practice developments, education, innovation, research and quality.

For the second year running, Secretary of State for Health Andrew Lansley MP addressed a packed auditorium on the Saturday, giving a speech in which he reiterated his duty to provide a comprehensive health service, and spoke broadly on health issues ranging from Any Qualified Provider to Practice Boundaries.

Other keynote speakers included Lord Victor Adebowale, Chief Executive of the Turning Point charity, and Dr Linn Getz, who used the music of Van Morrison to explain how medicine's view of disease and treatment options has changed since the mapping of the human genome in 2001.

John Carnochan, Detective Chief Superintendent of the Violence Reduction Unit, Scotland, looked at

the connections between violence and health inequalities, and explored the ways in which cross-sector collaboration can help prevent violence in communities.

Medical Educators' Group Conference

'Different Perspectives – Shared Objectives' was the theme of the first-ever one-day conference held by the RCGP Medical Educators' Group. Held the day before the main conference, it attracted over 90 delegates, all of whom had an educational role in primary care.

RCGP Annual Primary Care Conference 2012, Glasgow, 4–6 October

You can book now for the 2012 RCGP Annual Conference – the theme of which is 'Global General Practice'. The must-attend event for GPs and practice team colleagues, the conference showcases the latest clinical and policy developments across the UK, and brings together an impressive range of national and international speakers.

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Divided we fail, RCGP President tells Physicians

Doctors must bridge divisions to improve care for patients and create a fairer society, said RCGP President Dr Iona Heath when she presented the prestigious Harveian Oration to the Royal College of Physicians (RCP).

Dr Heath is only the second GP in over 350 years to deliver the oration, a lecture series given to the RCP by the estate of Dr William Harvey, who was the first physician to demonstrate that blood circulated around the body.

Dr Heath's oration, 'Divided we fail', considered the relationship between general practice and specialist medicine. In a speech rich with interesting and illuminating literary references, from Virginia Woolf to Leo Tolstoy and William Wordsworth, she explored the divisions within the medical profession and society, and dualistic views of the human body.

'Specialists and GPs have much to learn from each other. As clinicians, it is our professional

and moral responsibility to build these relationships,' she said, whilst warning of the factors threatening such collaboration.

'Competition is driving a wedge between specialists and generalists and making it more and more difficult for the two parts of the profession to work collaboratively in the interests of patients.'

Dr Heath summed up the complexities of the challenges facing the profession and the



Sir Richard Thompson, President of the Royal College of Physicians, alongside RCGP President Dr Iona Heath.

motivation: 'Medicine will never be a pure and simple place but its constant interplay of opposites make space for courage, joy, creativity and freedom and the possibility of making the world a better place,' she said.

Stressing the importance of working together for a better society, she concluded: 'If we cannot bring these opposites together into a more coherent, and in the case of society, a fairer whole, we will remain divided and we will fail.'

Dr Heath was proposed for the 2011 lecture by RCP President Sir Richard Thompson.

Writing later in the *Lancet*, Editor Richard Horton reported that the RCP had received the oration with 'warm and unusually sustained applause' confounding some members disconcerted by the selection of a GP!

The full text of the oration can be found at: www.rcplondon.ac.uk/sites/default/files/harveian-oration-2011-web-navigable.pdf.

Flu vaccination for healthcare workers

Dr Maureen Baker

RCGP Health Protection Lead

Come the autumn, come the flu vaccinations. Every year, practices in the UK deliver a major work programme identifying those patients who are eligible for flu vaccination on the NHS, by virtue of being over 65, or falling into one of the high-risk categories defined by the UK Departments of Health.

Frontline NHS workers (such as GPs) are also eligible for NHS flu vaccination and over the last year there has been a major campaign to encourage healthcare workers to take up the offer of vaccination. The reasoning behind this is two-fold – first to help prevent the situation whereby a health professional who has flu (which could be early stage and/or asymptomatic) spreads virus particles to patients who might well be vulnerable to severe illness. The second is to minimise the risk of a high proportion of healthcare workers falling ill with flu at the same time and thus causing major disruption to health services at

a time when there is likely to be excessively high demand.

More controversially, there have also been calls to roll out **mandatory** flu vaccination for frontline health workers, most notably in a recent *Lancet* article.¹ Caplan makes the case that, as efforts to persuade workers to have the vaccination voluntarily do not appear to be very successful, there is an ethical case for institutions to require frontline healthcare staff to accept flu vaccination as a condition of employment.

This issue – and the *Lancet* paper – were discussed by the College's Ethics Committee at its October meeting. In discussing this issue, Committee members looked to see what evidence there was regarding influenza vaccination of healthcare workers in the community setting but found insufficient well-designed studies that could assist their deliberations. The discussion also considered the merits of voluntary schemes as opposed to compulsory requirement to be vaccinated. The view of the Committee was that the mandatory vaccination of GPs and other healthcare

workers would not be ethically feasible or practical. For instance, how could this be enforced through altering NHS staff contracts? How could this be monitored on an annual basis? How could vaccination be enforced? What would a scheme to enforce vaccination cost? And who would pay? The Committee did agree that increased publicity and well-reasoned arguments about vaccination for healthcare workers was both appropriate and necessary in order to increase uptake, as well as serving the interests of patients.

In looking at this issue, the Ethics Committee took the view that a more positive approach to addressing the question of increasing uptake among healthcare workers would be to make vaccination voluntary, but also a professional responsibility or obligation, thereby allowing for a degree of personal or moral choice in the matter, rather than seeking to impose a solution through coercion or statutory legislation.

My own personal view is that there is a strong moral imperative for GPs and their frontline staff to have annual flu vaccinations. We do come into contact with patients who are

elderly, or vulnerable because of underlying conditions. It is not always the case that we, even as GPs, would know we had flu and we do know that people with asymptomatic illness can spread the disease. I believe there is also a clinical governance responsibility at a practice level to do what we can to try to ensure that we can continue to provide services throughout flu outbreaks or epidemics. Finally, we need to consider the overarching principle of 'First, do no harm' – our patients come to us for help, support and treatment and they can reasonably expect that we as doctors and nurses will take what measures we can to protect them. Mandatory vaccination is neither feasible nor desirable, but GPs should consider that they have a professional obligation to protect both their patients and the services they run, and – come the autumn – take up flu vaccination for themselves, as well as provide this for their patients.

Reference

1. Caplan A. Time to mandate influenza vaccination in health-care workers *Lancet* 2011; **378**: 310–11.

Tackling headache in school – a school policy

Background

Headache is the commonest manifestation of pain in children and adolescents. In many cases it is a chronic condition and runs the risk of persisting into adulthood. A recent school survey found that 20% of school children had headache that bothered them once or more a week.

Ten per cent of the students surveyed had quality of life scores that were worse than those of children with asthma, diabetes or cancer. However, despite this high impact, the needs of young sufferers are largely unmet. Only a minority of children have sought help for their problem. Parents give the following reasons for not seeking help:

- they believe that nothing can be done
- they do not want to reinforce illness behaviour and encourage truancy from school
- they do not realise that their child suffers from migraine.

The school policy

The policy was developed by Exeter GP Dr David Kernick, a GP with a Special Interest in headache

(see photo). He is currently the Headache Champion for the Royal College of General Practitioners (RCGP) and a fellow of the National Institute for Health and Clinical Excellence. The aim of the policy document is to give schools a framework in which they may identify and address headache problems in a school setting.

The first step is for a school to recognise that headache is common and can have a significant impact upon the lives and functioning of those who suffer from it both at home and at school.

The policy sets out the role of the school, which includes:

- where relevant, having a healthcare plan that identifies the level of support which is needed at school and sits within the school's medicines policy
- identifying the role of the teacher. One of the main problems is that teachers do not take troublesome headache seriously and often believe students are malingering. Teachers need to recognise that a student's performance can be significantly affected by headache and need to be aware of children who have been diagnosed with migraine or

other troublesome headache. They need to be aware that students may feel embarrassed or be reluctant to ask for help. There are a number of triggers that can be identified at school that include anxiety due to work expectations or bullying

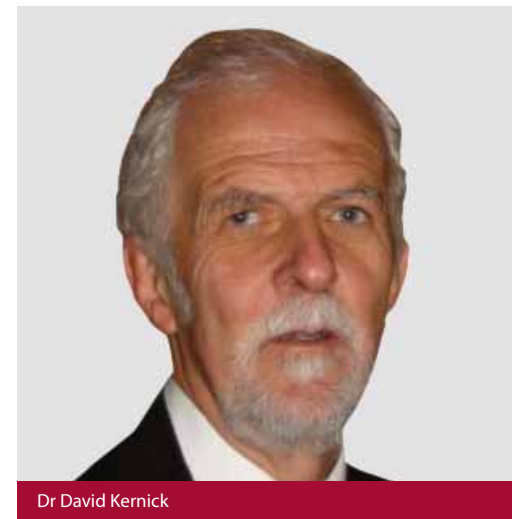
- identifying the role of the school nurse. The school nurse is key to the management of the school policy. He or she can discuss any concerns with the parent of the student, offer direct advice on the medical management of the school setting and liaise with the GP for further management
- the policy gives letters that can be used by the school for parents and carers, a headache record card and background information that can be used by students and teachers, and management guidelines for school nurses.

Policy launch

Headache UK, an umbrella organisation of lay and professional groups working in the UK, together with the RCGP and the Royal College of Nursing, launched *School Policy Guidelines for School Students with Migraine and Troublesome*

Headache at the All-Party Parliamentary Group for Primary Headache Disorders at the Houses of Parliament on 18 October. It can be accessed at: www.rcgp.org.uk/pdf/CIRC_School%20Policy%20Guideline%20Headache%20FINAL%2010Oct11.pdf.

Further information can be obtained from david.kernick@nhs.net or 01392 676679.



Dr David Kernick

Helping patients to self-care for minor ailments

Every year in the UK, over 50 million consultations are recorded for minor ailments alone. A possibly surprising fact is that over 70% of these consultations resulted in a prescription for a medicine that was available over the counter.

These were just two of the facts presented at the 12th Annual Conference of the Proprietary Association of Great Britain in November 2011, which coincided with the launch of a new RCGP e-learning course on supporting self-care for minor ailments.

The reasons why patients consult with minor ailments are varied, and authors Dr Fiona Baskett and Dr Clare Etherington are quick to emphasise that, in the primary care setting, self-care equates to shared care, rather than abrogation of care by the practitioner. 'One of the main objectives of designing this course,' explained Dr Baskett, 'was to equip healthcare professionals with the necessary skills to build self-care awareness into every consultation. We know, from research, that supporting self-care improves patient confidence and autonomy whilst reducing unnecessary consultations and anxiety.'

The interactive e-learning course takes two hours in total but can be taken in 20-minute sessions. It consists of engaging content and self-assessments to promote reflection on the reasons why patients with minor

ailments consult, the principles of managing minor ailments, and strategies to support self-care that can be used by the whole primary care team.

'We have specifically included a section on red-flag symptoms and the importance of social factors in patients who present with minor ailments,' added Dr Etherington. 'We acknowledge that GP access must be preserved for patients who may use minor ailments as a precursor to discussing more worrying, sensitive or serious problems, but the strategies we discuss are focused on empowering patients and breaking the cycle of dependency on the NHS.'

Prof. Nigel Sparrow, Chair of the RCGP Professional Development Board, who co-chaired the course steering group, said: 'As health professionals I believe it is our duty to provide education and support to our patients and the wider community to "self-care". The RCGP's new online course is aimed at facilitating this. It is important for both patients and GPs to improve shared decision making to increase patient confidence and develop more effective use of primary care.'

Antony Chuter, Chair of the RCGP's Patient Partnership Group, said: 'As someone who has learned to self-manage a long-term condition with the help of my GP and consultants, I know just how much difference this could also make to others managing short-term periods of illness.' He added: 'I am glad that health professionals are getting further support in encouraging patients like me to self-care.'

The screenshot shows a web-based e-learning interface. At the top, the title 'Why do People Consult with Minor Ailments?' is displayed. Below the title, there is a 'Lesson menu' on the left with a list of topics including Overview, Definitions and Rationale, The Health Care Pyramid, Health Seeking Behaviour, Check Your Knowledge, Defining Minor Ailments, Promoting Self-Care, Check Your Knowledge, Reasons for Consultation, Reflection Points, Addressing Attendance Reasons, Supporting Self-Care, Consultation, Reflection Points, Key Points, and End of Lesson. The main content area is titled 'Overview' and includes 'Est. Time: 30 minutes', 'Author: Fiona Baskett, Clare Etherington', and 'Curriculum: 1. Being a GP; 2. The General Practice Consultation'. A 'Description' section follows, explaining the course's purpose. An 'Objectives' section lists what learners will be able to do after completing the lesson. On the right side of the overview, there is a photograph of a healthcare professional interacting with a patient.

Self-Care for Minor Ailments

This online course is available to all primary care professionals free of charge at the RCGP Online Learning Environment (<http://elearning.rcgp.org.uk>). Members and AITs can access the course by logging in with their email and password, and others can register for free access on the site. The course was developed by the RCGP in partnership with the Self-Care Forum, with funding from NHS North West.

Course highlights

- Assessment: Reflect on Existing Attitudes and Knowledge.
- Session: Why do People Consult with Minor Ailments?
- Session: Principles of Managing Minor Ailments.
- Session: Improving Your Practice.
- Assessment: Reassess Your Attitudes and Evaluate Your Learning.

RCGP celebrates the achievements of the second wave of CIRC clinical priorities programme

The second wave of the Clinical Innovation and Research Centre (CIRC) clinical priorities programme (2009–11) came to an end in December 2011. This article reviews the achievements of each of the clinical leads.

The CIRC Board selects a set of clinical priorities annually, based on submitted proposals, and these are developed as three-year programmes.

For the second wave the priorities were:

- Ageing and Older People's Health and Wellbeing
- Headache
- Osteoarthritis
- Osteoporosis
- Respiratory Disease.

A Clinical Champion is appointed to lead on each clinical priority in order to raise the profile of their respective clinical areas and develop a range of guidelines and interventions to spread best practice and improve the quality of services.



Prof. Louise Robinson

Ageing and Older People's Health and Wellbeing

Prof. Louise Robinson, Professor of General Practice at Newcastle University and a local GP, led this area of work.

Prof. Robinson reflects on the experience: 'My experience representing the College as RCGP Clinical Champion for Ageing and Older People's Health has been a very fruitful one from both a personal and professional perspective. A tear is welling in my eye as I write this at the thought of relinquishing this role at the end of the year!'

In terms of older people's health in general, Prof. Robinson has worked very closely with the British Geriatrics Society and other royal colleges. This collaboration produced *Quest for Quality*, a report making recommendations for better health care in care homes, and the joint royal colleges project on Improving Medications Management in Care Homes (www.bgs.org.uk/campaigns/carehomes/quest_quality_care_homes.pdf).

With the launch of the National Dementia Strategy much of her work has been linked to dementia care, for example:

- primary care lead on the National Advisory Group on antipsychotic drug use (http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=548)
- Department of Health GP Commissioning packs (<http://dementia.dh.gov.uk/dementia-commissioning-pack/commissioning-pack-resources-antipsychotics/>)
- e-modules for primary care staff on dementia care (www.e-lfh.org.uk)
- RCGP One Day Essential Clinical Conference on Dementia, which was hugely successful with nearly 200 delegates.



Dr David Kernick

Headache

Dr David Kernick is a GP in Exeter with a special interest in headaches medicine and research.

'I was fortunate to hit the rails running. I had just stepped down from the chairmanship of the British Association for the Study of Headache and had a programme of research in the area, so I was fortunate to be well placed to develop a programme to reduce the impact of headache in the UK – an area of significant unmet need.'

He sits on the National Institute for Health and Clinical Guidance (NICE) guideline development

group for headache and was also accepted for the NICE Fellowship programme.

The RCGP headache programme has been focused on three areas. The first is improving the education of GPs in the area. Much of this work has revolved around the difficult question of who should investigate when patients present with headache. This is an important question as all GPs will have access to imaging in 2012.

The second is the recognition and management of headache in schools. This has resulted in the launch of a policy document for schools in October 2011 in conjunction with the Royal

College of Nursing and Headache UK at the All-Party Parliamentary Headache Group (see feature on page 5).

The third is addressing headache in the workplace. A number of pilots have been undertaken in this area and Dr Kernick hopes to move this forward across a wider range of employers.

Dr Kernick adds that 'hopefully, I may be able to continue on a clinical leadership role for the next two years with a focus on supporting PCTs who wish to implement headache pathways and develop intermediate-care headache services.'



Dr Mark Porcheret

Musculoskeletal Medicine – Osteoarthritis

Dr Mark Porcheret, a GP in North Staffordshire who developed a passionate interest for musculoskeletal medicine from very early on in his career, led this work.

Dr Porcheret comments that 'the overall aim of my three years as Clinical Champion for Osteoarthritis (OA) was to improve the provision of educational material for GPs on how to better manage OA in primary care.'

He suggests that this was chosen as a clinical priority by the College 'as OA is something of

a "Cinderella" condition. Though a highly prevalent, painful and disabling condition it is not managed in the systematic way we now manage many other chronic conditions.'

He has undertaken this work with colleagues at Arthritis Research UK and the Arthritis Research UK Primary Care Research Centre at Keele University, where he is based. This fruitful collaboration includes:

- an agreement to fund and develop an OA e-learning module
- a recent issue of *Hands On* (an Arthritis Research UK professional information leaflet

with a very wide distribution to UK GPs) devoted to OA (www.arthritisresearchuk.org/PDF/HO10-Autumn-2011.pdf)

- a series of presentations at national meetings
- a webcast on how to manage OA in general practice as part of the RCGP Clinical Champions Supper Seminars series (www.nwmsltd.com/presentations/rcgp/01dec09/part1/player.html).

The e-module will be available from the RCGP Online Learning Environment in 2012. If anyone is interested in furthering the cause of OA in general practice please contact Dr Porcheret (m.porcheret@keele.ac.uk).



Dr Graham Davenport

Musculoskeletal Medicine – Osteoporosis

Dr Graham Davenport is a GP in Nantwich and the Clinical Champion for Osteoporosis.

Dr Davenport has been involved in a range of research activities such as piloting an iPad touchscreen for the GP waiting room to detect people at risk of fragility fractures. He is also undertaking a carpal tunnel syndrome research study and will be submitting the full research proposal to Arthritis Research UK for funding. This is quite a large study and will involve over 20 GPs and 300 patients

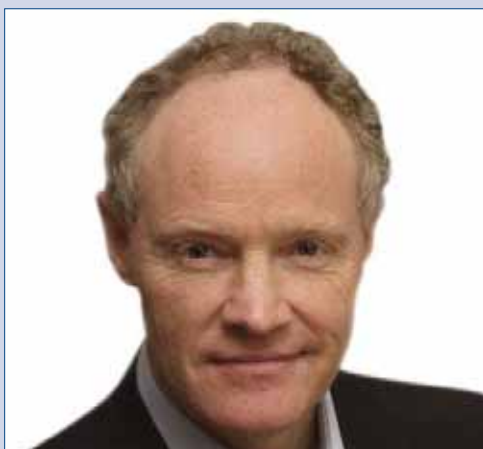
around the UK comparing steroid injection versus splint use in the primary care management of carpal tunnel syndrome. The project is planned to run until 2017.

Dr Davenport has been working with other colleagues on a joint project between the RCGP and the National Osteoporosis Society (NOS) on an osteoporosis handbook for primary care, which is due for completion shortly.

In addition, he has organised a group of GPs – together with Lupus UK – to develop a campaign to bring more awareness

about systemic lupus erythematosus to GPs and patients. He is also involved in a range of working groups with partner organisations. For example, as part of a National Hip Fracture Database (NHFD)/ Healthcare Quality Improvement Partnership (HQIP) collaboration, he is helping to produce standards for the management of non-hip fractures.

Dr Davenport is also on the organising committees for the National Osteoporosis Conference (June 2012) and Stanmore Fragility Fracture Conference (March 2012).



Dr Kevin Gruffydd-Jones

Respiratory Disease

Dr Kevin Gruffydd-Jones is a GP trainer and principal in Box, Wiltshire, and the Clinical Champion for Respiratory Disease since 2009.

Dr Gruffydd-Jones says that ‘the last three years have seen some important events in respiratory medicine’. In fact, chronic obstructive pulmonary disease (COPD) is the second highest cause of medical admissions in the UK. It has, therefore, ‘taken central stage’.

Dr Gruffydd-Jones has taken part in a number of NICE projects, which have produced guidelines and quality standards for COPD (www.nice.org.uk/guidance/qualitystandards/chronicobstructivepulmonarydisease/copdqualitystandard.jsp).

He has been involved in the Medicines Management Section of the Outcomes Framework for COPD and Asthma and in the promotion of this framework to primary care. He is now supporting a bid to carry out a national COPD audit, mainly based in primary care. In addition, Dr Gruffydd-Jones has been involved in lobbying health ministers along with Asthma UK to make sure that asthma remains within the national radar.

Dr Gruffydd-Jones is a member of the Primary Care Respiratory Society UK (PCRS-UK) and in conjunction with other members of the College and respiratory societies he has developed and piloted a Practice Quality Respiratory Award. In addition, he has helped develop the RCGP

e-learning respiratory module, which is available through the College e-learning website (www.elearning.rcgp.org.uk), and piloted practical respiratory workshops for GP trainees in the Severn Deanery.

Dr Gruffydd-Jones feels very strongly that respiratory medicine should be seen as a major part of general practice. ‘I am very happy to carry on a leadership role on behalf of the College over the next two years to maintain a College voice in national policy, to help implement the COPD/Asthma Outcomes Framework in primary care and to look at how the College’s multi-morbidity policy applies to patients with respiratory disease.’

Thank you

‘Our Clinical Champions have been very busy and have made a significant impact on their chosen clinical areas in their capacity as RCGP clinical leaders’, says Dr Imran Rafi, Medical Director of the RCGP Clinical Innovation and Research Centre.

‘We wish to thank them for all the hard work and expert input they have all provided. We hope to continue to draw on their expertise in the future.’

If you would like to discuss anything around the current clinical priority areas please do contact CIRC on circ@rcgp.org.uk.

Improving health care for teenagers



(l-r): RCGP President Dr Iona Heath, Emma Hastie and Dr Abigail Winter from the award-winning Windhill Green Medical Practice, Shipley, with Dr Marian Davis from the RCGP Adolescent Task Group.

A new weekly drop-in clinic for teenagers helped a Shipley GP practice win this year’s RCGP Adolescent Health Care Award.

Dr Abigail Winter established the ‘WISH’ clinic at the Windhill Green Medical Practice in response to high teenage pregnancy rates in the area and patient feedback. The aim of the clinic is to make young people feel less intimidated and to give them one-to-one advice. Judges recommended the model and encouraged its duplication.

The winning practice won £2500 and a commemorative plaque. The award is in

memory of Dr Kathy Phipps, a member of the RCGP’s Adolescent Health Group, who died in a motorbike accident with her cardiologist husband in the USA. She left three teenage children.

Applications are open until 31 May for the 2012 Adolescent Health Care Award, for a GP or practice that has demonstrated significant innovation or improvement in the care of young people in the previous three years. Details are available on the RCGP website at: www.rcgp.org.uk/pdf/Criteria%202012.pdf.

RCGP Clinical Innovation and Research Centre (CIRC) call for Clinical Champions

This is an excellent opportunity to lead clinical priority work programmes in 2012–15.

Closing date for all applications:
Tuesday 31 January 2012, 5 p.m.

Interviews:
Thursday 16 February 2012

Induction day:
Wednesday 7 March 2012

Role starts:
1 April 2012

Baseline time commitment:
One day per month

We are seeking to recruit clinicians to lead work on the three new RCGP clinical priorities:

- **Antimicrobial Stewardship**
- **Dementia**
- **to be advertised in the near future.**

A Clinical Champion leads a three-year programme of work in each specified clinical area. This role offers the opportunity to influence and shape the development and delivery of a range of initiatives within the College and to spearhead partnership working with key stakeholders.

We are interested in College members who can work collaboratively to raise the profile and awareness of these areas within both general practice and the wider primary care

community, with the aim of improving the quality of patient care.

How to apply

Please apply by submitting the following information by email only to circ@rcgp.org.uk.

- A short CV (max. 8 pages) with a focus on recent relevant activities.
- The names of two referees.
- A covering letter (max. 1000 words) highlighting your suitability for the role. In particular we would like to know:
 - why you think the clinical priority area is important to GPs
 - what you would like to achieve (in outline form) based on the key areas on which the RCGP wants to focus – details at www.rcgp.org.uk/circ.

For further information about the RCGP clinical priority programme, please visit: www.rcgp.org.uk/circ or, alternatively, contact the CIRC team at circ@rcgp.org.uk/0203 188 7597.

Clinical Innovation and Research Centre (CIRC)

1 Bow Churchyard, London EC4M 9DQ
0203 188 7597
circ@rcgp.org.uk
www.rcgp.org.uk/circ

RCGP Research Paper of the Year Award – call for nominations

Have you read a paper, published during 2011, that has particularly impressed you and deserves recognition?

The award is now in its fifteenth year and is open to all GPs, including non-members of the Royal College of General Practitioners (RCGP).

This year, the award will also include additional specific categories aligned to the six National Institute for Health Research (NIHR) topic-specific research networks of: diabetes; mental health; stroke; dementias and neurodegenerative diseases; cancer; and medicines for children, as well as primary care. Each subcategory winner(s) will receive a prize. An additional award will be given to the overall winning paper, selected from the subcategory winners. The authors of the overall winning paper will also be invited to present at the annual RCGP and Society for Academic Primary Care (SAPC) conferences.

To be eligible, the paper must relate to a research project in general practice/primary care undertaken within the UK and/or the Republic of Ireland, and have been published in print in a peer-reviewed journal between 1 January and 31 December 2011. At least one author should be an active GP. Papers may be submitted either directly by their author(s) or be nominated.

Entries are judged for originality, applicability to general practice, scientific content and clarity of presentation. The winners will be announced in early summer 2012 with the overall winner announced at an awards ceremony in June 2012, supported by Novartis.

Deadline for entries is Wednesday, 29 February 2012. To nominate a paper or for more information, please visit: www.rcgp.org.uk/circ.

Yvonne Carter Award for Outstanding New Researcher – call for applications

Instituted in the memory of Prof. Yvonne Carter CBE, the Society for Academic Primary Care (SAPC) and Royal College of General Practitioners (RCGP) award provides opportunities to collaborate with researchers in other countries and to attend and present work at an international research meeting. This annual award of £1000 is intended to support the international development of promising researchers in primary care.

Applicants should be (pro rata) within five years of either attaining a PhD (non-medical) or ten years of completing specialist training in general practice (medical), affiliated to a UK university, have published at least one piece of original research in a peer-reviewed journal and be actively engaged in high-quality research.

The deadline for applications is 31 January 2012. More information is available at: www.rcgp.org.uk/circ and www.sapc.ac.uk.

The RCGP Discovery Prize

The Discovery Prize is awarded every three years for outstanding research in general practice and is now open to entries.

Important discoveries in general practice have transformed health care and the wellbeing of patients. The Discovery Prize recognises contemporary achievement of similar stature with continuing major importance for primary care in the UK and abroad.

The prize will consist of a medal and a testimonial certificate, and will be presented

at a prestigious reception where the winner will be invited to speak to an invited audience.

Nominees may reside anywhere in the world and need not be members of the College. Application is by nomination, including self-nomination.

The closing date is 30 March 2012 and further details are available from: www.rcgp.org.uk/discovery_prize_2012.

Awards Administrator, RCGP
Tel: 020 3188 7534

Email: kmessent@rcgp.org.uk or mpatel@rcgp.org.uk

The Kuenssberg Award 2012

Are you an Associate-in-Training (AiT) in primary care/general practice or a member of the RCGP in your first five years of general practice? Are you also interested in clinical audit? Applications are now invited for the 2012 Kuenssberg Award for high-quality audit projects undertaken by AiTs and GPs in their first five years of practice.

The RCGP Clinical Innovation and Research Centre (CIRC) is pleased to announce the Kuenssberg Award, given to high-quality full-cycle audit projects that demonstrate a change in clinical practice or service improvement as a direct result of the audit.

Five awards will be made and the winners will receive £1000 and be invited to present their audit work – either as a poster or an oral presentation – at the Society for Academic Primary Care (SAPC) Annual Scientific Meeting, or at the RCGP Annual Conference. Winners will also have the opportunity to shadow the Chair, the Head or the Medical Director of RCGP CIRC.

The award is open to AiTs and those RCGP members within their first five years of practice, not currently in an academic department of general practice.

Applicants conducting audit projects in the RCGP's clinical priority areas are particularly encouraged to apply. See www.rcgp.org.uk/clinicalpriorities for a full listing of these areas.

Submissions

Individuals can self-nominate or be nominated. For full details on nomination, submission and application criteria go to www.rcgp.org.uk/kuenssburgaward. **The deadline for submissions is 18 May 2012.**

Tell them how

The government has launched a new engagement initiative. *Tell Us How* asks public sector workers, and those in related bodies, to come forward and contribute their ideas on where efficiency and

productivity could be improved, needless bureaucracy removed and working lives made simpler.

The ideas will be hosted on the *Tell Us How* website (www.cabinetoffice.gov.uk/tellushow) with contributors asked to say whether the ideas have potential or not.

RCGP Revalidation ePortfolio – update on Phase 2

Phase 2 of the RCGP Revalidation ePortfolio was released at the end of November 2011. The release contained a range of improvements to the CPD and PDP sections, introduced in response to feedback from GP users.

Dr Lisa Argent, the College's Revalidation ePortfolio Clinical Lead, continues to guide the development of the tool and information about future developments

will be featured in February's edition of *RCGP News*.

The RCGP Revalidation ePortfolio will remain FREE for RCGP members. Non-members will benefit from a discounted subscription rate if they register on the system before 1 April 2012.

For further information visit: www.rcgp.org.uk/revalidation_eportfolio_home.aspx.

RCGP News invites your comments

Please write to:

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ISSN 1755-7720

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Published monthly by the
Royal College of General Practitioners
1 Bow Churchyard, London EC4M 9DQ
email: rcgpnews@rcgp.org.uk
website: www.rcgp.org.uk



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