



Management in Primary Care

One in a series of curriculum statements produced by the Royal College of General Practitioners:

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Author: Dr Tim Swanwick

Contributors: Professor Steve Field, Dr Glynis Buckle, Dr Simon Gregory, Dr John Toby, Dr Justin Allen, Dr Helen Alpin, Dr Nav Chana, Dr Julia Oxenbury, Dr Amar Rughani, Dr Mike Deighan, Dr Adam Fraser, Dr Mairi Scott, the Medicines and Health Care Products Regulatory Agency's Committee on the Safety of Devices, Richard Jones, the Institution of Occupational Safety and Health, Members and Fellows of the Midland Faculty Board of the RCGP, RCGP Northern Ireland Council, RCGP Scottish Council, Ailsa Donnelly & the RCGP Patient Partnership Group

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Key messages

- Primary care is at the centre of the modern NHS and general practice is at the centre of primary care.
- Primary care is delivered in an increasing variety of ways.
- The management of primary care in the NHS requires the active involvement of all health professionals in discussion with patients.
- Management is an activity and not a profession.
- Leadership is everyone's responsibility.

Introduction

Rationale for this curriculum statement

Ninety per cent of all patient contacts within the NHS take place in primary care. The general practitioner (GP) must, therefore, learn to manage a vast range of health and social problems. The delivery of this care is set in a complex organisational background and must take into account the health priorities, both local and national. Healthcare delivery takes many forms and involves many individuals, including the patients themselves. GPs must understand the organisational context in which they operate in order to obtain the best possible health outcome for their patients within the resources available.

GPs do not deliver health care in isolation. Increasingly, practices are of growing size and complexity, and offer a range of services to patients, many of which may never, or rarely, involve direct contact with the GPs themselves. In order to deliver a comprehensive service, GPs must be equipped with the knowledge and skills to enable them to take on managerial responsibility. Management involves planning, allocation of resources, coordinating the work of others, employing and motivating staff, monitoring output and taking responsibility for the process.

GPs who manage will inevitably be called upon to demonstrate leadership: ‘knowing where you want to go, taking people with you, and giving sufficient time and energy to make it happen’.¹ Leadership is vitally important at all levels of the NHS and in a high-performing organisation everyone will take responsibility for ensuring its success.

UK health priorities

Devolution brought about many challenges but also created many opportunities to address the needs of patients in the four home countries. Scotland, Wales and Northern Ireland each gained responsibility for the resources and provision of health care in their countries. As a consequence, they became more accountable to their local people. All four countries embarked on reviews of their health and social services, and have published a number of policy papers on public health and the provision of health and social care.

It is important that specialty registrars (GP) gain a good understanding of healthcare provision in the country in which they are training. They must also be aware that while there are bodies including the General Medical Council and the Postgraduate Medical Education and Training Board that continue to have UK responsibilities, the NHS in each of the home countries is managed in a different way.

The RCGP Information Services produce information sheets that are updated regularly on the structure and profile of NHS services^{2,3,4,5} and on other key themes in primary care.

England

In *England*, the policy drive towards a primary care-led NHS was first articulated in the Department of Health’s The NHS Plan⁶ that described a 10-year vision for the NHS; an NHS fit for purpose in the 21st century, designed and engineered around the needs of the patient. *The NHS Plan* talked of one-stop health centres, upgrades to surgeries, a public–private partnership to develop primary care premises, more GPs and specialty

registrars (GP), and the development of GPs with special interests. *Shifting the Balance of Power*⁷ set out a programme of change to enable implementation of *The NHS Plan*, most notably giving Primary Care Trusts (PCTs) responsibility to commission health care, provide local services and improve the health of their population. At the same time, new strategic health authorities were formed to provide an overseeing, strategic and performance management role.

The continuing support for Personal Medical Services⁸ and a new General Medical Services contract⁹ refocused management within practices offering a raft of financial incentives not only for better patient care, but also for better organised and managed services. *The NHS Improvement Plan*¹⁰ reaffirmed the vision for high-quality personal service to individual patients with shorter waiting times for appointments, electronic booking and a choice of specialists, and, at the same time, shifting the emphasis placed on delivery in primary care from treatment to prevention. *Creating a Patient-Led NHS*¹¹ described how *The NHS Improvement Plan* will be delivered reinstating a commissioning role for practices. More recently, *Commissioning a Patient-Led NHS*¹² redefines the roles of PCTs (with the amalgamation of many) to support practice-based commissioning and slims down and restructures strategic health authorities.

The drive for reform of primary care continues and, in September 2005, a major white-paper consultation exercise was launched by the government entitled *Your Health, Your Care, Your Say: improving community health and care services*.¹³ The white paper *Our Health, Our Care, Our Say: a new direction for community services*¹⁴ that resulted from the nation-wide consultation was published in January 2006. It sets out the Department of Health's vision for the integration of health and social care outside hospitals, shifting the policy agenda from capacity issues onto the management of patients' expectation. It promises greater resources into community services with the aim of giving people more control of their health and care. The shift to deliver more services in GP surgeries, clinics and community care means that the need for effective management and leadership in primary care has never been greater.

While all administrations have set about building an NHS that aims to listen better to patients and respond more effectively to their needs, they are all beginning to diverge in how they will deliver that care. All appear to value the importance of general practice and primary care but, while England appears to be moving towards a more market-driven approach, the emphasis in the other countries is different.

Northern Ireland

The management arrangements for the NHS in *Northern Ireland* are different from the other parts of the UK. The Secretary of State for Northern Ireland suspended the Northern Ireland Assembly and the Executive with effect from midnight on 14 October 2002. The Secretary of State, assisted by his team of Northern Ireland Office Ministers, assumed responsibility for the direction and control of the Northern Ireland Departments. It is the Department of Health, Social Services and Public Safety, established by the Departments (NI) Order 1999, that administers the business of:

- Health and personal social services, which includes policy and legislation for hospitals, family practitioner services, community health and personal social services
- Public health, which covers responsibility for policy and legislation to promote and protect the health and wellbeing of the population of Northern Ireland
- Public safety, which encompasses responsibility for the policy and legislation for the Fire Authority, food safety and emergency planning.

The Department's mission is to improve the health and social wellbeing of the people of Northern Ireland. It endeavours to do so by ensuring the provision of appropriate health and social care services, both in clinical settings, such as hospitals and GPs' surgeries, and in the community, through nursing, social work and other professional services. It also supports programmes of health promotion and education to encourage the community to adopt activities, behaviours and attitudes that will lead to better health and wellbeing. The Department has developed policies for reducing inequalities and improving the health of the population of Northern Ireland, publishing its vision for the public's health as *Investing for Health*, in 2002.¹⁵

Under a 20-year policy called *Developing Better Services*, they are working ‘to develop a model of health care which will provide high quality, safe services which are accessible for all and provided by well trained, motivated staff in modern settings’. The overarching model is set out in *A Healthier Future: a twenty year vision for health and well-being in Northern Ireland 2005–2025*.¹⁶ It makes a number of statements on policy including a proposal for:

greater provision of generalist services within communities or on a day-patient or out-patient basis than is the case at present. These will include primary care services, chronic disease management, social services maintaining and enhancing independence, and much of the surgery currently provided on an inpatient basis.’

The most recent document detailing the primary care agenda is *Caring for People Beyond Tomorrow*.¹⁷ It is an undated strategic framework for the development of primary health and social care services. It provides high-level goals, more detailed objectives and a timetable for the achievement of these.

Another important recent document is the *Review of Public Administration*.¹⁸ This looks at the overall administration of public services in Northern Ireland and proposed reducing the number of health boards and trusts.

Scotland

In 2000, the Scottish Executive published their plan for Scotland’s new NHS: *Our National Health: a plan for action, a plan for change*.¹⁹ The plan made explicit the Executive’s key aims and priorities, and provided an opportunity for a wide range of people and organisations to contribute to the development and implementation of this plan and to influence the delivery of policy at a local level. It marked the start of a major change process for the NHS in Scotland, which continued with the publication of a white paper in 2003, *Partnership for Care: Scotland’s health white paper*. Amongst its aspirations were statements about the importance of primary care, investment in primary care-based services and in premises:

A wider range of services will be provided in community settings. Diagnostic and outpatient services are already provided in local health centres so that people wait less for specialist opinions or decisions about their care or treatment. More clinics will be held for the management of chronic disease and direct access clinics will be developed for services such as physiotherapy. More specialist treatment will be available in community facilities, sometimes from a General Practitioner (GP) who has acquired specialist expertise and sometimes from a traditional specialist who is based to a greater extent in the community.’

It went on to suggest that:

Primary care is pivotal to the NHS. It is the right place to promote good health and to manage illness, particularly chronic diseases, such as diabetes, asthma and heart disease. Primary Care is particularly well placed to meet these challenges, as one of its strengths is the ability to provide a generic and holistic approach to care, which is so vital when a patient presents with more than one condition. When people need more specialist care, Managed Clinical Networks will support primary care practitioners to work with others to provide the best possible integrated care to their patients.’

And ...

By working in partnership within the NHS and with other agencies, primary care is uniquely placed to influence and promote system-wide seamless care. It has enormous strengths on which to build in providing convenient, accessible and high-quality care to people in their own communities. If it can be done in primary care it should be done in primary care.’

Wales

In *Wales*, there has been similar shift in policy away from a United Kingdom view on the NHS. Like Scotland, while the organisation of services has become different from that in England, general practice and primary care remain central to plans for improving the quality of health care provided for their people.

In 2001, the Welsh Assembly Government published their plan for improving health care in Wales^{21,22} that recognised the importance of primary care, noting that primary care played a vital role in the development of social, environmental and economic sustainability in Wales. The plan outlined the Assembly Government’s commitment to rebuild and improve their health service, to develop innovative and effective ways of improving citizens’ health, and to make primary care the engine that drives constant improvement in health.

In 2003, the review of health and social care in Wales, advised by Derek Wanless, published its report.²³ Amongst its conclusions was that the position in Wales was worse than in other parts of the UK, with an exces-

sive reliance on provision of care in institutional settings rather than in the community. It made many recommendations aimed at improving quality and productivity in primary and secondary care, improving working across health and social care, increasing capacity in primary care and more public and patient involvement in shaping health and social services. It is clear that GPs have a crucial role in helping shape the future healthcare agenda in Wales.

Learning Outcomes

The following learning objectives relate specifically to the area of management in primary care and are applicable wherever GPs work in the United Kingdom. This RCGP curriculum statement should be used in conjunction with the *core* curriculum statement 1, *Being a General Practitioner*, and the other clinically oriented statements.

Primary care management

The GP should have the ability to:

- Coordinate care with other professionals in primary care, and with other specialists:
 - ◆ describe the roles of all members of the primary care team
 - ◆ demonstrate the ability to coordinate a team-based approach to the care of patients
 - ◆ demonstrate the ability to be an effective member and leader of a team
 - ◆ understand the role of team dynamics in the functioning of an organisation
 - ◆ describe strategies for effective communication within the practice organisation
 - ◆ evaluate own preference for role within teams and in interaction with others.
- Master effective and appropriate care provision and health service utilisation:
 - ◆ describe the management structure of the practice, how decisions are made and how responsibilities are distributed
 - ◆ understand how the practice functions as a business and the implications various activities and expenses have for profitability
 - ◆ understand primary care in the context of the wider NHS
 - ◆ critically appraise the organisational systems of the practice
 - ◆ delegate tasks effectively
 - ◆ understand and participate in the motivation of staff
 - ◆ contribute to staff development and training
 - ◆ conduct an appraisal interview with staff and/or colleagues
 - ◆ participate in the recruitment and selection of staff or colleagues in accordance to the law relating to equal opportunities
 - ◆ organise an effective meeting
 - ◆ manage own time effectively
 - ◆ successfully manage a project
 - ◆ understand the principles of medical device management and the use of the Adverse Incident Centre for reporting device-related adverse incidents

- ◆ understand their responsibilities as an employer or co-worker in looking after the occupational safety of their staff.
- Act as an advocate for the patient:
 - ◆ negotiate effectively with colleagues
 - ◆ understand the process of, and factors that influence, change
 - ◆ demonstrate the ability to improve the quality of health care delivered to patients by the practice
 - ◆ understand how concepts of leadership may be applied in the context of the NHS
 - ◆ describe how services are commissioned for patients
 - ◆ where possible, provide choice to patients in relation to their future care
 - ◆ demonstrate where conflicts of interest might arise in the commissioning and provision of services for patients.

Person-centred care

GPs should remember that, when involved in management, they are acting as an advocate for patients and their families. Just as in the clinical sphere of practice, where a person-centred approach focuses on the patient, in management the GP should take into account patient preferences and expectations. In managing health services, the GP should encourage questioning by patients and encourage patients, their carers and families when appropriate to access further information and use patient support groups.

The GP should be able to demonstrate that he or she understands:

- The expectations that patients, carers and families have of their practice and local primary care services
- How to involve patients in the management of the practice and local primary care services.

Specific problem-solving skills

The GP requires appropriate knowledge and skills to be able to participate in the management of the practice and local health services.

The GP should be able to demonstrate that he or she understands:

- The duties, rights and responsibilities of the doctor as employer and the fundamentals of employment law as it applies to general practice
- The various means by which GPs are contracted and the key features of contractual agreements
- The organisation of general practice in its various forms (e.g. GMS, PMS, etc.) and that it varies with its setting (e.g. rural, inner-city, urban, academic)
- The financial aspects of practice, such as sources of income and expenditure, management of funding, use of premises, marketing and the interpretation of accounts.

A comprehensive approach

The GP has an important role working with managers and other members of the primary healthcare team to develop appropriate systems for delivering primary care locally.

The GP should be able to demonstrate that he or she understands:

- The culture of administrative organisations and contribute to debates on the management of local health services
- The variety of ways in which health care may be appropriately delivered in the community.

Community orientation

GPs have a responsibility for the individual patient, their family and the wider community. They will be involved in the management of healthcare delivery in the practice and locally. Because the work of the GP is determined by the makeup of the community in which they work they must understand the characteristics of the community, including socio-economic, ethnic and health features. Many of the competences needed to undertake these roles effectively are covered in the RCGP curriculum statement *Healthy People: promoting health and preventing disease*.

The GP should be able to demonstrate that he or she understands:

- The need to reconcile the needs of the individual GP and practice with the needs of the wider health economy
- The structure of his or her local healthcare system and its economic limitations
- The importance of involving the public and communities in managing health services, e.g. encouraging patient participation in decisions about the local provision of health care
- The need to reconcile health needs of individual patients with the health needs of the community in which they live, balancing these with available resources
- The local, national and UK health priorities and how they impact on the delivery of health care.

A holistic approach

The GP should be able to demonstrate that he or she understands:

- The positive benefits of involving patients in their care and in the systems of healthcare provision and quality improvement.

Contextual aspects

Understanding the context of doctors themselves and the environment in which they work, including their working conditions, community, culture, financial and regulatory frameworks.

The GP should be able to demonstrate that he or she understands:

- The impact of the local community, including socio-economic factors, geography and culture, on the workplace and patient care
- The impact of how the health service is organised locally and nationally, and how any variation in resources and facilities may affect the delivery of health care
- The important national and local strategies for the development of health care, e.g. National Service Frameworks, NHS Plans, etc.

Attitudinal aspects

Based on the doctor's professional capabilities, values, feelings and ethics.

The GP should be able to demonstrate he or she:

- Is aware of his or her own capabilities and values
- Can identify ethical aspects relating to management and leadership in primary health care, e.g. approaches to use of resources/rationing, approaches to involving the public and patients in decision-making
- Is aware of self: an understanding that his or her own attitudes and feelings are important determinants of how he or she manages and leads.

Scientific aspects

Adopting a critical and research-based approach to practice and maintaining this through continuing learning and quality improvement.

The GP should be able to demonstrate that he or she understands:

- The key national guidelines that influence healthcare provision in the locality and country in which he or she works.

Further Reading

Examples of relevant texts and resources

- BELBIN M. *Management Teams: why they succeed or fail (2nd edn)* Oxford: Butterworth-Heinemann, 2004
- BERWICK D. A Primer on the improvement of systems *BMJ* 1996; 312: 619–22
- BURY M. *Health and Illness in a Changing Society* London: Routledge, 1997
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- MULLINS LJ. *Management and Organisational Behaviour (5th edn)* London: Financial Times Pitman, 1999
- NHS INSTITUTE FOR INNOVATION AND IMPROVEMENT. *NHS Leadership Qualities Framework* Coventry: NHS Leadership Centre, 2003
- PECKHAM S AND EXWORTHY M. *Primary Care in the UK: policy, organisation and management* London: Palgrave Macmillan, 2002
- PENCHEON D, GUEST C, MELZER D, et al. (eds). *Oxford Handbook of Public Health Practice* Oxford: Oxford University Press, 2001
- RILEY J. *Helping Doctors Who Manage: learning from experience* London: King's Fund, 1998
- ROBERTS G. *Recruitment and Selection: a competency approach (developing practice)* London: Royal Paperback, 1998
- SWANWICK T (ed.) *The Management Handbook for Primary Care* London: RCGP, 2004
- TUDOR HART J. *A New Kind of Doctor: the general practitioner's part in the health of the community* London: Merlin Press, 1988

Web resources

British Association of Medical Managers

The British Association of Medical Managers (BAMM) provides support to doctors in all management and leadership roles across the UK. Providing support also means guiding medical managers through the complex changes as the service moves towards a truly patient-led NHS, with clinicians and managers working together to a single set of ideals and values. BAMM believes that strong, effective medical management and leadership are crucial to the delivery of an excellent healthcare service and BAMM's knowledge, network and experience has a unique part to play in supporting clinical professionals, helping them to deliver their management and leadership. www.bamm.co.uk/

Department of Health

The Department of Health website is constantly being updated with policy publications, consultations, guidance documents and research reports, as well as bulletins, speeches and press releases. www.dh.gov.uk

The website also has pages dedicated to primary care: www.dh.gov.uk/en/Healthcare/Primarycare/index.htm

Institution of Occupational Safety and Health

The Institution of Occupational Safety and Health (IOSH) is Europe's leading body for health and safety professionals. The Institution was founded in 1945 and is an independent, not-for-profit organisation that sets pro-

professional standards, supports and develops members, and provides authoritative advice and guidance on health and safety issues. It has developed two free tools for small businesses that are useful for GPs in the management of their practices. One is an active website (www.safestartup.org) that provides basic health and safety information and the other a risk management toolkit. It also provides a range of short training courses.
www.iosh.co.uk/

MHRA

The Medicines and Healthcare products Regulatory Agency (MHRA) was set up in 2003. It is a government agency that is responsible for ensuring that medicines and medical devices work and are acceptably safe. It is responsible for the Yellow Card reporting scheme with the Committee on Safety of Medicines for suspected adverse drug-related incidents. It is also responsible for the Adverse Incident Centre for reporting device-related adverse incidents.

www.mhra.gov.uk

National Library for Health

The National Library for Health (NLH) is open to all, but the content is geared towards health professionals. The main priority for the NLH is to help the NHS achieve its objectives. However, it is also aimed at those healthcare professionals who are working in the private sector where common standards should apply. For example, the National Screening Committee is not only an NHS advisory committee, but its mission is also to promote the health of the whole population and its recommendations are relevant to the private sector. Part of the content of the NLH such as Clinical Evidence and Cochrane Library is licensed from commercial providers.

www.library.nhs.uk

NHS, England

The NHS England website is the portal for local NHS services in England and provides national information about the NHS.

www.nhs.uk/england

NHS Institute for Innovation and Improvement

This site contains advice and information about leading change in the NHS. It introduces its leadership qualities framework, which describes the qualities that the NHS in England seeks in developing effective leaders. There is also a list of lectures, presentations and seminars available.

www.executive.modern.nhs.uk

NHSScotland

The SHOW service is an excellent website for those working in Scotland. It provides a wealth of information and access to NHS sites across Scotland. It is provided by a team of people based within the Information and Statistics Division of NHSScotland. SHOW is supported and funded by the Scottish Executive Health Departments.

www.show.scot.nhs.uk/

NHS Wales: Health of Wales Information Service – HOWIS

The official website of NHS Wales is a seamless service bringing together information sources about the health and lifestyle of the population of Wales into a simple, electronic-based service.

www.wales.nhs.uk

Northern Ireland: the Department of Health, Social Services and Public Safety

This website provides access to information about health and social care in Northern Ireland. It has links to important policy papers and to the different departments, health organisations and professional groups that

together contribute to leading and managing health and social care in the country.
www.dhsspsni.gov.uk/

Royal College of General Practitioners

The Royal College of General Practitioners (RCGP) website provides essential sources of information about the curriculum including management and leadership issues. The Information Services pages include many helpful fact sheets and summaries of key papers and policy documents.
www.rcgp.org.uk

Promoting Learning about Management in Primary Care

Work-based learning – in primary care

Specialty registrars should be invited to attend practice meetings at all levels. Tutorials on financial and administrative matters with the practice manager and practice accountant should be encouraged.

For the specialty registrar, visits to a wide range of primary care organisations (PCO), e.g. GMS and PMS practices, walk-in centres and out-of-hours providers, will provide an invaluable broader perspective. Sessions at the PCO, or with PCO representatives, should be arranged to gain a better understanding about the local NHS's management arrangements.

Observing from the perimeter will only take specialty registrars so far, and in management there really is no substitute for getting stuck in. Specialty registrars should be encouraged to be involved in selection and recruitment episodes, and the appraisal of practice staff. A project designed to improve some aspect of the practice's service to patients will also provide a rich source of learning.

Work-based learning – in secondary care

Many of the intended learning outcomes can be addressed in the secondary care setting where there are ample opportunities to participate in and lead teams, to bring about change and health care improvement and to participate in staff development. The view of the primary care from the secondary care perspective will also be invaluable.

Non-work-based learning

Formal tutorials or training sessions on NHS structures, policies and strategic direction may be necessary – probably recurrently in view of the pace of change. Sessions might also usefully be delivered on team dynamics, recruitment, selection and equal opportunities, motivation and leadership.

Learning with other healthcare professionals

Specialty registrars will benefit from one-to-one sessions with the various members of their primary healthcare team in order that they might find out what others do, how they are managed and how they contribute to the development of the organisation. Many opportunities exist in primary care to research, discuss, evaluate and implement change across a wide range of professions from health and social care settings.

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- 5 ROYAL COLLEGE OF GENERAL PRACTITIONERS. *Profile of UK Practices* (Information Sheet No. 2) London: RCGP, 2005
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