



Firearm / Shotgun Licences

Following discussion between the BMA and the Association of Chief Police Officers (ACPO) in 2010 it was agreed that when an individual applies for a licence, or applies for a renewal of a licence for a firearm or shotgun, a letter will be sent from the police to his or her GP informing them of the fact. The purpose of the letter is to provide an opportunity for the GP to alert the police to any medical concerns that may have a bearing on the individual's ability safely to possess a shotgun or firearm. If there are no concerns, the letter does not need to be replied to. Unless, in the GP's view, the patient presents an immediate risk of serious harm to themselves or another, consent for any disclosure will be required from the patient. If the GP does wish to disclose a concern, and the patient refuses consent to any disclosure, the refusal will have to be relayed to the police, thereby potentially jeopardising the application.

Following advice from the Information Commissioner, copies of the original letter from the police should not be retained in the medical record. However, doctors are at liberty to make a note in the medical record, as they would with any other request for health information by a third party.

You can find full guidance on this subject, including on applicants who may pose a risk and the use of tags in the medical record, at the link below.

http://www.bma.org.uk/images/firearmsjuly2011_tcm41-208071.pdf

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• *Items for the Newsletter should be sent to the Editor, Dawn Molenkamp at Sedgemoor Centre, Priory Road, St Austell PL25 5AS Tel 01726 627978e-mail dawn@kernowlmc.org.uk*

Your Chairman writes.....

July heralds the beginning of the holiday season and I duly departed with my family to Disneyland Paris-where I realised that I had merely exchanged one rollercoaster ride for another. Clinging to a flimsy framework, hurtling through the dark, disorientated with unpredictable changes in direction and misleading visual cues, sudden stops and equally sudden starts-sound familiar?

The new arrangements for Clusters in England were announced and it can hardly be a surprise that there is yet more re-organisation. The date for the end of SHAs has slipped to the end of March 2013 and because of the loss of staff to other jobs, SHAs will coalesce into four larger organisations. The SWSHA will form part of a Southern Cluster with South Central SHA and SE Coastal SHA. London will be a Cluster on its own. There is no clear indication as yet as to how this will affect our PCT and Cornish Practices.

The three shadow Clinical Commissioning Groups (formerly Consortia) are now well-established and I hope that your representative is keeping you informed of what is happening. The CCGs are now sub-committees of the PCT and send representative GPs to the monthly PEC/CCF meetings, which the LMC also attends. The CCGs are also very involved with working on the QIPP agenda with the PCT-one of the LMC's function is to prevent new transfer of work to General Practice, either unresourced, or unwanted and inappropriate, and the LMC would like to hear from any GP or Practice Manager who has cause for concern in this area.

There is no news on PMS contract reviews, but we will be meeting this month with the PCT to discuss the Enhanced Services. We will also be raising the subject of NHS 111-this is being launched across England following pilot studies and once again time is short. This number is to be used by patients who cannot contact their GP surgery about a problem which they feel is urgent but not an emergency-it is to run in parallel with 999 and the OOH provider. NHS Direct's role is uncertain and is likely to diminish if not disappear. The 111 service will not have the ability to book patients into your daytime appointments, contrary to some rumours, although it is to run during daytime as well as the OOH period.. It will be commissioned by the PCT and subsequently by Commissioning Groups and has a high likelihood of increasing GP daytime workload unnecessarily so the LMC intends to watch this closely and influence where possible. There is more on this elsewhere in this newsletter.

Finally, we have sought to clarify the Coroner, Dr Carlyon's, letter to GPs concerning the reporting of deaths. Dr Carlyon has requested that ALL deaths where the certifying GP wishes to record Old Age or Dementia be reported to the Coronial Service. This is because there have been regular occurrences where the Cremation Referee has identified that there has NOT been regular attendance by the GP or an unnatural event has preceded the death (such as a fall) requiring an expedited post mortem and in some circumstances, postponement of the funeral which is highly distressing for the bereaved family.

And should you be interested in contributing to the QIPP agenda in another, less gloom-inducing way, Sir Ian Carruthers is conducting an Innovation Review for the DH-"a call for ideas and evidence on how the adoption and implementation of innovation can be accelerated throughout the NHS." The website is www.dh.gov.uk/innovationreview.

HR Transition Framework

Please find below the link to the long awaited HR Transition Framework document which was published by the DH yesterday.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126234

Patient Participation DES

GPC issued a set of FAQs on the new Patient Participation DES in June. A new and extended list of FAQs has now been published jointly with NHS Employers and is [available on the BMA website](#).

The LMC are running a day long seminar on the setting up and running of Patient Participation Groups on 6th September at Lostwithiel Golf Club.

If you would like more details please contact susan@kernowlmc.org.uk

Awareness Raising of Treatment Policies

The following treatment policies were approved by the Professional Executive Committee/Clinical Commissioning Forum on 7 June 2011.

- Hysterectomy for non-cancerous heavy menstrual bleeding
- Elective Caesarian Section for non-clinical reasons

Sessional GPs newsletter

This newsletter draws together information about new and ongoing issues affecting sessional GPs and the work of the Sessional GPs Subcommittee and General Practitioners Committee (GPC) on their behalf.

This July issue also has special reports on the motions passed at the Annual Representative Meeting (ARM) and the Annual Conference of Local Medical Committees which related to sessional GPs.

This issue covers the following topics:

- Annual Representative Meeting
- LMC conference
- NHS Reform and Sessional GPs
- Revalidation
- Information Cascades
- Sessional GP conference 2011
- Devolved nations updates
- Contacting the Sessional GPs subcommittee about issues in your area.

http://www.bma.org.uk/representation/branch_committees/general_prac/sessgpsnewsjuly11.jsp

Foundation Trust Membership

Since April last year the Cornwall Partnership Trust became a Foundation Trust (CPFT). This means that we have a greater autonomy of action but also a greater responsibility to listen to and respond to all users of the service – patients, carers, staff and those working with us in partnership – including GPs.

We are keen to sign up new members to the Trust who will have a greater voice in our deliberations, receive regular newsletters and information about the activities and performance of the Trust and, generally be more involved in our work. Currently there are around 8500 members. There is no cost for membership just an opportunity to be involved.

The CPFT now delivers, not only Mental Health care in the county, but also Learning Disability, Children and Young People services, and Complex Care and Dementia.

As a governor of the CPFT and GP (retired) I would like to ask you to encourage your patients to join us in membership and join yourselves. We would like to leave leaflets and application forms in your surgeries; but we would also be pleased to come and talk to your patient groups or practice meetings about our work.

You can contact me for more information or to invite us to come to the practice - sjo.watkins@btconnect.com or visit the website at www.cornwallpartnershiptrust.nhs.uk.

Dr Steve Watkins

Bodmin

Confidentiality Agreements

We would remind Practices of the importance of ensuring that any PCT staff who access the Practice records for any reason have signed the Practice confidentiality agreement. This is to protect the Practice and the PCT staff as well as ensure that only those individuals who have a valid reason to do so access individual patient records, and that wherever possible this should be on an anonymised basis.

Protecting Children: The Responsibilities of all Doctors.

It is the first specific guidance by the GMC on Child Protection and will influence future practice. The consultation will end on 14th October 2011. The draft guidance is succinct and quite clear. There are also useful annexes, including parental capacity, assessing capacity, confidentiality and information sharing. Any doctor can have a say.

http://www.gmc-uk.org/guidance/news_consultation/8411.asp

Using Social Media - BMA Guidance

The BMA have recently published practical and ethical guidance for Doctors and medical students on the use of social media.

The document can be found by following this link

http://www.bma.org.uk/images/socialmediaguidancemay2011_tcm41-206859.pdf

Procedures of Limited Clinical Benefit

The NHS Cornwall and Isles of Scilly Professional Executive Committee / Clinical Commissioning Forum has made commissioning decisions in relation to procedures of limited clinical benefit. **Please note that labial reduction/labiaplasty is not routinely funded unless there is evidence of exceptional clinical need.**

The Referral Management Centre will have a strong role in supporting these treatment policies; sifting referrals from GPs and returning those which need approval from the PCT.

Further information on Procedures of Limited Clinical Benefit and the application process for Individual Funding Requests can be found at <http://www.cornwallandislesofscilly.nhs.uk/CornwallAndIslesOfScillyPCT/InformationForPatients/GettingTheRightTreatment/IndividualFundingRequests/IndividualFundingRequests.aspx>

SCAM - Euromarketing

A practice has just been contacted by a couple of local firms stating that they had been contacted by a company called "Euromarketing Limited" asking them for £300 to place advertisements on the practices appointment cards.

When the practice manager contacted Euromarketing Limited they claimed that they had contacted the Practice and had received authorisation to do this. They did no such thing and no authorisation was ever given.

This information was passed on to Claire McGeachy and if this happens to your practice please let her know.

Falkland Islands

Chief Medical Officer vacancy

The Falkland Islands is home to 3000 residents and 2000 military personnel and contractors. Overall clinical responsibility lies with the Chief Medical Officer who is also the Government's adviser for all clinical and public health matters. Candidates should be qualified GPs with at least 5 years experience. Proven competency in obstetrics would be welcomed but this is only desirable not essential. The role offers an improved salary and benefits package, including generous family educational and travel allowances as well as low tax levels.

The Islands are an exceptional place for wildlife; with over 200 species of birds including vast colonies of penguins and albatross, in addition they are breeding grounds for sea lions, elephant and fur seals, and over 15 species of whales and dolphins. Full information on the role, as well as information on the islands themselves can be found at <http://www.transformingthefalklands.co.uk/>
For an informal discussion please contact Duncan Gruselle on 020 3411 6364 or email

duncan.gruselle@gmail.com

Personal Budgets

Personal budgets are the new way of funding people to purchase adult social care and support. They have been introduced nationally to give people more choice and control to organise and buy care and services, if an Adult Care and Support assessment shows the person is eligible for ongoing support in the community. There is a choice of a direct cash payment to purchase support or the Council can arrange and pay this on the person's behalf, or a mixture of both.

Cornwall Council is also developing a web-based information and advice portal, which will be a central place for people, providers and staff to find out about services from residential homes to care agencies to local community activities to a personal assistant bank.

The Council website has more detailed information in an Easy Read format, an animation showing the customer's journey to receiving a personal budget and films of people explaining how their personal budget has worked for them at www.cornwall.gov.uk/personalbudgets.

If someone would like help from Adult Care and Support, they should call the Access Team on 0300 1234 131.

For more information contact **Juliet Ferris** , Programme Manager, 01872 324487

jferris@cornwall.gov.uk

Domestic Abuse and Sexual Violence in Cornwall GP engagement needed

Domestic Abuse and Sexual Violence (DASV) continues to increase in Cornwall. It is now recognised that Primary Care can play a hugely important role in ensuring that victims get the support they need. There are many ways that this can be achieved without adding to the workload of GPs such as in clarifying pathways or the use of routine enquiry systems. We would be very keen to discuss ways of how we could help GPs in supporting many of their patients who experience abuse.

With 6,759 reported domestic abuse incidents last year in Cornwall, it is important that domestic abuse remains a priority for the NHS. Sexual violence is also a significant problem in the county with an increase from 427 crimed incidents in 2008/9 to 472 crimed incidents in 2009/10, an increase of 7%. A greater increase of 20% is evidenced in serious sexual offences over the same time period. The under-reporting of such crimes is a significant problem and it is estimated that less than 1 in 5 report sexual assault. When the data for age of the victim is reviewed, the majority of serious sexual offences is of a victim aged 17 years and under which highlights the overlap with safeguarding issues.

A new draft strategy on tackling domestic abuse and sexual violence has just been developed through the work of the Cornwall Community Safety Partnership, which includes the NHS as a statutory member. Addressing domestic abuse and sexual violence is essential to creating safer, stronger and healthier communities. We recognise that abuse is experienced by many different groups and that its

Domestic Abuse and Sexual Violence in Cornwall

GP engagement needed

impact is widespread; affecting the victim, their families and children and also the wider community. The strategy aims to tackle domestic abuse and sexual violence in their widest forms and ensure support is accessible to all victims throughout our area.

Cornwall SARC

We are very pleased to have opened Cornwall's first ever Sexual Assault Referral Centre in April of this year. The SARC building is attached to the Truro Health Park but runs separately from the rest of the Park with its own entrance. This allows independent operating outside of normal office hours. The Willow Centre provides victim lounge, shower room and forensic examination room all separate from the office space and other facilities to allow for a forensically secure environment. We also have an ABE room (Achieving Best Evidence) which allows police staff to interview victims on camera in a safe and comfortable environment away from a police station.

The SARC can take all police referrals of rape and sexual assault. Crisis Workers and police SOLOs (Sex offences Liaison Officers) support victim and gather physical evidence. ISVAs work with victims following police referrals during the report to court stage. SERCO provide FME doctors via police contract for all medical examinations at the SARC.

It is anticipated that the SARC will open for self referral in October 2011. This will allow victims to seek all the benefits of SARC provision without reporting to the police. We will be able to collect physical evidence and provide safe storage of samples in the event of future reporting

SARC offers a service for all victims aged 16 plus. The Paediatrics services at RCHT continue to provide a service for all victims under 16. Referral pathways exist for GU follow up for all victims as well as other services such as counselling, mental health, and other agencies that support victims of sexual violence.

We would be very pleased to hear from practitioners in primary care to open discussions on how we can work together most successfully in tackling domestic abuse and sexual violence.

To discuss, please contact Denis Cronin, Associate Director of Public Health on 01752 315028 or email Denis.Cronin@CIOSPCT.cornwall.nhs.uk

Cornwall SARC information can be found on www.sarccornwall.co.uk

Further information on Domestic Violence services in the county available on <http://www.cornwall.gov.uk/default.aspx?page=1368>

Camelford, North Cornwall

Partnership

Partner required to join existing F/T Partner, leading to a 2 Partner

Partnership GMS practice in the rural North Cornwall town of Camelford close to Bodmin Moor. Situated close to the beautiful North Cornwall coastline with many leisure activities within easy reach.

The main surgery is in Camelford with two outlying branch surgeries, one of which is dispensing. It is a friendly, well-organised, progressive and forward thinking practice.

List Size approximately 3,200

Nurse-led clinics with excellent and well organised support

Phlebotomy Clinic

High QOF Achiever

Computerised Microtest system in all surgeries, full supporting admin team

Opportunity for Partnership at one year

Proposed new LIFT building for practice

This is a first class opportunity to become part of a friendly and hardworking team working in a rural community in a beautiful part of Cornwall

Please send expressions of interest and a copy of your current CV to:

Mrs N Sherry, Practice Manager

The Medical Centre, Churchfield

Camelford, PL32 9YT

01840 213893

Or, email: nicky.sherry@camelford1.cornwall.nhs.uk

Callington & Gunnislake

Salaried GP

Tamar Valley Health (the Callington and Gunnislake Health Centres) provides healthcare for 16,500 patients in beautiful south-east Cornwall. The practice has a range of doctors (partners and salaried) and a full complement of staff including in-house pharmacists; dispenses from both sites; and is fully computerised (Vision). 6-8 sessions per week.

For further information, contact Kathie Applebee, Strategic Management Partner, at kathie.applebee@call-gunn.cornwall.nhs.uk.

Closing date 20 August 2011.

Old Bridge Surgery, Looe

GP Vacancy – Full Time Partnership or Salaried

Friendly young Practice	List 9500 – high prevalence
Semi rural, part dispensing	PMS Medical students
Foundation Doctors from 2011	Training Practice from 2013
Primary Care Research Network Members	Microtest Clinical System

Start date flexible – 2011 preferred

Please contact Judy Cole, Practice Manager:

Tel : 01503 266965

Email : Judy.Cole@looe.cornwall.nhs.uk

Informal visits most welcome

Port Isaac - North Cornwall

Salaried GP post to cover maternity leave

6/8 sessions per week PMS + dispensing practice Attractive salary
Split sited in modern purpose built premises serving 8,200 patients

Start date: 1 October 2011

We are a friendly forward thinking rural practice covering 90 square miles in North Cornwall. We have an excellent primary health care team.

We are now looking for a GP to cover maternity leave for one of our salaried GPs for a period of 6 months approx

For further information/informal discussion please contact Anne Boney, Manager, The Surgery, Hillson Close, Port Isaac, PL29 3 TR

Telephone 01208 88022

Email: Anne.Boney@PortIsaac.cornwall.nhs.uk

Situation Wanted

Experienced Female GP available for immediate locum or sessional work. All areas of Cornwall considered. Included on the Cornwall and IOS PCT Medical Performers List.

Contact: Christina on 07500 206887 or christina.hunt@virgin.net

NHS 111 in England

By Dr Lawrence Buckman

You will, no doubt, have seen this week's letter from the DH to say that 111 is to be implemented across England from April 2013 and that there is a deadline for implementation plans to be submitted to the DH for SHAs/PCTs of 23rd September for SHAs and PCTs.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129104.pdf

Like many of you posting on the listserver, I do not see the reason for the undue haste, not least because SHAs and PCTs have lost a considerable number of staff recently and those that remain will either be on holiday, or about to go on holiday. Peter Holden and I made all of these points when we met the 111 team recently.

The considerable concern about 111 notwithstanding, I think it is very important that you are aware of some key facts about the implementation of this policy and that LMCs work collaboratively with their PCTs and SHAs to ensure that local policies are the best that they can reasonably be in the circumstances.

Firstly, and most importantly, 111 is **not** NHS Direct. The DH have made it clear in their guidance to SHAs and PCT that local areas will **only use NHS Direct** where they are **unable** to either launch a pilot, or a fully procured NHS 111 service from anyone else. Also, it is important to be clear that this **will not be the current NHS Direct 0845 4647 service**, but fully compliant with the NHS 111 Service Specification, and will be produced in full partnership with local commissioners, out of hours organisations and Ambulance Trusts, i.e. it will use NHS Direct as a service provider not as a service. This is certainly not a matter of giving NHS 111 to NHS Direct to run. That is why I believe it is very important for LMCs to work with their local PCTs and SHAs to ensure the local 111 is developed to best suit local needs.

Secondly, I have been told categorically that NHS 111 is **not** being positioned as a replacement for GP surgery receptionists or telephone systems, as has been reported in places. The 111 team's view is that patients should have three numbers to call: the GP surgery is the first port of call, 999 for emergencies and 111 when it is urgent and their own GP is not available.

Thirdly, the NHS 111 service is different from any existing service in that it has a very strong clinical governance structure, involving the medical royal colleges, has a much more extensive and reliable directory of services to allow an accurate localisation of advice and can dispatch an ambulance direct rather than simply advise someone to call 999.

Fourthly, NHS 111 is not simply a telephone number. Any benefits of the implementation of NHS 111 will only come alongside a wider redesign and rationalisation of the local urgent care system, and it is essential that the local GP community, through clinical commissioning groups are spearheading this effort. This is why it is vital that LMCs are involved in the development of NHS 111 locally.

Each practice can include specific details in the directory of services of what they offer and when, but also how they wish patients to respond.

I have been told that the national DH NHS 111 team will expect there to be an LMC representative on every local 111 clinical governance group; GPC is represented on the national group.

The national NHS 111 team is working on systems to enable GPs to see what advice 111 has given to their patients and also view other contact with urgent and emergency care in NHS facilities; more details can be found in the MDs bulletin pages 6-8

http://www.dh.gov.uk/en/Publicationsandstatistics/bulletins/medicaldirectorsbulletin/DH_122289)

NHS 111 in England

By Dr Lawrence Buckman

The interim evaluation of 111 and minimum dataset that are available at

<http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomedataandstatistics/NHS111MinimumDataSet/index.htm>

NHS Pathways

NHS Pathways is often conflated with NHS 111 and NHS Direct. What follows is an attempt to disentangle these. NHS 111 is designed around three issues:

A nationally available memorable number that will improve patient's access to the NHS appropriately whether at home or away *if they need urgent care, and do not know where to go*. As set out above, it does not seek to replace direct access to in hours GP surgeries, and does *not* require surgeries to allow direct booking of in hours appointments by 111 call takers;

Locally commissioned handling of calls to 111, made from particular geographic areas. There is no 'central 111 service' or organisation. As with 999 calls, 111 calls are directed to be answered by whichever service is commissioned to answer calls from that area. Commissioners are being asked to establish their own choice of call answering organisation for 111 calls from their area, or from a clustered geographic area;

A consistent minimum service specification, against which the local NHS 111 call answering services are commissioned so that callers from different parts of the country get the same level of service when they dial NHS 111.

As was widely reported last year, NHS Direct's 0845 service will cease as of April 2013, though subsequent reporting sought to clarify that the organisation would not disappear. To be clear then, NHS Direct will be able to compete for the local level contracts to answer calls to 111 in a given area, and it is for them to assure their own future by being selected through commissioners' procurement processes to provide call handling for NHS 111 in their area.

NHS Pathways on the other hand is not a service, or an organisation and is not mandated for use anywhere. It is a clinical assessment tool, that has been designed by NHS doctors and nurses to provide consistent clinical assessment at all telephone entry points to the NHS including 999, 111, GP out of hours etc.

It provides a supported assessment that follows best clinical practice for triaging a patient. For any given symptom, it seeks to exclude possible causes of the symptom, in order of likelihood and clinical urgency. Where the information given does not allow a particular cause to be excluded, then a time frame and a level of care is determined.

For example, if a patient reports a severe headache, and questioning indicates it came on extremely suddenly, then a high level of care is indicated as sub-arachnoid haemorrhage cannot be excluded.

The clinical questioning within the system and the levels of care referred to is governed entirely by a National Clinical Governance Group, chaired by the RCGP and made up of representatives from the BMA, all medical Royal Colleges and other professional bodies.

As well as identifying the timeframe and level of care, the clinical assessment identifies the specific clinical skills needed for definitive care of an individual. These data are used to search the integrated Directory of Services to find a local service that has the skills needed, and is open in the time-frame required.

NHS 111 in England

by Dr Lawrence Buckman

To do this, the Directory holds carefully structured information on the specific clinical skills offered by individual local services.

This means a combined solution that enables:

- Consistent evidence based clinical assessment overseen by the medical Royal Colleges
- Identification of the skills and attributes required by the patient for definitive care
- Matching of individual patient needs with local services that have skills and are open in the right time-frame.

The additional use of this calling system will be the automatic production of data on:

- Demand for individual clinical skills
- By post code
- By time of day

Such data could present very useful information for commissioners to identify both gaps in service provision that lead to Emergency Department attendance, and also duplication of provision across primary care services.

Find out more about [NHS Pathways CMS](#)

In summary:

- NHS 111 is about providing a memorable number that works nationally and has a clear service specification behind it.
- Calls to 111 are to be answered by locally commissioned call answering services
- NHS Direct is one service that *might bid* to answer the 111 calls in any area, the ambulance services and GP out of hours services are other possible bidders for that business as well.
- NHS Pathways is a clinical assessment suite, with an integrated directory. It has been selected for use in current NHS 111 pilots, and is also selected for use by around half the ambulance services for 999 call assessment and several GP out of hours and single point of access services across the country. **A decision to use NHS Pathways will form part of local commissioner decision making in identifying the approach for handling 111 calls in their area.**

CQC Registration

The BMA have now responded to the Department of Health consultation on their proposals to delay CQC registration for most primary medical services providers. While they welcome the proposed delay, they make it clear in the response that they expect it to be used to radically reduce the compliance requirements on GP practices. You can find the full response here

http://www.bma.org.uk/images/cqceqistrationconsultrespjuly2011_tcm41-208064.pdf.

Dr Basil Bile Writes...

A recent survey showed that women tend to over pack their suitcases when going on their hols and actually never use 30-40% of the articles they have crammed into their groaning luggage containers. Men on the other hand packed far more efficiently and often wore clothes more than once, ie one pair of pants lasting several days. It occurred to me Dear Readers, as I desperately searched for ideas for an audit to impress my long-suffering appraiser, that a comparative study of the contents of the medical bags of female and male Family Doctors would be just the ticket to help ensure my eventual revalidation.

The next problem was how to get the cooperation necessary as it clearly needed to be an un-announced survey to remove the risk of study subjects altering the contents of their bags to put themselves in a more kindly light. I would have to find a methodology that involved cunning, stealth and no little imagination.

I drew up a list of target victims, namely my partners at the Abandonhope Surgery in deepest darkest Cornwall. Basically my male partner was no problem. I simply told him what I was doing and asked if could I take a peep in his bag. Simple. As for the ladies, I had to release a mouse into Hilda Bunnytunnel's room and craftily nip in and grab her bag whilst pretending to shoo the mouse out of the door as she stood atop her chair squealing. In the case of Dr McTarmac, I simply told her there was a deliveryman at reception with some new shoes for her from Jimmy Choos or some such fetishy organization, my announcement resulting in a blur of light as she vacated her room and shot towards the startled receptionists on the front desk, giving me unrivalled access to her bag and the glories contained therein.

Results of Survey as follows:

Medical Bag Contents of Esteemed Colleagues

Dr Clint Thrust (xy):-

One pair cycle clips
One bottle high energy drink
One Stethoscope
One climbing rope
One climbing axe
One Prescription pad
One copy Hang Gliding Monthly
One tube of Anusol
One pair of gloves (gardening)
One cheap biro pen, top missing
One tube of Canesten Cream,
Two Mars bars
Underarm deodorant extra strong
One packet mints extra strong

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Dr Hilda Bunnytunnel (xx):-

One tube Lipstick
Eyeliner
One Evening gown
One full set of Pearls
One pair driving shoes
One stethoscope
One pink I-PAD
One pair wellington boots
One packet Colombian ground coffee
One small cafetiere
One black Labrador (house trained and neutered)
One white husband (house trained and neutered)
Collar and lead for both the above
One bottle of perfume "Love in Liskeard"

Dr Brucella McTarmac (xx):-

One pair black high heeled stilettos
One stiletto knife
One tube lipstick
Eyeliner
One small handgun
One hand grenade
One crossbow
One stethoscope
One copy "How We Lost The Ashes" by Shame Worn
Ten bars white chocolate
One pair red high heeled stilettos
One copy "The Only Good Pom Is A Dead Pom" by Worn Shame
One bottle Groggy River chardonnay
One packet alka-seltzer
One pair green high heeled stilettos
One bottle of perfume "Midnight in Melbourne"

Point made methinks Your Honour...QED