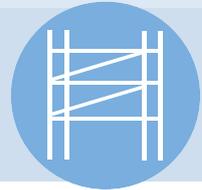


Sessional GP work – is it worth all the hassle?

Aoife Kielty looks at the pros and cons of GPs doing sessional work, in the second of our three-part establishing GPs series



A WORKSHOP at the ICGP National Association of General Practice Trainees (NAGPT) conference last autumn examined practical aspects and key issues which will confront GP registrars when working in general practice post-graduation.

The workshop was free-flowing and numerous issues specific to sessional GP work arose. This, the second article in a series of three, covering aspects of the conference, will look at sessional work.

What is sessional work?

Sessional work was understood to mean that the GP can choose to work any combination of sessions, eg. two days per week or five mornings per week.

Contractual issues and rates of pay

The issue of whether or not a contract is signed between a sessional GP and their employer was raised. It was a concern of the group that often a contract is not signed at all.

The rate of pay for sessional GPs and the definition of the duration of a 'session' arose. While many sessional GPs are employed and paid for working specific session duration, the GP can find himself working beyond the contracted time in order to see all attending patients, and find himself not reimbursed for this. GPs who are paid per session do not have the comfort of a regular salary with paid sick leave. They must take responsibility for their own future by making private income protection and pension arrangements. Concerns were raised about a GP's entitlement to maternity leave, and payment by the employer at this time.

On the positive side, however, it was perceived that there is greater freedom around taking leave, be it annual or maternity leave.

Out-of-hours commitment was discussed. It was not clear whether sessional GPs typically have an on-call commitment to the practice or not. Overall, it seems that the rights and responsibilities of the sessional GP are less clearly defined and more variable than other GP roles.

Clinical issues

For the sessional GP, difficulty in providing continuity of care and follow up for patients was an issue to which the group kept returning. This was regarded as a significant disadvantage to sessional work. All agreed that arrangements need to be made within the practice for follow up of investigations when the GP is not at work, and that a specific member of the practice is made responsible for this follow up.

The group also discussed sessional GPs as sub-specialists, or being 'pigeon-holed', depending on one's point-of-view. Many sessional GPs are employed to fulfil a particular clinical need in the practice, such as women's health. While this

may suit some, it was felt that it could lead to the GP becoming de-skilled in other areas of clinical practice.

Role and status within the practice

Job satisfaction arose as an important issue for the group and they questioned the level of satisfaction achievable with sessional work. Issues around the GP's position and status within the practice team arose – the sessional GP may be treated differently or as a lesser member of the team.

Uncertainty about involvement in practice meetings, contribution of ideas for the practice, and suggestions for change were also discussed. On the positive side, there is usually little or no practice administration work for the sessional GP and overall responsibility is less.

Patients may choose the sessional GP as their 'named-doctor' even though that doctor may not work in the practice a sufficient number of hours to provide a full clinical commitment to the patient. Conversely, some patients may view sessional GPs with suspicion, regarding them as a lesser GP.

Career progression issues

Sessional work can provide the GP with the opportunity to work in several practices and explore different styles of practice management, with a variety of GP teams and personalities. It can be particularly worthwhile for newly-establishing GPs to get a feel for practices which they are interested in working in, on a more full-time basis. On the downside, the sessional GP has no 'view' to becoming a partner/owner in the practice. The sessional GP does not have a share in the practice. There is also a lack of job security in sessional work, in that the practice can dispense of the sessional GP's services at any time.

Conclusion

With regard to sessional work, the issue of follow-up of patients and continuity of care, and how to overcome this challenge, was the issue that the group deemed to be most important. The group regarded sessional work as being a valid and flexible career option within an evolving spectrum of choices for current and future GPs. However, the consensus of this group of GP registrars was that it is more of a temporary option and in general, the choice of the minority. 

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(GPs can access more information at www.icgp.ie/gptraining)

This series is facilitated by Shane McKeogh and John Ball, project directors, ICGP Network of Establishing GPs. The final article in this series will appear in the June issue of *Forum*