

life a lot easier for their relatives (and the doctor!) and started to live again. None of them died except one; who having spent about 18 months out and about had a stroke while walking in town. Her relatives came to me for the death certificate, and I wondered if I would be treated for activating too soon; no, they thanked me for giving her another year of 'full life'! This first 18 months before the NHS started was hard work but rewarding in that rehabilitation won the day. Not only did I have to change attitudes among the 'flock' but in my seniors; I never realised that I had so many resources of tact!

This brings me to Hugh Bethell's article in the October issue, which is mainly related to cardiac disease. I would like to suggest it should have a much wider application. Any disorder which keeps the whole mind and body out of action for a week or more should be treated by simple, easily understood movements of all limbs. There is no magic about it. It does not require medical specialists, health visitors, district nurses, or physiotherapists. We should encourage mental and suitable physical activity to retain the patients interest in recovery of mind. Reading, crosswords, and puzzles are far better than sleeping pills, building up the pace as recovery proceeds.

We need to encourage our health visitors, midwives, district nurses, and relatives to think on these lines. The word rehabilitation may be too big a pill to swallow, so I suggest it is not used for patient consumption.

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REFERENCES

1. Bethell HJN, Lewin RJP, Dalal HM. Cardiac rehabilitation: it works so why isn't it done. *Br J Gen Pract* 2008; **578**(555): 677–679.

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Flexibility on work

I agree about the need for flexible training and career development to get flexibility at work through life. It's better to get people into the right job, balancing their careers with other aspects of their lives, both professionally and personally, than have them dissatisfied, underperforming, or leaving.^{1,2}

A different way of working means to be motivated, not stressed, but also to use and learn from each other's life experiences.

Involvement in teaching and in management, or simply reducing time involvement as a doctor, will raise the standards of care. So we need protected non-contact time within the working week to stimulate clearly defined roles, responsibilities, and terms of service.

Teaching, research, and management have to be relevant career options, whose status and conditions should receive strong consideration and payment in workforce planning and skill utilisation. These are important factors against burn-out and frustration, mainly visible in GPs more involved in these activities, and also to fulfil the new definition of general practice and GPs as clearly and definitely edited by WONCA, after drafting work by the EURACT Council.^{3,4}

It is really strange that some health ministries in some European countries, as the one I am working in now, are still not applying the European directives on flexibility in the workplace. This is concerning a flexible career option, as well as reduced normal clinical time when involved in teaching, research, and management.

Roger Jones⁵ wrote about seeing a much bolder attempt to endorse the 'mixed portfolio' approach to general

practice in which patient care is combined with other non-clinical activities.

I also think that it should be introduced as a 'wedge-shaped' commitment with substantial work in early years, tapering to a considerably reduced 'working' commitment given to more senior doctors.⁶ This would be a chance to reinvent general practice as an attractive career with a progressive career structure.

Flexibility has to suit different stages of life to allow someone not to work absurdly when your forces or your mind are 'conflicting' and, at the same time, permitting doctors with particular options, not to leave the profession for a long while yet. And, as a health system, 'use' their forces and experience.

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REFERENCES

1. NHS Advertisement — No rush to retire for busy GP. *Br J Gen Pract* 2003; **53**: 683.
2. Howe A, Baker M, Field S, Pringle M. Special non-clinical interests — GPS in education, research, and management. *Br J Gen Pract* 2003; **53**(549): 438–440.
3. Carelli F. New GP contract and European definition. *Br J Gen Pract* 2003; **53**(486): 61.
4. Richards TD. New GP contract and European definition. *Br J Gen Pract* 2003; **53**(487): 155–156.
5. Jones R. The new contract — worth voting for? *Br J Gen Pract* 2002; **52**(480): 602–603.
6. Carelli F. New contract and career development. *Br J Gen Pract* 2002; **52**(482): 765.

DOI: 10.3399/bjgp08X376302