

'LIFE as an MMP locum'

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Hi to everyone thinking of joining MMP to do military locum GP work. I've been asked to pen a few notes to help answer some common queries and questions that many new starters may have

I've been working on and off with MMP since 2011 and now I am doing the majority of the day job with them, having covered bases in the UK and overseas from as short as one day to as long as four months. It's enjoyable, rewarding and a refreshing change to the NHS. So what, in management-speak, is the SWOT analysis showing us?

### **Strengths**

Incredibly friendly patients and staff. Generally people in the military are committed and positive minded people, and are very welcoming and grateful for your help. Fifteen minute appointments, more for medicals, no home visits and easy access to physiotherapy make the job just more pleasant. Many bases have family dependants so you don't lose your skills with children. No QOF tick boxes, and DMICP (a version of EMIS PCS) is integrated so a soldier from Catterick being seen while visiting your base at Aldershot has full medical record access. You will enjoy a lunch break, normally at the officers mess or junior ranks, and the food is good and very economical. Many bases will provide officers mess accommodation which is so much more sociable in the evenings than staying in a hotel - but the quality can be variable.

### **Weaknesses**

Very few. Generally, like most government departments, decor is peeling and support staff can be minimal - expect to type your own referral letters. The military occupational medicine grading system can seem bizarre and confusing at first - and even military medics get baffled by it- but in time it becomes second nature for grading reviews. It just takes practice. Getting on an off bases can be a bit irritating for security purposes but it's for a reason.

### **Opportunities**


Talking to many of the military staff, the quality of locum staff is variable (not from MMP of course who are the best!) and like most, you get back what you put in. Bases like you to pitch in and help out with audit, to use your skills (eg in diabetes management) where they may be lacking experience. I've taught trainees on pre-hospital emergency care and medical officers how to do joint injections. You get amply rewarded by being keen in many ways, both professionally and personally. I've been asked for personally to come back and work in exotic locations like Cyprus (and Lincolnshire) - there are few places where you do on-call from the beach - and the RAF are spending money investing in training me to be a military aviation aircrew examiner on their course, which improves opportunities for futures placements. I've made good friends of staff all over the UK and world, and had my childhood dream come true of a personal tour around the Red Arrows squadron when looking after the base, even getting to sit in one of the aircraft!

## Threats

I suppose one fear I constantly have is that the more time I spend away from daytime NHS practice the less I will want to return to it, or that I will become de-skilled. I find that working for a few weeks back in NHS locums soon refreshes my elderly care skills, but then it's not long before the desire to be back with the military have me looking for my next placement. One concern from a locum perspective is the contracting MOD budget and closing of bases would lead to a reduction in work, but I've not seen this to date, and the recent five year commitment to 2% of GDP spending on defence means that concern might disappear.

All in all I have thoroughly enjoyed MOD locum work via MMP - and have to say my MMP consultants Emily and Dave have always been professional but fun to work with - so I would recommend it.

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