Editorial by Dr Robert Sykes (Editor)

CHRISTMAS

The holiday season is upon us once again. For some of us this will be a wonderful time of the year, whilst for others it will be extremely trying. Whatever your position, remember that you are not alone, and the DSN community is there for you on the online forum or via the doctors support line.

As a non-Christian, Xmas is a difficult issue for me to deal with. On the one hand, I adore the genuine spirit of the season and the sense of giving and festivity. However, on the other hand, I feel very strongly that the season has been hijacked by our modern consumerist society. It has become, for many, yet another thing to “get right”, to “be perfect at”, and to “provide for”. For me, it is important to keep in context the original meaning of Xmas and to focus on the second part of the phrase “we wish you a merry Xmas and a happy new year”.

Indeed, keeping ourselves well, enjoying time with the family and giving the gift of our time to the ones we love whilst not breaking the bank to ensure that the “right” presents sit under the tree (and later in that back of someone’s closet or loft).

THE 2012 AGM

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Dr Damien Longson, consultant psychiatrist and Head of the School of psychiatry in the...
Editorial: continued... By Dr Rob Sykes

North Western Deanery talked about issues with ill health during training. His talk was followed by another morning session in which Dr Peter Graves, Chief Executive of the Bedfordshire and Hertfordshire Local Medical Committees talked about what happens when illness affects GPs.

The afternoon session was subsequently a more laid back affair. We had a talk by Dr Fleur Appleby-Deen from Healing Doctors on the eclectic mix of tools she uses in supporting doctors; including basic yoga and nutritional advice.

Dr Stephen Eckersley, a retired consultant psychiatrist from Australia, gave the next talk. Amongst other interests he is a practitioner in mantra based Christian meditation and Zen training in mindfulness meditation (under the master Thich Nhat Hanh). He provided brief instruction through two simple to access forms of mindfulness meditation that was very much needed!

There was then an incredibly useful talk by Dr Declan Fox, introducing some of the key benefits of CBT, and how this could practically be introduced on a daily basis.

Finally, we had an interesting, and surprisingly rewarding session on African Drumming by Malcolm Smith that concluded an entertaining, informative and fulfilling programme.

Specific thanks must go out to Dr Alison Holt, our secretary, for organising the whole day... Including a rather nice buffet for lunch!

CHAIR STEPS DOWN

Sadly, this AGM saw Fiona Donnelly, the chair of DSN for the last few years stepping down. Her commitment to DSN and how far she has brought us forward over the last 5 years has been quite remarkable, and she will be sadly missed in this role, although she will be staying on the committee. In her stead, Angelika Luehrs, the former vice chair, was unanimously voted to the position of chair, and we wish her well for the future in this role.

Committee Elections

The current executive committee was otherwise re-elected without incidence and we received a new member in Dr Louise Freeman, who wasted no time in becoming settled in, by taking on the role of vice chair! Her enthusiasm and passion for the role will be an asset to DSN.

Specific thanks must go out to Dr Alison Holt, our secretary, for organising the whole day... Including a rather nice buffet for lunch!

AGM SPEAKERS

Dr Stephen Eckersley

Dr Declan Fox

Dr Peter Graves
The Doctor’s Support Network (DSN) conference and Annual General Meeting (AGM) took place on Saturday the 10th of November in the Arts and Leisure Centre in Stevenage. The conference programme was an exciting one that was packed with informative talks and fun activities.

Bittersweet

It was also an emotional occasion as during the AGM event whilst elections for the 2012-2013 DSN committee were underway, Fiona Donnelly announced that after many years as DSN chair she would be stepping down but that she would continue to act as liaison officer to the GMC and to support DSN in whatever capacity she can.

On a personal note, I met Fiona in a separate conference event organised by the North Western Deanery in last year and I instantly gravitated towards her after she espoused an enlightening talk on her life experiences. I immediately accepted the invitation that Fiona cordially extended to join the DSN fold. I have truly been both humbled and inspired by the herculean efforts that Fiona has exerted to campaign for doctors who have mental health challenges, from fund raising events (such as running the London marathon) to pro-active advocacy activities in BMA and GMC conventions.

Fiona’s unrelenting dedication to DSN has transformed the impact that the charity has had on its members and how the medical profession and the general public perceive doctors who have experiences with a mental illness. Other committee members who have had the privilege of working with her for longer than I have, will attest that Fiona occupies a very special place in our hearts and we wish her the very best with her new appointment as a consultant psychiatrist.

The Conference

Professor Damien Longson, consultant psychiatrist and Head of the School of psychiatry in the North Western Deanery, kicked off the proceedings with a talk entitled, ‘When Illness Strikes during Training’.

Indeed, according to the DSN flyer, as doctors we are used to supporting patients’ health and well being, but we often neglect our own. Professor Longson highlighted how the medical profession has responded to this and brought to our attention the advances in the services that are available to trainees who experience mental health challenges. Professor Longson’s talk was highly interactive, informative, relevant and engaging.

After lunch, Dr Declan Fox gave a discursive talk on how cognitive behavioural therapy can change your life. Dr Declan Fox was a full-time rural GP principal for seven years until two bouts of work-related depression forced retirement on health grounds and was thus best placed to deliver a talk on how psychotherapy can have a hugely positive effect on service users. Declan engages in a variety of mental health activities including flying the flag for CBT in primary care.

Dr Fleur Appleby-Deen, who left hospital medicine to explore health and well being in a more holistic sense and now works with individuals to maximise their well being using an eclectic mix of tools from Eastern and Western traditions, then gave a fascinating talk on yoga and nutrition. Fleur’s intriguing talk challenged the conventional methods of therapy in the West and offered insights into the continuing effectiveness and efficaciousness of Eastern therapy on mental illness in our modern world.

The conference was concluded with an African drumming workshop facilitated by Malcolm Smith who has been teaching African Drumming since 1999. According to Malcolm, drumming awakens primal feelings and the joy of this music is infectious to all around. There were plenty of smiles all around during this session.

We then went for a meal to an Italian eatery which provided delegates and presenters with an opportunity to socialise over a calzone and other dishes that Italian cuisine has to offer.

All in all, the DSN conference was a fantastic event and DSN members are encouraged to keep an eye out for future DSN conferences.
Here Declan reflects on his very useful talk on CBT, and how we can relate it to our lives. For those not acquainted with it, I am sure it served as a means to motivate them to engage in the future.

Well it was far from the best workshop I have given but as the bard said, 'twill do, 'twill serve. This was about me trying to offer a vague idea of what CBT is about, and to dispel common misconceptions about it... with an audience of fellow mental illness sufferers, there were plenty of opinions on what sort of therapy works best but thankfully we didn't get too deep into those arguments.

I had also planned to look at how CBT can help with self-care when well, particularly when working in the boiler room of medical care, that is otherwise known as the NHS. I don't think I quite managed that but a good effort was made!

CBT is very goal-directed, there is lots of evidence from other demonstration of the Socratic dialogue. In retrospect, it was far too fast and I did not plan it well enough but I hope it conveyed some sense of how to teach a patient and relate to them in CBT. We use Socratic dialogue a lot in CBT. It involves asking informational questions; being intensely curious about the patient's life; goal-directed work.

So, in best CBT fashion I asked my audience what they wanted out of the session. From there, we kind of went off into directions I hadn't planned; but being the sort of presenter who hates reading from notes, that was ok.

Alison Holt and I did a very quick and summarising a lot; very active listening; building up a picture of some part of the patient's life; and then posing a synthesising or analytic question designed to help the patient reach some new insight. As a consequence, "What do you make of that?" must be one of the most frequently asked questions in the world, thanks in part o CBT.

There were some good searching questions about CBT and I was glad I had trained on a really good course run by CBT enthusiasts because I would not have been able to answer them otherwise. It often hits me how much influence the psychoanalytic/psychodynamic schools have had over the decades and how much they have influenced how people think about psychotherapy. I regularly hear the same misconceptions about CBT, or maybe I should call them "myth-conceptions" but whatever term is used, I often hear the psychoanalytic point of view coming through. I am truly thankful that some psychoanalysts have finally agreed to do some research on their outcomes. CBT on the other hand is a well evidenced discipline.

So we finished up after about 90 minutes all still smiling at each other having had a varied session. I certainly learned a fair bit from it and I hope others did too.
The Doctor’s Challenge Part 1: My Story by Fleur Appleby-Deen

Dr Fleur is a Wellness Specialist who has set up her own business teaching people to manage stress and their busy lifestyles using a holistic approach. Dr Fleur trained as a yoga instructor in 2009 and in the last few years she has developed her knowledge in nutrition (www.drfluer.co.uk) and is also the co-founder of Healing Doctors (www.healingdoctors.co.uk).

Let’s not beat about the bush here, being a Doctor can be tough! I remember how impressed everyone used to be when I told them I was going to be a Doctor, but I didn’t understand how hard it is until I left the NHS. When you spend most of your time with people who are working equally hard, you don’t realise how tough it is. Being a doctor has the unique burden of making you responsible for life and death, a duty shared only by God. Does this mean we are somehow Demi-Gods? No. What it does mean is that we are seriously brave and deserve to have that recognised.

Doctors Don’t get Ill

Have you come across this idea that Doctors don’t get ill? It’s a strange yet common misconception that is, of course, not remotely true. Many of us experience shame nevertheless when we are ill and take time off...

Well, we must let go of that shame. Most of us wanted to be doctors because we wanted to make a difference, to help people to heal. You may be familiar with Jung’s archetype of ‘The wounded healer’, which says, ‘It is his own hurt that gives a measure of his power to heal.’ This is an important concept that should not be taken lightly. Any pain you have helps you to know your patients pain, and this will serve you both.

MY STORY

In 2007, I was in my second year as a junior Doctor and I turned up to the first day of an A&E job in Paediatrics; I was terrified. I worked for pretty much 21 days on a row of long shifts, usually 12-13 hours with insane amounts of stress, ending in a week of nights.

I remember one night we had a family of 10 between the ages of 3-85 who had jumped out of a burning house, with all manner of injuries, and all handled by me and another terrified F2 since our senior had gone AWOL for hours on end. There were language barriers and broken equipment. It was just so awful! Overall, I felt an inability to cope with what I was being asked to deal with. In other words, my stress levels were through the roof! ... And haven’t we all done the glamorous doctor thing of not finding time to care for our own needs; little things like eating, drinking water, even finding time to pee?

When I got home, I had no one to talk to. I had a chest infection but could not for one moment have imagined taking time off work and “letting my colleagues down”. My belief system was such that it was more important for me to go to work, so I wouldn’t let anyone down, than it was for me to look after my own health. Consequently, I entered a prolonged period of viral illness and I forced myself back to work far earlier than I was ready to; not wanting to miss any more training and not wanting to let the team down any more.

As the result I developed CFS/ME (chronic Fatigue Syndrome/Myalgic Encephalomyelitis) and was pretty unwell for several years. My immune system was totally shot and I suffered with depression and anxiety. I recall driving to work each morning and allowing extra time to cry in the car park before I went in to face a day in acute medicine.

Eventually I developed such agonising chest pain that I couldn’t go to work: my body did for me what I could not do for myself: It stopped me working.

But I was completely and utterly broken; physically, emotionally, and spiritually bankrupt. Western medicine held no more answers for me, other than a bit of therapy and anti-depressants, which I gratefully accepted and those things held me together just enough to allow me to take my own journey to health.

I left medicine and lost everything that I thought was me. I lost my career, and my relationship. My fear was epic, I didn’t know who I was, how I was going to earn money and I was very depressed. I felt so much shame for being physically and mentally ill and, in my eyes, not good enough at my work.

A few years on and I have my own business working in holistic well-being. I am well and happy. I am physically strong, emotionally balanced and my life and work fulfil me on a deep level.

As Doctors we have staggeringly high expectations of ourselves. The clinical work, the heavy emotional and legal responsibility, audits, exams, job applications, the probability of having to move to a far away hospital, miles from your vital support network.

Doctors are highly intelligent, ambitious, capable, good, caring, passionate, motivated people. Unfortunately, the breadth of talents that got them into medical school, that they love ballroom dancing or hockey or cooking for old people, are often completely neglected once they start work; so continuing the gradual attrition of the wholeness that is so essential to being a good doctor. Instead, doctors try to ignore their stress and often forget about their health too.

Burnout is a serious problem amongst doctors today and with one statistic revealing that 46% of GPs show signs of burn out. Just so you know, the symptoms are exhaustion, cynicism and doubting your ability. Sound familiar? The solution, in my experience and opinion, lies in taking extremely good care of yourself and learning what that means for you.

More about that, in the next article!
The Hippocrates Prize for Poetry and Medicine. By Ahmed Hankir

(With permission from Professor Donald Singer and Professor Michael Hulse)

In May 2012, I presented at the International Symposium of Poetry and Medicine. The event was scintillating with Keynote Lectures from eminent scholars in the arts and sciences from all over the world. The scope was wide-ranging and included talks from Arabic poetry on health and disease during the Islamic Golden Age with references to the Muslim polymath Avicenna’s seminal works, to a talk entitled ‘De Motu Cordis: Allusions to Poetry in the Discovery of the Circulation of the Blood’ which acclaimed the pioneering research of the 16th century British physician William Harvey.

My presentation, entitled ‘The Verses of Madness: Schizophrenia and Poetry,’ available on BMJ Case Reports, further illustrates just how broad and diverse the remit of the conference was. Despite his busy schedule, co-organiser of the events Professor Michael Hulse answered some questions about the Hippocrates Initiative for the Doctor’s Support Network Newsletter.

Professor Michael Hulse is a poet translator who teaches at the Writing Programme at the University of Warwick. Three years ago, together with Professor Donald Singer of Warwick Medical School, they founded the Hippocrates Initiative which has been held yearly since its inception.

The Hippocrates Initiative is a two-strand venture. First is the Annual Hippocrates Prize given for poetry on a medical subject. The prize is for two categories, the first allows anyone, anywhere in the world to enter. The second is for NHS employees, past or present, or health students in the UK. There is a £5,000 first prize for both of these. The Initiative has a panel of eminent judges each year: the 2012 judges were the multi-award winning American poet Marilyn Hacker and the renowned British medical scientist Professor Rod Flower. Hitherto, The Hippocrates Initiative has been a resounding triumph, and last year it received the Times Higher Education Award for innovation and excellence in the arts.

According to the founders Professor Hulse and Professor Singer, the Initiative has a very clear agenda to bring together the two disciplines of poetry and medicine and to show the point of connection between them. It does that essentially from two complimentary, but not necessarily comparable, perspectives. Firstly is the perspective of the literary scholar who reads poetry and is interested in what poetry does when it forays into the territory of medical experience. It might be illness, the experience of giving birth or of encountering dying. Open to all, the Hippocrates Initiative aims to ‘emancipate the poet lurking in each and every one of us’.

In the medical context the angle is likely to be somewhat different since poetry is put to a variety of purposes. It can, for example, be used in a broad array of clinical contexts as a form of therapy such as oncology units with terminal cancer patients.

Nobody has any expectation that poetry can influence in any way the outcome of illness, that isn’t what it is about. What it is about is the psychological frame of mind of the patient and poetry’s impact on the family and friends of the patient. What characteristically happens can be quite extraordinary. In the case of an oncology patient, there was a poet in residence who would talk to the terminally ill. This poet would record the words of the patients and he would then go on to create a poem out of those very words, and when the patient saw the poem that was composed by his or her words he or she was often overwhelmed by emotion. That was a transforming, liberating and cathartic experience often enabling the people in question to say more and to express more to their family and friends in those crucial final moments of life. Having openness in your life, according to Professor Hulse, is paramount to your mental and spiritual well being. Professor Hulse goes on to add that to him that sounds extremely worthwhile, of course with the proviso that it is facilitated in a very sensitive and responsible way.

Poetry has been used by GPs in their practice and it has also been used in medical education in the training of medical students.

There are many ways that poetry can be used as a tool that allows people to express and articulate meaningful experiences in an effective way that brings out the nuances in what is common in all of our humanity. Through the Hippocrates Initiative, and in the work that is done in the Prize and its annual anthology, the organisers are attempting to show the ways in which poetry and medicine can meet.

On a personal note, the delegates and presenters whom I met were worldly people with a vast amount of knowledge. Having had the opportunity to communicate with them was a consciousness raising experience. Moreover, the event enabled me to ‘embellish’ my humanity by familiarising myself the health humanities and acquainting myself with the interface between poetry and medicine.
Useful Resources

Sources Of Support

GENERAL:

Doctors.net.uk
www.doctors.net.uk
UK’s largest and most active online medical community. Contains the couch, providing emotional and professional support through online discussion forum and peer-to-peer support.

BMA Counselling Service
Tel: 08459 200169
24-hour support with immediate access to trained counsellors.

Support4Doctors
www.support4doctors.org
Website run by the RMBF – aims to put doctors and their families in touch with a range of organisations who can help. Covers: Work & career; Money & finance; Health & well-being; Family & home.

BMA Doctors for Doctors
www.bma.org.uk (click on doctors health & well-being)
Web based resource pack intended as a self-help tool to aid doctors in accessing appropriate help for any difficulties in which they may find themselves. Also contact with doctor-advisers through BMA Counselling service. For BMA members only.

The Sick Doctors Trust
Tel: 0870 444 5163
www.sick-doctors-trust.co.uk
Undertake to provide early intervention and treatment for doctors suffering from addiction to alcohol or other drugs, thus protecting patients while offering hope, recovery and rehabilitation to affected colleagues and their families.

The British Doctors and Dentists Group
Tel: 0870 444 5163.
Monthly group meetings for doctors recovering from chemical dependency.

Independent Career Assessment
www.medicalforum.com

HOPE for Disabled Doctors
www.hope4medics.co.uk
Help in obtaining professional equality for those with a disability or chronic illness.

SPECIFIC GROUPS:

Medical Women’s Federation
www.medicalwomensfederation.org.uk
Aims to advance the personal and professional development of women in medicine, to change discriminatory attitudes and practices and to work on behalf of patients.

Psychiatrists Support Service
http://www.rcpsych.ac.uk/member/psychiatristsupportservice.aspx
A confidential telephone advice line for members of the Royal College of Psychiatrists covering all subjects including health, career and problems at work.
Telephone 020 7245 0412
psychiatristsupportservice@rcpsych.ac.uk

Anaesthetists
Tel: 020 7631 1650
www.aagbi.org
An alternative contact for anaesthetists seeking help.

NON-MEDICAL

Mind Tel: 0845 766 0163
www.mind.org.uk
The leading mental health charity in England and Wales. Work to create a better life for everyone with experience of mental distress.

Samaritans
Tel: 0845 790 90 90
www.samaritans.org.uk

Financial Help

BMA Charities Tel: 020 7387 4499
Including the Cameron Fund.

Royal Medical Benevolent Fund
Tel: 020 8540 9194
www.rmbf.org

The Royal Medical Foundation
01372 821011
www.royalmedicalfoundation.org

How to save money on your professional subscriptions while unemployed / on long-term sick leave / working reduced

General Medical Council (GMC)

General Medical Council

If your total gross income (from all sources) is below a set threshold for the relevant year, you can apply for a 50% discount on the annual GMC retention fee - see link below:

GMC lower incomes

Defence organisations (MDU, MDDUS & MPS)

The Medical Defence Union, the Medical and Dental Defence Union of Scotland and the Medical Protection Society all offer deferred membership for members who are having a career break. This is offered at no cost but each organisation has slightly different rules on what they are able to offer.

British Medical Association (BMA)

BMA

The BMA offers a salary link scheme to allow members with limited professional income to pay a reduced subscription fee - see link below:

BMA subscription rates

Colleges

All of the medical colleges should consider an application to their treasurer for either deferred membership or a reduced subscription rate due to straightened financial circumstances of whatever cause. It is worth addressing this as early as possible as fee reductions are unlikely to be applied retrospectively.

Tax allowances for professional subscriptions

Professional subscriptions are allowable against tax if you are still working as a doctor. Unless you normally receive a significant untaxed (and taxable) income from other sources such as cremation form fees, it is likely that you will profit overall from declaring your professional fees against tax. If you wish to claim professional subscriptions against tax, you will need to provide the Inland Revenue with the relevant details via a Self Assessment tax return.

The advice on this page is offered in good faith but it is the reader’s responsibility to assess whether it is appropriate to follow the advice in their own situation. Neither the Doctors Support Network or the author can be held responsible for any consequences of following this advice.

If You have received this newsletter via email, simply click the logo. If you have received a paper copy, then please visit Facebook, sign in, and search for us.
Some ideas of where to start with your own CPD:

**Journal reading** - Obvious, but where most of us begin if only to reduce the mountain of unread journals awaiting our return to work.

**Internal teaching sessions** - For employed doctors - If feeling well enough, it is possible to ask if you may attend relevant formal teaching sessions at your place of work.

**External paid for courses** - For employed doctors - If your medical advisers agree that you are well enough to undertake some CPD while on long term sick leave, then it may be worth asking your employer if they will consider funding relevant course fees.

**Deanery** - Your local deanery may offer a variety of learning opportunities for doctors within the region. If you are on long-term sick leave from an NHS post, you are likely to be able to access some valuable learning sessions for free or at reasonable cost.

**BMA library** - The BMA has a full medical library service for members with access to books and journals. Books are posted out to you by the library and returned at your expense. It is also possible to request copies of journal articles.

**BMA library services**

**BMJ Learning**

**BMJ learning** - Excellent website with hundreds of online modules on clinical and relevant non-clinical career development topics. **FREE for BMA members**

**Colleges** -

**E-learning** - Your college may offer free e-learning modules via their website. N.B. The Royal College of General Practice has some excellent free (for anyone) modules including the e-learning session for the Health for Healthcare Practitioners course. **FREE for BMA members**

**Courses & conferences** - Colleges may offer a reduced rate for retired members and it is worth asking if you could be treated as retired for the purpose of paying conference fees if you are on a career break due to ill health.

**IT training** - If you are not working and in receipt of a government benefit such as Jobseekers Allowance (JSA) or Employment Support Allowance (ESA) you should be able to access relevant IT training without cost. There are many different providers, each with their own specific funding criteria in this field. One example of the type of IT training available is the European Computer Driving Licence (ECDL) which is widely recognised by the NHS as a badge of proficiency in the use of software applications such as Microsoft Word, Excel and PowerPoint. The ECDL qualification counts as 40 hours of CPD and, depending on the provider, may often be mainly completed at your convenience, online at home. Your local Jobcentre Plus may be able to provide you with suggestions of appropriate local IT training providers. **FREE for JSA or ESA claimants**

**Tax allowances for CPD expenses** - If you are still employed or working as a doctor in some capacity, expenses incurred for CPD events should be allowable against tax. You will need to inform the Inland Revenue of your claim for adjustment of your tax allowance.

**Medical Protection Society** - The MPS offers an excellent series of risk management workshops which are free to members including those with deferred (free) membership. **FREE for MPS members**

**MPS courses and workshops**
DSN is a thriving community of doctors with mental health problems. We offer a range of services from regional support meetings and social events to the more involved such as our flagship service the doctors support line (DSL) - doctors for doctors and entirely confidential. We would love to offer this for free but due to running costs and lack of funds, that would not be sustainable. Free online support can always be reached via our website.

PO BOX 360, STEVENAGE, HERTS, SG1 9AS

WEB: www.dsn.org.uk (login: members@dsn.org / password: bluesky)
DOCTORS SUPPORT LINE: 0844 395 3010 4p/min

SUPPORT MEETINGS

London & SE  Support meeting are at Sally 's house in Ealing, West London. Contact membership@dsn.org.uk

York  Please contact Rosemary on either 01142305537 or lethem@doctors.org.uk for details and/or to be added to the groups ’ mailing list.

North West  Regular support meetings or day trips run on an ad-hoc basis. Please contact astrid@dsn.org.uk to attend.

South  For details regarding the Southampton support group please call Helen on 07811 360 880 or email hj.plowman@googlemail.com for more information

Midlands  Please contact either Ruth at ruth@dsn.org.uk or Joy at joykdz@yahoo.co.uk

Scotland  Often take place at Malcolm’s flat; contact malcolmh@doctors.org.uk

Wales  Take place in Cardiff; contact Clive at wales@dsn.org.uk

IF YOU ARE INTERESTED IN SETTING UP A SUPPORT GROUP IN YOUR OWN AREA, OR YOU WOULD LIKE TO ATTEND ANY OF THE EXISTING MEETINGS PLEASE CONTACT US AS ABOVE

THE DSN COMMITTEE

The committee has changed slightly for 2013, with Fiona stepping down as chair at the 2012 AGM.

We would particularly like to thank the volunteers of the Doctors ’ Support Line, who are not mentioned here.

The committee is now as follows:

Angelika: Chair
Louise: Vice Chair
Howard: Treasurer
Alison: Secretary
Sally: Membership Secretary
Rob: Exec. Editor (Newsletter & Website)
Ahmed: Editor (Newsletter)
Roberta: Doctors ’ Support Line (DSL)

Fiona: GMC Liaison
Matilda: Conference co-ordinator
Clive: DSN Wales
Malcolm: DSN Scotland
Other regular volunteers:
Declan: Forums
Richard: Fundraising
Tanya: DSL

If You have received this newsletter via email, simply click the logo. If you have received a paper copy, then please visit Facebook, sign in, and...
DSN POSTER: Feel free to print out and display in communal areas.

THE DOCTORS SUPPORT NET-

WWW.DSN.ORG.UK
Contact us at info@dsn.org.uk

We offer:
- Campaigning to reduce the stigma of mental illness
- Liaising with the GMC, NCAS and PHP
- Expert advice to those undergoing GMC procedures on health grounds
- Anonymous email forum
- Social outings and support meetings
- The Confidential Doctors Support Helpline (see below)

Support Line: 0844 395 3010
Mon, Tues: 8pm - 11pm / Wed, Thurs, Fri: 8pm - 10pm / Sunday: 4pm - 10pm