



The British Doctors + Dentist Group (BDDG)



Contents

1. BDDG's aims

2. The question of anonymity

3. Introduction

4. The Group

- What is a BDDG Group?
- How do you become a member?
- What's the difference between a meeting and a Group?
- Self support
- Coffee, tea and fellowship
- Content of meetings

5. How the BDDG Group functions

- What do Group members do?
- What officers do we need?
 - Chairperson
 - Secretary
 - Treasurer
 - Refreshment organiser
- Service structure in the group
- How can newcomers be reached and helped?

6. The BDDG Group's relations with others in the community

- Regulatory bodies
- Employers
- Criminal justice system
- Treatment agencies
- Sick Doctors Trust

7. Principles before personalities

- The principle of rotation
- An informed Group conscience
- BDDG Group inventory
- Group business meetings

8. How the Group relates to BDDG as a whole

- Funding
- National secretaries meeting
- National Officers
 - Chairperson
 - Secretary
 - Treasurer
 - Registrar
 - Conference Organiser
 - Webmaster
 - Archivist

9. How to use this pamphlet

1. The aims of the British Doctors' and Dentists' Group

Our principal aims are to sustain our own recovery and to help the still suffering doctor and dentist. In doing so we can show that alcoholism (and, by extension, any other addiction) is a treatable disease with a high rate of recovery. In addition, our families' groups offer mutual support to the families of addicted doctors and dentists.

2. The question of anonymity

In our discussions we expect complete confidentiality and we feel that this is covered by our accepted code of medical ethics. We therefore do not feel that anonymity is required within the group although it is our custom to use first names at meetings. There are circumstances in which it may be helpful for one or more members of a group to allow their membership to become more public. This includes the name and number of a member willing to be contacted by potential newcomers or referrers and of the secretary of the group, to assist in communication within BDDG.

3. Introduction

This pamphlet covers 4 main areas: what a BDDG group is; how a group functions; group relations with others in the community; and how the group fits into the structure of BDDG as a whole.

4. The BDDG Group

- What is a BDDG Group? It's a Group of Doctors and Dentists, all of whom are alcoholics or addicts, who meet regularly to help one another to recover from alcoholism and addiction.
- How do you become a member? It's very simple: turn up to meetings.
- The difference between a meeting and a Group is that the Group comprises all the members and exists between meetings.
- Each Group is self-supporting, paying its own room rental where this is necessary, refreshments and secretarial expenses. Group members contribute a set amount at every meeting. The amount varies between Groups. Some Groups waive the contribution for those members in financial difficulty through, for example, unemployment.
- Groups differ in their arrangements over tea and coffee. Some buy from their landlord, where their meeting is held in an hotel for example, whereas others self-cater.

- Content of meetings Doctors and Dentists attend BDDG meetings at every stage in recovery, from those who are not yet in recovery to those who have been sober and clean for many years. The successful meeting will address the needs of all. Most Doctors and Dentists who come to BDDG do so initially under some form of duress. Some are required to do so by their regulatory body (GMC or GDC), others following potential disciplinary issues with employers, others because of criminal justice concerns. Few attend because it looked as though it might be fun. Most are not initially pleased to be there. The Group provides a forum for discussing regulatory and other concerns with other Doctors and Dentists who share or have shared similar experiences. In addition, most Groups offer encouragement to members to engage with their relevant 12 Step recovery programme. There is, however, no requirement that members do so. Those who do will often share their experience of 12 step recovery by telling the Group what their life in addiction or alcoholism was like, what their 12-step programme involved and how it has benefitted them.

Those new to the Group need first to be able to discuss their immediate difficulties and to hear from other Group members who have survived similar experiences. They should come away with a sense that their situation is neither unique nor hopeless. They should be helped to see that if first they seek to recover from their addiction, then the occupational and other problems will in all probability improve. Moreover, without recovery no resolution of the practical difficulties will long endure. Resentment of the persecutory regulator, employer or criminal justice system is usual and is slow to pass. It can be interesting to observe some who have been most resentful begin to pass messages of encouragement and acceptance to the newcomer. The BDDG has always encouraged members to attend their relevant 12 step organisation and to engage fully with its programme. More experienced members commonly share their experiences both of regulatory interaction and of their progress in recovery.

Meeting formats can vary: most start with a round of self-introductions followed by reading the letter written by Max Glatt to the Lancet in 1975. Some meetings have a guest speaker, others invite someone on the room to start us off. In some Groups members share, in turn, going around the room. It is permissible to say "I pass" if one does not wish to speak at that time. Although there's an expectation that we don't interrupt one another, the AA prohibition on "cross-sharing" can't apply since there's a need for experiences to be shared and advice to be given.

5. How the Group functions

- What do Group members do? Members of the Group turn up, listen to one another, share their experience and the available air-time. They make themselves available to help one another, often sharing phone numbers.
- What officers do we need?
 - Chairperson. This duty is commonly but not always combined with that of secretary. The chair's duties are to start and end the meeting on time, to ensure the proper conduct of the meeting.
 - Secretary. The secretary provides those who request it with a certificate of attendance. At the request of a member he may write to the regulatory body to confirm the member's attendance and engagement.
 - Treasurer. The Group treasurer collects the Group's contributions, pays the bills and expenses, keeps a competent record and sends any surplus to BDDG for its general fund and for convention bursaries.
 - Refreshment organiser. Not all Groups have one. Sometimes the secretary arranges this, sometimes Group members share the duty. Tea, coffee, milk sugar, buns or biscuits are the bread and butter of this job.
- Service structure in the group
- How can newcomers be reached and helped? Newcomers arrive through a variety of routes. Some are advised to attend by the regulatory body, some after calling the helpline, some are put in touch by the Sick Doctors' Trust, some by PHP. All need a contact within the Group to make the first meeting as easy as it can be; they need to be made welcome, to have a chance to share their predicament and to hear that despite their fears, there is hope of recovery and continuing employment.

6. The BDDG Group's relations with others in the community

- Regulatory bodies. Group members are often required to attend by the GMC or GDC. The Group secretary will provide certificates of attendance for those members whose conditions or undertakings require it. The Group secretary may correspond with the regulatory bodies on behalf of members confirming attendance or about matters of concern. For the sake of members, therefore it is important to maintain the reputation of the BDDG with the regulatory bodies.
- Employers. Whilst in principle employers might refer people to us, in practice it rarely happens. At the time of writing the BDDG has

not encouraged Groups to try to make contact with employers, although some Groups are well known to some Occupational Health departments.

- Criminal justice system. At present, although some members have contact with this system there is little link with the BDDG.
- Treatment agencies. Some Doctors and Dentists contact us after periods of residential treatment, some after contact with the PHP.
- Sick Doctors Trust. This trust runs a telephone helpline and refers people to us. There's a close working relationship with the SDT, some of whose members attend meetings with the national officers of BDDG so as to ensure effective collaboration.

7. Principles before personalities

- The principle of rotation. Some Groups rotate officers, at varying intervals. Those who espouse it value sharing the responsibility, recognising the importance of serving others in individual recovery. The absence of rotation runs the risk that officers may hang on for the sake of perceived power or prestige. There may be some risk of ossification. Not all Groups have members willing to share these duties.
- An informed Group conscience.
- BDDG Group inventory. This is a way for the Group to review how it works, what it is doing and whether it should change anything. The term like many others in this document is borrowed from 12 step Groups.
- Below are some questions a Group might wish to consider:
 - a. What is the basic purpose of the Group?
 - b. Is the Group reaching enough of its potential members?
 - c. What has the Group done to bring itself to the attention of potential referrers like employers and occupational health services?
 - d. Do new members return, and do members continue to attend when no longer under duress?
 - e. Do we support members well enough?
 - f. Is our meeting place attractive enough?
 - g. Are members given enough space and time to speak and are they free enough to remain silent if that's what they want?
 - h. How are Group officers chosen?
 - i. Do members of the Group participate in national events such as the convention and the Annual meeting of secretaries?

- j. Are Group members adequately informed about the wider world of physical health?
- Group business meetings. These have to do with the practical business of room, rent, tea and coffee.

8. How the Group relates to BDDG as a whole

- Funding. The BDDG is funded by the donations of its members. From time to time it may receive charitable donations.
- National secretaries meeting. There is an annual meeting of Group secretaries. It provides an opportunity for Groups to discuss matters of common concern, to review the direction of the BDDG and to hear from the officers about the discharge of their offices. It is the body that elects the national officers, should election prove necessary or approves them, if not. It is the body to which the national officers' Group reports.
- National Officers. The national officers meet between meetings of the Annual meeting of secretaries:
 - Chairperson
 - Secretary
 - Treasurer
 - Registrar
 - Conference Organiser
 - Webmaster
 - Archivist

9. How to use this pamphlet

This paper is presented in the hope that it may provoke reflection and discussion about how the British Doctors and Dentists Group does its work. It is based in part on our existing literature and in part upon the AA pamphlet "The AA Group." The need for such reflection is prompted by anecdotal accounts of Doctors finding our Groups unwelcoming or unhelpful. Some Groups are described as being nothing more than an opportunity to grouse about the unfairness and incompetence of the regulator or of employers or sometimes about the criminal justice system. It has been inspired by but does not emulate the pamphlet "The AA Group" (Copyright AA UK) Any suggestions are just that, suggestions. They are not and could not be instructions. Our purpose in presenting this paper is to encourage Groups to reflect, to offer them some guidance about how Groups might run and to suggest ways in which the health and continuing function of Groups might be better assured.



Making Contact

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**The Dentists' Health Support
Programme
0207 224 4671**

**International Doctors in Alcoholics
Anonymous
www.idaa.org**