

Out of Hours To proudly go ...

OUR JOBS ARE WORTHWHILE

Twenty years since originally starting as a GP partner, after a rewarding career across educational and academic leadership, I have taken the distinctly unfashionable step of returning to the front line of clinical care. At present, becoming a GP partner on England's east coast doesn't get much more front line, or more unfashionable. Like colleagues across the country we are understaffed, under pressure, and underfunded, lacking the encouragement of trainee GPs wanting to join our ranks. The days are long, the work is intense, and demands are rising. So, why the move?

I made the move because I strongly believe our highly skilled generalist clinician role is central to an efficient, equitable, patient-centred, and holistic health service.

Despite the pressures, our job is worthwhile, fulfilling, and essential. It offers immediate satisfaction; consider anxious patients who receive informed reassurance, the lifting of a patient's depression, the poorly child who returns smiling, the solving of complex problems, working with colleagues to relieve end-of-life suffering, and, just sometimes, the saving of a life. It is a decent job, done for good pay, with wonderful colleagues.

BUT WE ARE IN A MESS

So why as a profession are we in a mess? Why are GP training places in my region only half-filled? Why are graduating students voting with their feet, and often with transcontinental air tickets, to get as far as possible from our surgeries?

We are in a mess because we forget that doctors need time and support to do the job well, to enjoy it and to be valued as professionals. Too often we appear to be undervalued both by hospital colleagues and politicians, perhaps because we no longer value ourselves.

How do we think it is acceptable in 2016, almost 70 years after the NHS was founded, to try to look after lists still approaching 2000 patients when the complexity of medicine has changed beyond all recognition? Why do we attempt to offer a high-quality comprehensive service, free at the point of access, to those numbers of patients in a society dominated by a consumerist and litigious culture, and not expect to feel overwhelmed by the demands placed on us? And how do politicians think that



stoking patient expectations to promise a similar service across 24 hours and 7 days, with no more resource or staffing, will do anything other than drive future doctors from these shores?

WE HAVE TO RECOGNISE OURSELVES AS WHAT WE ARE, AND WHAT WE MUST BE

As GPs we need a new contract with the public, with patients, with professional colleagues, and with politicians: a contract recognising our unique and vital expertise as generalists. As GPs we have to recognise ourselves as what we are, and must be. We are consultants in general medical practice, equal in status and importance to our hard-working consultant colleagues in hospitals, in mental and in public health.

We are consultants. We offer expert

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advice to patients, we support and often lead healthcare teams, we diagnose, we treat, we refer when appropriate, we advise fellow professionals, we care. We should call ourselves ‘Consultants in general medical practice’ and no longer accept being ‘just a GP’.

Then we can start the fightback, regain some pride, and look towards having medical students and graduates once again queuing to join our ranks. A name change alone won't achieve this, but it could be the catalyst for respect, reinvestment, and renewal.

I am proud to be back on the front line of clinical medicine, proud to be helping to build a teaching and training practice in an area of desperate need, and proud to be a consultant in general medical practice.

I hope together we can rebuild our tradition of internationally respected general medical practice, which is currently on the brink of disintegration through disinvestment and despair.

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