Letters

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Editor's choice

GPFV: a new charter for general practice?

A partner absorbs years of emotional exploitation and neglect at the whim of a callous spouse. When at the very edge of their capacity to cope, the spouse declares, through an intermediary, that they have learned the error of their ways, will do better, will buy a variety of peace-making gifts, and will 'make amends'.[1] The partner is confused and distressed; they want to believe but the promises seem hollow, none of the offers consistently match the problems experienced, and, more conspicuous than anything else, there is no direct apology and no convincing demonstration that there is an assumption of responsibility for the abuse. The partner confides in their trusted GP and asks if they should forgive and forget?

Howard Skinner,
GP Principal, the Tutbury Practice, Staffordshire.
E-mail: hdskinner@doctors.org.uk

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Primary care is the cornerstone of our NHS

There is discriminatory bias against general practice within UK medical schools.[1,2]

The public purse pays to train doctors to provide an effective and comprehensive NHS. Medical school deans receive substantial remuneration and run the most expensive and prestigious university faculties. They are implicitly tasked with training people to provide a service that deals with a million people every 36 hours and that cares for vulnerable populations. However, many deans appear to prioritise their performance in the Research Excellence Framework and the production of clinical academics over training doctors who can survive the rigours of modern medicine and so sustain their personal commitment to long-term, safe, patient-centred practice.

Producing socially aware clinicians who will remain in and support the NHS, and the patients it cares for, should be the key priority for medical school educators. Medical school leaders need to reflect and exemplify this commitment. Surely 'dissing' a career in general practice is a reflection of systemic problems within the medical hierarchy.

George Lewith,
Professor of Health Research, Centre for Resilience, University of Westminster.
E-mail: GL3@soton.ac.uk

David Peters,
Director, Centre for Resilience, University of Westminster.

Chris Manning,
Convenor, Action for NHS Wellbeing.

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Confronting the bashing: fundamental questions remain

We would like to wholeheartedly echo the call by Baker and colleagues[1] in their editorial to end the systematic denigration of both general practice and psychiatry, and at the same time to highlight the paucity of evidence and research in this area that we and others are attempting to re-address. No one appears to doubt the existence of denigration,[2] and even medical students themselves have been compelled to put pen to paper and express their own personal feelings and opinions.[3,4] But fundamental questions remain unanswered and seemingly unexplored. Where does this denigration occur: at medical school or in hospital trusts, or even in general practice itself? Who is responsible for the denigration: consultants, junior doctors, or our healthcare professional colleagues? Why does it occur: is it harmless banter to relieve the stress of the work or is it deeply ingrained prejudice based on a lack of awareness of the GP profession? At what stage does it occur: as medical students, as foundational doctors, or at the specialty or GP trainee level? And, most crucially of all, does the 'banter' influence the eventual career choice of potential GPs at the trainee stage, student stage, or even the pre-student stage?[5]

The time has come to end the bashing (Badmouthing, Attitudes, and Stigmatisation in Healthcare). Urgent research exploring the phenomenon and strategies to confront it must be invested in. Primary care is foundational to the NHS, and at the same time as billions of pounds are spent on investing in general practice, we surely need to invest in preventing one of the potential causes of its demise.

Hugh Alberti,
GP and Subdean for Primary Care, Newcastle University.
E-mail: hugh.alberti@newcastle.ac.uk

Kymberlee Merritt,
GP Trainee and Educational ITP, Newcastle University.

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