

Freestyle professional development

Between 2003 and 2005 I wrote five articles in the Back Pages, reflecting on my experiences while learning to become a GP. Following the last of those, my energies have been focused on clinical practice as a full-time GP registrar, and I didn't get down to writing much. Now, my training scheme is complete, I've passed the MRCGP exam, and am entering the real world of independent practice, I thought it might be interesting to write a concluding episode.

My year as a full-time registrar in general practice has been one of the most enjoyable and fulfilling years of my life. The combination of being responsible for my decisions, feeling genuinely appreciated and contributing to an efficient team was just what I needed to set me free; in some ways, I feel a more complete person than ever before.

I think that being a complete person has a lot to do with functioning as an integral component of a healthy community. A healthy community is sustained by those who implicitly recognise the community as a kind of complex living organism that needs constant care and attention, so that by looking after the whole thing we are caring for the individuals who comprise it, including ourselves (an analogy is the relationship between the RCGP and its members). It's a reciprocal kind of arrangement, one which is fundamental to quality general practice, and which provides a convenient reconciliation between altruism and self-interest.

It's a fairly obvious thing to say, but a healthy community is much more than one which strives to reduce pain, suffering, and disease; it also needs an abundance of excitement, hope and wonder. In this context, I feel that artistic endeavour, creativity, and the shared appreciation of such experiences are enormously important, and often neglected. These things can unite young and old, enhance community and even motivate a spiritual sense of awe and purpose. In a perfect world, I like to imagine that they could free young people from pressures to smoke,

take drugs and succumb to peer pressure as teenagers, by giving them something harmless to be passionate about.

The frustration of being a GP is that so much of what we deal with is preventable, but we are generally only involved long after the stage at which prevention is possible. Heart attacks, diabetes, cancer, you name it ... it's all down to lifestyle. We are tasked with picking up the early signs of disease and slowing its progression, but not so much seems to be happening at a more basic level in society. My view is that many people might learn to value themselves more, to take care of themselves and enjoy life better if more resources went into outdoor activities and adventure education as part of school curriculums.

During some stints of unpaid leave from my GP training, I have led groups of teenagers on adventure training expeditions to a variety of countries around the world. In 2007 I will lead my eighth such trip, and I hope to continue this interest into the future. When trekking in the wilderness, I've witnessed city kids discover new emotional possibilities within themselves, smokers have stopped smoking and computer addicts have elated in physical exertion. On returning from an expedition, I always feel that I've done something worthwhile.

Over the last few months I've been struggling with immense competing priorities. Being GP to a community is a exceedingly demanding job, requiring commitment and continuity. This remains one of my highest ambitions, but I've come to a conclusion that I'm not yet ready for it. My feet are still too itchy to settle into it. Also from a clinical perspective, it feels too early; I need some kind of higher professional development experiences to consolidate my training.

So my plan for perhaps the next couple of years is to be a freelance GP. The flexibility should allow some structured and protected time for continued learning, and I'll be able to develop peripheral interests that are important to me. I'll lose out on

providing continuity of care, but I hope this may be compensated through the opportunity to help both colleagues and patients at times of need.

Despite a persistently idealistic view of general practice, so far I have struggled to devote all my energies to it in a single career path. I don't know if this is a good thing or not. In the medium-term future, my self-constructed scheme of freestyle higher professional development is likely to be of a peripatetic nature. Perhaps I'll tire of the nomadic lifestyle after a while, become increasingly power-hungry, and succumb to a partnership, but for now I think I'll just keep wandering, and wondering ...

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