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was generalism, and the notion that,
psychological, social, and even spiritual, and while these problems need to be
teed out, each one of them cannot be
used Linn Getz’s expression, ‘within its own isolated silo, but that the
analyses of all the problems need to be
drawn together in a formulation unique to
each individual patient’. This is almost
a definition of what general practice is, and
the idea that GPs are uniquely placed to
give this kind of care is incredibly
empowering. No less a figure than Sir
Michael Rawlins, Chairman of NICE, stated
(I paraphrase) ‘it’s only a guideline; if it
doesn’t make any sense to you with respect
to a particular patient, drop it’.

I wonder if this kind of advice is a
reflection of a changed political landscape
in England in which we see the target-
driven culture of Labour vanishing, to be
replaced by the more laissez faire attitude
of a Conservative-led coalition. There was
very little discussion of appraisal, or QOF,
or even SIGN, or NICE. Just when we
thought the whole of medicine had been
protocolled into a huge algorithm, the
message from Liverpool is, ‘Life isn’t like
that; it is infinitely more diverse. Everyone is
unique.’

Andrew Lansley wants to hand a lot
of power and freedom to GPs with the advice, again I paraphrase, ‘if you think something
doesn’t work, fix it’. He wasn’t given an easy ride. He wants to drive up quality by
widening patient choice; and while
conference was deeply suspicious of his
agenda (there was only one supportive
voice from the floor) it seemed to me that
the College was not offering any alternative
strategy to detect and eradicate bad practice. It’s all very well to reiterate that the
NHS is ‘the envy of the world’ but anybody who hasn’t noticed that the NHS
occasionally fails miserably must be living
on another planet.

Still, the College heart is in the right
place. I felt a rather perverse sense of pride when Detective Chief Superintendent John
Carnochan, from the Scottish Violence
Reduction Unit, talked about a deprived
ward in Glasgow where I spent my first
3 years of life. That the College is deeply
committed to giving the best care to the
most disadvantaged is abundantly clear.
John Carnochan’s talk was another facet of
Harry Burns’ theme from the College
conference in Glasgow 2 years ago, emphasising the importance of care and
nurture in the earliest years of life. Richard
Horton, editor of the Lancet, put some of
these ideas into a global perspective in a
very inspirational way.

I don’t know that you come away from
conferences like these resolved, let’s say, to
due dabigatran instead of warfarin in atrial
fibrillation, but the nature of your practice is
changed at a more fundamental level and,
when Clare Gerada closed the conference
with an exhortation to forgather in Glasgow
next year, I was more than happy to stand
up and applaud.

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GP continuing professional
development —
done and dusted?
The RCGP Conference, recently held in
Liverpool, displayed an impressive 236 poster presentations divided into four
categories. There were 35 posters in the
education category. About 50% of the
posters here were related to GP specialty
training. Only two posters were on GP
continuing professional development (CPD).
The research section had 65 poster
presentations, but only one on GP CPD.

Why is there such paucity in debate,
analysis, and research into GP CPD? Are all
pedagogical underpinnings of adult lifelong
learning so firmly established as to make
exploration in this area a fruitless venture?
Have all avenues of critical inquiry into
instructional strategies, learning quality,
approach, methods, and evaluation been
completely exhausted?

Current practice highlights the
mechanics of the learning process. A
learner will be considered fairly
accomplished if they can independently
decide on needs, goals, objectives,
strategies, and reflection/evaluation of their
learning. Even though this skill is laudable,
in how many cases would a sequential
mechanical process like this lead to higher
critical thinking?

Critical thinking is vital because it
facilitates a learner to think beyond that
normal accepted knowledge framework,
views, and biases. One could argue a GP
who is performing poorly and lacks insight
could still be a highly accomplished
mechanical learner but would not stray
beyond what he considers as ‘right’.

However, critical thinking skills do not come
naturally and need to be taught, facilitated,
and nurtured.

Current seismic changes going through
the NHS necessitates a critical review of
existing CPD practices. There is much to be
said about Brookfield’s penetrating insight
into ‘hegemonic’ assumptions that ‘... seemed
genial but that actually work
against our own best interests’.2

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