

# The Review

## A Jester joins The Gatekeeper and Wizard:

working as an academic GP

Once upon a time there lived a Gatekeeper and Wizard in a green and pleasant land.<sup>1,2</sup> The Gatekeeper lived in a big house at the entrance to the great high castle, and in this castle lived the Wizard. The Gatekeeper was very clever and his job was to see all the poorly people and cast his magic to make them better. Sometimes people were so poorly the Gatekeeper had to open the gate to the Wizard. The Wizard was also very clever and had a powerful crystal ball and special spells to try and make the people better.

### IVORY TOWERS

The Gatekeeper sometimes left the gate to go to an ivory tower. Here in his tower he was known as a Professor and met with other Gatekeepers, Wizards, and politicians. The Gatekeeper-Professor worked tirelessly to find the best ways to make poorly people better and wrote many documents and had endless meetings with the King and politicians to share his wisdom.

### APPRENTICESHIP

A young Gatekeeper in awe of the Professor, was teaching student Gatekeepers and Wizards in the ivory tower, when an opportunity arose to research an area of her work as a Gatekeeper (Box 1).<sup>3</sup> This was a fantastic endeavour and the young Gatekeeper became so excited she felt more like a Jester than an apprentice!

She thought deeply and consulted with other Gatekeepers about an important question to research. Back at the gate, local inspectors were sending her and other Gatekeepers messages about stopping sending so many poorly people to the Wizard. She thought about the people she sent to the Wizard and wondered if certain poorly people had more advantages getting past the gate than others. This formed the basis of her research.

### NEW SPELLS

Alongside her role seeing poorly people the apprentice worked in the ivory tower gathering data for her research project. She learnt new skills in many areas (Box 2). Her patients and colleagues at the gate were interested in her role at the tower. They all benefited from her broader and deeper understanding of both current literature and events in the world of Gatekeepers and Wizards. Also, the young Gatekeeper was

### Box 1. Routes into GP research

Individual GPs can approach their local academic department for advice initially and the following may be recommended.

To fund your salary as academic GP:

- National Institute of Health Research (NIHR) Fellowships
- Walport Fellowships
- Academic Training Fellowships
- RCGP Research Ready Scheme-[www.rcgp.org.uk/researchready](http://www.rcgp.org.uk/researchready)

To fund your project work itself:

- University specific funds
- NIHR funds
- RCGP Scientific Foundation Board Fund
- Charities, for example, ARC, BHF

able to maintain a freshness for the poorly people at the gate, as the role at the tower was demanded a different set of skills to her Gatekeeping role.

### THOSE WHO SHALL NOT BE NAMED

Of course life at the tower did not always run smoothly. At times the young researching Gatekeeper felt even more like the Jester when trying to tackle the Panel of Death Eaters whom she needed to approve her work ethically before starting research. Sometimes, working in the gate and the tower was difficult to juggle. Organising leave and contracts was double the hassle. Sometimes changing her mindset from the fast-paced world of the gate to the thoughtful world of the tower was a challenge.

### HAPPY ENDINGS ... ?

On balance the young researching Gatekeeper (who 3 years on is not so young) has very much valued her time at the tower. Recently due to new politicians being elected, her research examining referrals from the Gatekeepers to the Wizards has become of even more interest. The old

### Box 2. GP researcher skills

- Literature searching
- Critical appraisal of research
- Computing skills
- Presentation skills
- Writing for publication
- Research skills including:
  - Research question development
  - Project design and management
  - Data analysis

Wizards are becoming anxious as the Gatekeepers may be encouraged by the politicians to use 'Any Willing Providers' rather than the traditional Wizards. The Gatekeepers are worried that they may become scapegoats for an underfunded and therefore failing system. This may let the corporate monsters enter their world. Fortunately the Wizards and Gatekeepers, despite their differences, hold wisdom and knowledge and have the mutual goal of providing the best for the people. This particular Gatekeeper hopes that despite the upheaval in funding, current changes will allow Gatekeepers and Wizards to work

### Box 3. Top tips for GP researchers

- Choose supervisors/mentors carefully
- Keep research diary to log events and feelings to show how research took different paths
- Treat applications for funding/ethics/governance/fellowships as exams, read the guidelines carefully, answer the questions and meet deadlines
- Start completing IRAS (ethics) application immediately, it helps refine your ideas
- Set up an advisory panel for expert guidance and read their publications in preparation
- Courses and conferences can be useful to keep motivated and make sure you are on track
- Start a site file early and keep up to date as you go along
- Learn delegation skills to assistant/secretary if you have the funding
- Don't split clinical and research days, patients always come first and the research work suffers

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## Registrar to GP: a transition

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more closely, perhaps breaking down some of castle ramparts, but that will be another story.

The team at the tower led by the Professor–Gatekeeper has been a great source of support, stimulation, and fun. The Apprentice has made links with other Researcher–Gatekeepers in their ivory towers and has learnt much from their worlds. Now the apprentice is gathering more data to submit her work for a PhD, whether she is successful or not, well that again will be another story.

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#### Provenance

Freely submitted; not externally peer reviewed.

DOI: 10.3399/bjgp11X613205

### REFERENCES

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3. Mathers N, Howe A, Field S. Clinical research by GPs in their own practices. *Br J Gen Pract* 2009; **59(561)**: 296–297.

Nervous excitement. That was how I felt the night before my life as a ‘real GP’ began. 3 August 2010 was my final day as a registrar and I remember counting down the last days of ‘training’ fluctuating between feelings of fear and the happy realisation that what I had worked towards for 10 years was imminent.

Of course ‘training’ had not finished and I was actually embarking upon the steepest learning curve since I started as a junior doctor back in 2005. The transition has proved to be challenging, rewarding, and at times slightly unnerving, and I look back on it with a quiet sense of pride.

Day 1. I turn up in my new suit (to one of the surgeries where I had been ‘the trainee’ just a day before) and before I have a chance to brew a coffee, the first call comes from reception. A simple request — one which I’ve frequently handled over the last year — but it feels different. I deal with it and carry on as normal but later that night I question myself. Was I correct? Should I have discussed it with another GP? At this point the realisation of being an independent GP dawned for the first time.

Over the next few months I grew more comfortable with my new role through fixed locum sessions at inner-city Birmingham practices. The biggest change in mindset was becoming the ‘go-to’ doctor for the registrar who took my place. Overnight I became the doctor who was asked to ‘look at this rash’ — I found myself being much more decisive than when I saw the same rash just a month before.

I began to realise that being a GP is as much about confidence than knowledge or skill; living with uncertainty was becoming an important part of making my working life bearable. Initially I went from worrying about patients on the (now more precious) weekends to being slightly blasé and blindly feeling that all was fine; by now I hope I am approaching a steady medium between the two.

My registrar year had been enjoyable and thorough. I was taught about concepts such as ‘time being a cure’ and ‘inability to cure the worried well’. These seemed alien to me after coming from the ‘other side’ of hospital medicine. I had to ‘unlearn’ thoughts that were drilled into me during my medical upbringing and ‘re-train’ myself to GP mode. I still far from fully understand the power of these concepts but I am starting to see them evolve in front of me, beginning to see the

truth in these age-old methods of primary care. I knew of these in my registrar year no doubt, but with other things to occupy my mind (CSA exam, e-portfolio to name just two), I somehow missed their relevance.

While being a registrar felt predominantly about ticking boxes and getting to the end in one piece, being a GP has enabled me to expand my horizons. With recent NHS developments I gained an insight to commissioning by representing a consortium in our PCT audiology tendering process. Aiming to become a GP trainer, I also co-founded a company which successfully runs MRCGP CSA exam preparation courses for registrars. To help balance these other aspects of career development I took up yoga; I feel its outward simplicity but inward depth of meaning and intricacies draw strong parallels with general practice, allowing me to maintain a sense of perspective in my new working life.

Finally, I return to fear. Making the leap into independence is a huge step for a registrar. No-one changes into a perfect GP overnight; I was exactly the same doctor on 3 August 2010 as the next day. My mode of thinking has however changed and continues to evolve. Of course I still approach senior colleagues with moles that I’m unsure about and unusual blood results. I will never be the GP who feels 100% confident about everything I face; I would never want to be that GP. I look back at my transition from trainee to GP as hesitant and at times uneasy, but an important period that has sewn the seeds for the next 30 years of my life — I hope the nervous excitement of over a year ago stays with me every step of the way.

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DOI: 10.3399/bjgp11X613214

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