"Just as I expect to work hard and contribute to that team, I also expect to be valued as part of it."

Vital signs

Nobody really likes change. And yet, every few months as junior doctors, we do just that. We change jobs, teams, hospitals, and perhaps even cities. From the intricacies of the new specialty to the nuances of the team politics, there's a lot to get your head around. You always imagine it will get easier with experience, but somehow it never does. This time, as a GP trainee returning to hospital medicine after 6 months in primary care, I was particularly nervous. As well as the usual trepidation, I had a new set of worries: would I have deskilled practically? Could I still run a crash call? Would 'medically fit for discharge, awaiting placement' drive me crazy? And, possibly most concerning, how would I cope without all the cups of tea?

However, what really threw me when I started my new job, was something I hadn't anticipated; the attitudes of my hospital colleagues towards me. On my first consultant ward round, each time there was someone with an 'interesting sign', the consultant asked if the other senior house officer (a core medical trainee) could examine them. 'They'll be taking membership exams soon', was the explanation the consultant gave, as I, heaving under a pile of patient notes, started to look increasingly disgruntled.

This attitude that somehow my colleagues learning was more important or valued than mine, along with the mix of crestfallen and disparaging looks when I introduced myself to the team as a GP trainee, and the presumption I would be 'getting pregnant imminently', was a shock, and both disappointing and deeply hurtful. Service provision is a large and important part of every junior doctors job, but GP trainees need to develop their clinical skills just as much as our hospital colleagues.

We continue to be treated as second-class citizens in the hospital hierarchy, yet as GPs, we will often be the first people to make a diagnosis. We make critical decisions about whether to refer and when, and we will be managing more and more medical complexity ourselves in the community as our careers progress.

Attitudes need to change, and fast. Most of the GP trainees I know are eager, committed, and willing to learn. We have a short training programme and are all too aware of the steep learning curve we need to ascend. Yes, I should have spoken up and explained that I too am taking PACES this summer; not as a 'wannabe' hospital medic, but as a committed GP who wants to be the best I can. However, what exams I am taking really is irrelevant; I am in the hospital to work *and* to learn. I'm no less deserving of education, experience, and enlightenment than the hospital trainees I work alongside. We are a team and just as I expect to work hard and contribute to that team, I also expect to be valued as a part of it.

It is crucial that our secondary care colleagues update their attitudes towards us, that GP trainees and programme directors start fighting for hospital rotations that are useful and relevant, and that policy and decision makers ensure the call for extended GP training is not only about service provision. More time in hospital, if that time is spent being looked down on as rota fodder, or working as glorified hospital secretaries, is certainly not the answer to the many issues (and prejudices) our specialty faces. Because yes, as a GP, I certainly recognise that a patient is more than just a collection of signs, but nonetheless, I still need to feel confident I am able to pick those signs up.

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