

Editor's Briefing

NEW YEAR'S RESOLUTIONS

In a few months' time the UK will have a new government. That much is certain, but the political, economic, and medical landscape beyond May 2015 is anything but. In the meantime the health service has become a political football as never before. Bidding wars rage over the number of new GPs that the parties will produce; by magic, of course, for where will they come from? How many of the NHS's missing £8 billion will the others come up with before 15 May? An extra £300 million for general practice sounds a lot, but represents only around £6000 per annum to support the work of each member of the RCGP.

Time then to steady the ship, to try to work out what to protect, as well as to restructure, and where to focus effort and imagination, always remembering that we need to be careful what we wish for. I want to offer 10 resolutions for this new and very important year for the consideration of our political and professional leaders; almost all relate to material published in this month's *BJGP*.

1. Get to grips with the recruitment and retention problem. Try to understand what is happening in medical schools and foundation programmes and devise some effective interventions. Read the letters in this issue of the *BJGP* and online.
2. Continue to concentrate on quality in the medical workforce, and be careful in responding to recruitment pressures created by under-staffing. Read Rendel *et al*'s editorial, which describes the painstaking work that the RCGP has done on its licensing examination, and where, in the wake of the painful judicial review, further effort needs to be applied.
3. Pay proper attention to our non-medical colleagues in general practice and primary care. Over one-third of clinicians working in the community are nurses: they are not well supported by their present terms and conditions or opportunities for personal development. Read the editorial by Ball and colleagues and see how little is really known about how they currently work and how best to deploy and enhance this crucial resource.
4. Think realistically about integration, particularly in the management of patients with comorbidities who require complex interventions from primary, secondary,

and tertiary care, as well as social and other community services. Devise and evaluate bolder, broader schemes benefiting patients as well as reducing interprofessional division and dissent, and creating economies of scale.

5. Support and reward early, timely diagnosis. Technology in primary care is woefully underused. Kostopoulou and colleagues offer a vision of the way that the electronic medical record can be used to provide prompts in the surgery to improve the diagnostic accuracy of GPs.
6. Take mistakes seriously, learn from them and be honest about them. Read Fleetcroft and Howe's description, in our Dangerous Ideas article, of a new approach to Significant Event Auditing in general practice.
7. Stamp out cultures of bullying, concealment, and non-accountability and do whatever is needed to reintroduce compassion and care for patients and for each other in the health service. Simon Gregory's William Pickles Lecture focuses on this important missing piece of the professional jigsaw.
8. Make clinical leadership a reality, instead of creating impossible jobs for clinicians who merely become fall guys for under-resourced services and disengaged management. Read what Iles and Ahluwalia say about being clinically led rather than clinically fronted.
9. Be honest about the use of evidence in population screening programmes and avoid populist and superficial approaches such as the early dementia strategy. We have published a lot on this recently, and Gregory Lip and colleagues' editorial adds further detail on measuring and responding to cardiovascular risk.
10. Understand the balance and interactions between *scientia* and *caritas*, between technology and care-giving. Read Frede Olesen's terrific editorial about the rehabilitation of the placebo and the need to understand the doctor-patient interaction.

And a very Happy New Year to you all.

Roger Jones,
Editor

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