

NOT CHILD'S PLAY

Why is vocational training for general practice so short? Lord Moran got it completely wrong when he talked about GPs falling off the specialist ladder: the job of the GP is as intellectually and emotionally demanding as many, if not most, hospital specialties, and the breadth and depth of skills and knowledge required to do it properly are virtually limitless. The training period in the UK is short compared with some other European countries and less than half the length of many specialist programmes. The academic case for extending the period of vocational training by at least 1 year was made elegantly by the Royal College of General Practitioners (RCGP) in 2012, but little progress has been made since then. Several articles in this issue of the *BJGP* underline the importance of pressing this argument.

Our editorial on multimorbidity is written by the Director of the NIHR School for Primary Care Research, the Chair of the RCGP, and the Chief Medical Officer for England. They are quite clear about the massive burden on health care represented by people with multiple long-term conditions and of the need for more research to provide an evidence base for effective management. The very existence of multimorbidity, and the fact that a substantial proportion of people in their 70s and beyond have four or five comorbid conditions, is itself a powerful argument for generalism. There is no way that the complex care needed by these patients can be co-ordinated and managed in a cost-effective and clinically effective way by a series of specialists. This is the territory of the expert generalist, and in her *Debate & Analysis* article Joanne Reeve puts more flesh on the bones of how properly-equipped expert generalists can help patients make sense of complex, coexisting conditions and therapeutic tensions. It is also self-evident that today's GP needs a broader and deeper set of clinical skills than might have been the case 20 or 30 years ago.

In their editorial which provides an overview of four articles on child health Peter J Gill and Matthew J Thompson focus down on the need for adequate training in paediatrics for all GPs, commenting that :

'Child health has long been on policymakers' agenda but seldom makes it any further, and GPs on the front line are faced with

competing demands for acute and chronic health priorities for children and adults, with fewer and fewer resources.'

For paediatrics read cardiovascular disease and diabetes, mental health, musculoskeletal medicine, and the important, so-called minor, specialties such as ophthalmology and skin diseases. No one should have to make it up as they go along.

Abigail Sabey and Holly Hardy report on their interview study of newly-qualified GPs in which they asked them about how well-prepared they felt for their role as a GP. They were generally concerned about lack of experience of working in varied primary care settings and of patient continuity, and felt unprepared to take on their new professional and organisational roles. They felt that extended training with more variety should be provided to help develop business and leadership, as well as clinical, skills. In a complementary article Gillian Kyei takes a more radical view, and sees the much closer alignment of training for generalist clinical practice, in either hospital or community settings, with both cadres achieving consultant status and sharing continuing professional development, as a remedy to some of the ills of the NHS. It certainly has the potential to neutralise the ill-feeling and misunderstanding that still exists between primary and secondary care, and would at last provide a proper career structure for community generalists (GPs), and would bring an end to that most sacred of sacred cows: the independent contractor status of GPs.

Besides this blueprint for a new NHS, this month's *Out of Hours* section includes a brave account of a doctor's serious illness, some slightly controversial book reviews, snapshots of primary care in Australia and Brazil, and a review of that remarkable film about Stephen Hawking. For conspiracy theorists everywhere, Adam Staten explains how the National Childbirth Trust will bring down the NHS: and if you don't believe him, or have any other concerns — consult your GP.

Roger Jones,
Editor

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