Out of Hours

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The GP: surviving as the fittest

The recent BMA survey that found that onethird of GPs are planning to retire early, 7% are considering leaving medicine, and 16% are facing unmanageable stress,1 made bleak reading for a trainee such as myself who is taking his first Bambi-like footsteps into the world of general practice. With the mass exodus of established GPs and the pessimistic predictions of the collapse of primary care, it feels like my cohort and I will be emerging, just like Bambi, alone and frightened into an uncertain world.

For years the imperative to provide patient care has kept at bay any significant reaction against the endless reconfiguration of the service, increasing workload, endless media sniping, and political interference. However, the ultimate reaction has been more subtle, more insidious, and far more effective than any industrial action. If the results of this survey are borne out then it seems that the government is about to discover that the primary care system that it desires cannot function without the GPs on whom it is being imposed.

Clearly morale is low; clearly there is discontent. The key question is whether this is the nadir of the parabola or merely a point on the terminal decline. Personally, I take heart from the fact that increasing access to general practice, and increasing GP numbers, were at the centre of the manifestos of the two main parties in the general election. However misguided and poorly thought-out their plans may have been, the existence of these plans shows how important general practice is to this country and how highly regarded general practice remains.

The system may feel broken but these pledges mean that there is the will, if not yet the know-how, to fix it. Despite the bashing it takes on a daily basis, general practice is obviously still seen as the jewel in the crown of the NHS

Rest assured that our colleagues in secondary care have similar concerns about recruitment, retention, and workload. The Royal College of Physicians found in 2013 that 8.5% of its medical registrars were planning to leave medicine, and 25% described their workload as 'unmanageable'.2 The GMC National Training Survey for 2014 found that surgical trainees gave the lowest score for overall satisfaction of any training programme,3 a survey which incidentally showed that GP trainees had the highest rates of satisfaction. The recruitment and retention issues within emergency medicine are well known. Although, unlike general practice, they may not have to struggle through their crises in the full glare of the political and media spotlight, other specialties suffer similar anxieties.

General practice may be experiencing a crisis but I do not believe the crisis is existential. Set aside the motivations that will always draw people to general practice, namely the desire to provide holistic care to patients from cradle to grave. Set aside too the fact that no government could allow a service to disappear that provides the incredible cost-effectiveness of 90% of patient contact for 9% of the NHS budget.4 Instead, think of the GP purely as a beast that needs to survive in the ever-evolving environment of the NHS in which only the fittest will survive. Surely GPs with their general training, flexibility, and independent status are better placed than any to adapt to and overcome the challenges ahead. Possibly more than ever, general practice offers up a host of specialist interests for the medically minded, and a world of financial possibilities for the business minded.

Those of us at the start of our careers, as yet unjaded by the treadmill of reform and restructuring of past decades, have to see the current crisis as an opportunity.

The only certainty is that there will be change and there is little we can do but embrace the change and do the best we can to influence it as we see fit.

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DOI: 10.3399/bjgp15X687121

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