

by the paediatricians demanding that their trainees receive placements in primary care — where the majority of paediatric practice occurs in the UK — and the ambition to integrate 4 months of general practice into every foundation placement remains unrealised. Why do we, as a college, and as a specialty, seem satisfied with filling our training programmes with the leftovers and castoffs from other specialties' training? Why be satisfied with what we are given?

The very best place for general practice specialty training is within general practice, and for too long we have pretended that hospital-based placements are essential to develop good GPs, when the reality is that our trainees are required to keep the hospital service going. We need an end to the calls that paediatrics, psychiatry, and the rest are essential, and it is time to shout that GPs should be wholly trained within general practice for at least 3 years. Shout loudly for the proper resourcing of our skilled trainers to deliver the generalist, broad-based training that hospital practice will never give us.

Steven Taylor,

GP Partner, Coastal Partnership, Norfolk.
E-mail: dr.steven.taylor@mac.com

Competing interests

Steven Taylor is Programme Director for Norfolk GPSTP, although he does not write in this capacity.

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Our ailing profession

After 25 years of working with clinicians and managers of many kinds, including leading the RCGP leadership programme for 5 years, I have come to the view that, all too often, GPs disempower themselves by responding to even the most valuable and practical of thoughts, ideas, and opportunities with one or more of the following three responses: first, the

problem with that is; second, we're doing that already; and third (we shouldn't have to because) it's *their* fault.

Much of the value in many leadership programmes is in helping people develop alternative responses.

David Zigmond demonstrates all three in his description of how he undermined his colleagues as they tried to develop constructive ways of improving the working lives and experiences of those in primary care, and encouraging younger practitioners to remain and to flourish in their chosen career.

What a pity that he chose to send you his description, and that you chose to publish it. As a sympathetic observer I strongly suggest that challenging this attitude of impotent victimhood would do more to alleviate the recruitment problems in primary care than anything else.

Valerie Iles,

Director Really Learning, Honorary Fellow RCGP.

E-mail: v.iles@reallylearning.com

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Our ailing profession: author's response

Valerie Iles's response to my article 'Our ailing profession: we need more than resilience and replenishment'¹ shows that my major points are unclear, to at least one reader.

I certainly do not wish to attribute blame or victimhood, or encourage aggrieved despondency. My article, though, takes a very wide and long view and concludes that our professional healthcare problems now have the kind of nature and roots as to be cultural. Culture means that no one is to blame, yet we are all responsible.

Neither do I wish to carelessly stymie colleagues' 'ways of improving [their] working lives' and relationships. However, it is important to be vigilant to the bigger picture. My article described a conference where dispirited and enervated young

doctors were offered palliative suggestions of mindfulness, stress management, and enhanced breathing techniques. Yes, I accept that such devices may help us 'get by', but in no way address cardinal important bigger questions: how do we understand our rapidly increasing stress, distress, demoralisation, and burnout? If we can understand, what can we do about it?

The danger of merely propagating coping strategies is that they can serve to parry and obscure such questions about pathogenesis.

In the last two decades I have seen how the 4Cs — competition, commodification, commissioning, and computerisation — have incrementally depersonalised and demoralised our NHS. The Health and Social Care Act 2012 has exacerbated this. Dismissing such complex analysis as meretricious 'blame' will help none of our longer-term interests. Nor will Valerie Iles's recommendation that my writing should not be published. What kind of culture does that lead to?

Yes, I have many positive suggestions. Some are summarised in 'Plummeting morale of junior doctors: one branch of our blighted tree of welfare', accessible via my home page.²

David Zigmond,

GP, St James Church Surgery, London.
E-mail: info@jackireason.co.uk

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