Life & Times

Revitalising general practice:

unleashing our inner scholar

'I'm exhausted. I can't do any more ...'

These could be the words of very many of us, as our profession deals with some of its most profound challenges to date. But can adversity stimulate creativity?[1] Our profession is at a crossroads — we have reached our very own Reggie Perrin moment.[2] It is time for us to leave behind our Scientific Bureaucratic Medicine[3] chains (policed referral pathways, mandatory measurement ...) on the proverbial beach. And instead to reimagine ourselves, our job, and our role within the context of an intellectual profession leading the highest standards of person-centred health care. It is time to embrace our inner scholar.

'But I'm too busy seeing patients ...'

At the 2016 RCGP Conference, we traced the path in the sand for this new way of thinking by tackling three myths about academic general practice:

Myth #1. I haven't got time for academic work. Yet scholarship is an integral part of daily clinical practice. Every time we use our clinical judgement to make a decision to medicalise an individual's illness, we are employing the scholarship described in Iona Heath's gatekeeper model of expert generalism.[4] When we explore an illness experience with a patient, we collect *data*, often weighing up conflicting statistics and *integrating* it to create an individually tailored *interpretation* of what is wrong. We then *apply* our new knowledge to the patient in order to create and implement a management plan, and, in doing so, *inspire* our patient to find new ways to understand and address their illness experience. These activities (above, in italics) are the skills of scholarship.[5] Each time we reflect with colleagues on a patient concern or practice issue, we are doing the academic work evidenced by John Gabby's research on the construction of mindlines:[6] the process by which GPs work collectively to produce contextualised knowledge-in-practice. This is aside from the work of multitudes of colleagues across the country engaged in education, teaching, and innovation.[7]

Myth #2. Being 'just a GP'. How often have you heard people describe GPs as a *'Jack of all trades'* with the implied criticism of being a *'master of none'*? GPs certainly do many tasks; and have the flexibility to manage a number of areas of clinical practice. We are technically proficient, and efficient, across a range of tasks, and so can be used to plug many a gap in health service rotas and systems. But our capacity to function in this 'Jack of all trades' role stems from a distinct mastery of clinical reasoning and clinical decision making that is medical generalism.[8] This is an expertise built on the academic principle that *'it's not what you know, but how you use it'* (technically speaking, an expertise built on a different epistemological framework for judging knowledge).[5] People outside of the profession often don't understand what we do when we deliver whole-person medicine, and so instead presume a *'master of none'* approach. This is the justification for quality systems within the model of Scientific Bureaucratic Medicine[3] introducing a 'technical bypass' of our distinct generalist expertise[8] As a profession, we need to reimagine, and so reclaim, the intellectual primacy of our discipline.

Myth #3. Academics are people working in universities. Many of the giants whose shoulders our profession stands on were not formally employed university academics — Julian Tudor Hart, John Fry, Roger Neighbour, Iona Heath. We should not — do not — define academic status by virtue of the contracts that people hold, the places in which they publish their writing, or a bestowed job title. Rather, we should compare the work they do against Boyer's description of scholarship,[9] recognising that *'knowledge is acquired through research, synthesis, practice and teaching'*. Professionally discovering ways to use knowledge to solve real-world problems — whether in practice, teaching, or innovation — is a form of scholarship. Scholarship gives us a way to rethink the 'Fall and Rise of General Practice'. Scientific Bureaucratic Medicine[3] — one way to describe the systems-level application of evidence-based medicine — has contributed to the fall of the profession through devaluing professional wisdom in favour of a narrow form of scientific knowledge, so reducing general practice to an increasingly technical role.[8] Revitalising scholarship supports us in reimagining, re-energising, and so revitalising our profession.

The SAPC and RCGP are working together on ideas to enhance and develop scholarship across the GP career pathway. We started with a workshop at last year's conference. This piece launches a new *BJGP* Blog series in which GPs share their experience of everyday scholarship. If you have a story to tell, do get in touch. We are establishing resources to support scholarship across the GP career path: https://sapc.ac.uk/article/gp-scholarship.

All so we can move Forward Together[10] to revitalise our profession.

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