Bad Medicine

Game of Thrones is an amazing piece of drama. It’s not just the story but also the observations about human behaviours, with pearls of wisdom dripping from the script. Most recently, Jon Snow said “everything before the word “but” is horse shit!” And this is a general truism. Now I think that the RCGP is very important. It does great work. It has been a beacon of change, raising standards and the status of GPs. I will strongly defend the RCGP. But... Winter is coming. General practice has changed in the last 20 years. It’s not only the science of medicine but also the expectations of the workforce. It used to be that applications for GP jobs were heavily over-subscribed, hand-to-hand combat at sherry receptions, with only a tweed jacket to defend yourself from the swingeing attacks on your career and CV. No longer. I have been working in the hinterlands of the central belt of Scotland far from the castles and keeps of the university towns. To suggest there is a crisis is almost to understate the enormity of the problem. Posts lie vacant. Groups of four doctors are unable to recruit, so are down to three and at holiday times down to two — making working relentlessly stressful and unsafe. Those old enough are retiring, taking their pension and picking up bits and pieces of work of their choice. The young ones are contemplating throwing in the towel and handing back their contracts to the health board. The current small number of contracts handed back to the health board represent a mere tip of the iceberg. GPs are desperately unhappy, stressed, and feel unsupported. They are trying to do things differently but change takes time — the one commodity they don’t have.

The problem is the RCGP seems out of step with these events. Read Pulse and witness the roasting College representatives regularly receive. The College’s document A Vision for General Practice in the Future NHS is wordy, worthy, and long on themes but desperately short on specifics. I personally have no confidence in it.

Speaking to many working GPs, I have been given some uncensored views of the College. Most of them do not feel that the RCGP speaks for them. They feel let down and forgotten. The College is seemingly unable to articulate the current pressures in primary care and many GPs view the RCGP as London-centric (just a bunch of North London Corbynists’ was one comment!), as well as profligate, distant, patronising, and complicit in the futile CQC inspections and reaccreditation. They see the College as being led by academics with their own personal agendas. Emotions run high and much of this is simply scapegoating, as the College is primarily responsible for educational oversight, whereas our problems have wider links to government policy and selection, and the numbers of medical students.

But the College, like all institutions, is an echo chamber: guilty of hearing only what it wants to hear. GPs need to change and so does the College. We need some new radicalism like that demonstrated in the 1970s.

The College needs to change its image, its language, and its composition, adding in some new directness and assertiveness. The RCGP should be more quarrelsome with other colleges, more questioning of specialism, say ‘no’ to some NICE guidelines (as these are dominated by narrow specialist opinion with no knowledge of primary care), seize control of undergraduate teaching, and make the exams far less expensive and membership actually worthwhile. It must also tackle the institutional media bias against primary care.

It is time that GPs sat on the medical throne, for health care is no game.

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REFERENCES