Trust me — I'm a millennial GP

Little has changed in much of general practice for the last 20 years, despite the evolution of PCTs, CCGs, STPs, and PCNs. COVID-19 has shown us innovation can happen quickly with the money and shared agenda to drive it. It's proved we can be flexible and successfully collaborate across localities.

As a 20-something millennial GP trainee, the sudden talk about the future of primary care is exciting. I once heard a futurologist say, *'Don't ask "what will it look like down line?" ask "what do you want it to look like?"'*

I may not yet be in a position to orchestrate significant service redesign, but I can tell you what I would like my work place and career to look like.

WORK PLACE, PATTERN, AND PAY

It may come as a surprise, but I'm not entirely against partnership responsibility. I like leading projects, discussing improvements to patient care, and understanding financial management of practice. However, I don't like the idea of picking 1–7 new best friends to be financially tied to for the next 30 years, and the vulnerabilities associated with retirement, leases, and small list sizes. Economies of scale really appeal to me: a list size of over 50 000 brings the security, flexibility, and ability to innovate to match the needs of the patient population. I would prefer to conduct partnership management activities at a salaried rate, without the associated partnership risks.

I'm interested in the concept of a national salaried contract for GPs, with equal (good) pay per session regardless of region. However, I would want the opportunity to be paid more for delivering extra services, including: extended scope of clinical practice; conducting quality improvement; working outside 8.00 am–6.00 pm; delivering training for students, trainees, and allied health professionals; leading on research projects; and taking responsibility for local care homes. I would also like to see the development of local and national

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primary care clinical excellence awards. A model to provide the means for career financial progression, and to encourage innovation and exemplary patient care.

I'm not keen to be confined to the same building for the next 40 years. With flexible use of estates, I can envision working in a central hub where there is consolidated back office function; large rooms for educational sessions and meetings; and the space to have a multitude of clinicians virtually consulting, with an option to work from home. This allows for socialising with GPs from across the locality and also frees up space in dispersed estates for face-to-face consulting with complex patients, and those who need review after triage.

Flexibility and consolidation of space can allow for co-location of relevant third-sector organisations, and for some secondary care outpatients to come out in the community. This hub and spokes model could also facilitate delivery of care outside traditional GP facilities, rotating sites to bring care closer to rural patients or to vulnerable groups, for example, homeless population in local shelters.

I would like to see special interests encouraged for all, based on population need and gaps in secondary care provision. Secondary care will be doing more virtual consulting and will expect more from us. To this I say 'bring it on', I don't mind doing extra investigations, monitoring, and prescribing provided there is:

- accessible and consistent protocols and advice; and,
- clear remuneration for this substantial increase in workload.

In Shropshire, for example, we have limited neurology provision. I would be happy to develop a GP-led headache or 'first fit' clinic across a locality, but only with sufficient MDT support from secondary care.

CAREER DEVELOPMENT

I would like to work in a system where there is much more tailored support throughout your career. I think an economy of scale could facilitate formalising: mentorship (not to be confused with appraisal), peer-support groups, and career breaks for all GPs.

We mustn't miss the opportunity to utilise retired GPs to support the generations below them. This support is particularly important for those in their first 5 years, where a model to formalise exposure to leadership, teaching, research, or specialist interests would be invaluable for all, not just for those being awarded post-CCT fellowships.

We millennials aspire to have a career filled with collaboration, variation, innovation, and technology, and impact beyond the 1:1 consultation. We want our career development to matter, and to enhance our ability to deliver good patient care.

We're coming, watch out!

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