

The European definition of family medicine states that ‘*general practice/family medicine is an academic and scientific discipline, with its own educational content, research, evidence base and clinical activity, and a clinical specialty orientated to primary care.*’ (WONCA, Europe, 2002). We know that as GPs we are expert medical generalists, but do we always feel like experts at heart? The complexity of general practice consultations is well documented but is not always obvious to outsiders.¹ Media representation of general practice is often negative, focusing on what GPs haven’t done or occasions when GPs have failed to make an important diagnosis. Many medical students see this, and this causes problems with GP recruitment and retention. Along with perceptions of heavy workload there is also a feeling that general practice is not intellectually challenging.² This can be shared at times by hospital colleagues, the general public, and even GPs themselves — witness the phrase: ‘just a GP’.

Perhaps we know some of the answers to this ourselves. There is an ideal of the doctor as a hero, using technological know-how and extensive knowledge to find a diagnosis of a rare disease and treatment that will cure the patient and send them on their way to live happily ever after.³

Of course we know this is a myth; many conditions are chronic and many symptoms patients present with do not have a diagnosable cause.⁴ Although the lay public might be attracted to the idea of the hero doctor, patients who are actually attending for medical care want compassion and empathy most of all.⁵ Nonetheless the image of the GP sits uneasily alongside the image of high-tech, cure-all modern medicine. Following up patients over a long period of time, developing a relationship and a shared understanding of care and illness. Making small changes, reviewing the effect, and, if necessary, revising the plan. This can help people live better quality lives but it is not the stuff of drama and therefore is perhaps undervalued.

WHAT IS PRIMARY CARE SCHOLARSHIP?

Perhaps this perception of primary care as

unexciting and unchallenging also relates to the sometimes low profile of primary care research. There is a vibrant academic GP community, which isn’t always obvious to medical students and junior GPs. When spending a year doing an academic fellowship as a newly qualified GP I was surprised to find that not just non-medical friends but also qualified doctors and even a few newly post-completion of training GPs had no idea that general practice had an academic element, or even what academic GPs were doing. GP training is short compared to other specialities and by necessity focuses on the day-to-day management of patients. There is a perceived lack of time available for trainees not on an academic track to get involved. GPs shouldn’t need to be on an ‘academic track’ to contribute to scholarship in general practice.

A casual look at social media for primary care clinicians shows lots of doctors who are thinking deeply about what they do and the reasons behind it. As highlighted at a recent Royal College of General Practitioners conference workshop, every patient interaction is an example of clinical scholarship in action.⁶ We think there is a need for more conversation about the difficult ‘knowledge work’ that GPs undertake and discussion about the paradigms that underlie much of our day-to-day work that includes the people who actually do the work, day in and day out.

Recent research has shown the importance of GP gut feelings in making serious diagnoses, and the importance of continuity of care.⁷ Research like this can showcase the knowledge work of general practice.⁸ But we know there are many more human elements of care that can be underdocumented and undervalued. The Wise GP website aims to provide a set of resources that can be used by GPs, GP trainees, medical students, and the general public that show the complexity in general practice and some of what GP scholarship involves.

If academic research is to really improve primary care, the research community must be integrated and accessible to grass roots

GPs, and GPs must be able to know who to contact if they have an idea or want to know more about a particular topic. We are currently updating and promoting the website and hope it can become a useful resource for understanding, linking, and promoting GP scholarship. If you have an idea or a comment — please get in touch!

Johanna Reilly,

First 5 GP, Academic Fellow, Edinburgh University; Wise GP Intern.

Email: johanna_reilly@yahoo.co.uk
@JohannaSurgeon

Joanne Reeve,

Professor of Primary Care Medicine, Hull York Medical School; founded the Wise GP project.

Annabelle Machin,

GP, Staffordshire Moorlands; Wise GP Intern.

Emily Lyness,

Salaried GP, Dorset; Wise GP Intern.

This article was first posted on *BJGP Life* on 9 March 2021; <https://bjgplife.com/intellectual>

DOI: <https://doi.org/10.3399/bjgp21X715853>

REFERENCES

1. Salisbury C, Procter S, Stewart K, *et al*. The content of general practice consultations: cross-sectional study based on video-recordings. *Br J Gen Pract* 2013; DOI: <https://doi.org/10.3399/bjgp13X674431>.
2. Reid K, Alberti H. Medical students’ perceptions of general practice as a career; a phenomenological study using socialisation theory. *Educ Prim Care* 2018; **29**(4): 208–214.
3. Strauman EC, Goodier BC. The doctor(s) in house: an analysis of the evolution of the television doctor-hero. *J Med Humanit* 2011; **32**(1): 31–46.
4. Steinbrecher N, Koerber S, Frieser D, Wolfgang H. The prevalence of medically unexplained symptoms in primary care: a systematic review and meta-analysis of existing evidence. *Br J Gen Pract* 2020; DOI: <https://doi.org/10.3399/bjgp20X712349>.
5. Murphy M, Salisbury C. Relational continuity and patients’ perception of GP trust and respect: a qualitative study. *Br J Gen Pract* 2020; DOI: <https://doi.org/10.3399/bjgp20X712349>.
6. Reeve J, Firth A. Revitalising general practice: unleashing our inner scholar. *Br J Gen Pract* 2017; DOI: <https://doi.org/10.3399/bjgp17X691145>.
7. Smith FC, Drew S, Ziebland S, Nicholson BD. Understanding the role of GPs’ gut feelings in diagnosing cancer in primary care: a systematic review and meta-analysis of existing evidence. *Br J Gen Pract* 2020; <https://doi.org/10.3399/bjgp20X712301>.
8. Wise GP. Are you a GP or GPST? <https://www.wisegp.co.uk/are-you-a-gp-or-gpst> (accessed 12 Apr 2021).

“... do we [GPs] always feel like experts at heart?”