Life & Times

They should:

workforce, politics, and GP survival

A few years ago, a colleague and I put forward a motion at the British Medical Association (BMA) junior doctors' conference that the BMA should stop recommending medicine as a career. We felt that, at best, sixth formers were applying to learn medicine unaware that they might not be guaranteed employment rights enjoyed by other professions, a safe workspace, or even employment in their final speciality. We lost that debate — my impression of the prevailing argument was that the profession needed the very best people and could not afford to put them off. The solution lay in getting them (the government, managers, and the public) to be kinder to us. The moral distress experienced by junior doctors is a potent element of Adam Kay's *This is Going to Hurt*, reviewed by Giles Dawnay in this issue.[1]

If our brightest and best feel damaged and demoralised by the NHS environment, might they be tempted away? Joel Brown examines the sales pitch for a career in private general practice and is left feeling proud of working for the NHS.[2] Brown asks: Where is the sales pitch for NHS primary care careers? That pitch is not purely about sales but about work as a desirable activity — careers that are intrinsically and extrinsically worthwhile. As the late David Graeber[3] might have framed this: *work should not be bull£@&t … but it should not be £@&t either*.

WORK, RECIPROCITY, AND MORAL DISTRESS

I have never been satisfied with *'They should …'* arguments. Indeed, they should, but we and I have some agency as well! The 'us' has expanded in these interdisciplinary times to include all healthcare workers. Inequality and testimonial injustice apply as much to how we treat GPs as other healthcare professionals and patients. This by necessity means that we need to understand, celebrate, but more importantly support the diverse people and professions we work with. In this issue Briony Hudson gives us a curator's view of the 'women at the heart of general practice' exhibition.[4] It is a story of inequalities overcome and a warning as much as a celebration — equality, diversity, and inclusion remain as topical as ever. We should remind each- other that healthcare workers are human (with rights enshrined in international and domestic law). Most are also citizens and tax-payers, with expectations of reciprocity as members of and contributors to our society. We stand together in (solidarity), and we all pay into and expect to draw from society (mutuality).

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It is good to see Martyn Hewett discuss the ethics of toxic workload in general practice. He argues that giving people insufficient paid time to complete work is bad for workers and affects the quality and safety of work.[5] Distress is even a way of identifying what is wrong. Peter Toon demonstrates how we can use our feelings of distress, discomfort, and unease to recognise and address ethical issues in the consultation — a rule of thumb associated with Dame Lesley Southgate.[6]

RECLAIMING AGENCY … A WINNING FORMULA

Many of the articles in this *Life & Times* imply that the problems that beset UK primary care can and should be influenced by them, us, you, and I.

Ahmed Rashid explores the rich but challenging complexity of practice this issue,[7] and Tim Senior is quick to remind us that general 'practice' is not general 'perfect'.[8]

If we imagined general practice as a famous type of car (I foresee a possible icebreaker at away-days …), would we think of *Gumdrop* or *Chitty Chitty Bang Bang?* Would the introduction of automation machine learning and AI put us in mind of KITT from *Knight Rider*?

Ben Allen uses a Formula 1 comparison to discuss how upskilling members of the reception team improves the work of the entire practice. As well as giving team members agency to improve the workplace, he also emphasises the need to recruit all stakeholders, including receptionists, clinicians, but importantly, patients too.[9]

So yes, they should, but perhaps there is also a role for us, for you, and for me in ensuring GP survival and enabling GPs to flourish.

"We felt that, at best, sixth formers were applying to learn medicine unaware that they might not be guaranteed employment rights enjoyed by other professions …"

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