

An Introduction to General Practice

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The World Journal of Medical Education and Research (WJMER) is the online publication of the Doctors Academy Group of Educational Establishments. Published on a quarterly basis, its aim is to promote academia and research amongst all members of the multi-disciplinary healthcare team including doctors, dentists, scientists, and students of these specialties from all parts of the world. The principal objective of this journal is to encourage the aforementioned from developing countries in particular to publish their work. The journal intends to promote the healthy transfer of knowledge, opinions and expertise between those who have the benefit of cutting edge technology and those who need to innovate within their resource constraints. It is our hope that this will help to develop medical knowledge and to provide optimal clinical care in different settings all over the world. We envisage an incessant stream of information will flow along the channels that WJMER will create and that a surfeit of ideas will be gleaned from this process. We look forward to sharing these experiences with our readers in our subsequent editions. We are honoured to welcome you to WJMER.



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An Introduction to General Practice

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Introducing General Practice...

General practice is a unique speciality which carries the sense and indeed excitement of the unpredictable; the sense of, 'not knowing what condition you will diagnose next'. You could see fifteen patients in one clinic and each patient might have a different problem. It is a specialty that demands a broad skill set from its practitioners as you will examine, assess and treat myriad types of people across the age spectrum. This can include inoculating a new-born child with immunisations to assessing and initiating appropriate investigations to determine if an elderly patient with memory problems has developed dementia. The continuity of care of a general practitioner means you can get to know all of your patients and their families, even across several generations during your career.

Life as a General Practitioner

A typical working day begins at 8am and finishes at 6pm although this can vary depending on your patient population and whether you're a 'single-handed' GP or if you work as a locum GP (freelance) between practices:

8-11.30am Morning Surgery

11.30am-12pm Telephone Consultations

12-1pm Home Visits and/or Administration Work

3pm-6pm Afternoon Surgery

How your week is arranged can be very flexible, you can choose how many sessions you work for your practice and how many sessions you dedicate to other things. For example, you could pursue a special interest (the GP with a special interest (GPSI) pronounced 'gypsy'), work in academic research, health service leadership or become involved with teaching and education. A special interest is a service that you can provide that isn't necessarily expected of a GP. For example rapid access chest pain clinics in Cardiology or providing behavioural therapy in mental health are both potential specialist interests that GPs can pursue. If you wish to have a specialist interest it is possible to start to develop these skills in your foundation rotations. However, your

primary care organisation or local trust may offer training if there is a need for the population.

The flexibility that comes with being a GP is really what you make of it, many work part-time, particularly when young children are at home. This also means there won't be any compulsory on-call shifts although from time to time you may wish to work in an out of hours service. This is where you receive phone calls from patients outside of normal surgery opening hours and act accordingly (e.g., telephone advice, review in an out of hours centre, domiciliary visits or admission to emergency services). There is a trend to co-locate out of hours services at the front of A&E so that patients turning up to A&E can be triaged to the right service. The out of hours service usually begins at 6.30pm and finishes at 8am; split into part or full time shifts each with their own allocated rest periods. Amongst all the major specialties, General Practice must offer one of the best work-life balances for anyone with family commitments or extracurricular interests.

General Practice is delivered in the community providing first port of call, or primary care, to its self-referring population and because of this it has its own benefits and drawbacks. Whilst patients will present with a variety of conditions, complex interventional emergency care cannot be safely provided, although many urgent conditions will present and be managed in the primary care setting. Only those conditions that cannot be safely managed in the practice are referred on to hospital specialists. This is not the only interaction with other specialties however. Many patients will often require long-term longitudinal care for chronic illness (from 'cradle to grave') which will involve frequent liaison with many specialties to ensure the best care. This type of work is mainly elective; the role of a GP is to provide holistic preventive care for people with long term conditions to avoid acute deterioration requiring emergency care.

The general practice is the first port of call for the vast majority of patients for preventive, acute and long term health care needs. This provides many challenges. It is the GP's job to determine: what the problem is or could be, whether it needs further action and if so, what that action should be. This makes life as a GP extremely varied, fascinating and complex, but without immediate access to investigations can mean that the GP has to cope with a lot of uncertainty. On the other hand, there is a lot of administrative work and bureaucracy. There will be information from the out of hour's services indicating whether patients need follow up. After each consultation, you will have to write a short summary of everything that happened in the consultation (this normally takes a few minutes) to ensure continuity of care. The majority of lunch can be (but not usually) taken up looking through patient pathology results, updating medical records and writing referral letters.

Most GPs work as independent contractors to the NHS, often within small partnerships. This means that GPs must deliver all of the elements of the GP contract and are paid according to a combination of the number of patients on their registered list, the range of services offered, and the quality of services offered. The quality and outcomes framework (QOF) is a voluntary incentive scheme for practices which measures the quality of services offered to patients. Points are awarded for achieving targets in four domains. These are: clinical care, organisational, patient experience and additional services. Each domain has many specific targets within it *e.g.*, proportion of diabetics for whom good control of blood pressure, cholesterol and glucose is achieved.

GPs in this system are entitled to NHS benefits such as the NHS pension scheme. Practices are mostly run as small businesses so you are not paid a salary but take a share of the profits of the business. Profits for the average GP are in line with the top of the consultant salary scale but will vary according to achievement of the factors listed above and keeping the expense of running a practice (largely staff) down.

Some GPs work as 'salaried GPs' for a practice and salaries vary between £53K and 81K.

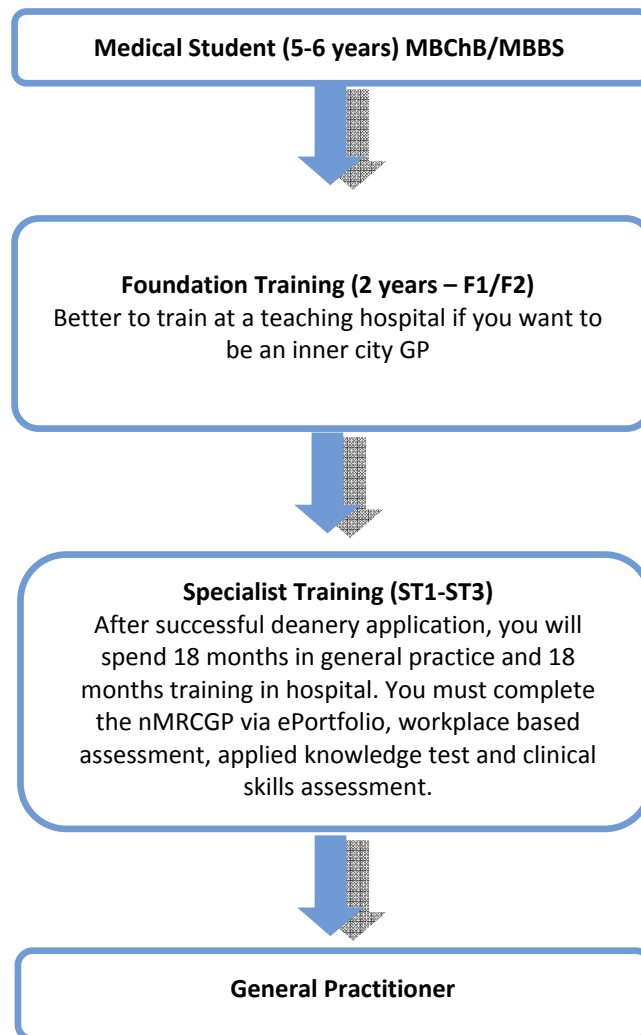
Working in the private sector as a GP in the UK is rare but isn't very different when compared to working within the NHS. This is because the facilities provided are generally the same in a primary care setting. The main differences

are seen in the support given. Private practice does not necessarily guarantee the same support for professional development and a full-time private GP does not have access to the NHS pension. As a result, the few GPs who work in private practice only tend to work part-time with the rest of their time spent in standard NHS GP practice.

The application process has three stages once you have completed the foundation programme. There is an electronic assessment which determines eligibility. If successful, applicants are invited to take part in stage 2 assessment against the national person specification to determine if the minimum required standard is met, this is a computer based assessment which includes clinical problem solving and professional judgement. Successful candidates are then allocated to a deanery for the final, stage 3, of selection. This is in the form of a simulation exercise and a written assessment, with a strong emphasis on your communication skills.

The Future

Currently there is a huge reconfiguration within the NHS with plans for reform causing much controversy. The current system of strategic health authorities and primary care trusts distributing the budget will end on 31st March 2013. In its place, a national commissioning board and clinical senates will oversee and fund clinician led clinical commissioning groups (CCGs) who will then manage the budget. A new and important role has therefore emerged for GPs, that of health service leader, commissioner of services and innovation within the NHS. There are also plans to further encourage competition in the provision of services. The rationale behind this change is that the government has recognised a need to make the NHS more efficient and save money due to the economic downturn and an ageing population demographic. This has also raised concerns that GPs will be taking on a responsibility that they don't necessarily want. Furthermore, these changes could lead to redundancies in hospital trusts and shift of services traditionally delivered in hospitals to community (by GPs or often consultants in the community) which could place added strain on GPs ability to maintain a high standard of care. Encouraging private practice should, in theory, help to drive standards of care by creating competition which may off-set the increased demands but there are concerns that private health organisations will only take the low risk, high profit areas of healthcare leaving the 'traditional' NHS to cope with the rest. These are certainly exciting times to be a GP in the NHS.





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