The battle to retain GPs: defining ‘generalism’ is key

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Saving general practice: defining ‘generalism’ is key

Upstream training in ‘community generalism’ is essential for a resilient and sustainable GP workforce. The distinction between ‘community’ and ‘hospital’ generalism lies in the approach to clinical investigations. Hospital generalists must use tests to identify causes, exclude major diseases and eliminate uncertainty. In ‘community generalism’, by contrast, serious conditions are uncommon and illness of a transient, psychosocial or unexplained nature more prevalent. In this lower risk population, tests are often unhelpful and may sow anxiety or greater uncertainty. Negotiating management plans with patients is, therefore, key. This calls for triage, reliance upon history/examination and use of strategic principles (e.g. incremental management). Community generalists must be comfortable recognising the ‘well’ patient, promoting non-pharmacological care, well-judged restraint, ‘time as a tool’, ‘trial of treatment’ and safety netting. Instead of factual recall, community generalists must be adept at accessing - and discussing with patients – relevant online clinical guidance. This overarching approach constitutes the ‘special technique’ of general practice but is largely omitted from the GMC’s new Medical Licensing Assessment (MLA). Instead, the MLA prioritises ‘hospital generalism’ through its focus on tests and diagnoses. This shifts the skill of ‘community generalism’ into postgraduate education with implications for career choice, burnout and retention: medical students risk graduating without skills needed for general practice and an assumption that ‘hunting the diagnosis’ succeeds in the community. It also overlooks general practice’s contribution to wider endeavours such as reducing cost, tackling inequality and promoting environmentally sustainable healthcare. Without this broader formation, future GPs risk emerging as ‘junior doctors in the community’ who simply ‘find’ cases to send to specialists.

Max Cooper
Senior Lecturer in General Practice, Brighton and Sussex Medical School
GP at the Beaconsfield Surgery, Brighton

Sangeetha Sornalingam
Senior Teaching Fellow in General Practice, Brighton and Sussex Medical School
Sessional GP, Brighton

Jason Heath
Honorary Senior Lecturer in General Practice, Brighton and Sussex Medical School
GP partner at Foundry Healthcare, Lewes

References


