Now is the time for a career in general practice
The skills of a GP as an expert medical generalist – someone able to understand the multiple conditions patients have as well as their wider mental health and wellbeing – are what will allow the NHS to manage the challenges of our changing population. Their knowledge will mean that healthcare can truly be designed around the needs of the patient. This is why NHS leaders are recognising the importance of general practice and committing to greater investment in it. As time progresses, a career as a GP will become more and more intellectually and medically challenging, diverse, and fulfilling. GPs will have portfolio careers heading multi-disciplinary teams, leading work in areas from geriatrics to neurology, running ‘in-reach’ to hospitals and ‘outreach’ to patients’ homes. And GPs will be closer, and more important, to their patients than ever before.

That is why now is the time for a career in general practice.
There is arguably no more important job in modern Britain than that of the family doctor.

GPs are by far the largest branch of British medicine. A growing and ageing population, with complex multiple health conditions, means that personal and population-orientated primary care is central to any country’s health system. As a recent BMJ headline put it: ‘if general practice fails, the whole NHS fails’.

Simon Stevens, Chief Executive, NHS England

The time has never been better to become a GP in Wales in our integrated health services. Simply, the NHS cannot operate effectively without the GP at its core.

Dr Andrew Goodall, Chief Executive of NHS Wales

General practice offers variety, complexity, stimulation and frustration – and it is great fun. I am excited by the future of general practice as we will be at the forefront in the delivery of new, integrated, high-quality care to patients in Northern Ireland.

Dr John O’Kelly, Department of Health Strategic Leadership Group, Northern Ireland
I am often asked if I was starting all over again, would I choose GP as a career. My answer is yes. No other field of medicine holds responsibility for a whole community population from cradle to grave.

Dr Grainne Doran, GP clinical lead for the North Down Area Integrated Care Partnership, Northern Ireland

Becoming a GP is not the easy option in a medical career, but it is one of the most rewarding. To be part of a community, providing care to people and families that you get to know over extended periods of time, and becoming that trusted clinical confidante to those experiencing need is a wonderful privilege.

But it also offers more than just this – to be part of a clinical team, with such a varied and often complex workload that maximises the use of your clinical and communication skills and provides new and different challenges and solutions every day. Generalism, and general practice, has never been as important as it is now.

Dr Catherine Calderwood, Chief Medical Officer for Scotland
The expert medical generalist

The health service will need the skills of the expert medical generalist to meet the challenge presented by chronic conditions and multi-morbidities.

Our population is getting older and it is growing in size. As people live longer, more and more are managing multiple, long-term conditions – so both the amount of healthcare needed and its complexity is rapidly increasing. Because of this dramatic increase in multi-morbidity, the way we think about health is changing. For many patients it is no longer enough to treat a single ‘one off’ aliment, we must consider how patients can adapt and learn to live with chronic long-term diseases. That is why the clinical role of the GP as an expert medical generalist with the breadth of medical knowledge to understand complex, multiple, long-term conditions is now so central to the care we provide in the NHS.
GPs will meet the challenges of medical generalism

The clinical role of the GP has always been one that looks at the 'whole person'. Like most doctors working in secondary care, GPs must recognise and treat acute problems, injury or episodes of illness. But that is only part of what a GP does. Unlike many doctors, they have to manage and understand chronic long-term conditions and deliver the continuing care these most complex of patients need. In doing so, they have to take a view of how the patient's 'frame of mind' and their underlying behaviours will affect their health in the long run: how their diet, their family, their working lives will play out with the conditions they live with. That is why they follow a model of care that is not only biological, but also psychological and social.

The medical and intellectual challenge of the expert generalist is to understand the range of multiple conditions patients have, and how they fit together with the treatments for them, along with mental health and social context. For example to determine whether a patient's chest pain might be related to angina or a musculoskeletal problem, or something else such as depression due to problems at work or at home. The expert medical generalist must manage this web of different and competing factors when diagnosing conditions or referring for test or treatment. With this comes the added challenge of uncertainty and risk. It is impossible to test for everything or refer every patient, so the role of a GP is to make the fine judgments about which patients need treatment for a particular symptom and which ones do not. This judgment is fundamental to how the NHS can manage the pressures of a growing and ageing population.

GPs will provide continuity of care

As a GP, you get to know your patients and their families and treat them throughout their lives. This continuity of care is the reason that GPs are so trusted by their patients. That trust is also why the GP is in a unique position to coordinate care in collaboration with their patients, and to share with them the difficult decisions about their care. As the NHS adapts to a system that is more about the long-term management of care for patients, this relationship between the GP and their patient will become even more vital.
The expert *generalist* in the new NHS

In order to meet the challenges of modern healthcare, the NHS is changing throughout the UK. More care is going to be provided by GPs and their teams, instead of by hospitals.

As patients increasingly manage long-term conditions and multi-morbidities, it is no longer possible or desirable for the majority of care to be provided in hospitals. Instead care must move into communities and therefore to general practice. So the way GPs work is evolving, with GPs taking on new and exciting roles both clinically and as leaders designing and managing services for patients.
GPs will lead multi-disciplinary teams

In future, general practitioners will work much less in single-handed roles seeing patients on their own. Instead, a much wider range of professionals will support GPs. GPs will coordinate the care provided by these multi-disciplinary teams so that it fits around the needs of patients. This will free up the time of GPs so that patients can get the most out of their consultations.

GPs will provide more care in the community

GPs will increasingly manage multi-disciplinary teams to bring care for long-term conditions into the community. Whole services for areas such as diabetes or renal care are starting to be provided in community settings. Practices now administer medication in patients’ homes and find ways to provide urgent care in the community as an alternative to hospital admission. Often they coordinate this care with support for day-to-day tasks or advice on healthy living, in order to help patients to live independently as part of an ongoing plan for their care.

Specialist doctors are more frequently being placed alongside GPs in general practice as part of the movement of care from hospitals into the community. For example, GPs in the future will work with geriatricians to manage the care of older people, with psychiatrists to help diagnose dementia earlier or paediatricians to reduce admissions of children to A&E.

GPs will pioneer new research

As more care moves out of hospital and into general practice and the community, we will need a better understanding of how to provide care in these settings. So in future, academic research will also move from hospital-based disciplines and into the community context. More GPs in future will perform crucial academic research. For example, looking at models that predict the risk of dementia, or how cardiovascular disease is best managed in primary care.
GPs will play a key role in the link between primary and secondary care. In some cases, there will be a need for expert medical generalists in hospital settings, as acute care adapts its services to managing patients with long-term conditions. Some GPs are beginning to work full time in hospitals – for example using their expert generalist skills to quickly assess patients’ needs to help manage the pressures on emergency admissions. For others this may mean balancing work in general practice with work in a hospital as part of a portfolio career – allowing them to bring their holistic generalist skills to secondary care and bring greater knowledge of complex care back into general practice.

GPs will be vital to the ‘interface of care’

To adapt to these new ways of providing patient care, the future expert generalist will continue to develop their skills and their roles after completing their training. Many GPs will undergo additional training to become GPs with a Special Interest – who build expertise in areas most relevant to their team’s work. This might be in conditions such as dementia or diabetes, or in areas such as the leadership of other GPs or the management of certain kinds of patients, for example drug misuse or child protection. GPs may also take on many other roles that combine clinical skills with management, commissioning or education.

GPs will utilise new technology

Within these new ways of working, technology is enhancing the way a GP operates. GPs are exchanging emails with hospital specialists on a regular basis, seeking advice from each other and giving guidance on patient care. In the future, GPs and their teams will also have even better access to electronic medical records and information.

They will make greater use of technology to interact with patients, via email, video conference and text message or social media type tools. For patients with multiple and complex needs, this will often involve a number of professionals in primary care using technology to work together to meet the needs of the patient. It will also increasingly involve GPs and hospital-based consultants interacting with patients at the same time.
A flexible, diverse and challenging portfolio career

The new roles a GP will take on in the future mean that a career in general practice will be flexible, diverse and challenging. GPs will have the opportunity to build a varied portfolio career, in a range of settings, as well as having the chance to work part-time at different stages throughout their working life.

GPs will be able to move between many different roles and locations throughout their careers, and they will have the opportunity to build flexible working patterns around the needs of their patients as well as their personal lives. Exciting new ways of working in general practice are evolving in our changing health service in addition to the huge breadth of different roles that have always been available to family doctors.
Many GPs are already pioneering new ways of working. These roles present new medical challenges that require additional clinical skills and innovative new ways of providing patient care.

I run an ‘in-reach’ programme to the local hospital to help care for older people. Working with the specialist geriatrician and the community matron, we help get older people out of hospital more quickly and to organise care for them in the community prior to discharge, thereby reducing delays in transfers of care and the potential for readmission.

Dr Chris Cope, Healthcare of Older People Team, Nottinghamshire

I am the clinical lead for a community ‘outreach’ service to prevent fractures. We identify patients when they present a fragility fracture and fast track them for tests. In communication with the hospital we now provide treatment for osteoporosis in the community, including in patients’ homes. This includes providing intravenous therapy treatment in the community as an alternative to poorly tolerated medication taken orally.

Dr Ann-Marie Stewart, Community Fracture Liaison Service, Nottinghamshire

We are pioneering a new approach that relies on GP skills to reduce the pressure on hospitals. My team sees out-patients in the A&E department, using our generalist skills to quickly assess what care a patient might need. The idea was to look at what impact having a GP in an emergency care setting could make, and to make use of my knowledge and skills as a GP to advise what services might be available outside in the community.

Dr Jane Weatherstone, Hospital generalist, Northumbria Healthcare NHS Foundation Trust

As well as working part-time in general practice, I run a headache clinic in the local hospital for the neurology consultants. This position is interesting and challenging, and has created opportunities for me to be involved in teaching GP trainees about neurological problems in primary care.

Dr Louise Rusk, GP at an inner city teaching practice, Belfast

The team responds to 999 calls, traveling in the ambulance to see urgent cases, so that skilled GPs can provide acute medicine before a patient gets to hospital. We reduce the need for hospital admissions by finding different ways to treat patients often in their own homes.

Shortly after qualifying I was offered a place on a new fellowship programme in urgent and acute care. It was refreshing to see other GPs who had taken roles outside of mainstream primary care, with a desire to be constantly challenged and not afraid to explore new opportunities.

Dr Mike Clements, Urgent Care Clinical Advisor, Shropshire
Many GPs are also taking on academic roles to provide the evidence future general practice will need. This allows them to balance the traditional role as a GP with work in top research institutions.

"I combine seeing patients in my practice with research and teaching at the university. There are so many questions in general practice that need to be answered through clinical research led by GPs. During my PhD, I looked at the diagnosis of heart failure in primary care by interviewing patients about their experiences.

I am now part of a research team looking at different ways to identify people with heart failure in the community. Our research has led to changes in guidelines, so what we do really does make a difference. I've been able to travel to conferences to talk about my own research findings and learn from others in the field. It's a fabulous career – I love what I do and feel very fortunate to be in this profession."

Dr Clare Taylor, Academic GP, University of Oxford

"I'm conducting research into arthritis and how to improve the management of inflammatory arthropathy in general practice. GPs are always keeping abreast of the latest clinical developments. It's about developing some of the things that interest you. A portfolio career has given me the opportunity to do the thing that I enjoy most about the job."

Professor Christian Mallen, Academic GP, Keele University

"As a PhD student at Newcastle University Institute for Ageing, my research is in how to diagnose dementia earlier and how to identify those at highest risk through primary care."

Eugene Tang, GP trainee and NIHR Doctoral Research Fellow, Newcastle University
In future, more GPs will also take on roles in management leadership and education, balanced with their clinical work.

My role allows me to combine clinical work with a leadership role for my practice but also the two Federations it is part of. A typical week involves two clinical days – one providing GP surgeries and participating in a multi-disciplinary team for our local integrated care team – and the other delivering a practice-based vasectomy service.

My leadership time is supported by my practice and allows time to consider innovation in respect of clinical services and their delivery both within and outside the practice. On a personal level, it is really enjoyable and has allowed me to develop my career in a really positive way whilst maintaining my clinical skills.

Dr Mike Holmes, GP Partner and Federation Director, Yorkshire and the Humber

Since medical school, I’ve always been interested in education, so when I finished GP training I was keen to get involved in medical student teaching. The practice I joined already had medical students and I did one to one clinical teaching while they were on placement. I also approached the local university who were looking for GPs to work as tutors. Being a student tutor keeps me on my toes clinically, we have some really thought provoking and interesting discussions and the students’ enthusiasm is infectious and is a great way of improving my own resilience.

I then decided I’d like to become a GP trainer so the deanery provided funding for me to complete the postgraduate certificate of medical education. I did this over two years and the practice gave me time out to complete the training, which was interesting and more academic then I had expected.

Dr Katharine Rowell, GP trainer, Yorkshire and the Humber
GPs will have flexible, diverse and varied careers

The variety in general practice offers a great deal of opportunity for GPs to build flexible working patterns and many work part-time at different stages in their career. This flexibility allows GPs to build their career around their personal lives as well as the needs of their patients.

“It's very important to me to be able to work part-time because I have two small children and I feel very fortunate to be able to balance work and life.”

Dr Louise Rusk, Part-time salaried GP, Belfast

“After 12 years in practice, I remain a committed and motivated GP. My career path has been influenced by having three children and several factors have been instrumental in grounding me and keeping me in general practice: my immensely enjoyable and stimulating GP training programme, then starting out as a GP in a supportive practice, being involved in different informal peer support groups and developing a role as a portfolio GP. We need to be flexible enough to accommodate and embrace different working patterns as general practice changes.”

Dr Kamila Porter, Part-time salaried GP, Essex

“Prior to starting my GP training, I worked in a hospital in KwaZulu-Natal, in South Africa, for 18 months and returned there to do an Out-of-Programme experience with my husband and five-month-old child. It was a brilliant experience that challenged and inspired me more than any other job I have done. I now have a Diploma in Tropical Medicine and Hygiene and back in the UK I’ve volunteered to work with Medical Justice and Doctors of the World, who provide support to vulnerable migrants.”

Dr Deepa Shah, Out-of-Programme experience, in KwaZulu-Natal, South Africa
A career as a GP has always been hugely diverse and varied. The work GPs do can depend hugely on their place of work, for example working in a busy urban area like Kilburn, central London, presents different challenges to working in rural Scotland.

“Working in a busy urban practice that provides placements for trainee doctors means I’m part of a large team, with 13 doctors serving over 17,500 patients in the nearby area.”

Natasha Behl Gupta, GP trainee, Central London

“Working in one of the most remote areas of the UK, you have to be available for emergencies, be it in patients’ homes or the community hospital, take on palliative care or fracture management and be able to think outside the box with patients who are sometimes unable or unwilling to go to the mainland.”

Dr David Hogg, GP on the Isle of Arran, West Scotland

“As an out of hours GP, I’m there when patients’ surgeries are shut. It’s a real privilege to help people at their most desperate – supporting over the phone, seeing them in the treatment centre or going to patients’ homes to make a difference at the end of life. Providing care out of hours means these patients are able to die in dignity at home.”

Dr Rebecca Payne, Out of hours GP, South Wales
Many GPs also work in settings outside that of a typical surgery.

I combine work at my inner city practice with service on the military front line in some of the world’s most dangerous conflict zones, providing medical cover for the entire military and civilian population. Our trainees will be expected to provide high quality primary healthcare in remote and rural settings – often in war zones.

Dr Brigadier Robin Simpson, GP in Birmingham, and army GP

You can stand face-to-face with a prisoner and talk to them and have a connection with them without being confined by the prejudice of the crime they’ve committed. For me, there isn’t a day goes by that I don’t come away having learned something new.

I combine this with work as a Civilian Medical Practitioner for the Ministry of Defence. Which is highly rewarding and allows me to spend more time with patients and to take up training opportunities.

Dr Jake Hard, GP at women’s prison HMP Eastwood Park and open prison HMP Leyhill

There are a number of different working arrangements for GPs.

Partner

A GP partner part-owns the practice and their income comes from the money the practice makes – which means it can go up and down depending on how well the practice does. They are responsible for the staffing, performance management, premises and accounts of the practice.

Salaried GP

A salaried GP is an employee of the practice, or another organisation. The GP’s salary is agreed between the GP and their employer.

Locum

A locum GP temporarily provides services where there is a short term need – such as, when a practice is short-staffed or another GP is absent. Typically they are paid by each session worked.
As more care moves from hospitals and into the community, the way general practice is organised is evolving and scaling up to meet demand.

Instead of working in small single practices, GPs will increasingly work as part of groups of practices. Sometimes this will mean an informal ‘network’ arrangement between practices, where there is no legal or contractual connection. But it can also mean shared responsibility as a ‘federation’ with a legal agreement to work together to provide a wide range of services. It can even mean a formal merger between practices as a ‘super partnership’ to form a single contract between them.

With these new ways of organising general practice will come more investment in high quality facilities for providing modern healthcare.
We need to be flexible enough to accommodate and embrace different working patterns as general practice changes.

In England, Scotland, Wales and Northern Ireland there are also specific models of care that are emerging.

In England, groups of practices called ‘Multi-speciality Community Providers’ are being trialled. Led by GPs, they are bringing nurses and community health services, hospital specialists and others together to provide integrated care in the community. We are also seeing ‘Primary and Acute Care Systems’ being trialled, whereby GP and hospital services come together with others in a single NHS organisation for the first time – they might include hospital trusts opening their own GP surgeries.

In Wales, Practice Clusters are groupings of practices determined by Local Health Boards in their area. They allow expertise to be shared between GP practices, taking a collaborative approach. GPs in Clusters play a key role in supporting the ongoing work of a ‘Locality Network’ – a term used to describe this collaborative approach.

In Scotland, ‘Localities’ allow integration of health services, including social care, to help make it more joined-up and seamless, especially for people with long-term conditions and disabilities.

In Northern Ireland, GP Federations are groups of practices and primary care teams working together as not-for-profit organisations. They share responsibility for delivering high-quality patient care within communities. Many of these federations are currently running pilot projects, including placing pharmacists in general practice.

How general practice is being organised in the new NHS
The general practice team

GPs will not face the challenges of modern healthcare alone. In future they will work increasingly at the head of ‘multi-disciplinary’ general practice teams.

Patients with long-term needs and multi-morbidities will need a network of professionals around them to help organise and plan their ongoing care. So a wider range of professionals will support GPs to provide care that is truly designed around the patients’ needs. Increasingly, when a GP sees a patient they will have already gone through preparation and discussion with other professionals. That might mean talking to clerical staff about their documentation, or to a pharmacist based in the practice about the medication they are taking. So when the GP sees their patient, time is freed up for the GP to use his or her expert generalist skills to undertake a full holistic clinical assessment to inform their ongoing care plan.

Part of this care plan might be to draw on further support from professionals in the wider general practice team. For example, the GP might identify a potential mental health issue, so arrange for the patient to see a mental health therapist based in the practice. Or the patient may need rehabilitation after a stroke or heart attack and be referred to a practice-based physiotherapist.

The GP will also be able to draw on practice and community nurses to help administer treatments either in the practice or in a patient’s home. The GP may also be able to call on people in new roles, such as medical assistants, who could perform routine administrative or clinical tasks such as form filling or checking blood pressures, again freeing up time for the GP to concentrate on the most complex tasks and cases.
Practice managers along with secretarial, administrative and reception staff manage the overall running of general practices. They undertake the business planning, manage financial systems and personnel, build effective patient participation and lead the quality assurance systems across the business. Increasingly, trained non-clinical staff are supporting GPs by helping patients in navigating the healthcare system and access to primary care services, and handling paperwork to free up GP time.

General practice nurses work with GPs and other nursing team members such as healthcare support workers and advanced nurse practitioners to deliver a number of responsibilities. These can include management of long-term conditions, such as cardiovascular disease, diabetes and asthma, seeing vulnerable groups such as children, people with mental health problems and those with learning disabilities. They carry out a variety of activities such as venepuncture, screening, vaccinations, injections, blood pressure monitoring, wound management and sexual health services. Nurses with advanced assessment skills and prescribing training are also able to manage acute illness and injuries.

Community nurses visit people in their own homes or in residential care homes, providing care for patients and supporting family members. They regularly assess the healthcare needs of patients and families and monitor the quality of care they are receiving. They are increasingly working in integrated care teams in conjunction with general practice, secondary care, local authorities, social services and voluntary agencies.

Clinical pharmacists are currently being rolled out as part of an NHS England pilot. They provide advice to support GPs when prescribing medicines for patients and contribute to maximising the benefit patients receive from taking medicines. They can help to manage patients on long-term medication and with multiple long-term conditions, for example by monitoring repeat prescriptions, carrying out reviews for people on multiple medications and ensuring that patients take their medication. Some clinical pharmacists can also prescribe medicines.

There are many different kinds of professional that GPs will work with, as well as other GPs.
**Physician associate** is a new and evolving role that follows a two-year postgraduate diploma or sometimes an MSc. They take histories, perform examinations, make simple clinical diagnoses and interpret tests. They typically see people with acute minor illnesses and always work under the supervision of a GP. They can help free the GP up to tackle the most complex cases.

**Physiotherapists** working in general practice support GPs by helping patients maximise their movement and function, reducing the impact of long-term conditions and preventing problems from developing. Physiotherapists are able to work independently within general practice, for example by diagnosing and treating musculoskeletal conditions. Many physiotherapists are also qualified to prescribe medicines independently, order investigations, and carry out injection therapy.

**Medical assistant** is a new and evolving role which combines administrative support with carrying out basic clinical tasks and observations, such as performing routine tests and helping people monitor their conditions. This frees up time for GPs to concentrate on more demanding tasks. Medical assistants might also be used to assess urgent requests for community support and receive training to meet some of the needs traditionally associated with community nursing, physiotherapy and social work.

**Paramedics** working in primary care carry out a similar role to physician associates – taking histories, examining and managing urgent cases. They assess the patient’s condition and make initial decisions about treatment, often saving GPs from needing to leave the surgery.
Mental health therapists help GPs look after the psychological wellbeing of their patients. Often they provide brief interventions, such as talking therapies and self-help for people with common mental disorders like anxiety or panic attacks, and provide support in the coordination of care and signposting patients to services and community resources. GPs also work with other professionals, such as clinical psychologists and psychiatrists who provide care for patients with more severe mental health conditions.

Occupational therapists support GPs in the care of patients who have difficulties carrying out every day activities because of disability, illness, trauma, ageing, and a range of long-term conditions. They can be based in practice, but also often go to the patient's home or place of work. They analyse a patient's physical, psychological, social, cognitive and environmental needs, and provide rehabilitation or develop new strategies to help patients continue to carry out their every day activities.

It is really enjoyable and has allowed me to develop my career in a really positive way whilst maintaining my clinical skills.
Think GP

With you all the way: the role of the RCGP

With the role of the GP becoming more important and demanding, it’s vital that GPs have the best possible support. This is where the RCGP comes in.
What is the RCGP?

The RCGP is the professional membership body of general practitioners. It works to encourage the highest possible standards in general practice by representing general practice with government and the media, setting and administering the entry examination for general practice, improving the quality of patient care, encouraging clinical innovation, and promoting continuous professional development for GPs.

The RCGP is the voice for general practice

The College represents general practice with government and the media across the UK. Since late 2013, we have set the healthcare agenda by rolling out the first ever fully-fledged campaign run by a medical royal college, called *Put patients first: Back general practice*, which has called on politicians urgently to increase investment in the service and expand the workforce. Through securing high-profile national media stories, publishing ground-breaking research, mobilising hundreds of thousands of GPs and patients, and meeting with ministers, politicians and civil servants, we have highlighted the need for a massive boost in support for general practice. As a result of the campaign, NHS England published the *General Practice Forward View* in April 2016, which pledges to give general practice an additional £2.4bn of recurrent funding on an annual basis by 2020, a half a billion pound package of short and medium term measures to assist struggling practices and stressed GPs, and an expanded workforce of 5,000 additional doctors and 5,000 other members of the team. We have also helped to persuade ministers to increase spending on primary care by £70m in Scotland, £123.5m in Wales and £18m in Northern Ireland.
The RCGP sets the standards for general practice

One of the College’s top priorities is to run the MRCGP – the gateway to general practice – in a way that upholds rigorous standards and at the same time ensures equality of opportunity for all candidates. The RCGP curriculum defines the knowledge, skills and qualities required to practise as a GP in the NHS. It forms the foundation for GP training and assessment across the UK, and is relevant to GPs throughout their career.

The RCGP promotes quality care and innovation

The College works to promote high-quality patient care in general practice by delivering thousands of continuous professional development courses, events and online learning programmes. It also promotes quality improvement through the popular Quality Improvement Guide for General Practice, and is developing a new quality framework for Scotland, following the scrapping of QOF by the Scottish government. The College also promotes innovation through its Bright Ideas work-stream, which highlights new thinking in general practice. In addition, we are supporting practices working at scale through our Supporting Federations programme – which provides practical information, with hundreds of members and organisations accessing resources. We also promote innovative approaches on a range of clinical areas, such as cancer, mental health and end-of-life care, through our clinical priority programme.
The College provides support for its members where they live and work through its network of 32 Faculties across the UK and the Republic of Ireland, and its Devolved Councils in Scotland, Wales and Northern Ireland. Our Faculties run CPD and networking events; provide practical support for local GPs, such as through the provision of mentoring and resilience schemes; and they promote general practice with local stakeholders. Our Devolved Councils represent general practice in Scotland, Wales and Northern Ireland with government and the media in each respective nation.

Members of the RCGP are securing the future of general practice

We have free membership for medical students and foundation doctors, supporting them through activities and events for student GP Societies. We also provide support and advice to A-level students seeking work experience in general practice, and have a range of activities for school children promoted through careers fairs.

The RCGP supports you where you live and work

The RCGP supports you where you live and work through its network of 32 Faculties across the UK and the Republic of Ireland, and its Devolved Councils in Scotland, Wales and Northern Ireland. Our Faculties run CPD and networking events; provide practical support for local GPs, such as through the provision of mentoring and resilience schemes; and they promote general practice with local stakeholders. Our Devolved Councils represent general practice in Scotland, Wales and Northern Ireland with government and the media in each respective nation.

The RCGP is with you every step of the journey

Just as you will be there for your patients, the RCGP will be there for you at the start of your career until long after you have retired. We will be there to support you, to represent you, and to help you be the best GP you can be.
Think Varied Career
Think Work Life Balance
Think Community
Think Expertise
Think GP

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