



SO, YOU WANT TO BE A GP?

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by
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Useful Addresses

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Website : www.rcgp.org.uk/certification

British Medical Association (BMA)
Tavistock House, North Tavistock Square,
London WC1H 9JP
Tel : 020 7387 4499 Website : www.bma.org.uk

Postgraduate Medical and Education Training Board (PMEB)
Hercules House, Hercules Road
London SE1 7DU
Tel : 020 7160 6100 Email : info@pmetb.org.uk
Website : www.pmetb.org.uk

The National Recruitment Office for GP Training (England and Wales)
c/o West Midlands Deanery
Birmingham Research & Development Park,
97 Vincent Drive, Edgbaston, Birmingham, B15 2XN
Email : mail@gprecruitment.org.uk
Website : www.gprecruitment.org.uk

NHS Education for Scotland
Rose Street, 2nd Floor, Hanover Buildings,
66 Rose Street, Edinburgh, EH2 2NN
Tel : 0131 225 4365 Fax : 0131 225 5891
Email : enquiries@nes.scot.nhs.uk
Website : www.nes.scot.nhs.uk

The Universities & Colleges Admissions Service (UCAS)
PO Box 28, Cheltenham, Gloucestershire GL20 1HY
Tel : 0870 1122211 Email : enquiries@ucas.ac.uk
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Introduction

It is Monday morning. You are getting towards the end of your morning surgery. So far today you have seen 12 cases, including a child with an ear infection, a woman with high blood pressure, a man with depression, a backache, two chest infections and a man with a possible stomach cancer. You have injected a painful shoulder joint and arranged an urgent hospital admission.

The door opens and 12 year-old Andrew comes in. When he first joined your list his asthma was badly out of control. If he tried to run anywhere he would cough and wheeze almost straight away. You and your team have spent the past few months teaching him about asthma, and gradually adjusting his medication. He seems much better and today he was full of smiles. After all, he has just been selected for the school football team - something he thought he could never achieve in a million years. As he leaves your consulting room he turns to you, "Thank you doctor", he says, "You really have changed my life."

There are few jobs that can be more satisfying than general practice. The work can be hard, the hours may be long, but even though you will save lives only rarely, you can change lives all the time. Ask Andrew.

So You Want to be a GP?

One of the advantages of choosing medicine as a career is the wide variety of ways in which you can work as a doctor. After you qualify from medical school you can work as a surgeon, in a laboratory, as an ophthalmologist, pathologist, research scientist, as a community physician, or in any number of other ways. However, nearly half the people who qualify as doctors become general practitioners. The joy of general practice is its infinite variety. You simply never know what you will be dealing with next. It could be a simple sore throat, a heart attack, a chest infection, a schizophrenic breakdown, a pregnancy or a convulsing child. Being a brain surgeon may be seen as a more glamorous career but no other branch of medicine has the remarkable variety of general practice.

Medical School

Dealing with so many varied problems means that potential GPs do need a very broad and extensive training. The first step is medical school where the basic medical course lasts for five years. Getting into medical school usually requires three good science A levels, although some schools do offer a 4 year graduate entry programme.

Postgraduate Training

At present, all doctors work for 12 months as pre-registration house officers after qualification. This is done either as two supervised six-month pre-registration posts or on a rotation of three four-month posts. In some areas there is now the option of doing part of the pre-registration house officer year in general practice, with typically four months being spent as a house physician, four as a house surgeon and four in general practice. The work of a house officer includes examining patients as they arrive in hospital, keeping the notes and arranging investigations. All doctors, whatever career they are eventually going to follow, have to do this probationary year.

Ramsey, Cambridgeshire since 1976 and is a Fellow of the Royal College of GPs, a Fellow of the Faculty of Public Health, and a Fellow of the Royal College of Physicians. He was awarded the CBE in 2004 for services to Medicine and Health Care. When he's not a GP, his passions are his family, music, travel, wine and food.

Further Reading

Medical Education A-Z

BMA, 2004

Training in General Practice

NHS Education Scotland, 2004

Doctoring

Cassell, E.J;

Oxford University Press Inc, USA, 2002

Oxford Handbook of General Practice

Simon, C;

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GP Tomorrow

Harrison, J;

Radcliffe Medical, 2002

Guide to Education and Training for Primary Care

Carter, Y;

Oxford University Press, 2001

Modernisation and the Future of General Practice

Gillam, S & Meads, G;

King's Fund, 2001

A Guide to General Practice Careers

Baker, M & Chambers,R;

Royal College of General Practitioners, 2000

Royal College of General Practitioners

The RCGP was founded in 1952 and is the academic body for general practice in the United Kingdom. Its main object is to 'encourage, foster and maintain the highest possible standards in general medical practice'. Full membership is possible by passing the MRCGP exam. The majority of vocational trainees now take this examination and become members of the College. The exam is internationally regarded as one of the world leaders in medical assessment. Alternatively, established GPs who have not taken the MRCGP, but who support the aims of the college and wish to become members, can join the RCGP through Membership by Assessment of Performance (MAP).

The College is split into local groups (faculties), which run educational meetings, stimulate research and publish newsletters, among other activities. RCGP faculties provide a forum for sharing ideas and offering mutual support at a local level.

The job of being a GP can be stressful. The College is increasingly attempting to care for its members and can offer guidance and support in many areas of general practice life.

About the Author

David Haslam is immediate past Chairman of the Royal College of General Practitioners, and visiting Professor in Primary Health Care at de Montfort University, Leicester. He is a medical member of the Postgraduate Medical and Education Training Board (PMETB), is Senior Clinical Adviser to the Healthcare Commission and a member of the National Advisory Board to the National Primary Care Development Team. During his career he has been a GP Trainer, an MRCGP Examiner and a Clinical Teacher. He career has also involved medical journalism, writing several weekly and monthly columns, and twelve books for the public; and television work, presenting a series of programmes for Anglia TV on parenting issues as well as making a number of radio and broadcasting appearances, partly in his role as RCGP Chair. He has been a GP in

When this is completed satisfactorily the doctor can then be fully registered with the General Medical Council (GMC).

Following this pre-registration year potential GPs then enter vocational training for general practice. The training programme for general practice usually lasts for three years at present and consists of 12 months working in a general practice under the supervision of a GP trainer, plus two years in four educationally approved hospital posts, each lasting for six months.

From August 2005, all medical students will undertake a 2 year Foundation Programme ; incorporating the PRHO year and the first year of the SHO grade, which will become Foundation Year 1 (F1) and Foundation Year 2 (F2).

- F1 consists of various placements, enabling the Trainee to demonstrate the competencies required for full registration of the GMC, which will be achieved upon the completion of F1.
- F2 will involve further placements and incorporate a generic first year of SHO training. This second year will develop the individual to the point where they are ready to undertake specialist training (hospital consultant or general practice).

Specialist Training

F2 trainees will then move onto a Certificate of Completion of Training (CCT) Programme for a minimum of three years to specialise in general practice. This will include a minimum of 12 months, though frequently longer, as a GP Registrar, during which time the GP registrar will learn about how general practice is organised and managed and will see patients both in the surgery and in their homes. Many GP registrars now also have the opportunity to extend their training to gain extra skills, perhaps in academic general practice, women's health, drugs misuse, etc.

At the end of the three years' vocational training the GP registrar will be assessed and, if successful, will receive a Certificate of Completion of Training, which

results in the doctor's name being entered onto the GP Register and allows the doctor to work as a principal in general practice. European Community (EC) nationals who have qualified in an EC member state (other than the UK) are fully exempt. The great majority of GP registrars take the membership examination of the Royal College of General Practitioners (MRCGP) at this stage.

A Day in the Life of a GP

You ask for a typical day. That's difficult. Every day can be different, as I have no idea what problems will present themselves. But I can tell you about yesterday.

Morning surgery consisted of a real mixture of patients. There were cases of high blood pressure, bronchitis, depression, sore throat, unhappiness and thyroid disease - and that was just the first half dozen. A student burst into tears and told me about her anorexia nervosa. A man with angina needed teaching about the tablets that the hospital specialist had prescribed for him. A businessman asked me about cholesterol testing and a bass guitarist needed help with a repetitive strain injury of his wrist.

After surgery I had a cup of coffee as I dealt with incoming letters, repeat prescriptions, and made a couple of phone calls. My secretary brought my dictated letters to be signed, one of the nurses asked my advice about a leg ulcer and I looked at a computer printout of the latest results of some research I am doing on how well we care for our diabetic patients.

Visits came next. One was to a lady who is dying at home of cancer. I go almost every day as she hasn't long to live. The nursing team also call regularly, and whilst the situation is desperately sad, I feel pleased to be able to offer a high quality service to this family. I saw a child with a bad cough whose mother is handicapped and can't get to the surgery, a man with backache and a lady whose chronic bronchitis is playing up.

At lunch we had an administrative meeting to discuss ways we can organise some of the practice's long term

Academic GPs

There are also opportunities for GPs to join Academic Units. Many academic departments now provide relevant education and training, with an increasing number of diploma courses and masters degrees being developed for postgraduate students. Courses have been responsive to the changing needs of primary care and aim to offer modularity with improved accessibility and a menu to allow personal development in teaching, research and a range of contemporary issues.

Pay for General Practitioners

Pay mechanisms for GPs changed radically under the new GMS Contract. Practices now receive a global sum for the services they provide and additional payments if they meet quality markers as laid out in the Quality and Outcome Framework. From the income paid to a practice, it must also employ staff and it's up to the practice what proportion it spends on doctors' salaries. For Salaried GPs, the recommended pay range for 2004 / 2005 set by the Doctors and Dentists Review Body (DDRB) was between £47,710 and £72,478.

Most GPs are reasonably well paid. You are unlikely to become rich as a GP, but you are even less likely to become poor!

services themselves, may have to do more on-call duties and may find winter snowdrifts make life more than a little challenging.

Inner-City Practice

Inner-city medicine can be tremendously challenging. Language difficulties, very mobile populations and high levels of sickness resulting from poverty can put greater demands on the caring professions. As in every area of medicine there are advantages and disadvantages. However, there can be little doubt that the people living in inner cities need the highest possible quality of care.

Sessional GPs

By definition these are doctors who are working in general practice but who do not hold a contract with a health authority or board to provide general medical services for a registered population. Some doctors have a preference and some have a need for general practice work which can be fitted in with family or other commitments; which does not require large sums of capital; and which is more easily suited to the needs of those who require geographical mobility. Within the non-principal population there are doctors who seek variety and diversity (locums and deputies) and there are those who prefer stability and continuity, albeit on different terms from those of principals (retainers and assistants).

Doctors practice in both urban and rural settings. There may be a mobile population with a large number of temporary residents such as tourists or a relatively static one.

Every practice has its opportunities. Perhaps some of the finest research done in British medicine, in the twentieth century, came from a GP in a small practice in a South Wales mining village.

Your life as a GP is only limited by your imagination and energy.

medical condition clinics. The other doctors, a couple of nurses, the practice manager and one of the receptionists attended. People often forget that general practitioners have to be managers too. It can be frustrating but at least we have a real input into the way we run our lives.

The afternoon was taken up with teaching my GP Registrar about coping with the severely mentally ill, running a cryotherapy clinic where we treat warts and other skin problems by freezing with liquid nitrogen and dictating more letters.

Then it was evening surgery with as varied a caseload as I saw this morning. It was an average busy day and I was glad enough to put my feet up once at home.

Out of hours and night duty is no longer a mandatory part of a GPs contract, although many doctors do choose to do this - often in cooperatives where they work with other local GPs, plus a back-up-team of nurses and drivers

The main parts of my work are prevention (helping people to stay healthy or improve their health), clinical diagnosis and treatment, educational (not only keeping myself up to date, but helping to train the practice team) and administration. As a GP I see people from the whole community and I am the first contact that patients have with the NHS. If I need special tests performing, or guidance with a complex diagnosis, I can always refer patients to a hospital consultant.

Thinking about it, I did all those tasks today. Maybe it was a typical day after all."

Different Types of General Practice

Every UK citizen is entitled to be registered with a GP practice. This means that everywhere you go is on some GP's patch. Whether it is the most idyllic and isolated of rural areas or the most run-down inner city slum, a GP will be caring for the people who live there. The contrasts are enormous. From practising alone on a tiny Scottish island to working in an urban health centre in a deprived area with 20 other doctors, the newly qualified GP has an astonishing number of career choices.

Indeed, not only do GPs see a tremendous variety of patients but they all work in remarkably different ways. Most GMS GPs are self-employed, in charge of running their own small businesses, and have considerable freedom in the way that they choose to work and in what additional skills they choose to learn. The new GMS contract was introduced in April 2004 and provides greater flexibility of GP careers, and gives GPs the option to opt out of the responsibility of out-of-hours care and to be paid for the quality and variety of services that they provide. Other GPs are employed by their local health authority on Personal Medical Services contracts. In the different countries of the UK, general practice is administered in different ways - and there are even subtle differences from area to area. In England, for instance, general practitioners are now grouped together in primary care trusts and have increasing responsibility for running of general practice and the commissioning of hospital services for the community.

Almost all GPs now work as part of a primary health care team - consisting of doctors, nurses, health visitors, administrative staff - and increasingly with other health professionals such as physiotherapists and speech therapists. The different types of practice in the UK include group practices, health centres, single-handed practices including rural and inner-city practices.

Increasingly many GPs acquire new skills or extend their generalist skills to work towards becoming a GP with a Special Interest (GPwSI). They may choose to

develop their interest in a number of subjects including drug misuse, women's health and family planning, endoscopy. While remaining a generalist, GPwSIs also make a tremendous contribution to providing additional services in primary care.

Group Practices

Many GPs practice in partnership with a number of other doctors. They share administrative and other costs, have the stimulus of sharing cases and problems with their colleagues and may be able to develop special interests and expertise within the group. The doctors frequently possess and run their own practice premises. However, a significant number of doctors practise from other kinds of practices.

Health Centres

Health centres are built and run by the local health authority or local NHS trusts and frequently house many other members of the primary health care team. The administrative staff may be employed by the doctors or they may be employed by the health authority. The stimulus of working with a large team appeals to many doctors.

Single-Handed Practices

A number of doctors choose to work without medical partners, although they usually still employ a nurse and other team members. The great advantage of single-handed practice is the ease of decision-making. If you want a new computer, you buy it. No committees, no controversy. The disadvantage is the risk of professional isolation, although most single-handed GPs meet colleagues at educational meetings.

Rural General Practice

Rural areas pose particular challenges but have their own compensations. Doctors might have to travel large distances to visit patients in distant farmhouses but have the compensation of little traffic and beautiful scenery. However, rural practice is not simply a "Peak Practice" style idyll. Doctors who practice a long way from a hospital may have to provide more urgent