



Royal College of
General Practitioners

**So,
you
want to be
a GP?**



Foreword

by Professor Amanda Howe

I am so pleased you are thinking of being a GP – please give that idea full consideration, read this leaflet, ask around (but don't listen to the cynics), and keep on thinking about it. While you are deciding, and testing yourself against the opportunities and challenges that general practice represents, remember that a career in general practice will suit any doctor who works hard, is really interested in people and their lives, likes to be busy, thinks rigorously, feels compassionately, and never wants to stop learning. It allows an amazing flexibility – over a lifetime's career it can easily be

combined with a family, a special clinical area of interest, and roles as an educator, in service development, and professional leadership.

I decided to be a GP at the age of 21, first contacted the RCGP to do Membership, and have been involved with the organisation ever since. It has provided me with career guidance, career opportunities, great colleagues and constant inspiration. So if you decide to be a GP, you will also be part of the RCGP family. Welcome! And do ask if we can help in any way.

Professor Amanda Howe MD FRCGP
Honorary Secretary RCGP



Introduction

It is Monday morning. You are getting towards the end of your morning surgery. So far today you have seen 12 patients, including a child with an ear infection, a woman with high blood pressure, a man with depression, a painter-decorator with backache, two people with 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 train as a surgeon, in a laboratory, as an ophthalmologist, pathologist, research scientist, a community physician, or in any number of other ways. 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 by some as a more glamorous career, but no other branch of medicine has the remarkable variety of general practice.



At a quick glance, here you can see the steps and timescale involved in becoming a GP.

REQUIREMENTS	CAREER PATHWAY	WHEN	PROGRESSING TO THE NEXT STAGE	
<p>Entry to the 32 medical schools will vary from university to university. Check UCAS for information on each institution.</p> <p>Studying medicine normally requires high grades in science subjects.</p>	Medical degree 5 years RCGP Student Forum	Year 1		
		Year 2		
		Year 3		
		Year 4		
		Year 5	Final year	GMC come to university. You will be provisionally registered. Once you have passed your exams and paid a fee your registration will be updated.
<p>Completion and pass of medical degree.</p>	Foundation Programme 2 years RCGP Foundation Programme		Register – October Apply – December School allocation – February Programme allocation – March	Foundation Programme Unit of Applications are made and ranked according to preference. Apply through the Foundation Programme.
<p>Completion of 12 months training with a minimum of three months in medicine and three months in surgery.</p>		FY 1	End of F1	Full registration with the GMC.
		FY 2		
<p>See National Person Specification for Application to General Practice Training at ST1 from National Recruitment Office for General Practice Training. Check eligibility to apply.</p>	Specialty Training for General Practice 3 years RCGP Associate in Training		For example: Apply – November Offer made – April Start – August	Apply for Specialty Training in General Practice.
		ST 1	September - November	Register and join the RCGP as an AiT to receive access to your assessment tools e.g. eportfolio.
		ST 2	Ongoing	Regularly input learning logs on eportfolio for WPBA (Workplace-Based Assessment). These will be checked and approved by your GP trainer.
		ST 3	End of ST 3	In the last year you will complete the AKT (Applied Knowledge Test) and CSA (Clinical Skills Assessment).
			On completion	PMETB will issue you with a Certificate of Completion of Training. You will need to register with the local PCT & GP Register to be able to practice as a General Practitioner.

Medical school

Dealing with so many varied problems means that potential GPs need a very broad and extensive training. The first step is medical school and a medical degree, which usually lasts for five years. Getting into medical school usually requires three good A levels (average AAB) Some schools also offer a 4 year programme for graduates, and some have 'widening access' programmes to assist bright students to achieve entry criteria. At this stage, you'll find more information about general practice as a career from the College's Student Forum, which is designed to give you a glimpse of what to expect from the next stages of training, what general practice is like and how it might become your career of choice. **For more information visit: www.rcgp.org.uk/students**

Foundation Training

The Foundation Programme is a two-year programme undertaken by all doctors and acts as a bridge between medical school and specialty training. Trainees will have the opportunity to gain experience in a series of placements, in a variety of specialties and healthcare settings.

Foundation Year 1 (F1)

The first year of the Foundation Programme builds upon the knowledge, skills and competences acquired in undergraduate training. The learning objectives for this year are set by the General Medical Council. In order to attain full registration with the GMC, doctors must achieve specific competences by the end of this year.

Foundation Year 2 (F2)

The second year of the Foundation Programme builds on the first year of training. The F2 year's main focus is on training in the assessment and management of the acutely ill patient. Training also encompasses the generic professional skills applicable to all areas of medicine - team work, time management, communication and IT skills.

Specialty Training for General Practice

On completion of foundation training, doctors undertake a Certificate of Completion of Training (CCT) Programme for a minimum of three years to specialise in general practice. The College is involved in a number of key aspects at this stage, including the curriculum, and the assessment and certification of skills required. Trainees can join the College as an Associate in Training (AiT) - the membership package for AiTs includes the benefits and services required at this stage in your career. **For more information about AiT visit: www.rcgp.org.uk/ait**

You can also visit the National Recruitment Office for GP Training (NRO) website for more information about General Practice recruitment and the careers available within the field at www.gprecruitment.org.uk/gpcareers.html

Assessment

All GP trainees must complete the College's assessment (MRCGP) to practise as a GP. The MRCGP relates to the training curriculum (see below) and addresses the wide-ranging knowledge, clinical and communication skills required by doctors who will specialise in general practice. It's an integrated training and assessment programme that is made up of three components:

- **Applied Knowledge Test (AKT)** – a summative assessment of the knowledge base that underpins independent general practice within the UK.
- **Clinical Skills Assessment (CSA)** – an assessment of a doctor's ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice.
- **Workplace-Based Assessment (WPBA)** – the evaluation of a doctor's progress in their performance over time, in those areas of professional practice best tested in the workplace. The evidence for WPBA will be recorded in a web-based ePortfolio tailored to each trainee.

Each component is independent and will test different skills, but together they will cover the GP curriculum. It is an outcomes-based assessment system which covers the entire three-year training programme and will be set at a standard expected of doctors being licensed to practise independently as general practitioners in the UK. **For more information visit: www.rcgp.org.uk/MRCGP**

Curriculum

The College has developed the first national training curriculum for general practice. Set within a structured educational programme, the curriculum is designed to address the wide-ranging knowledge, competencies, clinical and professional attitudes considered appropriate for a doctor intending to undertake practice in today's UK National Health Service.

Certification

For doctors on a Certificate of Completion of Training (CCT) programme, the College evaluates your general practice training and makes a final recommendation at the end of your training to the General Medical Council (GMC) which issues your certificate.

Becoming a GP

Upon successful completion of your specialty training, MRCGP and with the award of a Certificate of Completion of Training, your name will be placed on the GP Register and you will be able to practise as a GP. For ongoing careers information and support, you can visit the New Professionals section of the College website: www.rcgp.org.uk/careers

You will also be eligible to join the RCGP as a Member, and if you've previously been an Associate in Training, your membership category will be upgraded automatically. As a Member, you are able to use the letters MRCGP after your name for as long as you remain a member of the College. As well as ongoing support throughout your career, the College also offers the opportunity for continuing professional development, peer support and involvement in developing the profession. Our membership package for newly qualified GPs is called First5®. With dedicated events UK-wide, resources and online forums, we offer support through those crucial five years from qualification up to your first point of Revalidation. The benefits of the First5® membership include:

- Discounts on books and resources, courses and workshops
- Invitations to exclusive AiT events held both locally and nationally
- Representation locally
- Reduced subscriptions to InnovAiT and the BJGP
- RCGP journals to help you through training

To find out more about the First5® programme please contact first5@rcgp.org.uk

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 problems with eating and worry about her weight (diagnosis 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 with colleagues and then dealt with incoming letters, results, repeat prescriptions, and made a couple of phone calls. . One of the clerical staff brought

my dictated letters to be checked and signed, one of the nurses asked 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 really bad cough and poor feeding whose mother is disabled and could not get to the surgery today because her car is at the garage: I had already assessed this on the phone. I also saw a man with backache (diagnosis sciatica, will need following up); and a lady with emphysema and a recent minor stroke, who uses home oxygen and who had become slightly more dizzy and breathless. Then it was time for lunch!

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

Careers in 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 area, 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.

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 and 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, family planning and 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 work 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.

Areas of General Practice

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 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; 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.

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.

Opportunities within General Practice

Within general practice there are a number of options which mean getting out and about in the community and varying your workload even further.

Armed forces

The armed forces offer experience and training in specialist military disciplines as well as general medicine.

Charities

Charities working overseas employ GPs in a variety of roles, from triage to treatment. The work can be fulfilling, but most charities ask candidates to commit to a longer-term placement – usually several months.

Clinical assistants

A clinical assistant role could represent an opportunity to develop a specialism, with consultant support.

Pay is often less than for a standard freelance role, but the experience gained can help with applications for special interest roles. However, it's not the same as being a GP with a special interest. Check for opportunities at your local hospital.

Medico-legal

In most cases this means working for one of the indemnity organisations. However, there are a number of other employers who recruit clinicians to advise on medical insurance claims.

Some larger firms will provide training. Medico-legal work offers conventional office hours, flexibility and reasonable rates of pay.

Occupational medicine

This means working with employers, employees or third parties (like government agencies or insurance companies) on work-related health issues. It could involve advising on changes to the workplace, or assessing an employee's fitness to work.

Out of hours

A number of GPs specialise in out of hours work, working for one of the many co-operatives set up by practices. Much of the work is freelance, but some co-operatives offer contract work. Hours are unsocial.

If you are looking for out of hours work, consider all the providers in your local area. It's also worth staying in touch with the administrator you contacted for out of hours work as an ST3 – they are likely to know about any opportunities coming up.



Police doctor

Recent years have seen more GPs taking on forensic work in addition to their regular practice. Much of the work is based on a duty system involving anti-social hours.

There's lots of competition for these roles, which can lead to formal qualification as a forensic medical examiner.

Prisons and other secure environments

Providing primary care in a prison setting can be challenging and rewarding. Jobs are often advertised through locum agencies.

Ship's doctor

Allows travel but means long periods away. Involves treating both passengers and crew.

Urgent care

Some hospital accident and emergency departments have a GP attached to deal with any 'GP cases' which turn up. The work is usually shift-based. Some organisations provide support for training.

Non-clinical opportunities

Acute trust adviser

A number of acute hospital trusts recruit GPs to support the trust in a non-clinical role. Most trusts will let you continue with a few GP sessions while working for them.

Deaneries

Postgraduate medical deaneries recruit GPs to work as trainers, course organisers and in other roles.

Medical writing

It's not always necessary to have a background in professional journalism: many editors are open to approaches from writing novices.

Pharmaceutical industry

Roles for clinicians include:

- * medical adviser
- * clinical research physician
- * medical director

There are also opportunities in clinical pharmacology, drug safety, and regulatory affairs.

Student Membership

With such a wide range of opportunities available in General Practice, you will want to carefully consider your future, and the Royal College of General Practitioners can support you all the way. By registering with the RCGP Student Forum, you will have access to a fantastic source of information and advice to help you through your time at medical school and onto the Foundation Programme. It's completely free to register, and includes benefits such as discounts on books, a discounted rate at the RCGP conference, library services and many more.

To register for free with the RCGP Student Forum, visit: www.rcgp.org.uk/students

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'. 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.

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

About the original author

David Haslam is President of the British Medical Association, past-President of the Royal College of General Practitioners, National Clinical Adviser to the Care Quality Commission and visiting Professor in Primary Health Care at de Montfort University, Leicester.

Further Reading

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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

Useful Addresses

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RCGP Student Forum

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The Universities & Colleges Admissions (UCAS) Service

Rosehill, New Barn Lane, Cheltenham,
Gloucestershire, GL52 3LZ
Tel: +44 (0)870 1122211
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The National Recruitment Office for GP Training (England and Wales)

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