



Royal College of
General Practitioners

Medical Generalism: Impact Report, May 2013

Understanding and promoting Medical Generalism – Overview

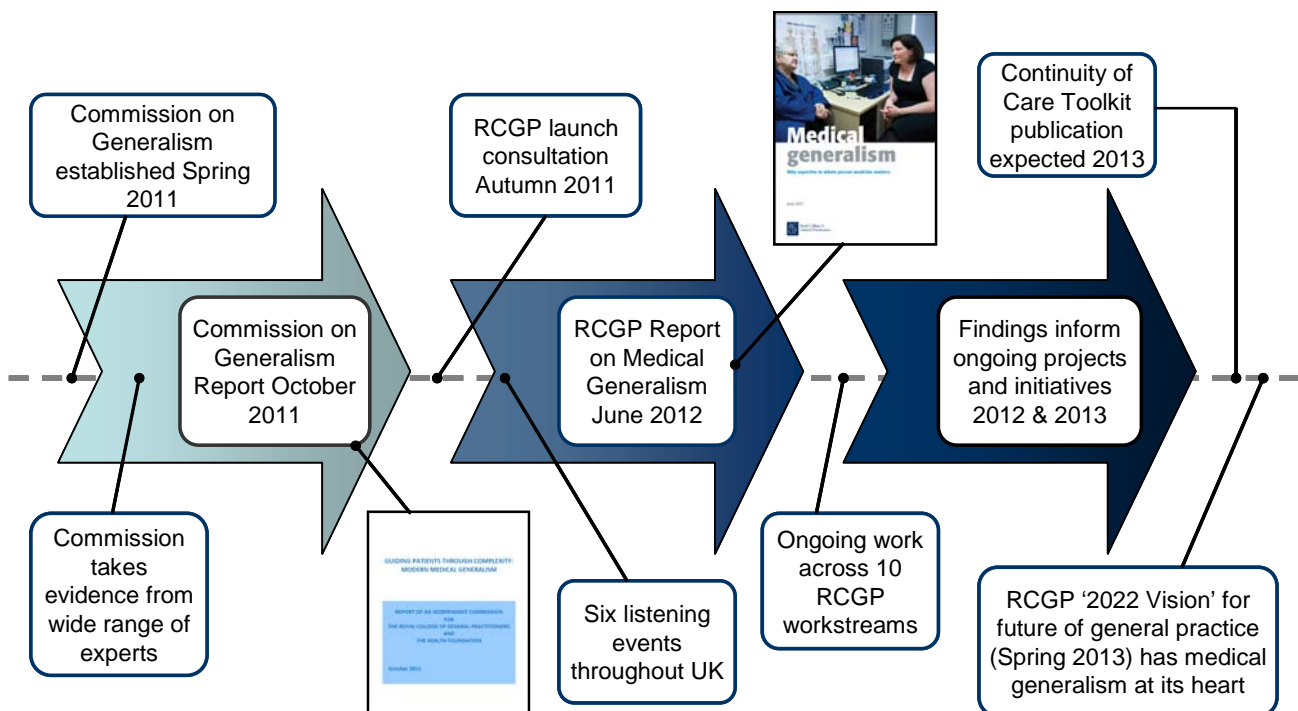
Medical generalism has a hugely important role to play in how health and social care services are delivered in the 21st Century. The need for a ‘whole person’ approach to medical care – designed around the patient and their lives – is a driver of safer, better integrated health and social care services. The findings of the Francis report on care at Mid Staffordshire NHS Trust are a timely reminder of why it is so crucial that the NHS puts the ‘whole person’ at the centre of everything it does.

The Commission on Generalism was launched by RCGP in partnership with the Health Foundation in 2011 with the aim of establishing a better understanding what medical generalism is, what it can deliver for patients, and how it should develop in future. As a result of this initiative a great deal of new evidence has been collected and two landmark reports have been published – one by the independent Commission¹, and a follow up report by RCGP². The findings of this project have informed and inspired a number of other initiatives, both large and small. They have also been debated widely by experts, patients, politicians and clinicians alike.

This short impact report provides a snapshot – three years since its initial inception – of what the Commission on Generalism and subsequent work led by RCGP has achieved to date. This report marks the end of the Commission and the College’s response as a standalone project led by RCGP, but its findings will continue to be taken forward through a number of workstreams within the College.

The lifetime of the medical generalism project

The diagram below outlines some of the key milestones reached since the launch of the Commission in 2011:



Headline achievements

The RCGP's work on medical generalism aimed to achieve lasting change across three key areas:

1. Exploring the concept of generalism and establishing an agreed definition

The launch of the Commission kicked off an extensive UK wide debate within the NHS community about the concept of generalism. Patients, clinicians, academics and others contributed to this discussion and the result was the development of a clear definition (see Box 1 below). Although no definition is (or should be) fixed in stone, this was an important step towards pinning down why generalism is important to modern healthcare and how it can best be promoted.

Box 1: RCGP definition of the ethos of medical generalism

Medical generalism is an approach to the delivery of health care that routinely applies a broad and holistic perspective to the patient's problems. Its principles will be needed wherever and whenever people receive care and advice about their health and wellbeing, and all healthcare professionals need to value and be able to draw on this approach when appropriate. The ability to practise as a generalist depends on one's training, and on the routine use of skills that helps people to understand and live with their illnesses and disabilities, as well as helping them to get the best out of the healthcare options that are available and appropriate for their needs.

It involves:

- a) Seeing the person as a whole and in the context of his or her family and wider social environment*
- b) Using this perspective as part of one's clinical method and therapeutic approach to all clinical encounters*
- c) Being able to deal with undifferentiated illness and the widest range of patients and conditions*
- d) In the context of general practice, taking continuity of responsibility for people's care across many disease episodes and over time*
- e) Also in general practice, coordinating his or her care as needed across organisations within and between health and social care.*

2. Promoting wider recognition of the role of medical generalism and contributing to the evidence base around its impact

2.1 Building the evidence base

The reports produced by the Commission and the RCGP together bring together a strong body of primary and secondary evidence attesting to the positive benefits of medical generalism.

The evidence collected by the Commission included a literature review; a seminar of experts in medical generalism; eight oral evidence sessions where 38 high-calibre witnesses gave evidence; an on-site visit to an East London medical centre; a teleconference with a similar project in the Netherlands; and 65 in-depth written responses from key national organisations and experts in the field.

The RCGP's own extensive consultation added to this evidence base, including six UK-wide listening events attended by almost 60 stakeholders, including GPs, academics, and other professions and

organisations. The College also conducted a survey of its members and held discussions at College Council and within a number of Groups and Committees.

2.2 Promoting wider recognition of generalism

The work of both the Commission and the RCGP on medical generalism have been widely read and debated amongst GPs, policy makers and academics. Around 40 decision makers and opinion formers attended the launch of the College's Medical Generalism report, and a concurrent session on medical generalism at the 2012 RCGP annual conference in Glasgow was hugely popular with the College's members. An article in the British Journal of General Practice (BJGP)³ and coverage in medical publications such as GP, Pulse and the BMJ⁴ have further boosted the profile of the project and its key messages amongst doctors. Both the RCGP and the Health Foundation have promoted the findings via newsletter to members and supporters.

The publication of the Commission's report and the RCGP's response have been timely in the context of a growing debate within the NHS and amongst decision makers about the future of postgraduate medical training. The College's work on medical generalism has served to influence thinking on the key question of how to balance generalist and specialist skills in the future medical workforce, particularly in light of the rising number of people with multiple morbidities and widespread agreement that more care must be delivered closer to home in the community.

The findings of the project are highly relevant to the *Shape of Training* review led by Professor David Greenaway, the ongoing work of the Centre for Workforce Intelligence (CfWI) on the *Shape of the Medical Workforce* and the work of the newly established Health Education England (HEE), which will be responsible for workforce planning in England from April 2013. The findings also provided important evidence to add further weight to the RCGP's case for extended and enhanced GP training,⁵ and the Commission on Generalism served, to some extent, to influence the decision of the Royal College of Physicians (RCP) to launch the *Future Hospital Commission*.

In addition, the Commission has been mentioned in the House of Lords⁶ and in seminar discussions on the future of primary care held in Westminster attended by MPs and Peers. A number of organisations have cited the RCGP's report in their own policy publications or newsletters, including the Nuffield Trust⁷, Patients Association⁸, the Kings Fund⁹, the GMC¹⁰, Reform¹¹ and the British Geriatric Society¹².

Finally, the RCGP has used its work in this area to promote better recognition and understanding of medical generalism internationally. A workshop session was run in July 2012 at the WONCA conference in Vienna, and the Japan Primary Care Association is planning to translate the RCGP's report into Japanese and promote its messages to its own members.

3. Identifying where further action is needed by the RCGP and others to secure the future of medical generalism and continue to enhance its impact

Both the Commission and the RCGP identified areas for further action to develop and enhance the role of medical generalism in 21st century healthcare delivery. The RCGP's report outlined 10 specific proposals for action, and since its publication the College has been taking forward activities across these workstreams. Headline achievements as a result of this work are set out in the following section.

3.1 Informing the RCGP '2022 Vision' for the future of general practice

The College's work on medical generalism has played an important role in shaping the RCGP's '2022 Vision' for the future of general practice. Due to be launched in May/ June 2013, the Vision makes the case for why the skills of the expert generalist will be crucial to successfully meeting the challenges facing the NHS in the next decade and beyond. In addition to calling for more GPs, spending more time with patients, and with longer training, the Vision argues that we need to invest in new generalist-led integrated services to deliver more personalised and cost-effective care.

3.2 Promoting better use of patient feedback in generalist care

The College's Patient Partnership Group (PPG) is undertaking work that addresses the Commission's recommendation that generalists should "incorporate ongoing and dynamic patient feedback into their work as a matter of routine".

Listening to patients and acting on their feedback should be standard practice throughout the NHS, and at an individual level generalists are well placed to develop the close understanding with their patients necessary to facilitate this. Having the time, space and expertise to act on feedback at a practice level, however, can be more challenging.

PPG held brainstorming discussions in September 2012 reflecting on the findings of the RCGP's report and exploring the nature of useful feedback and barriers to effectively translating feedback into improvements in practice. The Group is now gathering examples of current experience in this area.

3.3 Continuity of care toolkit

The RCGP has asked one of the original Commissioners who took part in the Commission on Generalism, Professor George Freeman, to lead the development of a toolkit on continuity of care aimed at GPs and practice teams. A working group was set up in 2012 to take this forward and the toolkit is now being finalised for launch in May/ June 2013.

3.4 Developing generalist models of care for complex and chronic conditions in the community

The College is leading a major project that will focus on the implementation and embedding of care planning in primary care for patients with long term and multiple conditions, working in partnership with a range of both policy development and patient and voluntary sector organisations.

3.5 Opening up a discussion about the relationship between generalists and specialists

The Commission's report highlighted a need for generalists and specialists to consider how they can communicate better to the benefit of patient care. RCGP and our members agreed this was a priority and we raised this issue at a meeting of the Academy of Medical Royal Colleges in November 2012. It was agreed that Academy members will provide RCGP with examples of good practice in joint working between specialists and generalists.

3.6 Promoting generalism in medical education and training

There was widespread agreement that more can be done to promote medical generalism in the way doctors are trained, both at undergraduate and postgraduate level. Actions taken by the College to take forward the Commission's recommendations in this area include:

- Campaigning for extended and enhanced training for GPs¹³. The educational case for extending GP training from 3 to 4 years was accepted by Medical Education England in 2012, and work is now being undertaken to develop the implementation case ahead of a Ministerial-level decision later this year.
- The RCGP has had productive discussions with both the GMC and Medical Schools Council (MSC) about how we can highlight and monitor student understanding of medical generalism. In February 2013 the RCGP submitted a paper to MSC exploring how medical generalism could be embedded within undergraduate curricula.
- In December 2012 RCGP discussed medical generalism with the Committee of General Practice Education Directors (COGPED). COGPED are supportive of the RCGP's work in this area and have factored the Commission's findings into their ongoing work. The Committee have also indicated that they will draw on the findings in their response to the David Greenaway *Shape of Training* review.

3.7 Developing the role of generalists in children and young people's health

Both the Commission and the RCGP agreed that generalists have a hugely important role to play in the delivery of high quality care to children and young people. With this in mind, the College has engaged in discussions with policy makers and other Royal Colleges (including the Royal College of Paediatrics and Child Health) about the respective roles and responsibilities of generalists and specialists in relation to children and young people's health. This includes hosting a high-level roundtable event on children and young people's health at the College in December 2012.

In addition, RCGP has contributed to the work of the Children and Young People's Health Outcomes Forum and has committed to working with the DH and others to deliver the actions outlined in the Government's February 2013 response.¹⁴ RCGP Chair Dr Clare Gerada has signed a joint pledge to improve child health¹⁵. Later this year RCGP will also publish a Child Health Commissioning Guide, developed in partnership with RCPCH.

3.8 Supporting generalist leadership in service development

The College continues to support generalist leadership in service development in UK primary care, most prominently through our Centre for Commissioning, which has produced guidelines on issues such as managing conflicts of interest, facilitating effective patient and public involvement in commissioning and taking a 'whole system' approach to urgent and emergency care.

3.9 Making the case for more generalist research

The Commission and RCGP reports add to the growing evidence for the need for more 'generalist' research that cuts across medical specialties and looks at issues such as co-morbidity. RCGP has formally raised the issue of the need for more funding for generalist research with the National Institute for Health Research (NIHR), and continues to make the case at a national level.

3.10 Promoting generalism through the use of information technology

The Commission urged generalists to "*make more and better use of new information and communication technologies to improve communication between them and their patients, and with*

other clinical professionals.” The College strongly supports this aspiration, and through our Health Informatics Group and Clinical Innovation and Research Centre (CIRC) we are taking forward work that will better equip GPs in this area. The RCGP is leading the development of patient online access to GP records and transactional services by 2015, and in March 2013 we published a guidance document for GPs¹⁶. The College is also currently working collaboratively on a range of focussed discharge summaries with partner Royal Colleges.

The publication of Dame Fiona Caldicott’s review into information sharing between health professionals is expected later this year. The RCGP will be involved in responding to and, where appropriate, taking forward the recommendations of this review in due course.

3.11 Exploring the role of generalists in nursing home care

There are over 400,000 people in the UK living in care homes. Many care home residents live with multiple health problems and have ‘end of life’ needs requiring care planning and support by integrated community teams. Despite this, they are often disadvantaged in their access to health and social care, which may lead to avoidable ill-health and unnecessary hospital admissions. This was rightly identified by the Commission as a priority area for the future development of generalism.

Building on the work of the Commission, the RCGP has further explored this issue in the context of integration between health and social care, and in 2012 published a case study example of best practice focusing on a Local Enhanced Service in Sheffield¹⁷. Furthermore, the College has been working closely with the Royal Pharmaceutical Society (RPS), in England, Wales and Scotland, to improve joint working between GPs and pharmacists for patients who reside in care homes – for example through pharmacists attending care homes alongside GPs to undertake joint medicine reviews.

Championing medical generalism – What’s next?

The College’s work on the 10 workstreams we identified in our report in June 2012 are now formally coming to a close. A huge amount has been achieved so far, but further work will be needed to champion the cause of medical generalism in the coming years. With the NHS facing a wide range of clinical, financial and structural challenges in the coming years it is vital that we continue to build on the work started by the Commission on Generalism in 2011.

The College will do this in a number of ways. Firstly, the RCGP’s Strategic Plan 2013-17 commits the College to championing medical generalism. Our 2022 Vision for the future of general practice will further promote the development of generalism. Finally, promoting and celebrating generalism will be embedded in future policy priorities, and we will continue to encourage partner organisations to reflect on and use the findings of the Commission and the RCGP in their own work.

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