

GPs and specialists lack understanding and respect for each other, report says

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London

GPs need longer training and better communication with specialists, a report into the future role of the medical generalist has urged.

The report by the Royal College of General Practitioners, a response to the college and Health Foundation's independent Commission on Generalism published last October, said that the "vital" role of the medical generalist must be more widely recognised and enhanced.

Speaking at the report launch, chair of the RCGP Clare Gerada emphasised the importance of the role of the GP. "The GP is at the centre of the NHS, is at the centre of healthcare and it's the GP who makes the NHS safer, fairer, kinder and, dare I say, cheaper."

The report repeated previous calls by the RCGP for extended GP training from the current three years to four. The report stated: "The complexity of the GP role, especially for developing skills of service improvement and population health, is difficult to embed in a training of only three years and makes the status of this career look weak."

The medical programme board, a sub-committee of Medical Education England, agreed to extend GP training in April and the college says it will work to implement this.

The report also warned that the relationship between GPs and specialists was "eroding." It reported a lack of understanding and respect between GPs and specialists; reduction in the number of shared meetings; and a lack of communication channels. It also said that new incentives such as payment by results and the commissioner-provider split had introduced additional barriers.

Ilora Finlay, chair of the Commission on Generalism and professor of palliative care medicine at Cardiff University, warned that the development of clinical commissioning groups might erode the relationship further.

"It's as if there's some sort of magical divide and I worry that the current political climate will make this worse not better," she said.

She added that it was difficult for different parts of the health service to integrate when the "pound sign gets in the way."

To improve communication GPs and others giving evidence to the college called for virtual rounds; case conferences; community based team meetings, and greater use of e-communication.

The RCGP said that generalists were not confined to general practice but also worked in accident and emergency, elderly medicine, paediatrics, and mental health. The report said that medical generalism was an "approach to the delivery of healthcare that routinely applies a broad and holistic perspective to the patient's problems."

Amanda Howe, honorary secretary of the college, called for a debate about the future of out of hours care. "When we were consulting with members a lot of people were saying that maybe we have lost something that was precious. But there were aspects of covering 24/7 that were exhausting and unsafe," she said.

The report stated: "The question of whether the requirement on GPs to have overall responsibility for their patients 24/7 should be reinstated was seen as a key issue with major contractual and political implications."

Howe added that the report was not being defensive about general practice. "People feel proud to see generalism celebrated," she said.

Medical generalism: Why expertise in whole person medicine matters is available at www.rcgp.org.uk/medicalgeneralism.

Cite this as: *BMJ* 2012;344:e4438

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