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## TAKING STOCK

# Rammya Mathew: Should GPs be more like hospital specialists?

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Earlier this year the General Medical Council unveiled plans that would see GPs finally included on the specialist register,<sup>1</sup> recognising that we're specialists in general practice. The Royal College of General Practitioners and the BMA have actively campaigned for this,<sup>2</sup> so perhaps I should be more pleased to hear this news. Like most GPs, however, I've never been overly bothered by airs and graces. This change in professional status may possibly attract more doctors into general practice, but it's not going to make the day job any easier—and that's where most of us want to see change happen.

But what if, alongside the change in status, we also adopted a style of working more in line with that of hospital specialists, where we spent much more time working at the top of our licence and substantially less time being community house officers? Could all GPs have a dedicated team working for them, including not only many more GP trainees but an entire multiprofessional team? Instead of doing the bulk of the clinical work in our practices, and doing it largely independently, could we adopt a much more consultative style of working, whereby the expert medical knowledge of a GP is used to support difficult decision making and provide a senior opinion?

As a junior doctor working in a hospital I spent my days scribing, filling out request forms, delivering these forms around the hospital, updating patient lists, reviewing blood tests for patients under my consultant's care, and presenting patients' histories on the ward round so that my consultants could make quick decisions without having to elicit all of the information themselves. But as a GP I feel guilty for even asking a medical student to fill out a patient's demographic details on a urine specimen pot. (Is this just me?) Somehow, somewhere, we seem to have got the balance wrong in terms of ensuring an adequate support system around GPs for them to do their jobs effectively and efficiently.

If you speak to GPs you'll find that it's not uncommon for them not to leave their room during the working day and to have very little conversation with colleagues. And although we have practice meetings where we can discuss clinical cases, GPs make most clinical decisions on their own and with little input from a wider team.

When I look back at my days in hospital medicine, one of the things I miss most is the camaraderie. A team based approach has the potential to make general practice not only a safer and more sustainable career but also a more enjoyable one. So, instead of being consultants just by name, I want to see us being consultants by job description too.

Competing interests: I co-lead Islington GP Federation's Quality Improvement Team.

Provenance and peer review: Commissioned; not externally peer reviewed.

1 Haynes L. GPs to receive specialist status under plans to reform medical registration. *GP* 2021 Mar 26. <https://www.gponline.com/gps-receive-specialist-status-plans-reform-medical-registration/article/1711124>. (Login needed)

2 Royal College of General Practitioners, General Medical Council, BMA. Joint statement: General practitioners: specialists in general practice. Sep 2019. <https://www.rcgp.org.uk/policy/rcgp-policy-areas/gps-as-specialists.aspx>.