Clare Searle: combines being a GP with obstetrics and gynaecology

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From the beginning of her career, Clare Searle was torn between general practice and obstetrics and gynaecology. She loved the patient contact and continuity of care that general practice could offer but she was also fascinated by gynaecology. After completing her vocational training scheme in general practice, she decided to explore obstetrics and gynaecology again.

“I was told that to become a consultant was an impossibly long and difficult path and that it would be extremely hard to juggle my time between family and career,” she says. “So, at 18 weeks pregnant, I made the decision to continue in general practice.”

Her return to general practice coincided with the growth in laparoscopic surgery, improved ultrasound techniques, and a push for more procedures to be delivered in primary care.

Having undertaken an MSc in community gynaecology and reproductive healthcare, Searle launched a full community gynaecology service in 2010. She now manages the service, which is run by three GPs with a special interest (GPSIs) and a consultant who visits once a week.

The GPs triage all referrals from 28 practices in the area and take on all patients who can be treated in the community. Searle has also contributed to a book on community gynaecology and has served on two National Institute for Health and Care Excellence clinical guideline groups, one on infertility and one on abortion.

She is delighted that she has been able to combine her two areas of interest. “I often say to GPs that it’s nice to have something you are especially good at. General practice is so broad and you see things early on when the diagnosis is not very clear. It’s nice to have something you feel secure with—it gives you a safe haven,” she says.

Throughout her career Searle has enjoyed having projects—be it setting up the gynaecology service or overseeing the design and build of new practice premises. Her current project is a practice merger. From April this year she will go from working in a 10 handed practice with around 17 000 patients to a 15 handed practice with a population of around 28 000 patients.

“For both practices it will be a challenge and there will be a culture change. This is a merger, not one practice taking over another, so that makes it a bit harder in some respects; it might be a challenge to make my voice heard,” she says. “What we have to keep in mind is how best to meet the needs of our patients. My view is that we will only know if we have succeeded in about two years’ time.”

The merger has come about because both practices realised they could offer more as a single, larger unit. “We can maximise people’s skills and offer more. The government is pushing for practices to be open from 8 am to 8 pm—that will be easier with more GPs,” she says.

Searle also thinks a bigger practice will make GP recruitment and retention easier. “I have at least 10 years of my career left and, on a personal level, I didn’t need to merge but we need to think of the next generation.

“We have to keep on looking forward to where general practice is going. We have to be able to attract new partners and our size, and being able to offer special interests, helps,” she says.

Despite all the problems in general practice she enjoys the job at its heart—seeing patients. “I went into this job because I like people. I’m still happiest when consulting,” she says. “I fight against any reduction in patient contact. This is a service job—keeping your bottom in that chair and improving patients’ lives is what it’s all about. There’s nothing more real and rewarding than that.”

Nominated by Nikesh Mehta, GP at Park End Surgery, Watford

“Clare strikes a fantastic balance of kindness and toughness needed to be a GP these days.

“She has successfully set up and delivered community gynaecology with great success, and commands the respect of GP colleagues and consultants alike. She has also managed to move the practice into modern premises and manage a merger with a neighbouring practice.

“She runs a daily GP service with the precision of a Swiss watch. I will probably never achieve her level of perfection in my lifetime—she is a role model for us all.”