VIEWS AND REVIEWS

TAKING STOCK

Rammya Mathew: GPs are doing too much

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GPs in the UK are well known for providing a comprehensive service. But the demands just keep growing. Much of the additional work making its way into general practice is in the guise of “new models of care,” driven by an ambition to provide “care closer to home.” But, if we consider the current landscape in general practice—workforce shortages and high rates of burnout—policy makers might be accused of a little wishful thinking.

An example is clinical commissioning groups incentivising practices to provide electrocardiogram (ECG) services for patients. Saving patients the hassle of travelling to their local hospital is a noble aspiration. But it's not such a good idea when GPs are offered no cardiology input to interpret the ECGs and when their funding for providing the service is paltry next to the amount offered to local trusts.

I'm not ashamed to admit that my ECG interpreting skills aren't on a par with those of a cardiologist. And, when I'm already working 10-12 hour days, it's not a good use of my time to find a cardiologist to look at the ECGs I can't interpret.

Another concern is the explosion of new drugs on the market and the growing pressure to prescribe more of these in primary care. Gone are the days when metformin and gliclazide were the only drugs GPs were armed with to treat type 2 diabetes. And, in many areas, GPs are now routinely expected to initiate high risk drugs such as the newer oral anticoagulants. Is it worth compromising patient safety for the sake of efficiency—or even for patient convenience?

Many GPs argue that the profession thrives on variety and that we can gain much job satisfaction from resolving patients' problems rather than referring them on and inadvertently providing a more fragmented service. But the idea of being a GP is not to be a specialist in everything but to be a specialist in people: helping them to make sense of their health, supporting them in decision making, and advocating for them in a healthcare system that can be daunting and difficult to navigate.

Azeem Majeed, professor of primary care at Imperial College London, has repeatedly warned that “GPs in the UK are trying to do too much—both in terms of the number of patient contacts they have each day and the range of clinical work they undertake.”¹ I agree, and I'd argue that policy makers need to exercise caution when looking to pack more into an already overloaded job description.

GPs enjoy variety, autonomy, and being specialists in their own right. But, when we're already on our knees, it isn't going to take much more for an indispensable profession to keel over.

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1 Majeed A. *Twitter* 2019 Feb 5. https://twitter.com/Azeem_Majeed/status/1092889082299146240.

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