My appraisal this week led me to reflect on the highs and lows of general practice. We try hard to provide a good service for our patients, but not everyone is satisfied. We have our fair share of unreasonable complaints and rude behaviour—and, recently, a sit-down protest outside the surgery. Happier patients thank us with cake, cards, and even song.

When we tot up the good and the bad, along with the mundane, the fascinating, the frustrating, and the satisfying, how can we ensure that they add up to a job we still want to do? I need to answer this for myself and for my own practice if we’re to keep the show on the road, but it also needs addressing more widely if general practice is to survive, let alone flourish.

With the bad bits, it’s the team who make them bearable. Sharing a grumble about the latest unreasonable request from the hospital, or a late night sympathetic screen message (“You still here too?”), dulls the pain. Mostly, I’m kept afloat by the knowledge that we’re doing a good job for our patients. Our wait for routine appointments has just crept above two weeks, partly because of bank holidays, but we still manage to see everyone with an urgent problem on the day. We know most of our patients and offer responsive care with reasonable continuity. I sometimes feel like the proverbial boiling frog, and the temperature of the water has certainly increased a lot since I joined my partnership 20 years ago, but I still consider myself fortunate to do this job.

I know that not every GP is so lucky, and there’s evidence of unacceptable variation in the standards of care available across the country. We hear of appointments booked out by 9 am, where the only option for patients is to “ring back tomorrow.” Some surgeries are left with a single doctor covering an unmanageable list. And some practices are staffed largely by allied health professionals, fully funded by the Additional Roles Reimbursement Scheme and supervised by a small number of harried GPs. I can see that this last group of practices must be profitable for whoever holds the contract, but I worry about the doctors who work in them and the patients registered there.

GP training in the UK prepares our new doctors for evidence based medicine with an emphasis on patient centred, holistic care and good communication. The most common reason I hear for GPs deciding to leave their practice is that the working conditions mean that they can’t do the job they were trained to do. When the level of demand, the time constraints, and the lack of continuity lead to an awareness that what you’re offering is a long way below your best, the discomfort must be intense. And if you don’t feel supported by your team or organisation, why would you stay?

Competing interests: See www.bmj.com/about-bmj/freelance-contributors

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