Helen Salisbury: Would GMC proposals prop up or undermine general practice?

Helen Salisbury GP

Before 1979, being a GP required no postgraduate training. After completing medical school and a year of hospital experience, you could set up in practice. It’s worrying, in retrospect, to consider how little such newly qualified doctors knew at that stage in their careers and how unsupported they were at a time when most practices were single handed. Now, after the two foundation years, GP trainees must complete three further training years, two of which are in GP placements. They have weekly tutorials and close supervision of their work during training, with debriefs after each surgery. To qualify, they must complete a portfolio to demonstrate their breadth of experience and pass written and practical exams.

The NHS is short of 11 000 doctors¹ and would be in an even worse position without the help of SAS (speciality and associate specialist) and LE (locally employed) doctors. These doctors are not on a training path to become consultants or GPs, but they often provide the core workforce in busy hospital departments. Now the General Medical Council has issued a statement suggesting a change to the rule that only doctors who trained as GPs can join the primary care performers list and work in GP surgeries. This change would mean that SAS and LE doctors could come and lend a hand where we’re most stretched.²

This proposal has met with mixed reactions.¹ Given that the whole NHS is short of medical staff, it’s hard to see how shuffling doctors out of understaffed hospitals into the understaffed community sector—without adding to the available pool—would solve anything. Many SAS doctors are highly skilled and experienced in their fields of practice and would, with appropriate training, make excellent GPs. It would be great to welcome them onto formal training programmes, adjusted to take account of previous relevant experience. This would involve an expansion of GP training, which is clearly needed anyway.

However, this doesn’t seem to be what the GMC has in mind: its statement refers to SAS doctors “working alongside GPs in complementary primary care roles.” I don’t know what those roles might be, and I didn’t find the answer in the GMC document. In my practice I see patients and try to help with their new or longstanding problems (often a complex mixture of both), covering a broad range of medicine, psychiatry, and preventive care. We have already established protocols for simpler problems that can be solved in a rule based fashion, and we’re grateful to our nurses and pharmacists for doing this work. So, what would these SAS doctors do?

³ Kaffash J. GMC plans to enable “10,000 or more” SAS doctors to enter general practice. Pulse 2022 Oct 18. https://www.pulsetoday.co.uk/news/regulation/gmc-plans-to-enable-10000-or-more-sas-doctors-to-enter-general-practice/