



Royal College of  
General Practitioners

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Royal College of  
General Practitioners

# **General Practice - and GP Training - in the United Kingdom**

# Why is primary care important?

- Better health outcomes
- Lower costs
- Greater equity in health

# The evidence (Starfield):

- Countries with strong Primary Care systems have better health outcomes and healthier population
- Health systems based on effective primary care with highly trained Generalist physicians practising in the community provide more cost effective and clinically effective care
- The higher the ratio of family physicians to the population, lower the hospitalisation rates

# A message for governments:

A primary care oriented system is important for:

- Improving health (improving effectiveness)
- Keeping costs manageable (improving efficiency)

*The World Health Report 2008*

# *Primary Health Care*



# Now More Than Ever



World Health  
Organization



Royal College of  
General Practitioners

# A bit of history.....

- 1948 – NHS founded
- 1952 - College of GPs established
- 1967 - “Royal” title granted
- 1981 - GP training becomes compulsory
- 2008 - MRCGP becomes the UK licensing exam for general practice
- 20?? - GP training increases to 5 years

# National Health Service

## English Department of Health

- Regionally based Strategic Health Authorities
  - NHS Trusts – hospitals, community Trusts or combinations.
  - Primary Care Trusts – GPs, dentists, pharmacists and opticians.

# Overview

- General Practice in the UK is a high status occupation.
- Half of all trained doctors work in GP
- There are around 32,000 GPs in England and one-third are women.
- At any one time there are around 8000 doctors training to be GPs.

# Key Features

- Comprehensive & continuous care
- The gatekeeper role
- The unified patient record
- The registered patient list.....and
- Free at the point of delivery!

# Comprehensive care

- We look after patients of all ages “from the cradle to the grave”.
- We look after all types of problems including paediatrics, gynaecology and mental health.
- We provide a preventative service.
- Over 90% of all episodes of illness are dealt with in general practice.

# The Gatekeeper Role

- Patients can only access specialists if referred by their GP.
- This includes private as well as public care.
- The only exceptions are accidents and emergencies and sexually transmitted diseases.

# The Patient Record

- The GP record contains all GP episodes.
- It also contains information about all hospital episodes.
- The record follows the patient around the country.
- The majority of practices are computerised.

# The Registered Patient List

- Every person is registered with a GP practice.
- On average each GP has 1800 patients.
- Except in an emergency or if away from home that person can only attend that practice.
- Practices have comprehensive data about all the patients registered.

# Contracts and Employment

- GP principals are self employed contractors within the NHS
- 92% of GPs work in groups and 36% work in groups of six or more GPs.
- They employ other doctors, other clinical staff and administrative & clerical staff.
- Many own their own premises.

# A modern practice



# Computerisation

- Most practices have computers on every desk
- Computers are used for administration and clerical tasks and for clinical records.
- There are dedicated GP IT systems
- Many practices are paperless or “paper light”.
- QOF payments

# The Primary Care Team - Nurses

Most practices will have:

- Practice nurses who work in the practice. Some have specialist skills.
- District nurses who work in the community.
- Health Visitors who look after children and the elderly
- Midwives who look after pregnant women
- A range of specialist nurses such as psychiatric & palliative care.

# Other clinical staff

Practices will commonly have:

- Physiotherapists
- Podiatrists
- Dietitians
- Counsellors

# Non-clinical staff

These include:

- Managers
- Secretaries
- Receptionists
- Clerks
- Financial staff
- Cleaners, gardeners, etc.

# The Doctor's Day

- 8.30am to 6pm
- Morning clinic – 2 ½ hours
- Administration
- Home visiting
- Special clinics – e.g. diabetes
- Afternoon clinic – 2 ½ hours

# Workload

- An average practice of 5 doctors will have around 9,000 patients.
- Each patient will consult around 5 times each year on average.
- The average consultation will take 10 minutes.
- Home visiting has reduced from around 25% of contacts to 5%.

# Out of Hours

- Access to GPs in the evening, at night and at weekends is now largely provided in special local centres staffed by GPs.
- Patients also have access to advice from NHS Direct.
- There are also Walk-In Centres staffed by nurses.

# Investigations

- GPs have direct access to most pathology tests at a local hospital.
- They also have access to a range of radiology but not usually MRI scans.
- Large practices will be able to do a range of simple tests on site.

# Prescribing

- GPs can prescribe a very wide range of drugs and appliances.
- These are dispensed by pharmacists except in rural areas.
- Patients pay a fixed sum per item unless exempt.
- Exemptions include the young, the old, the poor, the pregnant and patients with some long term conditions requiring replacement therapy.

# Referral

- Around 5% of illnesses require referral to a hospital specialist for further investigation, opinion or treatment.
- GPs can refer to any specialist in the NHS.
- GPs can also refer to other clinicians such as speech therapists, dietitians, psychologists, etc.



# Training for General Practice

# Undergraduate Training

# Educational Changes

- Re-emergence of Public Health
- Shift from hospital to community
- Changing populations
- Changing disease and disability
- Improved public understanding
- New moral and ethical issues
- New science and techniques

# Medical educational conundrums:

**Health starts within the community**



**Medical education is hospital based**

**Health is fostered by prevention**



**Medical education focuses on disease**

**Health depends on integration  
and longitudinal care**



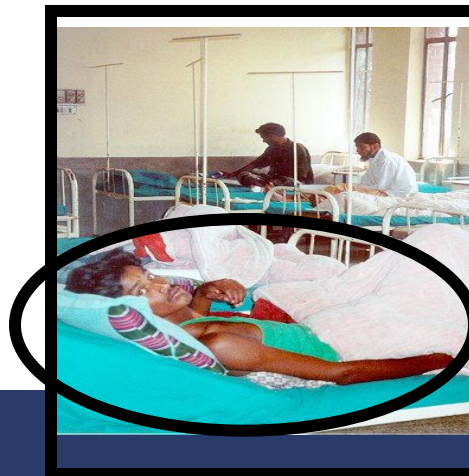
**Hospital care is increasingly  
short stay or highly specialised**

# Why we teach family medicine:

- The curriculum: “Tomorrow’s Doctors”
- Changes in UK health care delivery

## Sir William Osler 19th century

**“It is more important to understand which patient has the disease, than which disease the patient has”**



# •Tomorrow's Doctors :



## Recommendations for undergraduate medical education in UK medical schools

[gmc.org.uk](http://gmc.org.uk)

General Medical Council

# Tomorrow's Doctor

- More teaching in the community
- A more holistic patient-centred approach
- Less factual knowledge
- More teaching of communication skills
- More reflective learning

**Clinical education must reflect the changing patterns of health care and provide experience in a variety of clinical settings.”**

**•Tomorrow’ s Doctors**



# Postgraduate Training

# The parties involved

- The General Medical Council (GMC) now has overall responsibility for all training and certification.
- The Royal College of General Practitioners advises the GMC
- Deaneries manage training regionally

# Deaneries

- Each medical school has a Postgraduate GP Dean who manages the programme
- GP Deans are supported by Deputies and Associates, Course Organisers and Trainers.
- All these people are GPs.

# Regulations

- After medical school **and** a pre-registration year **and** a foundation year, GP training lasts for a minimum of 3 years.
- The requirement is for
  - A minimum of 12 months in hospital specialties
  - A minimum of 12 months in a GP practice
  - A further approved 12 months

# Training practices

- Experienced GPs are trained to teach and are appointed for 3 years at a time.
- Their practices have to meet a series of standards.
- They are paid.
- The Deanery pays the GP Registrars.
- Trainers in a district meet together for further training and support.

# GP registrars

- Are paid as doctors
- Have a clinical caseload as well as receiving training
- Meet together in a district each week
- Go on courses appropriate to their training

# Recruitment

- There is a national recruitment method and standards.
- Currently large numbers of applicants come from overseas, especially India and Pakistan.
- Two-thirds of GP trainees are women.

# Numbers

- In England there are 2,778 GP Registrars in their final year of training.
- There are 5,556 in the hospital phase of training.
- In future more of the training will take place in GP; initially 18 months.

# Assessment

- At the end of training, in order to practice, GP registrars have to pass the membership examination of Royal College of General Practitioners

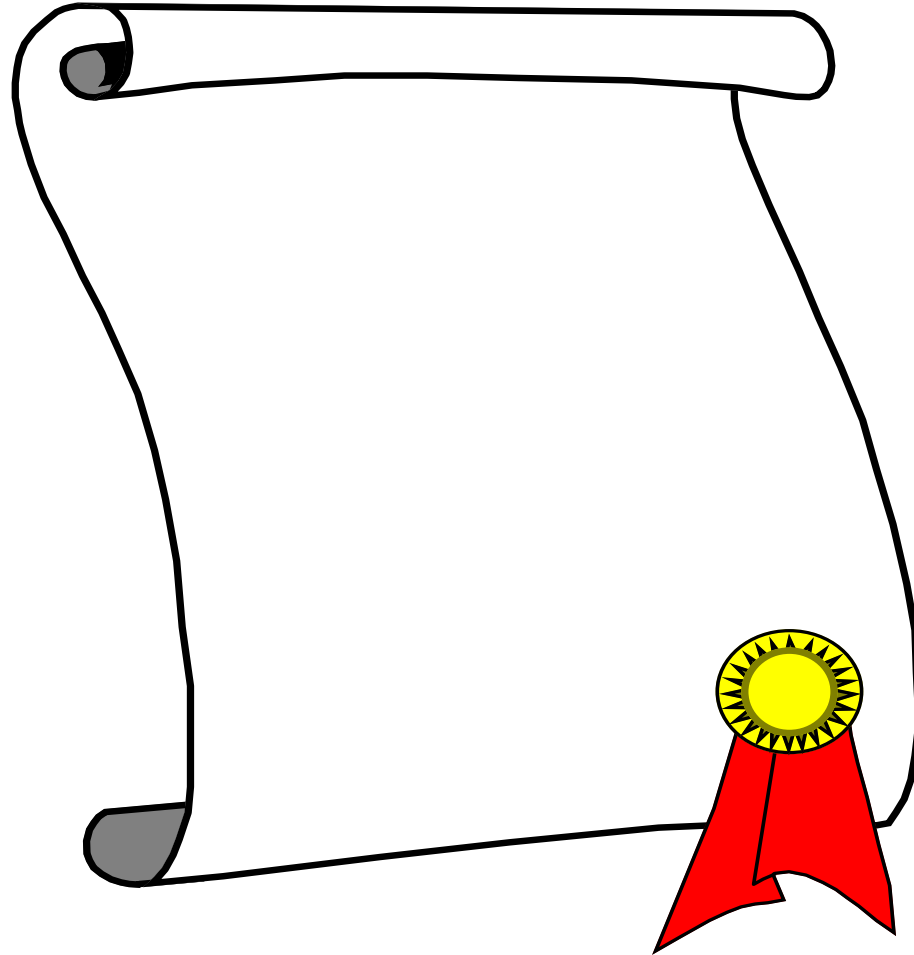
# MRCGP

- Combined licensing and membership exam
- Acquired Knowledge Test (AKT)
- Clinical Skills Assessment (CSA/OSCE)
- Workplace Based Assessment including portfolio

# Workplace Based Assessment

- E-portfolio (IT-based) throughout training period
- Formative assessment – looking for improvement throughout training
- Variety of assessments
- Extended trainer's report
- Reports from other PHC team members

# MRCGP[INT]



# MRCGP vs MRCGP(Int)

- MRCGP culturally, linguistically, organisationally and epidemiologically biased to UK NHS
- MRCGP(Int) takes these issues into account whilst maintaining the same academic rigour AND giving Membership of the College

# MRCGP(Int) Development

- Working with local exam body to raise standards of local exam which is then dually accredited (eg Brunei; Oman)
- Developing a new exam structure for a country or region (South Asia)

# Results

- Oman – accredited Nov 2001
- Brunei – accredited Nov 2003
- Kuwait – accredited Apr 2005
- Dubai – accredited Mar 2006
- S Asia – accredited Mar 2007
- Malta – accredited July 2010
- Egypt – accredited Aug 2010
- Other sites in development – Kosovo, W. Africa,

# RCGP and Turkey

