



# General practice: a rewarding journey

## Dr. Richard Medicott

MBCChB, MD, FRNZCGP

Medical Director

The Royal New Zealand College of General Practitioners

It's a question that gets asked almost on the day we are born – what are you going to do when you grow up?

Speculation runs rife – long fingers bring parental dreams of a concert pianist, a predilection for pestering the cat suggests maybe a vet, while a natural bossiness means treasured off-spring are surely going to be Prime Minister one day!

Aunties and uncles chuckle indulgently as answers come from gap-toothed school children – train driver, policeman, doctor, pop star, an All Black.

It's a question that is pregnant with anticipation and that hints at the potential the future holds.

But often what we do, what we become, is not the result of a single moment-in-time decision or verdict passed after the completion of a careers advisory computer survey. It is something that emerges as we take steps along our own unique journey of life. Most often, the path we forge is determined by random events, the influence of a single person, and a sense of curiosity.

My own journey into becoming a General Practitioner (GP) was due to such a serendipitous trifecta. I was working in the United Kingdom after finishing medical school while my wife-to-be was studying for her doctorate. I was doing a job that required me to interview doctors at hospitals around the country. Someone said to me 'Hey Richard, what are you doing after this? You should sign up for the GP training programme!'

My father was a GP, so I knew a bit about it. I'd done well as a student in general practice and saw myself as a bit of an all-rounder. I knew I enjoyed relating to people, and so the seed was planted. I applied for the local training program and was soon driving around Cambridgeshire villages in my little MG doing lunchtime visits.

And now I find my journey has brought me to a place where I can hopefully be the influence that encourages a new generation of medical students to join the rewarding and stimulating path of becoming a GP.

It is no secret that Aotearoa is facing a potential GP crisis. We are already in a situation where New Zealand's population does not have the number of GPs it needs. The ratio of full-time equivalent (FTE) GPs per 100,000 dropped from 84 in 1999 to 74 in 2012, and has remained at a similar level ever since. Of those currently practicing, more than half (57%) are over 50 and 27% intend to retire within five years.

The lack of GPs is not the only problem. Population growth is accelerating due to natural increase (births minus deaths), immigration, and an increase in maximum life expectancy. More importantly it is an aging population, and with increasing age comes increasing complexity of health conditions. The Royal New Zealand College of General Practitioners believes that 300 GPs (this number includes GPs returning to the workforce after extended leave, overseas trained doctors, and those completing their General Practitioner Education Programme (GPEP) training) need to be added to the workforce each year to be able to meet community need.

So why aren't more students answering that need? Why aren't young doctors regarding general practice as a desirable career?

There is a perception that becoming 'just' a GP leads to a life of isolation, restricts your earning potential, and is somehow not as glamorous as choosing a hospital-based specialty. Yet, like most perceptions, the reality of taking that path is very different.

First of all, there is no such thing as 'just' becoming a GP. It isn't a job for the faint hearted or for those who want an easy life or a career that can take a back seat to other pursuits – although there is more flexibility for those pursuits than most other specialties.

You need talent and tenacity to be a good diagnostician and physician, to build rewarding relationships with your patients that can extend across generations, and to play your part in a primary-care setting that is constantly pushing the boundaries.

Every day is different – we don't just deal with coughs and colds. For example, in one afternoon recently I administered the human papillomavirus vaccine to an older patient after talking about new at-risk behaviour and suggested ways a ten-year-old on Ritalin for her attention deficit hyperactivity disorder could put on weight (she was happy that nut and raisin chocolate should be on the menu). I also helped a depressed 49-year-old form a treatment plan, discussed fertility concerns with a 41-year-old woman, and made an appointment to excise skin cancer from an older gentleman. Persuading an anxious Hepatitis C sufferer to come for treatment, potentially diagnosing a guy with multiple transient ischemic attacks from subtherapeutic anticoagulation for his prosthetic aortic valve, and giving diabetic and dietary advice to a 76 year old who recently spent three months in hospital after pancreatic surgery rounded off the clinic.

It was an afternoon of immense satisfaction that I was doing good in the world. And that satisfaction will be compounded when these

patients come and visit me again and I can see what a difference the treatment I provided has made to their lives. That continuity of care you experience as a GP is something no other specialty can offer; I feel.

Funnily enough, when I saw the gentlemen two weeks later to excise that skin cancer, it had grown significantly and was clearly a keratoacanthoma. I can leave that and it should resolve by itself in a couple of months. It shows the usefulness of seeing things evolve – GPs have to be willing to 'wait and see'.

The huge variety of conditions you will be presented with also means that at some point or other you will come across something that really piques your curiosity and unleashes a desire to know more. There are many GPs with a special interest, such as skin cancer surgery or viral diseases, who have enjoyed the freedom to indulge their fascination and ultimately add to their skill set.

This freedom extends to being able to be more in control of your own career. For example, your choice of where to work is not restricted by having to be based at a tertiary hospital setting. You can work anywhere. You also have the privilege of choosing the team you work with when buying into a partnership, or decide to work alone. There is flexibility – maybe working as a locum for three months then taking three months off is an attractive proposition, or taking up a part-time role to allow more time for family or other pursuits.

The role brings opportunities too – to become a business owner, to be involved in governance, to help push boundaries of primary care technology, medicine, and treatment protocols.

Remuneration is another area where the perception that GPs earn a lot less than a public hospital specialist can be somewhat wide of the mark. In reality GPs working full time can earn an income comparable to hospital-based physicians. Making the decision to become a GP is not choosing a life of penury, that's for sure!

So for those of you who are again standing at the crossroads posed by the question of 'what you are going to be?', put yourselves on a path that will give you a challenging, fulfilling, and interesting career as a GP – and who knows what other opportunities you will meet along the way.

## About GP training

It takes three years of postgraduate study through The Royal New Zealand College of General Practitioners to become a GP.

The College's GP Education Programme (GPEP) is divided into two stages and combines on-the-job experience and mentoring with workshops and seminars.

In the first year, you'll get one-on-one teaching with an accredited GP teacher in two different general practices in New Zealand and attend seminars and workshops with other GP trainees. At the end of that year, you'll sit the GPEP clinical and written examinations. In the next stage of the programme (GPEP2/3), you'll work full time in clinical practice.

To qualify for GPEP you must have completed your undergraduate education in medicine and two years' postgraduate medical experience (at least one of these years must have been done in New Zealand). You must also be registered with the Medical Council of New Zealand in the general scope of practice and be a New Zealand citizen or a permanent resident.

Applications for the programme typically open at the beginning of each year, with interviews, offers and placements confirmed mid-year. The programme begins in December each year.

---

### Here are four great reasons to choose general practice:

- 1** **Make a difference** – in general practice you can help more, help earlier, and be the helping hand your patients need.
- 2** **Change lives** – general practitioners do more than just fix what's broken – we're part of our patients' lives and the community. You're equal parts detective, coach and clinician.
- 3** **Have a balanced life** – general practice gives you more variety, and it fits in with your family and commitments outside of work.
- 4** **Do it your way** – general practice gives you more control over your life and your career – you choose where you live and work, you can follow your interests into a specialty, and even be your own boss.

To find out more visit: [www.rnzcgp.org.nz](http://www.rnzcgp.org.nz)