

HASLAM'S VIEW



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How can GPs prevent burnout?

F MY DAD WAS A GP. HE PRACTISED FOR ALMOST HIS ENTIRE CAREER IN OUR

family home, with my mother as his dispenser and receptionist, and eventually my brother and brother-in-law as his partners. That was a form of practice that has now pretty well died out.

I practised in a purpose-built and state-owned health centre with an ever increasing number of partners (none of them related to me), along with an extensive primary healthcare team. I was a partner, initially the junior and ultimately the senior, and stayed in the same practice for 36 years.

This pattern of staying put in a single location is no longer necessarily the norm, but it still highlights the fact that for far too long general practice has had no real career structure, unless individual GPs invent it for themselves. It is still possible to do the same job, at the same desk, with the same patients for more than 35 years.

For many, this alone will be an immensely rewarding life, linked to a community and with the satisfaction of genuine long-term continuity of care. However, for others, it can be a recipe for burnout and disillusionment.

Right from the first week of my career in general practice, I knew that I needed to be doing something else as well. I used to feel immensely guilty about this, despite the fact that many years ago, research had shown that

burnout and stress tended to be significantly less in GPs who did not work full time in the front line. The guilt came from a genuine belief — that I still hold — that general practice is one of the most challenging and satisfying ways of practising medicine, but it somehow felt deeply hypocritical to believe that it wasn't quite enough.

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Then one day I was at a local doctors' discussion meeting, and a young colleague made an important observation. 'General practice,' he said, 'sometimes feels exactly like a baby that won't stop crying. It's not that you don't love it, any more than you don't love your crying child. It's just that every now and then you really do need a break from it.'

As a result of this enlightening observation my guilt faded, and I moved through a series of special interests that gave variety to my working week.

Initially this was a range of clinical enthusiasms, followed by writing and broadcasting, then training GP trainees, and taking on medical students. The next step was becoming an examiner for the RCGP, then on to medical politics and the RCGP Council, and so it went on. My career development

was self-directed, rather than a matter of moving up the ranks of an established career structure, but I like to think it kept me fresh and enthused.

Of course, your career structure will be very different from mine. You may well have very different special interests whether they are clinical, medicopolitical, or away from medicine altogether.

The arrival of the acronymed alphabet soup of local organisations offers areas where GPs can focus on populations, rather than individuals, or on networks rather than individual practices. All are worthwhile. All can make a difference although they do take doctors away from seeing individual patients.

Perhaps the hope and belief is that keeping clinicians fresh and enthused through taking on outside roles will help to retain doctors in the workforce.

REFERENCE

1 Kirwan M, Armstrong D. Investigation of burnout in a sample of British general practitioners. *Br J Gen Pract* 1995;45(394):259-60

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