General practice (GP)

General practitioners (GPs) treat all common medical conditions and refer patients to hospitals and other medical services for urgent and specialist treatment. They focus on the health of the whole person combining physical, psychological and social aspects of care.

Nature of the work

General practitioners have an important role in looking after patients in their homes and within the communities where they live. They are part of a much wider team whose role includes promoting, preventing and initiating treatment. GPs look after patients with chronic illness, with the aim to keep people in their own homes and ensuring they are as well as they possibly can be.

GPs are often the first point of contact for anyone with a physical or mental health problem and patients can be at their most anxious. Looking after the whole person - the physical, emotional, social, spiritual, cultural and economic aspects through patient-centred approaches is a vital part of any GP’s role. This is becoming more important with terminally ill patients often choosing to stay at home.

There are over 1.3 million GP consultations every day, most of which take place in a GP surgery or within the patient’s home. GPs occasionally work as part of teams attached to hospitals with roles in accident and emergency centres, discharge planning and in unscheduled care (such as urgent care centres). In the community they may run clinics in schools and in residential and nursing care homes.

A typical GP appointment is scheduled to last for ten minutes, during which time the GP needs to assess the patient. As anything can come through the door, they make swift and effective decisions based on the presenting symptoms, and the patient’s current and previous medical history. They also use their own knowledge to assess the likelihood of a certain illness being present over another. GPs look for patterns of symptoms to indicate or rule out different conditions. Up to 40 % of a doctors consulting can now be done over the telephone, rather than in face to face encounters and the shift to using different media is likely to expand in the future.

Depending on their examination and diagnosis the GP has several management options which they will discuss with the patient as they develop a shared and agreed plan. These can include giving reassurance, giving the patient information, advising on a certain course of action or prescribing medication. Alternatively they may refer the patient for further tests to confirm a diagnosis or as part of an on-going management plan. These can include x-rays, blood tests or referring on for a second opinion. They are trained to spot the signs of “red flag”
symptoms, which might indicate a serious problem requiring further investigation and which needs to be acted on promptly.

Patients may occasionally attend the GP surgery with an urgent life-threatening condition, such as anaphylaxis (severe allergic reaction) or an asthma attack. In these cases the GP will provide life-saving treatment until an ambulance and further help arrives.

GPs work as part of large multidisciplinary teams (MDTs) who all support the holistic care of any patient and these can include nurses, midwives, health visitors, pharmacists, physician associates, psychiatrists and care of the elderly specialists. They meet regularly to discuss cases and plan joint approaches to co-ordinate packages of care.

Another important part of the work is preventative medicine and health promotion. This can include clinics for child immunisations and smoking cessation as well as advice on lifestyle during the GP consultation. GPs also have a vital role to play in safeguarding vulnerable children and adults, and involving appropriate agencies.

GPs see patients of all ages from newborn babies to elderly people. The ongoing relationship that GPs are able to establish with their patients and being able to offer continuity of care is one of the most important and enjoyable aspects of the job. Patients are often quite knowledgeable about their own conditions and GPs will work with them together to decide on a mutually acceptable plan.

GPs have an important role to play in the management of not just of acute problems but also of chronic diseases and the treatment of patients with multiple health conditions, particularly in an ever increasing older population. Balancing and treating multiple problems with a patient’s general health, independence and social care can be complex and challenging, but also rewarding as a GP will know these patients very well.

GPs play a significant role in cardiovascular, metabolic and respiratory diseases and mental health problems. They may run clinics at the surgery for patients with chronic conditions such as asthma, hypertension and diabetes.

“It’s really satisfying to be able to successfully treat patients in the community and in their own homes when possible” Catherine Brown is a trainee GP based in Lerwick, the Shetland Islands’ main town.

Read Catherine’s story

Common procedures/interventions

- performing clinical examinations of patients to assess, diagnose and monitor a patient’s condition – these are wide-ranging and may involve the use of specialist equipment such as a stethoscope or otoscope (an instrument for examining the ear)
- carrying out tests within the surgery such as urine sample testing to assist with diagnosis
- interpreting findings from investigations such as blood tests to help reach a diagnosis
- using basic life support skills and emergency procedures such as defibrillation where necessary
What else do GPs do?

The work can vary depending on whether you are a GP partner or a salaried GP.

**Salaried GPs:**

- are employed by the practice and receive a set salary on a scale according to your experience
- receive all the benefits of being employed, such as sick-pay, holiday and maternity pay
- are mostly involved with clinical work
- have less say in the way a practice is run
- can change jobs fairly easily

**GP Partners:**

- are self employed and are effectively running a small business
- receive a share of the profits of the practice – with the potential for higher earnings
- pay their own tax and do not receive benefits such as sick-pay, holiday and maternity pay
- are still involved with clinical work, but also share responsibility with the other partners for decision-making and the ultimate survival of the practice. This includes the financial aspects of keeping the business afloat and employing staff whilst ensuring the practice provides high quality care
- are generally committed to one practice for many years, which offers great continuity for both doctors and patients
- can influence the future direction of the practice and the range of services offered, for example deciding on the staff mix within the practice which can include employing nurse practitioners, paramedics or pharmacists to improve the running of the multidisciplinary team (MDT) and subsequent patient care
- are responsible for the financial success of their practice, even though some GP practices employ a business manager. Business functions such as financial management, practice strategy and policy, service development and recruitment are all part of the job.

Whether you are a salaried GP or a partner, administration is a big part of the work. This includes reading and acting on letters received from hospital specialists and patients, signing repeat prescriptions, death certificates, statements of fitness for work and preparing letters and reports. GPs also carry out audits to improve systems and outcomes of care as part of the Quality and Outcomes (QOF) targets system. Regular staff meetings are also part of life in general practice.

There are lots of other opportunities to develop your role in general practice and embrace special interests. See the section “Where the role can lead” for more information.

**Want to learn more?**

Find out more about:

- the [working life](#) of someone in GP
- the [entry requirements](#) and [training and development](#)
• GP specialty through our vodcasts page

• a general practitioner with a specialist interest

• three first-hand accounts of life:
  ○ as a specialty trainee year 3 (GPST3) doctor in general practice
  ○ as a trainee GP based in Lerwick, the Shetland Islands’ main town
  ○ as a GP registrar
  ○ as a salaried GP
  ○ as a GP partner

?And visit the Royal College of General Practitioners website for information about the Think GP campaign.

• Pay and conditions

Expand / collapse

This section provides useful information about the pay for GPs.

Find out more about the current pay scales for doctors, and there’s more information on the BMA website.

NHS employers provides useful advice and guidance on all NHS pay, contracts terms and conditions.

Medical staff working in private sector hospitals, the armed services or abroad will be paid on different scales.

• Where the role can lead

Expand / collapse

General practice offers lots of scope to develop your career in different ways. Opportunities to work part-time or flexibly are plentiful.

In a GP practice, you can aim to become a partner or work as a salaried GP. Some GPs choose to work as locums undertaking sessional work.

There are many options to develop your career within or alongside traditional general practice. Many GPs choose to work one or two sessions per week (ie half days) in a different role. It may be necessary in certain cases to gain additional qualifications, for example in sports medicine if you want to work in that sector. In any case, it is important to keep up to date with relevant courses and training,

Opportunities include:

○ developing a special interest within GP work in areas such as adolescent health, child and adult safeguarding, diabetes, palliative medicine, minor surgical procedures and musculoskeletal medicine. See the article about GPs with GPwSIs

○ becoming a clinical assistant to a consultant in a hospital outpatient clinic

○ participating in research and development (R&D) for university departments, NHS research networks and pharmaceutical companies
○ teaching medical students either at their university or within the GP practice (or both)
○ teaching at postgraduate level – doctors in their second year of foundation training (F2) or those in a specialist GP training post (GP registrars)
○ becoming a GP appraiser with local colleagues
○ advising or serving on a Clinical Commissioning Group (CCG) or other health service bodies
○ examining for the Royal College of General Practitioners (RCGP)
○ working as a volunteer in the community and for charities
○ working in occupational medicine (focusing on health in the workplace) for the NHS, the military or private industry
○ working for a local or national sports team
○ working with special groups of people in prisons, the armed services and on ships
○ working as a police doctor and becoming a forensic medical examiner
○ working in medical journalism or medical politics

GPs considering taking a career break can read advice from the BMA. A break from clinical practice of less than two years will not normally require a period of retraining. For breaks of longer than two years, you’ll need to undertake and pay for a period of retraining (an induction and refresher scheme).

Academic pathways

If you are interested in research, you may wish to consider an academic career in general practice. Entry into an academic career would usually start with an Academic Clinical Fellowship (ACF) and my progress to a Clinical Lectureship (CL).

Applications for entry into Academic Clinical Fellow posts are coordinated by the National Institute for Health Research Trainees Coordinating Centre (NIHRTCC).

- Job market and vacancies

Expand / collapse

This section provides useful information about the availability of jobs, finding vacancies and where to find out more.

Job market information

There are currently 41,985 GPs employed in England (NHS Digital 2016), which equates to 34,014 full-time equivalent posts. Just over half (52%) are women. General practice is the largest medical specialty group. There are 7613 general practices in England. Around half of all training posts are for GPs.

A report published by Health Education England in 2016 “General Practice Forward Review” outlines an additional funding of £2.4 billion a year for general practice. By 2020 it states there will be an additional 5000 GPs.

of places available. The ratios may give you an indication of general trends in applicant behaviour but they vary from year to year and the competition in some parts of the country may be higher than in others. To make the best use of the ratio data, look at the number of applications received and cross-reference that information with the number of applicants who were shortlisted and subsequently attended an interview. Find out the latest competition ratios [28].

In 2016, the competition ratio [29] for CT1 General Practice was 1.28 (NHS specialty training 2016) [30].

**On this section we have information for England only.** For information regarding Scotland, Wales and Northern Ireland please click on the links below.

NHS Scotland medical and dental workforce data [31]

NHS Wales medical and dental workforce data [32]

Department of Health, Social Services and Public Safety workforce information for Northern Ireland [33]

Where to look for vacancies

The GP National Recruitment Office (GPNRO) handles recruitment to GP Specialty Training.

Applicants can view vacancies and register for specialty training on Oriel [34].

Doctors can apply for vacancies online at NHS Jobs [35].

Vacancies in general practice are also advertised online by PULSE Today [36].

- Further information

Expand / collapse

Organisations

- Royal College of General Practitioners (RCGP) [37]
- GP National Recruitment Office (GPNRO) [38]
- National Association of Sessional GPs [39]
- Family Doctor Association [40]
- Medical Women's Federation [41]
- Londonwide Local Medical Committees [42]
- 'Nothing General' campaign [43]

Vodcasts

- Specialty recruitment – GP (STFS) [44]
- Video about GP (HEWM) [45]
Other roles that may interest you

- Paediatrics
- General internal medicine
- Geriatric medicine
- Rehabilitation medicine

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