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Five Years in Medical Practice.

I cannot believe that I have been a GP for five years; the time has absolutely flown by. Overwhelmingly, the reasons why I came into general practice are still with me. I love coming to work in the morning and I work with a brilliant team of people. I love the variety of patients that I see on a day to day basis and I really enjoy not knowing what is going to come through the door on any given day. Being a GP gives you the opportunity to become a real member of the community that you are working in. You look after patients and their families from the moment they are born until the end of their lives. I can come into work one day and do a new born baby check in the morning and then my home visit may be a palliative case where I am going to care for somebody at the end of their life. One of the most satisfying cases I've been involved with recently is a lady I diagnosed, unfortunately, with a cancer and I got to know her family inside out during the few months I cared for her and I was with her at the time she died at home. I'd been involved with all her medical care, but also a lot of the pastoral care and worked really closely with Macmillan nurses right until the end of her life. Her family still come and see me and know and remember me as that doctor; I think that's a huge privilege and something that I find very satisfying.

There are lots of changes afoot in general practice at the moment and one of the biggest things is that the government are trying to move lots of secondary care (at present hospital-based services) into primary care, into the general practice setting. I feel this will have massive benefits for the patients. They are going to be coming to the place they know and feel comfortable with for lots of treatments and services rather than having to park, then sit in hospital waiting rooms. A lot of it will be delivered by us; people they know and trust. I think the difficulties we face as general practitioners is having the capacity and resources to provide these services in the way that we would like them to be provided with the standards that we set. To do this we are trying to utilise the team that we have here and specialities that we might have. For example, one of our GPs is an ex orthopaedic surgeon, so he is taking on the role of doing our joint injections; he also does a lot of minor operations in the surgery which is a fantastic facility for patients. Most of the female GPs tend to provide family planning and gynaecology -based services - and more of that is moving into primary care. We also have a doctor who has done a lot of cardiology, so we have specialist ECG heart monitoring equipment which negates the need to refer lots of people to the cardiologists in the hospital.

I started here five years ago as a salaried GP and now I am back and lucky enough to be a partner in this business. The main differences are that as a salaried GP you are an employee so you work to the terms of the contract; you see certain numbers of patients; you do certain numbers of home visits and once you've finished your work for the day you go home - and that has its attractions. However, as a partner in this business, as well as being a doctor, I also have to take on certain managerial responsibilities. I help to look after various members of staff and I'm

much more involved in satisfying our GP contract. The latest version of this was set out in 2004. Our practice is what we call a GMS practice; we are one of the practices that signed up to that contract. Basically it means that we have to provide a set number of services and we get paid for each specific service that we provide. Each year, in April, we have to submit our records and be judged on whether we have reached our targets appropriately - and we get paid accordingly.

The perfect GP! That's a difficult one to answer. There are a lot of attributes that are ideal for the general practice setting. You need to have a love for the job and you need to be enthusiastic about it. There are some tough times at the moment for general practitioners, but if you love the job then you don't mind the change; you embrace the change and look at it as being a positive thing. You need to be well organised and learn how to manage your work life balance and also manage your time at work. There's lots of paperwork. Forms to be filled in and boxes to be ticked and you have to balance all of this with providing an excellent service for the patient. Being organised is paramount. Another most important thing is to be approachable. If you ask most patients - who do you like seeing - they tend to say the doctors that are approachable and easy to talk to. That's the key.

Anyone with questions in their mind about general practice as a career ought to get out here and experience it first-hand. Obviously as a trainee doctor you can have that opportunity as part of your foundation programme and I would encourage everybody to take this up. However, if you are beyond that point and aren't sure if a change is right for you then come and experience it. We have students and trainees here all the time; we thrive on having new blood and fresh people around. Most surgeries would agree that this sort of thing only does good. Contact your local surgery, ask them if you can come and get some experience it for yourselves.