Middle Articles

GENERAL PRACTICE OBSERVED

Future Role of the General Practitioner in the Hospital Service

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Summary: A special subcommittee of the General Practitioner Liaison Committee of the Birmingham Regional Hospital Board used five attitude surveys of groups of general practitioners and a comprehensive study of other publications to determine the future role of the general practitioner in the hospital service.

From these and other studies they concluded that, although not all general practitioners wished to participate in hospital work, there was an urgent need to provide suitable facilities and a proper career structure early after qualification for those who did, and that there should be hospital inpatient accommodation in which general practitioners can treat their own patients, preferably in association with consultant beds rather than in separate general-practitioner units.

Introduction

Over a considerable period at regular meetings of the General Practitioner Liaison Committee of the Birmingham Regional Hospital Board there has been much discussion and interchange of opinion on the present and future role of the general practitioner in the hospital service. It became obvious that a matter of such importance should be considered in greater depth, and a special subcommittee was therefore formed "to consider and report on the present position of general practitioners working in the hospitals and to make recommendations for the future."

Surveys

To assist the subcommittee in its task it was decided that the following surveys should be undertaken.

Survey 1.—Of those general practitioners holding hospital posts in two separate areas of the Birmingham Region, to determine the scope of their present duties, their attitudes to those duties, and their views on the future role of the general practitioner in the hospital service and on the types of hospital inpatient facilities which ought to be available to him.

Survey 2.—Of those general practitioners in the same two areas as Survey 1 who did not hold hospital posts, to seek their attitudes to such posts and their views on the future role of the general practitioner in the hospital services, and on the types of hospital inpatient facilities which ought to be available to him.

Survey 3.—Of all general practitioners in a third area of the region who had obtained a registrable qualification within the previous five years and from whom was sought the same information as that in Survey 2. These younger doctors were also asked for

their views on existing remuneration for hospital work as a bar or an incentive to their seeking such employment.

Survey 4.—Of a fourth group of general practitioners who had made little or no use of 12 acute beds specially provided as a separate general-practitioner unit in a district general hospital.

Survey 5.—Of a fifth group who had made little or no use of 28 general-practitioner maternity beds in a newly constructed maternity department of 140 beds in another district general hospital.

Separate questionnaires were devised for each survey in collaboration with the Department of Operational Research in the University of Aston, Birmingham.

The response to questionnaires in terms of analysable returns (see Table) was highest (98%) among recently qualified doctors (Survey 3) and lowest (59%) among those general practitioners who were not associated with hospital work (Survey 2).

Surveys of General-practitioner Attitudes to Participation in Hospital Work—Response Rates

Survey	Forms Sent	Forms Returned	Forms Analysable	Forms Analysable as Percentage of Forms Sent
1	59	52	48	81
2	55	38	32	59
3	61	60	60	98
4	46	42	42	91
5	9	7	7	78

Main Findings

Survey 1.—Analysable returns showed that 31% of respondents had access only to a cottage hospital, and that 69% held part-time appointments as senior hospital medical officers or clinical assistants, most of whom had either full and personal responsibility or purely nominal consultant cover. Fifty-four per cent. of the respondents had either higher diplomas or registrar experience, and 72% were involved in inpatient care of their own or other patients. Eighty-two per cent. regarded hospital work as an integral part of their careers and were content with their number of sessions, and 90% were satisfied with the degree of responsibility. Not quite so many (62%) were satisfied with career prospects, however, while 54% considered remuneration important. In looking to the future 92% supported the integration of general practitioners in the hospital service, and 89% preferred beds in a district general hospital in collaboration with consultants. If these were not available 64% would accept, as second best, either separate general-practitioner units attached to district general hospitals or clinical assistantships in outpatient departments.

Survey 2.—Less than three-fifths of the forms sent in this survey were capable of analysis (see Table). The poor response of this group of practitioners and their lack of care in completing forms were themselves significant in demonstrating indifference to hospital work of many who have lost contact.

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Nevertheless, 66% of analysable returns indicated a wish to obtain a hospital appointment, mainly on a career basis, and 78% expressed a desire to look after their own patients, mainly medical or maternity, in hospital beds. Though it was clear that most of the group of practitioners working outside hospital had no urge to alter their lot, it was equally clear that a substantial minority were anxious to participate in some form of hospital work. Fifty-nine per cent. wished to obtain clinical assistantships.

Survey 3.—In their eagerness to be associated with work in hospital, this group of general practitioners, who had been qualified for less than five years, contrasted markedly with those in Survey 2. The response rate was almost 100%, and all forms returned were capable of analysis. Ninety-two per cent. wished to hold a hospital appointment as a career post or for training purposes, and 95% wanted to look after their own patients in hospital beds, mainly in general medicine and midwifery. There was also a spread of interest in this kind of work in other specialties—paediatrics, geriatrics, general surgery, gynaecology, dermatology, and psychiatry. Of three alternative forms of hospital inpatient care of their own patients offered to them, they chose to work either within a district general hospital in association with consultants or in separate general-practitioner units attached to a district general hospital. Only a small number were satisfied with the prospect of cottage hospital beds. More than three-quarters, however, were interested in the clinical assistant type of appointment under a consultant on a career basis and were undeterred by present rates of pay. Most of the posts sought fell into four specialties—general medicine, obstetrics, paediatrics, and psychiatry.

Surveys 4 and 5 were undertaken to find out why certain practitioners failed to take advantage of hospital privileges available to them.

Survey 4.—This related to a general-practitioner medical unit of 12 beds in the grounds of a district general hospital. Apart from those who later felt that this was too far away from their practices, about half the eligible practitioners used it, some more regularly than others. The remainder were canvassed to find the reasons for their non-participation. Fifty-two per cent. of those who replied said that they were “too busy” and 24% felt that they were either “too out of touch” or “not sufficiently interested in hospital work.” This confirms the impression that not all general practitioners who express a wish to care for patients in hospital will follow this up when suitable facilities are provided.

Survey 5.—A higher proportion of practitioners used the facilities of a general-practitioner unit of 28 beds within a newly constructed maternity hospital of 140 beds. The non-using minority were asked for their reasons. Forty-three per cent. of the respondents said that they were too busy, while 57% had continued to use another general-practitioner unit within a large maternity hospital several miles away. Midwifery forms part of the normal work in most general practices, and almost all those who could spare time to undertake hospital deliveries therefore took advantage of inpatient maternity facilities.

Conclusions

Using these main findings and a wealth of detail from these surveys and other publications,¹⁻¹⁰ the subcommittee reached the following conclusions:

- (1) That a large number of general practitioners wish to participate in hospital work of some kind, that this interest is greatest in practitioners who are recently qualified, and that unless this is satisfied early after qualification it tends to wane.
- (2) That the isolation of general practitioners from work in hospital has reduced the attraction to many of general practice as a career, and that this may be a factor in medical emigration from this country.
- (3) That a large number of general practitioners wish to treat those of their patients in hospital whose care falls within their

competence, especially in general medical wards in co-operation with consultant physicians.

(4) That a substantial proportion of those who hold hospital appointments wish to do so on a career basis, and that, although about half of the younger practitioners seeking hospital work may be willing to start on a training basis, the proportion of those who seek a permanent career in hospital work is likely to rise as the date of qualification recedes.

(5) That although the Birmingham Region has a higher than average proportion of clinical assistantships, there are at present insufficient posts throughout the country in specialties of particular importance to general practice—general medicine, paediatrics, and psychiatry—and that existing hospital posts for general practitioners are not defined satisfactorily in terms of job specification, including responsibility, or of promotion prospects.

(6) That the future role of the general practitioner in the hospital service comprises two functions: (1) that of the family doctor looking after his own inpatients in cottage hospitals, in general-practitioner units attached to district general hospitals, and also in general wards of district general hospitals in close co-operation with consultants; and (2) that of part-time specialist looking after “hospital” patients in general wards and associated inpatient and outpatient duties, and that for this purpose there ought to be (a) training posts related to vocational training programmes, (b) posts of limited tenure similar to clinical assistantships to aid hospital staffing needs and to provide further education for general practitioners, and (c) career posts for general practitioners with the necessary qualifications and experience, with interval promotion to consultant level.

(7) That remuneration should be adequate in every case to ensure that incumbents of hospital posts suffer no financial disadvantage as compared with those working solely in general practice.

Recommendations

The subcommittee therefore recommended:

(1) That consideration to their conclusions be given at national and regional levels with a view to early implementation of their proposals for the future role of the general practitioner in the hospital service.

(2) That consideration be given at regional level: (a) to the creation of extra posts, either as medical assistants or clinical assistants, in specialties of importance to general practice—general medicine, paediatrics, and psychiatry; (b) to certain hospital posts as medical assistant or clinical assistant being linked with vacancies in general practice, particularly in under-doctored areas, in order to attract candidates of high calibre; and (c) to the launching of one or two pilot schemes in district general hospitals whereby local general practitioners may treat their own patients in acute medical wards.

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