Being a specialist GP

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As you read this editorial, I will be enjoying the challenges that rural general practice brings. Like many general practitioners who practise in a metropolitan area, I'm choosing to spend my vacation time undertaking a rural locum in north Queensland.

All holders of the FRACGP are certified as being competent to practise unsupervised general practice anywhere in Australia. After 20 years in practice, I also have the confidence to deal with the diagnostic and management complexities that can make such a locum posting anything but a tropical idyll.

I am a specialist in general practice and those are the skills I will be using during January. Actually, they are the skills I use the entire year – the rural setting gives me the opportunity and the necessity to use them in greater depth, within my self imposed limitations.

So what are the barriers to GPs using the full range and depth of their skills to better meet the needs of patients in metropolitan areas? It is easy to blame the relative ease of access to specialists and hospitals, as well as patient expectations and the increasing threat of medical litigation, but I suspect the barriers are more of our own making. Regardless of the geography within which a GP is practising, it is up to him or her how comprehensive to be.

Medical care is becoming steadily more specialised and inaccessible, with many doctors seeking specialties that are more intensely focussed or which revolve around a smaller number of well remunerated procedures. The traditional domain of the general physician has largely been vacated,[1] providing GPs – no matter where they practise – with an opportunity to seize the day and truly become Australian family physicians.

The terms 'family physician' and 'general practitioner' are often used interchangeably in this country and to differentiate between the two would seem to be divisive and elitist. But maybe there is an argument to be made that the GP who chooses to use the full range and depth of their skills – in the best interests of their patient – is positioning themselves as a family physician in contradistinction to the specialist physician.

In 1996, Rosser argued from Canada that 'Family physicians address personal health care needs in the context of a sustained partnership with patients, their families, and the community. Since the problems they see are usually early and undifferentiated, family physicians also deal with greater diagnostic uncertainty. Specialists, whose focus is on disease, organ systems, or investigative procedures, see illnesses at a more advanced stage and generally do not deal with problems beyond the realm of their discipline. They usually do not sustain a partnership with patients, and have a shorter problem list from which to develop a hypothesis and a greater time frame in which to substantiate it. Faced with the same patient problems as specialists, family physicians order fewer tests and procedures, yet produce identical outcomes'.[2] While I apologise for including such a lengthy quote, I don't apologise for using it to suggest that Australian GPs who fully apply their model of comprehensive, coordinated and continuing whole person medical care to people with complex medical conditions are functioning at an extremely sophisticated level. Wherever they do it.

All of which leads me to the key point of this editorial. Acting on feedback received at a consultative meeting last year, we have decided to sharpen *AFP's* educational focus to a point that is just beyond the current zone of the competent GP. It is hoped that this will provide our readership with enough new knowledge to encourage an extension of skills, rather than just reiterating material already known. Commissioned authors will be briefed to ensure that even a well experienced GP can glean something new (and useful) from each article. This issue's theme, 'Innovations and inspirations' is full of examples of GPs thinking outside the confines of current practice, and using teamwork to achieve best outcomes.

Another innovation for 2005 is the inclusion of patient perspectives on selected topics. We hope this will help our readers to understand the issues that are really important to those who depend on us and who trust us to do our job well. If any readers can recommend patients to write a brief article on any of our 2005 theme topics (listed on page 74), please contact afp@racgp.org.au.

So, from all at *AFP*, we wish you a very positive and productive 2005. We hope the journal continues to help all GPs to make even more of their already highly developed medical skills.

References

1. Phillips WR, Haynes DG. The domain of family practice: scope, role, and function. Fam Med 2001;33:273–7.
2. Rosser WW. Approach to diagnosis by primary care clinicians and specialists: is there a difference? J Fam Pract 1996;42:139–44.

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