The Future of General Practice Training
Seeking wisdom for our changing world
Seeking wisdom for our changing world
Seeking wisdom for our changing world

“Wisdom is the principal thing; therefore get wisdom: and with all thy getting get understanding.” Proverbs 4:7
The conduct of general practice and of the individual practitioner is inextricably interwoven with commercial and emotional considerations, which too often negate the code of medical ethics by which the public are supposedly safeguarded and from which the high reputation of medicine stems. Hence material and moral issues have become inseparable, and it is impossible to discuss general practice without discussing morals, and therefore without moralising. In this report the issues are kept separate as far as possible, but this is not very far.

Section I describes how the observations were made; section II is an account of general practice as I found it; and section III deals with the National Health Service in relation to general practice as I found it. I contrast this with the usual endeavour made to interpret the Act in terms of what general practice is supposed to be or what we might like to think it is.

I know well that many of my deductions rest on subjective impressions rather than objective fact, though I have tried to keep the two apart. Very little statistical evidence is used—principally because little valuable evidence of this kind is available, and secondarily because the major problems of general practice are not soluble in terms of statistics.

My observations have led me to write what is indeed a condemnation of general practice in its present form; but they have also led me to recognise the importance of general practice and the dangers of continuing to pretend that it is something which it is not. Instead of continuing a policy of compensating for its deficiencies, we should admit them honestly and try to correct them at their source. If I do no more than convey this, I shall be satisfied.
Apply for GP training
General Practice
Your Opportunity - Your Choice
General practice vocational training

Past experience – Contemporary issues – Future challenges
In 2008 the World Health Report was devoted to the reinvigoration of primary health care.
Millennium Development Goals
Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
Millennium Development Goals

1. ERADICATE EXTREME POVERTY AND HUNGER
2. ACHIEVE UNIVERSAL PRIMARY EDUCATION
3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN
4. REDUCE CHILD MORTALITY
Millennium Development Goals

1. ERADICATE EXTREME POVERTY AND HUNGER
2. ACHIEVE UNIVERSAL PRIMARY EDUCATION
3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN
4. REDUCE CHILD MORTALITY
5. IMPROVE MATERNAL HEALTH
Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
Millennium Development Goals

1. ERADICATE EXTREME POVERTY AND HUNGER
2. ACHIEVE UNIVERSAL PRIMARY EDUCATION
3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN
4. REDUCE CHILD MORTALITY
5. IMPROVE MATERNAL HEALTH
6. COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES
7. ENSURE ENVIRONMENTAL SUSTAINABILITY
Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Global partnership for development
Millennium Development Goals

1. ERADICATE EXTREME POVERTY AND HUNGER
2. ACHIEVE UNIVERSAL PRIMARY EDUCATION
3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN
4. REDUCE CHILD MORTALITY
5. IMPROVE MATERNAL HEALTH
6. COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES
7. ENSURE ENVIRONMENTAL SUSTAINABILITY
8. GLOBAL PARTNERSHIP FOR DEVELOPMENT
MGD Progress

MDG 4: cut under-five mortality rates by two-thirds by 2015 – 'significant progress' but unlikely to meet target in 52 countries

MDG 5: cut maternal mortality rate by three-quarters by 2015 – 'significant reduction' but unlikely to meet target in 66 countries
Millennium Development Goals

What’s Missing?

- Strengthening primary care
- Tackle chronic disease and mental health
- Social determinants of health
- Universal coverage
The power of healthcare to transform the world

- 7 billion people
- 1 billion with no access to any health care services
“You judge the character of a society, not by how they treat their rich and the powerful and the privileged, but by how they treat the poor, the condemned, the incarcerated.”
A Code of Practice for the International Recruitment of Health Care Professionals:

THE MELBOURNE MANIFESTO

Adopted at 5th Wonca World Rural Health Conference
Melbourne, Australia, 3 May 2002

Preamble
Many countries in both the developing and developed world are experiencing shortages of skilled Health Care Professionals (HCPs), particularly in rural and socially deprived areas.
One of the responses of wealthier countries is to recruit HCPs from poorer countries, rather than training sufficient numbers of their own.
This leads to a flow of highly trained professionals away from the countries that can least afford to lose them. The effect is to impact negatively on already seriously under-resourced health systems and therefore on the health status of developing countries.
Development of an ethical code should balance the rights of individuals to travel against the needs of communities.

Principles
We assert that:
1. It is the responsibility of each country to ensure that it is producing sufficient HCPs for its own current and future needs; is retaining them; and is planning for both rural and urban areas.
2. International recruitment is related to an inability on the part of individual countries to satisfy their own workforce needs.
3. The principles of social justice and global equity, the autonomy and freedom of the individual, and the rights of nation states, all need to be balanced.
4. Integrity, transparency and collaboration should characterise any recruitment of HCPs.
5. International exchanges of HCPs are an important part of international health care development.
6. Countries that produce more HCPs than they need, may continue this contribution to global health care.

Purpose
This code of practice aims to:
- promote the best possible standards of health care around the world;
- encourage rational workforce planning by all countries in order to meet their own needs;
- discourage activities which could harm any country’s health care system.

The code
1) Countries considering and benefiting from recruitment from other countries must:
a) examine their own national circumstances and
   i) consider the effect that their existing recruitment policies and practices are having on lesser developed countries
   ii) develop and implement their own ethical recruitment policies
   iii) ensure that the number and distribution of undergraduate and postgraduate training posts available within the country are adequate to meet their own workforce needs
   iv) ensure that the working conditions and educational opportunities in their own countries are sufficient to encourage HCPs to work in areas of need
   v) develop and resource active educational links with universities and medical schools in lesser developed countries that contribute to the education and training of their HCPs
   vi) consider alternative and innovative ways of providing care in areas of need such as the development of multidisciplinary teams and intersectoral collaboration.
Are we training the right people in the right way?
The Five Star Doctor of the New Millennium

- Care-provider
- Decision-maker
- Communicator
- Community leader
- Health resource manager

- “Able to make optimal use of new technology”
Characteristics of socially accountable medical education

- Equity
- Quality
- Relevance
- Cultural competency
- Efficiency
- Partnerships
Our individual responsibilities as doctors …

• To be an advocate for social justice and human rights
• To stand up for freedom and justice and peace
• To speak out for what is right
• To contribute towards ensuring equity of access to health care – “a fair go”
• To care for the health of our planet as well as the health of our patients
Dr Albert Schweitzer
Nobel Peace Prize
1952

• “I don’t know what your destiny will be but one thing I do know.

• “The only ones among you who will be really happy are those who have sought and found how to serve.”
“Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek.”