

**Unravelling General Practice:
the tragic legacy of our serial reforms**

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Why and how are we caring so ineptly for the services that must care for others? The current plight of General Practice has much to teach us.

For a couple of decades we have had portents of our now-climaxing crisis of staffing and morale in general practice. Many have attributed these to our serial, modernising reforms: Lansley's Health and Social Care Act (2012) is seen as the zenith (so far) of reforms powering the profession's demoralisation and exodus of staff.

Alongside this decline and disintegration there is a familiar cycle reported in our media. First, reports or research demonstrating the vanishing of personal continuity of GP care or, worse, great difficulty in accessing any care at all. This runs parallel to our increasing staffing problems: parlous recruitment, sickness, burnout, career abandonment and earliest retirement. It is difficult to deny that all these are tightly linked and commonly caused.

Then comes the government's riposte of defensive data claiming improvements in performance, funding and training capacity. Yet even if true (which many challenge), a more important counter-truth is far more decisive: we are losing GPs far faster than we are replacing them, and that gap is widening.

How and why is this happening? What is it about the very reforms that vaunt efficiency, safety and accountability that becomes so humanly inimical to doctors and thus, inevitably, to the patients they must care for?

A long view, from personal experience, may help here.

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When I first worked in General Practice, in the 1970s, the standards were far more variable, but mostly the profession had much higher morale and thus sustainability. This was not due to better pay or working hours: they were not. Our greater work satisfaction came from now vanishing personal relationships, understanding and trust. GPs have rarely had the glamour, the drama or the heroism of specialties such as cardiac- or neuro-surgery: the more humble but subtle rewards came from being *family doctors*: from long tenures in smaller practices we got to know not just individuals, but their families, their stories, their localities. We could then better perceive less obvious patterns, meanings and experiences to enrich our understanding. Thence came the art of practice: our offers of attuned comfort, containment and guidance. These professionally boundaried intimacies were not just good healing encounters for patients: they also provided the human warmth and interest to motivate and nourish the doctors.

The term 'family doctor' could also be understood from the doctor's experience: we then felt part of a professional family that functioned largely from a basis of trust and understanding. Like biological families, there was variation – sometimes hazardously so – but the practitioners and patients were mostly happier with this. Recruitment was fertile, rancour much rarer, retirement usually delayed and reluctant – the service was clearly accessible and sustainable.

The accelerated reforms, particularly since the Millennium, have successively destroyed these family-like tendencies in favour of factory-like control and uniformity. The thinking behind this presumes that these measures will bring greater reliability, safety and efficiency by eliminating human vagary, error and

caprice. So modernising reforms have increasingly emulated competitive manufacturing industries and the ethos of neoliberalism.

This family-to-factory march has relied on three synergistic principles of management:

- **The 4Cs:** competition, commercialised commissioning and computerised commodification. A marketised system.
- **REMIC:** remote management, inspection and compliance. This is akin to proceduralised surveillance and instruction from a control tower. A policed system.
- **Gigantism:** scaling-up wherever possible to facilitate REMIC management for presumed greater compliance and efficiencies. 'Get big or get out.'

These three elements of 'modernising' reforms have brought us our current nature of practice. Micromanagement has replaced trust, data has replaced personal understanding, procedures trounce relationships, compliance dismisses professional discrimination or judgement ... and vocation perishes as corporation flourishes.

This is what we have now: a system whose insistence on uniformity, fail-safety and compliance is so great that it has extinguished the profession's motivating human heart and spirit.

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More than forty years ago I enrolled as a family doctor and did not yet have children. I would, then, have encouraged any young person wishing to craft together

medical science with social and intimate humanity to follow. Now that my children have grown and I am decommissioned as a 'primary care service provider' I have no such optimism. More worrying for me is my own future: when I become very frail and vulnerable who will look out for me and personally understand my decline? It is unlikely to be a GP who knows me, or knows the importance of this to me.

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Yet amidst all this, our serial reforms have achieved a remarkable synthesis that many might have thought impossible: we have devised a system that manages to combine the most venal, care-less, opportunistic, divisive and unsustainable aspects of Market Capitalism with the insentiently monolithic, paranoid and fearful stupefication of centralised Soviet Communism.

In our quest to care for others, that is quite an achievement.

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Interested? Many writings exploring similar themes can be found on David Zigmond's Home Page (www.marco-learning-systems.com/pages/david-zigmond/david-zigmond.html) and in his book *If You Want Good Personal Healthcare, See a Vet* (New Gnosis Publications, 2015)