# "YOU CAN'T BE WHAT YOU CAN'T SEE" A history of general practice and medical education



**Brian R McAvoy** 

#### Overview

Context

History of general practice

Education and training of doctors

The future of general practice



# The ages of medicine

The Dark Ages (pre-19<sup>th</sup> century)

The Scientific Age (19<sup>th</sup> + early 20<sup>th</sup> century)

The Golden Age (1930s to 1980s)

• The Age of Uncertainty (1990s to present)

# The physician



# The surgeon



# The apothecary



SURGEON AND APOTHECARY PRESCRIPTIONS AND FAMILY MEDICINES **ACCURATELY COMPOUNDED** TEETH EXTRACTED AT ONE SHILLING EACH WOMEN ATTENDED IN LABOUR, TWO SHILLINGS AND SIXPENCE EACH PATENT MEDICINES AND PERFUMERY BEST LONDON PICKLES. FISH SAUCES BEAR'S GREASE.SODA WATER. GINGER BEER LEMONADE. CONGREVE'S MATCHES AND WARREN'S BLACKENING

#### **Academic bodies**

- 1518 Royal College of Physicians of London
- 1540 Company of Barber Surgeons of London
- 1617 Worshipful Society of Apothecaries
- 1800 Royal College of Surgeons of London
- 1844 National Association of General

Practitioners in Medicine, Surgery + Midwifery

- 1952-College of General Practitioners (RC 1972)
- 1974 Royal NZ College of General Practitioners

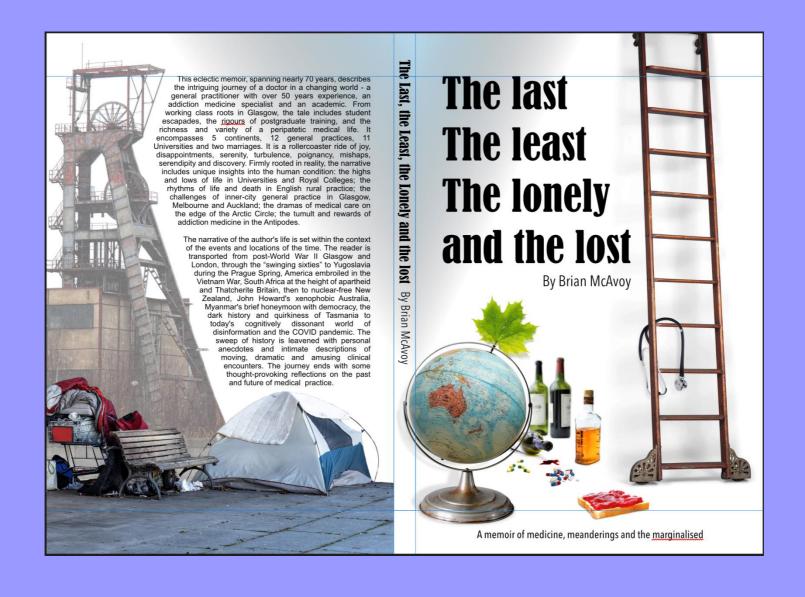
# Regulation of medical practice and health services

- 1815 Apothecaries Act
- 1858 Medicines Act + GMC (UK)
- 1867 Medical Practitioners Act (NZ)
- 1911 National Insurance Act (UK)
- 1938 Social Security Act (NZ)
- 1948 National Health Service Act UK)

#### **MBChB 1965**

- 1 Physics, chemistry, biology, botany
- 2 Anatomy, physiology, biochemistry
- 3 Pathology, bacteriology, pharmacology
- 4 Junior medicine + surgery, orthopaedics
- 5 Senior medicine + surgery, forensic medicine, infectious diseases, public health
- 6 Obstetrics, gynaecology, paediatrics, ear,nose +throat, dermatology, ophthalmology

### Lord Moran's career pathway



# General practice curriculum time

1972 Glasgow – 6 year course

1 week elective

2024 Auckland – 6 year course

13.5 weeks +  $\frac{1}{2}$  day (<5%)

# The future of general practice



#### International trends

- NZ Currently 250,000 patients not enrolled with GPs
  - Nearly 500 GPs short (750-1000 next 10 years) 2023 MOH NZ Health Survey 34% unmet health needs for GP services (availability, wait times, costs or travel distances)
  - >22% increase in ED attendances past 10 years
- Oz -\$227m for more Urgent Care Clinics (87)
  - Only 1 in 10 medical students want to be GPs

#### International trends

- UK 15% increase in GP consults, 9% decrease in number of GPs over past 10 years Health Hubs + Physician Associates (medical practitioners, 2 years training)
- Canada Up to 30% of population in some regions now lack access to a GP
   Applications for GP training posts at lowest level for 15 years

### **RNZCGP Workforce Survey 2022**

- 5,000 GPs, 72% response rate
- GPs 40% of workforce 1980-2020, 25% in 2022
- 51% work full-time (>36 hours/week)
- 64% intend to retire within next 10 years
- 9% intend to move overseas within next 5 years
- 48% feel burnt out
- 31% unlikely to recommend a career in GP
- Median annual income \$138,000

#### What lies ahead?

- Demographic changes
- Changes in lifestyle and expectations of patients and GPs
- Technological changes
- Commodification and commercialisation
- Political changes
- Growing inequalities → toxic mix

#### CONCLUSIONS

- GP has been backbone of healthcare system in NZ, Australia, UK and Canada
- It has provided personal, primary, preventive + continuing care to individuals, families+practice populations, often over several generations
- The current models struggling + not sustainable
- General practice is at a crossroads
- Change is needed will require resources, leadership, vision and political resolve
- GP core values need to be protected, nurtured
   + promoted, while adapting to a changing world

