

Interview with GP 4 October 2003

IH OK doctor can you tell me first a little bit about your rheumatology training when you trained to become a GP?

GP Trained to be a GP. Umm, I did, I mean when in my, I did my own scheme for general practice so I didn't do a traditional vocational training scheme and my medical jobs we all very much the cardiology, respiratory etc., s I didn't do rheumatology per se as a job.

IH Right, right

GP I did I suppose do some orthopaedic and things as a House Officer. I did a surgery job at [town] and we did a lot of orthopaedics there. Ummm and then in general practice I suppose in my training year I was well aware that I hadn't done any to speak of in my training other than as a medical student, although I quite like rheumatology so I have always been quite interested in it, and then having been quite well taught at the [medical school] when I was there, and then I went back, I think I went back and did some outpatients, went back to see the rheumatologist at the [Hospital], to sort of make up for I consider to be shortfall in my training until then.

IH Was it something you only realised when you started practising?

GP I think yes, I think so, because you are suddenly in general practice confronted with loads of things you don't know about once you start, you are terribly exposed, somebody comes in and starts asking you about whatever it might be. There are always thing that you may not have done subsequently like eyes and skins and rheumatology all those subjects seem to come up.

IH And what proportion of your practice now, comprises musculo-skeletal problems?

GP Oh a lot. I should think I don't know how to work it out, as much as 25% or something, I mean or maybe more with the back pains.

IH I think it is safe to say between 15-20% patients. But how confident do you feel in managing musculoskeletal conditions as a whole

GP Well now after years of practise, fairly confident I would say, generally about dealing with them. I suppose of you had asked me that about 15 years ago I would have felt relatively unqualified.

IH And how did you learn, what methods did you use, apart from the outpatients?

GP Well apart from that as a trainee, and I suppose and then sitting for the MRCGP, over the various levels and the otherwise largely seeing patients, its largely practise.

IH Self taught?

GP Self taught, looking things up you don't know, talking to colleagues and actually largely I would say also through and then occasionally of course you ring up the rheumatologist about a patient and then you know that's quite educational on the whole and then of course with other GPs and one of my partners here is good has quite a long of experience in rheumatology as well and working in a big organisation it's fairly easy to discuss cases

IH But you didn't receive sort of didactic teaching or joint examination or joint instruction?

GP Well apart from yes, I mean apart from going on a course or joint injection umm joint examination. Yes and I suppose there must have been times, there hasn't been for a bit but there must have been times when I have been on courses which were specifically to do with rheumatology or otherwise just self-directed.

IH Has that worked for you or not?

GP Ummm yes yes

IH OK for a future course what would be the ideal format do you think?

GP I think quite a lot of hands on practical stuff, I think may be even seeing patients for example, I think is useful, and discussing thing about presentation and management and that's a useful way of doing it, and I think it being multi-disciplinary too probably. I think it is very helpful learning for example, from the physio umm so that's helpful and I think that's more helpful for me, or it can be mixed in with current trends or current thoughts in you know whatever particular specialist subjects but I think it depends on what you are going for. If you are going out of interest, if you are going actually to sort of learn something because it's applicable to your practice.

IH Yes I mean this would be the course style ran would be potentially to help primary care practitioners in their daily practice to help manage patients, to help them to improve your satisfaction and their satisfaction So you feel that sort of small group work, case based scenarios would be much more practical rather than a large group lecture?

GP Yes I tend, I don't really, I mean maybe that's just me, but I think there is a time and a place for lectures., but I'm not sure that if you want to go and improve your practise in something like doing more for your patients in musculo-skeletal disorder or maybe understand the disease better.

IH OK that's good. Are there certain areas within your practise at the moment that you feel less, rheumatological practice, that you flee less confident in managing or more confident in managing?

GP I mean less confident in terms of, I mean I don't really do joint injections, for example, probably because other people do it here, partly because I have never really felt that I have sort of had sufficient training in it and I think that I ought to get some. There is no reason why I don't, just if you are not doing enough all the time...

IH Have you used the mannequin?

GP Ummm no I haven't used one.

IH Yes yes that might be a start -moving on

GP In fact I went on one minor surgery course and we used them for sort of joint injections which was added on at the very last minute and..

IH And again, any other areas of rheumatology that you feel..

GP Ummm I suppose there are times when people present with already diagnosed and quite rare rheumatological disorders, can't think now at the moment and of course then you can feel quite distant as you are not seeing them very much and the patient is often very informed and on a huge amount of treatment, but that's not necessary uncommon in general practice because of all the rarities, that may well be the case as you are dealing with somebody, but it can be a problem or it can make you feel like you don't know a lot. That does not happen so much so it's not something you sort of sit and worry about.

IH I mean the connective tissue disease, lupus etc., you don't see as much

GP Quite we don't see very much, we have a few but you don't see very many.

IH And do you tend to leave the man managements to the hospital or do you have?

GP I mean I don't really like, I mean in the practise generally we all like to do sort of as much as we can for our patients and don't tend just to say oh right lupus off you go and also I think the satisfying thing about general practice you can go some way to making a stab at a diagnosis or even making the right diagnosis and that in itself is quite good. So I think all, I think perhaps that's, I am sure I am out of date probably in my thinking about you know diagnosing and what tests and so on because you tend to learn one way and carry on doing that way, so actually that would be useful.

IH The use of antibody tests, etc., that kind of thing might be a good thing?

GP And the complexities of them actually

IH And what about your management of back pain, how do you feel, how good do you feel as a practise at the moment?

GP Apart from that there is quite a long wait for physio?

IH Is that here or do you have to refer them?

GP No we have to refer them to physio at [names clinics]Willesden or the [names hospital].

IH And how long does that take?

GP It's about six weeks you have to wait to see the physio, but it's too long especially for something like back pain and I mean I feel quite confident in it and again having seen so much of it and partly from having had my own share of back pain in the past so you know you sort of understand it a bit more and yes so I think in that respect Im OK... well there used to be more support from the physio and because they are so inundated, but there is less and less and also because there is actually you have to learn to deal with it because there is nowhere else to send people with back pain, nowhere to go and nothing happens.

IH And how many of those do you refer on to secondary?

GP For back pain?

IH Yes

GP Very few

IH So there is a lot in the community that the hospital doesn't see and they seem to manage and you are happy with that?

GP Yes

IH Do you think the hospital should be taking on more, less or do you think it's about right?

GP Umm I think a lot of these people have had sort of chronic problems which are you know, there isn't any point in seeing a specialist because there isn't any more than they can do than what you can do here in the community. I think it would be nice to have more facilities for them in term of perhaps more available physiotherapy, I mean once people have had it for a long time then easy access to physiotherapy is denied them and so that's the problem, whereas actually people might need to keep going back for some sort of refresher.

IH What do you think about the relationship between your practice and secondary care rheumatology?

GP With rheumatology it's always, they are always accessible and um easy to get hold of and easy to discuss something with them. It sounds like something, we don't do any shared work with them for example.

IH What's your view on that?

GP Umm I mean I think that can be very informative I think particularly perhaps them coming here and either doing work here or seeing us work here, I think it can be, they can learn from it, which I think could be quite useful. But ummm its just time constraints that means you don't kind of, you can't keep running off there and sitting in a rheumatology clinic and as I am not sure how useful that is.

IH For you to go and sit there?

GP Yes, I mean it was very useful as a trainee, but I thin that now perhaps it's not

IH And do you think now would be more useful for somebody from the hospital to come and do a clinic with you?

GP Well in a way what you could do is bring patients in or say that we will have a rheumatologist here on such and such a day and then sort say this is what we want..

IH Or bring your cases?

GP Yes bring them along

IH And you refer to the [Teaching Hospital] do you mainly?

GP No we refer to [Hospitals A and B], they are good, but a long wait for them

too.

IH And that's a problem in itself?

GP Well particularly for the patient

IH Do you tend to recommend treatments in that interim period or ...?

GP Ummm ummmm, sometimes

IH Also a couple of final things, for sort of assessments of people – primary care practitioners in rheumatology, do you think there should be sort a curriculum set up that all primary care practitioners should have to go through in rheumatology and then sort of be assessed in it?

GP Umm in order to sort of proved competent? Ummm well not necessary no actually, no I think the thing about general practice is that when you go into it of course there are shortfalls in your experience and what you know and you are permanently being confronted by a whole range of patients that come in and our jobs as professionals as well is to sort of look at our own learning and what we need and I am not sure that going to a group and saying you've got to do this and coming out the other side because you have to do that for every single subject and will be feasible and would it make us any better doctors? I'm not sure that it will necessarily.

IH Yes the issue around GPs with special interests, I mean is that something you are interested in?

GP Ummm I mean I have got lots of interests in General Practice, but I also want to keep general, I want to be a generalist, if I had wanted to be specialist then I would have gone down and set root, but in General Practice it's nice to have something that obviously there are always things that will give you more of a buzz or something you particularly like ummm but I don't want to, I like to see the range, I like to have everybody come and see me not just the one set of conditions.

IH That's why you do what you do. I'll be running the course around February time and would you be interested, I mean assuming it could obviously fit in with your timetable.

GP Yes my timetable, I've got a holiday booked at the beginning of February.

IH They are going to be run from Febrairy onwards, with ten primary care practitioners per session really.

GP Oh I see

IH And basically what I have been getting your yourself and lots of other people is that it will be very much small group based, case based and it's a good idea your have by actually getting patients in to talk to us, talk to a group about their experiences.

GP I would be interested, they would be stand alone would they?

IH I mean it would be CME approved and PGEA approved and all that

GP It would be one thing, you wouldn't attend a series of them?

IH No no it would be over a day and a half, something like that

GP Sounds very good I'd love to actually

IH Is there anybody else in the practice who would be interested?

GP I'm sure, yes we are 8 GPs.

IH And who is your colleague who does most of the injections and things?

FC Well umm I mean Dr C, she is not here today actually, she does a few, she has done quite a lot of rheumatology and Dr D does some shoulders I think and I think Dr E does a mixture.

IH That's brilliant thanks very much for your help.