

## What do consultants think of general practice?

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**SUMMARY.** A simple questionnaire was completed by a group of young consultants and the results compared with the views of a group of general practitioners. Many significant differences were noted which suggest that recently appointed consultants have a limited knowledge of the work of general practitioners.

### Introduction

**R**ECENTLY I was asked to talk to a group of recently appointed consultants on the role of the general practitioner as part of a course on National Health Service structure and management organized by the South Western Regional Health Authority. Before I began the talk I asked the consultants to complete a simple questionnaire indicating their attitude to some statements about general practice. One month later the same questionnaire was completed by 21 general practitioner members of the Avon Local Medical Committee.

### Methods

The statements can be divided up into three sections: clinical, organizational, and general opinions about the medical service (Table 1).

In an attempt to gain information about the respondents' knowledge of general practice expenses and workload they were asked to answer the following questions:

1. What proportion of his total income are the average general practitioner's expenses (Table 2a)?
2. How often, on average, do general practitioners see each patient on their lists (Table 2b)?
3. How many patients does the average general practitioner look after (Table 2c)?

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### Results

Many of the answers given by consultants and general practitioners show the wide range of opinions held within the medical profession in the United Kingdom. There are, however, some highly significant differences between the two groups. These are particularly marked in the clinical questions, and especially in questions 3 and 4, which suggests that most of the consultants can have little knowledge of the true content of most general practitioners' work. One must question the sort of undergraduate experience these specialists had of the work of the general practitioner if only eight of 29 disagree with the statement that psychiatrically ill patients comprise the majority of patients seen in general practice, and that one third of them think that on average a general practitioner sees each patient only once a year (Table 1).

### *Access to x-ray departments*

The statement (5) that general practitioners should have the same access to x-ray departments as consultants provoked heated discussion during my talk, which is not surprising in view of the highly significant difference of opinions between general practitioners and consultants. A number expressed opinions about general practitioners' inability to decide appropriately on the need for myelography and other contrast examinations. The general practitioners' access was stoutly defended by a radiologist on the course who expressed his willingness to examine any patient where the request was appropriate. He expressed the view that some consultants needed to review their criteria for asking for some investigations.

The views of the consultants and general practitioners coincided remarkably on the statement (6) that consultants follow up too many outpatients but it was surprising that so few consultants thought it appropriate that general practitioners should learn to give intra-

**Table 1.** Number of consultants and general practitioners recording their opinions on the statements listed.

Statements	Consultants					General practitioners					Significance levels
	Agree strongly A	Agree B	Neutral C	Disagree D	Disagree strongly E	Agree strongly A	Agree B	Neutral C	Disagree D	Disagree strongly E	
<b>A. Clinical</b>											
1. General practitioners prescribe too many antibiotics	12	10	7	1	0	0	9	3	8	1	p < 0.01
2. General practitioners ought to learn to give intra-articular steroid injections	0	5	12	11	1	6	6	5	3	1	p < 0.05
3. Psychiatrically ill patients comprise the majority of patients seen by general practitioners	2	5	14	8	0*	0	2	2	13	4	p < 0.001
4. General practitioners sign people off work too easily	6	20	3	0	0*	2	4	1	13	1	p < 0.001
<b>B. Organizational</b>											
5. General practitioners should have the same access to x-ray departments as consultants	1	8	3	14	4	6	12	1	2	0	p < 0.001
6. Consultants follow up too many patients in outpatient departments	4	18	6	2	0	8	11	1	1	0	NS
7. General practitioners do not use domiciliary consultation services enough	0	8	13	5	1***	0	2	6	11	2	p < 0.05
8. If the general practitioner undertook more minor surgery, then waiting lists for surgery in hospitals would be shorter	3	9	6	10	1*	0	11	1	7	1	NS
9. If general practitioners did not have appointment systems the accident and emergency departments would be less used for casualties	0	11	8	11	0	0	3	2	12	4	p < 0.05
10. Deputizing services help general practitioners to survive in large cities	0	8	7	15	0	2	12	5	2	0	p < 0.01
11. General practitioners who conduct home deliveries are being unnecessarily foolish	2	4	12	9	3	1	4	4	11	1	NS
12. General practitioners should hold clinical assistantships in hospital	3	17	8	1	0*	4	7	6	4	0	NS
<b>C. General opinions</b>											
13. The reorganization of the NHS has had no effect on general practice	1	3	15	9	0**	1	1	3	12	4	p < 0.01
14. Postgraduate centres have been the major factor in improving the relationship between general practitioners and consultants	5	17	5	2	0*	0	8	6	7	0	p < 0.05
15. If primary care were better financed (at the expense of the hospital service), the standard of health of the population would rise	0	8	5	15	2	1	6	5	7	2	NS
16. The tendency of some bright medical students to do general practice ought to be discouraged	0	5	5	12	7*	0	0	1	8	12	p < 0.05
17. General practitioners' incomes should be on a similar level to those of consultants	2	6	4	13	5	4	9	3	5	0	p < 0.05

$\chi^2$  analysis on columns A + B, C, D + E; \*One not completed; \*\*Two not completed; \*\*\*Three not completed; NS Not significant.

articular steroid injections—surely one way to reduce the load on the orthopaedic outpatient department?

The statement (17) about income caused most comments, many of the consultants suggesting that it would be good to have incomes as high as general practitioners enjoy! The answers to this question are therefore difficult to interpret satisfactorily.

**Conclusion**

The difference between the answers given by the two groups of doctors may arise from our educational system. If consultants and general practitioners are to appreciate more fully each other's role in the National Health Service and, accordingly, improve the care of the patient, perhaps they should have more experience of each other's work.

**Acknowledgements**

I am grateful to Mr A. Hughes for statistical advice and to the doctors who completed the questionnaire.

**Table 2.** Replies given by consultants and general practitioners to questions about general practitioners' expenses and workload.

<b>a) Expenses</b>						
	Proportion of income					
	1/8	1/6	1/3	1/2	3/4	
Consultants	4	7	12	3	2	
General practitioners	0	2	17	2	0	
<b>b) Annual contact rate with patients</b>						
	Number of times per year					
	1	3	6	10		
Consultants	10	14	5	0		
General practitioners	1	10	10	0		
<b>c) Number of patients</b>						
	Average number of patients					
	1,000	1,500	2,000	2,500	3,000	3,500
Consultants	0	0	3	16	9	2
General practitioners	0	0	2*	13	1	0

\*Five specified 2,250 or near.