

# A fire to be kindled

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**BECOMING A DOCTOR** in general practice can require a paradigm shift. Medical students and prevocational doctors have the majority of their learning delivered in hospital-based settings. Deciding to become a General Practitioner (GP) in Training can be daunting, as the skills and knowledge required of a GP differs from those gained in hospital. There can be a more longitudinal management approach: patients you see regularly might require a different style of doctor–patient relationship; your consult room can at times feel lonely, with an impression of less of a team atmosphere; and managing uncertainty can be unnerving for many doctors who are used to contemporaneous access to investigation results.

As GPs and GPs in Training, there is an expectation that we continue to develop our professional skills and knowledge, and then help impart these to medical students and those doctors following us on the training journey. The Greek philosopher Plutarch is attributed with the quote, ‘The mind is not a vessel to be filled, but a fire to be kindled’.<sup>1</sup> In this issue we explore methods to support GPs in Training, the journey to becoming a supervisor, some challenges in GP recruitment and the possibilities that can complement clinical general practice. While the models, methods and suggestions in this issue are aimed primarily at GPs in Training, they are applicable throughout our careers.

General practice in Australia, and indeed in much of the world, faces a predicted shortfall of general practitioners.<sup>2</sup> By designing and providing an excellent training program, we can encourage more doctors into general practice and support ourselves, and our students, to develop as expert generalists.

While teaching and supervision can be incredibly rewarding, there are clearly

barriers which can discourage some GPs from undertaking these roles. In this issue, the research by Askew et al<sup>3</sup> has provided some useful reflections on enablers and barriers to early career GPs becoming supervisors. If you are considering becoming a supervisor, or are one already, reflecting on these findings; exploring the resources on The Royal Australian College of General Practitioners (RACGP) website for GP supervisors<sup>4</sup> (including the RACGP’s gplearning modules); and speaking to senior local medical educators in your region might help alleviate some of these barriers.

For GP supervisors, there are several key skills to foster and help develop in GPs in Training. Morgan and Wrigley have provided an update to their 2014 paper on consultation skills for new GP registrars.<sup>5</sup> The inclusion of further tips across all areas of the consult, including a new section on telehealth, are useful for both the novice and expert GP. To help with the paradigm shift allowing GPs in Training to manage uncertainty, the work by Ingham<sup>6</sup> including the 3Rs approach provides a framework for GPs to build upon. The use of these tips and approaches can provide early career general practitioners with the confidence to approach managing whole-of-person care, including the social determinants of health and the challenges that come from our unique relationships with our patients. These supervisor–trainee relationships and the peer-to-peer relationships we develop can address prospective GPs’ concerns about consultation loneliness.

This time of the year can often be a time for reflection. Along with the whole team at the *Australian Journal of General Practice* and the RACGP, I hope you enjoy this holiday season in the way that suits you and those you care about.

We wish to provide a particularly strong thanks to all the reviewers of articles this year, without whom the peer-review process

to ensure a robust and reliable source of information for general practice in Australia would not be possible.

By reflecting on our own practice and our teaching, we can provide the kindling to others’ fires while working on growing our own, continuing to build an ever-improving general practice system.

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