

Should the number of GP's patient consultations be capped?

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The British Medical Association recently proposed guidance to cap the number of patients a GP sees each day to prevent unsafe working levels, but should this be recommended? Experts debate the issue in *The BMJ*

today.

Limits to workload could protect GPs and patients in a system that has become dangerous, says Laurence Buckman, a GP partner in London.

10 minute consultations are too short for the amount of work patients' needs require and the pressure to perform better and longer for more patients is now dangerous for both doctors and patients, he explains.

Genuine emergencies should not be limited, but most so called emergencies are for minor ailments or simple queries and none of these justify working into the evening. He adds: "Every problem is important to every patient, and we should recognise that, but we cannot keep giving until we might make a potentially serious error or become ill ourselves through overwork".

He points out that many GPs start out with a 'fixed number' of appointments - 18 consultations in each half day. "But we also have a policy to turn away nobody who says he or she is in need. We cope with this load" he says.

"The time has come when the public has to be told that it is unsafe for them to be seen when the GP is not thinking optimally, and that a tired GP risks harming patient - and doctor" he concludes.

But Michael Griffiths, a GP partner in South Wales, says caps inhibit professionalism and might themselves cause harm.

He points out that successive governments and management regimes have gradually transferred more work, until the [medical] profession feels overwhelmed by the excessive workload and patient safety is compromised.

"[Capping appointments] is the wrong way, because it limits our flexibility and professionalism when dealing with patients, but mainly because it does not address the question of bringing additional resources into primary care to manage work that we could undertake if properly funded.

"A cap may be a useful negotiating tool, but it should never become an end in itself. What is needed is a greater proportion of NHS resource coming to primary care to allow us to properly administer our practices, allowing the right professional enough time to devote to each patient," he concludes.

In a linked patient commentary, Jennifer Skillen, a frequent [primary care](#) patient, acknowledges that sometimes only a face to face appointment with a GP is suitable.

"A fifth of patients are already having to wait more than two weeks for an appointment, which is too long. Introducing caps to the number of daily consultations would likely make this unsafe situation worse.

"What the NHS needs is fundamental system change. We must look beyond short-term tweaks and develop long term strategies in the NHS that support GPs to support [patients](#)," she concludes.

More information: Should GPs' daily number of consultations be capped? www.bmj.com/content/361/bmj.k1947

Patient Commentary: Radical reform, not tweaks like consultation caps, is needed in general practice, www.bmj.com/content/361/bmj.k1962

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