

Just a GP': The Art of Seeing the Bigger Picture

Introduction

Behind a ten-minute consultation lies uncertainty, continuity, judgement, unseen work and the privilege of being the doctor who sees the whole patient. There is an old saying about general practice (GP) – “Jack of all trades, master of none”. But there is also another one – “just a GP”.

What I learned behind a GP's door is rather different than that.

Keywords: General Practice; Primary Health Care; General Practitioners; Clinical Decision-Making; Patient-Centred Care; Continuity of Care; Medical Education; Professional Development.

The Breadth of General Practice

I trained as a GP in the West Midlands, finally gaining my certificate in April 2025 after three years of training and what felt like hundreds of exams. Since finishing my training, I have learned that passing those exams was only the beginning of my career as a GP.

There are unique challenges and privileges in general practice, as we are one of the few specialties that demands that you know a little about everything. You could spend one morning managing a new-born baby, and the afternoon managing a 90-year-old frail person with complex needs. You see a wide range of conditions, from paediatrics to psychiatry, dermatology to cardiology, contraception to cancer. You must know what can be managed in the community, what investigations are appropriate, what needs specialist input, and what can't wait until the next available appointment.

We are often referred to as the NHS's gatekeepers. But from behind the consulting room there is also an overwhelming privilege of working in the specialty. As the patient walks into the room and sits down to speak to you, they are placing their trust in the doctor. Sometimes they – and you – don't know exactly what is going on. You listen, examine, investigate, manage the uncertainty, and try to work out what the priorities

Opinion Article

Sundus Usman*

General practitioner, Griffith's drive practice, Wolverhampton, Birmingham, United Kingdom, WV11 2JN

***Correspondence:** Sundus Usman, MBBS, MRCGP, General practitioner, Griffith's drive practice, Wolverhampton, Birmingham, United Kingdom, WV11 2JN, Email: sundususman153@gmail.com

Received: 13 August, 2026; **Accepted:** 24 August, 2026; **Published:** 31 August, 2026

Copyright: © 2026 Sundus Usman. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

are.

This patient is only part of your working day.

The Medicine Nobody Sees

Behind every GP, there is another, unseen part to the job. There are results to be reviewed, medications checked, investigations organised, referrals made, tasks requested by other doctors to be completed, and an endless series of letters to be opened.

There is a series of letters that will be familiar to most GPs:

“GP to follow up.”

“Discharged to GP.”

“GP to repeat bloods.”

“GP to consider...”

On a letter these lines might take up a line or two – to the GP it represents a clinical decision, an action to be taken, and a responsible professional to carry it out. A test result needs reviewing, a change in medication reviewed, an abnormal blood test investigated, a referral followed up, or someone safety netted. All of this while another patient is waiting to come in and another name is already waiting on the computer.

This unseen medicine takes up a substantial chunk of the GP's Day, while the clock in the consultation room ticks on.

Perhaps "*Jack of all trades, master of none*" is also not the best phrase to describe what we do in general practice. We might not excel in any one area, but our strength lies in other things: connecting the different parts of the NHS and bringing together an array of specialties to help patients, managing risk and uncertainty, differentiating normal findings from those that are abnormal, and seeing through a range of conditions and investigations. We see the bigger picture.

Looking Beyond the Presenting Complaint

My new job as a salaried GP has been a real learning curve – full of wonderful things and, occasionally, terrifying ones. I have learned so much about medicine and have found new specialties that I would like to develop my knowledge in – one of these is dermatology, in which I have undertaken a dermatology fellowship in the Black Country. As I have continued to develop my interests, I have also found that I now use a dermatoscope more in day-to-day practice.

There is something fascinating about putting a dermatoscope on a lesion and seeing something that you hadn't seen before.

You see one thing with the naked eye and something different when using the dermatoscope – another world unfolds before you. One patient's attendance for a routine review provided me with a real-life example of what I had been reading in the textbooks. I had performed a dermoscopy on a patient's leg when I noticed a concerning lesion on his face. I asked the patient if he would be happy for me to perform a dermoscopy on this lesion – he agreed.

It didn't look good. It had several concerning features that I picked up on the dermatoscope.

I decided to refer him on via the suspected-cancer pathway for an urgent hospital appointment. The patient was admitted and the lesion removed and sent off for histology.

He hadn't come in for that lesion, but I am still very glad that I had done the dermoscopy on it.

I think that this example captures the art of general practice very well. We deal with whatever problems the patient brings to us, but we also think beyond that –

looking out for other things, connecting the dots, using a bit of common sense, and using the evidence and examination to guide us. Sometimes things that we learn about can become more important than why the patient is in front of us in the first place.

That is general practice.

When Medicine Doesn't Fit into Ten Minutes

People don't come to the surgery with just one problem. Some come with a multitude of worries that have built up over the past few weeks, and the thing they are most concerned about often doesn't come out until they are almost leaving the room. The challenge is in being able to understand what patients are most worried about, what can be managed today and what might need to wait. I find that we often need to negotiate priorities with patients. You have to safety-net, make judgements, make decisions even when you don't have all the information. We also must appreciate that life and medicine cannot always be squeezed into ten minutes.

From Consulting Room to Classroom

While working as a GP in the West Midlands I have also been supporting trainees through their Simulated Consultation Assessment (SCA). A lot of the scenarios I used were inspired by real cases that I saw as a GP. I would see a case and think "this would be a good SCA case for trainees" and so decide to modify the case so it could be used for trainees to practice their consultation skills. I started a collection of these modified cases which later became SCA Pro Prep – an online resource that trainees can use to practice for their SCA. The cases were inspired by real patient consultations, but they were modified to include different aspects of the consultation skills needed for the assessment. I think another important lesson is that developing good consultation, listening, and examination skills are vital components of GP training.

So, Are we "just a GP"?

A year on I still do not feel that I have 'mastered' general practice. Perhaps that is the point.

General practice is just too big, too varied and too uncertain for anyone to ever have complete mastery of the specialty. As soon as you think you understand the bigger picture, new subtleties become clear. This can

come from a variety of sources fellowships, like the dermatology one I did, or other unexpected places. We can learn from our patients, both directly from those we see and indirectly from those we don't. We also learn when we give talks, when we teach trainees, or when we do research. We learn from the patients that come in for a big presentation, but perhaps even more from those that come in for a simple review. So, there are few things that can make a GP feel like a 'master' of the specialty.

Perhaps this is what makes a GP a "Jack of all trades and master of none". Not being a master of anything but instead seeing the bigger picture connecting lots of smaller things together, making sure nothing is missed, and providing the best care possible for the patient in front of us. When I hear the phrase "just a GP" I think of everything that goes on behind the door that other people don't see. What the GP does for their patients, but also for their colleagues and trainees. The unseen investigations, discussions and decisions. The unseen things we notice – the things that seem important to us, but perhaps not those around us.

Conclusion

General practice extends far beyond the management of individual presenting complaints. It involves managing uncertainty, recognising significant findings, coordinating care, and maintaining a holistic understanding of the patient. Much of this work occurs beyond the consultation room through reviewing investigations, following up referrals, making clinical decisions, and supporting colleagues and trainees. The breadth and complexity of general practice mean that complete mastery is difficult; instead, its strength lies in connecting different aspects of medicine and seeing the bigger picture. Ultimately, being a GP is about combining clinical judgement, observation, continuity, and continuous learning to ensure that important details are not missed and that patients receive safe, comprehensive, and patient-centred care.