

**Minutes of the Derby Medical Society, Wednesday 28th December 2026  
Derby Medical School Lecture Theatre**

**"The Macklin Street Book Club The story of a new specialty called  
General Practice, and how the paradox of progress was overcome".**

*Dr Stuart Holloway MB BChir MA (Cantab), MMed, FRCGP, FAcadMed*

**Apologies:** None Received

Professor Judd welcomed everyone to this the fifth meeting of the season. Minutes of the previous two meetings were read by Dr John McIntyre.

Professor Judd introduced the speaker Dr Stuart Holloway, a General Practitioner (GP) at the Macklin Street Surgery in inner city Derby and a past President of the Derby Medical Society. He was thanked for agreeing to give the lecture at short notice.

Dr Holloway explained the background and key dates in development of what is now recognised as the specialty of General Practice. Before the 1911 National Insurance Act, doctors were 'private traders' who would treat patients who could pay. The Bill introduced by Lloyd George in 1911 is regarded as one of the foundations of the modern welfare state and health provision for workers came from compulsory contributions and entitled them to be on a list or panel. Despite initial resistance from doctors it became the mechanism for providing health care, especially to the poor. By 1938 it is estimated that 43% of the adult population was covered by a panel doctor.

The National Health Service was established in 1948 and for the first time this entitled everyone to free health care and eventually GPs signed up to provide a service. However it was not until 1952 that the Royal College of General Practitioners (RCGP) was established. The qualification of MRCGP that recognised suitable training to work as a GP was introduced in 1965, initially as optional, but then in 1968 became compulsory for those who wished to become members of the college. The requirements for training and assessment methods have changed over time. In 1998 a summative assessment of basic competencies was required. In 2007 a new curriculum was introduced that described the requirements for CCT (Certificate of Completion of Training) that was required for entry into the GMC register to allow individuals to practice as an NHS GP.

So what defines a GP? The RCGP definition is: *a GP is a doctor who is a consultant in general practice. GPs have distinct expertise and experience in providing whole person medical care whilst managing the complexity, uncertainty and risk associated with the continuous care they provide. GPs work at the heart of their communities, striving to provide comprehensive and equitable care for everyone, taking into account their health care needs, stage of life and background. GPs work in, connect with and lead multidisciplinary teams that care for people and their families, respecting the context in which they live, aiming to ensure all of their physical and mental health needs are met*

GP's are usually independent practitioners working in partnerships. Dr Holloway noted there has also been significant changes to the MDT over recent decades. A large number of allied health professionals who worked out of a practice but were not employed by them (eg Midwives, Social Workers) no longer do so. More recently however, many new roles have emerged (eg Physician Assistants, Care Co-ordinators).

Funding for GP's has changed significantly. Initially pay was based on a capitation basis. In 2004 the New Contract was introduced. Whilst there was an increase in global sum it is often remembered for changing out of hours service (GP's could opt out) and for focusing on outcomes (Quality and Outcomes Framework (QOF)). It introduced a system of incentives for GPs to improve the quality of care and also introduced 'competition'. This threatened stability of many practices. Dr Holloway outlined how their Macklin Street practice met these challenges. In summary this included: 1-founding a company (Intercare Health Limited); 2-involvement in establishing the new Medical School; 3-creating an Educational Foundation (The Training Hub) that worked to create placements for health practitioners into GP practices.

Dr Holloway expanded on many of the significant changes GP's have also had to work through. Examples he expanded on included the exponential increase in available therapeutic options, the frequent reorganisations, commissioning, postgraduate training, networks, virtual wards, rapid response teams, computerisation, out of hours companies, extended hours, super surgeries. A striking example is the impact of IT eg from the 'Lloyd George hand written records' through to the current push for digitalisation.

The recently published report 'Fit for the Future' outlines a 10year plan with key elements of hospital to community, analogue to digital, sickness to prevention. This potentially radical shift is aimed at tackling the current shortcomings patients experience. Dr Holloway used examples from his own clinical experience to challenge the audience to think about the day to day work and pressures GP's face. He highlighted that despite all the very positive changes there are issues such as increasing workforce burnout and fatigue, loss of patient continuity, fragmentation of healthcare, financial risk amongst many other things. In considering this paradox he quoted from Aneurin Bevan: *'We shall never have all we need. Expectations will always exceed capacity. The service must always be changing, growing and improving-it must always be inadequate.'* James Willis has skilfully written on the topic of progress in 'The Paradox of Progress'. Dr Holloway concluded his talk by suggesting ways and general strategies doctors can reverse the paradox. In particular he highlighted the need to find a third way (compromise/win-win) and to shift our perspective (paradigm shift).

Dr Holloway then introduced Dr Laura Holloway, a Veterinary Surgeon who works locally with small animals. She gave an insightful talk highlighting the relevance of One Health, a WHO initiative that is *'..an integrated, unifying approach that aims to sustainably balance and optimise the health of people, animals and ecosystems.'* She focused on the areas of overlap doctors and vets have and gave examples of how we both face issues of antimicrobial resistance, control of zoonoses, an obesity epidemic, advances in surgical techniques and the use of genetics. She used the challenge we both face of tackling the increasing incidence of dog bites which has become an area of particular interest for her. She also explained the work of the Links Group highlighting the connection between how we care for animals and risks of abusive behaviour.

Dr Stuart Holloway concluded emphasising the importance of primary care as the backbone to NHS care provision. The central component remains the doctor patient relationship. He suggested an addition to the Society motto that encapsulated themes discussed: One Community One Health.

32 guests and members signed the register.