

Generalism in Clinical Practice and Education

Lucas Magalhães Moreira

AUTHOR AFFILIATION:

Family and Community Medicine
Residency, Universidade de São
Paulo, São Paulo, Brazil

CORRESPONDING AUTHOR:

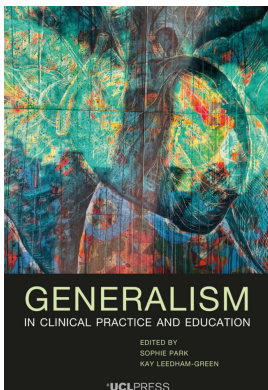
Lucas Magalhães Moreira,
Universidade de São Paulo,
Universidade de São Paulo, Brazil,
lucas.magalhaes3151@gmail.com

HOW TO CITE:

Moreira LM.
Generalism in Clinical Practice and
Education. *Fam Med.* 2026;0(0):1–2.
doi: [10.22454/FamMed.2026.679210](https://doi.org/10.22454/FamMed.2026.679210)

FIRST PUBLISHED:

May 20, 2026
© Society of Teachers of Family
Medicine



Book Title: Generalism in Clinical Practice and Education

Authors: Sophie Park, Kay Leedham-Green

Publication Details: UCL Press, 2024, 433 pps., £40.00 paperback

“Throughout this book it is argued that generalism is central to high-quality, person-centred care” (p. 184). This sentence captures the core message of *Generalism in Clinical Practice and Education*. The volume is edited by Sophie Park, a general practitioner and professor of primary care and clinical education at the University of Oxford, and Kay Leedham-Green, a senior research fellow at the Medical Education Research Unit of Imperial College London. Most contributors are general practitioners.

“Generalists are inclusive and holistic practitioners who are able to work with all types of patients and problems” (p. 6). In this book, generalism is not treated as a title or role, but as a way of being, knowing, judging, and acting. The authors describe a “philosophy of generalism for clinical practice” and use it to revisit the notion of complexity, showing that complex care is not confined to tertiary settings (p. 8). The concept of generalism remains poorly defined but is built around four principles: expansive exploration (understanding contextual elements, embracing complexity); connecting knowledge (sharing information and ideas, integrating different types and sources of knowledge); participatory process (collaboration, attention to justice); and agile, adaptive implementation (resourcefulness, stochastic processes).

The first part of the book (Chapters 1–5) adopts a theoretical approach, focusing on definitions and conceptual frameworks. The second part (Chapters 6 and 7) addresses educational approaches to generalism. Part 3 (Chapters 8–14) explores how generalism can be incorporated at a systemic level, extending beyond health care to areas such as the justice system, environmental action, quality improvement, and community health needs. The fourth and final section applies the conceptual frameworks developed earlier to common clinical issues, including consulting, prescribing and deprescribing, multimorbidity, and the integration of health and well-being into clinical practice and education. All chapters include short vignettes that illustrate the themes discussed, reflecting the editors’ emphasis on generalist knowledge as situational. The book also contains figures and diagrams that work well as summaries or teaching tools.

Chapter 3, “Patient Priorities and Perspectives,” examines what does and does not constitute person-centred care, offering practical guidance on how to enact it in daily practice. The chapter provides a clear critique of the common misconception of reducing person-centredness to communication skills alone: “There is more to being person-centred than communicating better” (p. 53).

Chapter 6, “Education for Clinical Generalism,” argues that “generalist learning is optimally facilitated through holistic clinical workplace-based experiences and patient-based learning” (p. 107). While widely accepted that health systems grounded in generalism perform better, health professions education remains largely fragmented and biomedical. One explanation discussed is the difficulty of assessing the broad, context-dependent knowledge and skills that define generalist practice. Chapter 7, “Generalism and Assessment,” contributes to this debate, beginning with a detailed discussion of assessment principles before focusing on how generalism might be evaluated.

One potential concern is the expectation that all professionals should adopt a degree of generalism: “Generalism is seen as everyone’s job and not just that of the geriatrician and the GP” (p. 187). While some elements of generalist practice, such as person-centredness, may reasonably be shared across disciplines, important differences remain

in how generalists and specialists approach clinical problems. As illustrated by the tale of the wizard and the gatekeeper,¹⁻⁵ blurring these distinctions may carry unintended consequences.

This book is among the best and most comprehensive collections on generalism currently available, engaging consistently with relevant literature. Its strong emphasis on patient participation is also notable. By providing a theoretical basis of generalism and pointing to possible paths for research and education while maintaining an accessible style, the publication is a valuable resource for those who wish to advance the field of general practice, not necessarily limited to medicine.

REFERENCES

1. Mathers N, Hodgkin P. The gatekeeper and the wizard: a fairy tale. *BMJ*. 1989;298(6667):172-174. doi:10.1136/bmj.298.6667.172
2. Mathers N, Usherwood T. The gatekeeper and the wizard revisited. *BMJ*. 1992;304(6832):969-971. doi:10.1136/bmj.304.6832.969
3. Herd B, Herd A, Mathers N. The wizard and the gatekeeper: of castles and contracts. *BMJ*. 1995;310(6986):1042-1044. doi:10.1136/bmj.310.6986.1042
4. Aggarwal P, Patel HP. Gatekeepers, wizards, and a mutual appreciation of each other's kingdoms. *BMJ*. 2021;375(3005). doi:10.1136/bmj.n3005
5. Hodgkin P. The Gatekeeper and the Wizard: the Gatekeeper goes digital. *BMJ*. 2016;355. doi:10.1136/bmj.i6541