Recruitment and Retention in the Deep End

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Overview

1. What are the issues with recruitment and retention across General Practice?
2. What are the particular issues for the Deep End?
3. What can we do about it?

Recruitment/Retention crisis?

Why a quarter of young GPs are so disillusioned they want to quit Britain: They cost the NHS hundreds of millions to train. But as this major Mail series reveals, it's set to be money down the drain

- Britain is suffering from a serious, and unprecedented, shortage of GPs
- It's on a scale that doctors' leaders say is fast becoming a nationwide crisis
- According to figures released last week a staggering 10.2 per cent of full-time GP positions across the UK are currently vacant
- More and more young GPs are choosing to emigrate and practice abroad

By GUY ADAMS FOR THE DAILY MAIL

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In a major investigative series, the Mail is revealing why GPs' surgeries are at crisis point. On Saturday, we told why so many doctors are opting for early retirement — despite earning six-figure salaries. Today, we report on an even more disturbing trend — the newly trained young GPs who are fleeing abroad in droves.

"…many GPs feel overwhelmed by demand and undervalued by the system, unable to give the comprehensive care they want to, and trapped on a daily hamster wheel of 10 minute appointments that lead inexorably to burnout, early retirement and unfilled vacancies."

https://www.gov.uk/government/speeches/new-deal-for-general-practice

General issues

Why work as a GP in Australia?

Compared to the NHS or HSE, there's less ***hassle***, less ***bureaucracy***, more ***medicine*** and more ***money***. GPs have a lot of freedom to practice as they wish in Australia. *"There is far less pressure to see patient numbers beyond that which one can safely manage"*. Says one GP working in Perth. Typical earnings start

Cf. UK general practice…

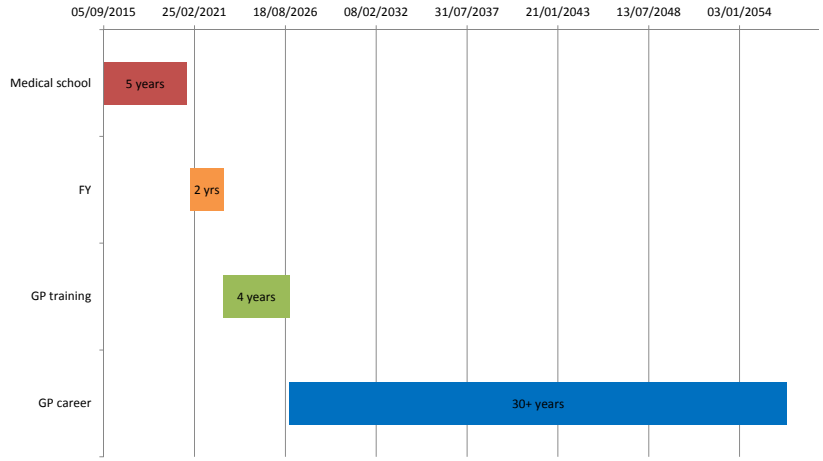
- More bureaucracy
- Rising workload
- Reduced funding
- Low morale / stress
- Infrastructure issues
- Pension reform

Deep End issues

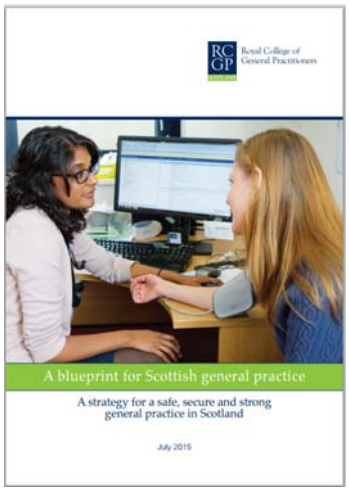
http://www.gla.ac.uk/media/media_417752_en.pdf

1. Disease burden/prevalence
2. Multimorbidity
3. Social problems
4. Asylum seekers
5. Elderly
6. List size/GP ratio
7. Expanding role of primary care
8. Bureaucracy
9. Small practice
10. Income

GP career pipeline



Response so far



Recruit

1. **Promoting general practice**
   - Marketing campaign – letter to all new doctors
2. **Improving the breadth of training**
   - Additional year of post-CCT training in under-resourced areas
3. **Training hubs**
   - Inter-professional training
4. **Targeted support**
   - Time-limited incentive scheme

Retain

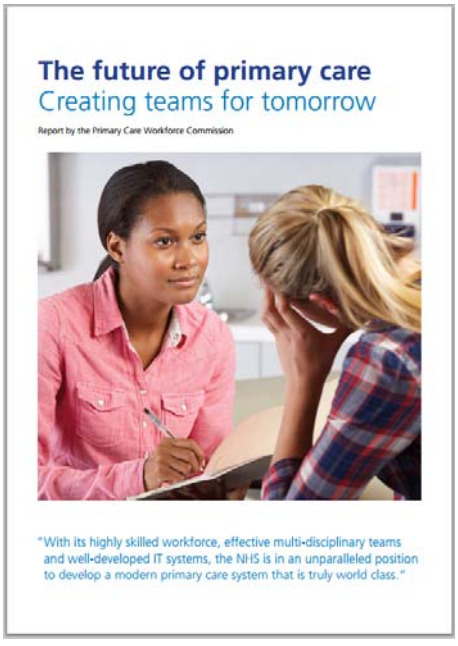
5. **Investment in retainer schemes**
6. **Improving the training capacity in general practice**
   - More trainees less than FT/requiring extensions
7. **Incentives to remain in practice**
8. **New ways of working**

Return

9. Easy return to practice

- GP Returner Scheme

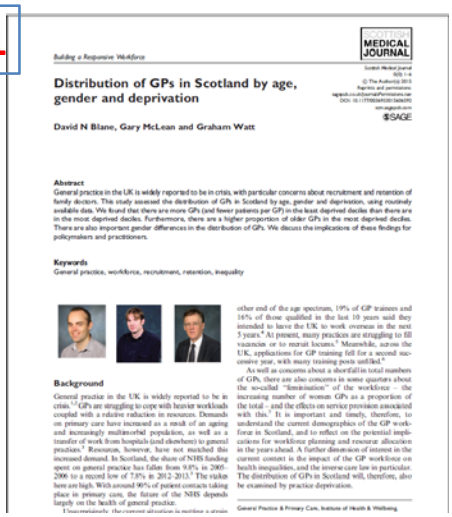
10. **Targeted investment in returners**



- GP practice hubs
- Stronger population focus
- Expanded workforce
- New roles (e.g. physician associate)
- More admin support
- More time with pts
- New models of care
- Better use of IT
- Improved premises

Data sources

1



Building a Responsive Workforce

SCOTTISH MEDICAL JOURNAL

Distribution of GPs in Scotland by age, gender and deprivation

David N Blane, Gary McLean and Graham Watt

Abstract

General practice in the UK is widely reported to be in crisis, with particular concerns about recruitment and retention of family doctors. This study assessed the distribution of GPs in Scotland by age, gender and deprivation, using routinely available data. We found that there are more GPs (and fewer patients per GP) in the least deprived deciles than there are in the most deprived deciles. Furthermore, there are a higher proportion of older GPs in the most deprived deciles. There are also important gender differences in the distribution of GPs. We discuss the implications of these findings for policymakers and practitioners.

Keywords

General practice, workforce, recruitment, retention, inequality

Background

2

- **3 audio-recorded discussions**:
  - 35 GPST1 and 2s
  - 13 First5 GPs
  - 12 GPST3s
- 17 male; 43 female
- Average age = 30

GP demographics

1

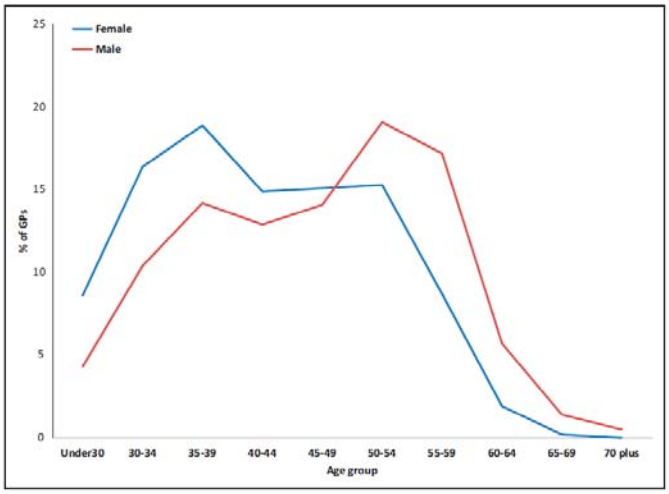
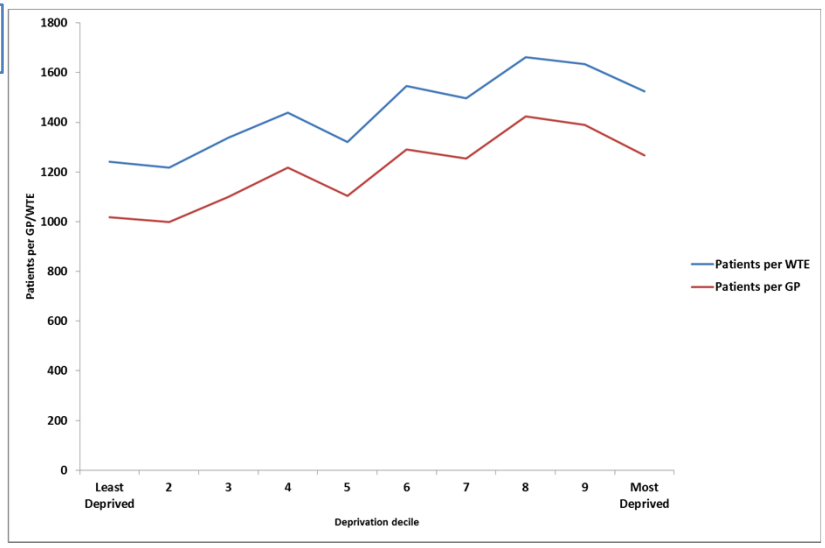


Figure 1. Distribution of GPs by Age group and Gender.

GP distribution

1



GP distribution

1

- 54% of Scotland's 4922 GPs serve the more affluent 50% of the Scottish population
- 46% serve the less affluent 50%
  - An extra 358 GPs (16% more)
- The most deprived decile has the oldest GPs, with 37% aged 50 and over, including 6% over 60.
  - Cf. 31% and 3% for most affluent decile

GP distribution

1

"…the most challenging question of how you recruit and retain GPs in under-doctored areas will remain an intractable one as long as the underlying problem of under-investment in primary care in these areas persists."

GP trainees' views

2

- Most are planning to locum after their training to gain a range of experience of different practices
- Full-time (9 sessions) considered unsustainable – many are keen to explore portfolio careers
- Not put off by Deep End practice
- Not given much thought to leadership roles

First5 GPs' views

2

- *"it's almost not so much 'is it a Deep End practice or is it not a Deep End practice?' **it's about the actual practice** – it's 'do they have enough doctors? What is their appointment system like? Do they have enough nurse support, good nurses who do a lot of chronic health stuff? You know, are you going to be just shoved in at the deep end and it's sink or swim. And I think **that has a lot more to do with it**."*

Invest in relationships

2

- *"if you **feel well supported**, if you **like the people you're working with**, then I think that's a much more important thing than 'is it deprived, is it not?'"*

Reasons to be hopeful…

2

- *"there's **so many reasons** why you'd like to take on a Deep End practice and apart from anything you just genuinely feel you're **going to make a difference**."*

- *"I prefer [deprived practice], I feel like I get **more satisfaction** from working there. I feel like I get **more medicine**."*

Learning from others?

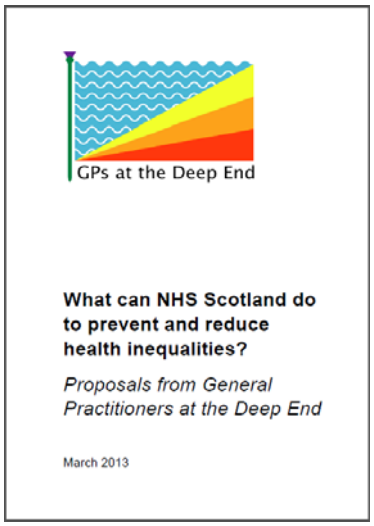
North Dublin City GP Training
HEALTH CARE FOR ALL

Training for Primary Care in Areas of Deprivation and with Marginalised Groups

Tailored curriculum

- **Social Medicine Module**
- **Self Care Module**
- **Change Management Module**
- **Research Module**
- **Arts Programme**

Recruitment in the Deep End



1. More training practices in deprived areas
2. Additional support for Deep End training practices
3. Implement practice rotations for all GP trainees
4. **Expand NES Health Inequality Fellowship Scheme**
   - **12 Fellows, 50:50, 2 years**
   - **Release time of experienced GPs**

Retention in the Deep End

- "Twenty Plus" scheme
  - Reduce clinical commitments
  - Retain wealth of experience/practice knowledge
- *"The first question I'd ask is 'how long have the senior partners been at the practice?'"*

Summary

- Multiple drivers of current crisis
- Particular issues in the Deep End
- Need responses to Recruit, Retain and Return
- Linked with new ways of working
  - Including more part-time, portfolio careers
- The next generation are up for the challenge…
- … though need more support, e.g. with leadership roles (Deep End Fellowship scheme)

Questions?

- How do we make GP the medical career of choice?
- If considering early retirement, what would it take to make you stay on in practice?
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