

Deep End Report 28

GP recruitment and retention in deprived areas

This report will be of interest to anyone concerned about the current crisis in recruitment and retention of general practitioners. Focussing on the particular challenges for deprived areas, the report presents findings from three focus groups held with 60 GP trainees and early career (First5) GPs about their views on the attractiveness (or not) of working in Deep End General Practice.

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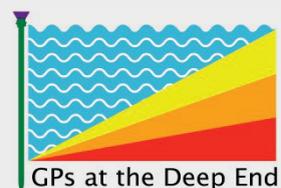
SUMMARY

Three focus groups were held with 60 GP trainees and early career (First5) GPs to get their views on issues related to recruitment and retention of General Practitioners in severely deprived areas. These took place in October and November 2015.

Key points

- Recruitment and retention of general practitioners are becoming crisis issues, as a result of pressures on and within practices, the perceived unattractiveness of GP careers, the age and gender profile of general practitioners and increasing numbers taking early retirement.
- GP trainee exposure to practice in very deprived areas is highly variable, depending on the location of their training practice. At present, there are proportionately more training practices in more affluent areas compared with practices in more deprived areas.
- Very few trainees are considering partnership straight after their training, with most planning to locum to gain experience in different practices. The additional workload, stress and responsibility of partnership are off-putting.
- General practice in very deprived areas is not in itself off-putting for younger GPs. More important issues in determining whether a practice is attractive or not are whether it is well organised, with strong nurse support and a good working atmosphere. Relationships are key.
- Trainees identified particular features of general practice in deprived areas that might generate stress and lead to burnout, but offered a number of strategies that could reduce the likelihood of burnout.
- The next generation of GPs is “up for the challenge” of general practice in the Deep End, but needs to be adequately resourced and supported in the leadership roles they will be taking on.

“General Practitioners at the Deep End” work in 100 general practices, serving the most socio-economically deprived populations in Scotland. The activities of the group are supported by the Scottish Government Health Department, the Royal College of General Practitioners, and General Practice and Primary Care at the University of Glasgow.



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BACKGROUND

- Recruitment and retention of general practitioners are becoming crisis issues, as a result of pressures on and within practices, the perceived unattractiveness of GP careers, the age and gender profile of general practitioners and increasing numbers taking early retirement (1).
- A poll by the BMA in March 2016 found that 1 in 4 practices in Scotland have at least one GP post vacant, an increase from 17% in a similar poll the year before (2).
- Governments across the UK have begun to address the problems with measures to improve recruitment, retention and returning to general practice (3, 4).
- However, little attention has been paid to how the recruitment and retention crisis will affect deprived areas most acutely. Previous research has shown how the inverse care law manifests in general practice as a greater prevalence of complex multimorbid patients and higher practitioner stress (5, 6).
- More recent analysis of GP demographics in Scotland highlights some of the particular challenges for the GP workforce in the most deprived areas (1).
- In terms of existing pressures on GP numbers, the study found that 54% of GPs serve the more affluent 50% of the population, which is 16% (n=358) more than the 46% of GPs serving the more deprived 50% (1).
- In terms of the proportion of GPs approaching retirement, the most deprived decile of practices has the oldest GPs, with 37% aged 50 and over, including 6% over 60 (1).
- To assess the challenge of GP recruitment to deprived areas, and in preparation for the 3rd National Meeting of the GPs at the Deep End group in November 2015, we arranged three focus group sessions with GP registrars and young doctors at different stages of training, to gauge their views on the attractiveness or otherwise of working in a Deep End practice. There were 60

participants in total (F=43, M=17). Further details of the focus groups are presented in the Appendix.

GENERAL DISCUSSION

Preparation for working in deprived areas

- GP trainee experience of practice in very deprived areas is highly variable, depending on the location of their training practice (Previous research found a higher proportion of training practices in more affluent areas in Scotland (7)).
- In some areas (e.g. Forth Valley) training is already split between two different practices.
- Some training practices are split site, with one often in a more deprived area than the other.

Plans after finishing training

- A full-time (9 session) commitment is considered unsustainable. Many are looking for portfolio careers.
- Most GP trainees are planning to do locums after their training to gain a range of experience in different types of practice.
- Very few trainees are considering partnership straight after their training. The additional workload, stress and responsibility are off-putting.
- Salaried positions are attractive to many as they provide consistency and continuity, as well as better maternity benefits.

Attractiveness of general practice in deprived areas

- General practice in very deprived areas is not in itself off-putting for younger GPs. More important issues in determining whether a practice is attractive or not are whether it is well organised, with strong nurse support and a good working atmosphere. Relationships are key.
- Some GP trainees felt that maintaining a good work-life balance may be more challenging in a deprived area.
- Concern was expressed by some trainees that working in a deprived area would involve working harder for the same, or even less, pay.
- More positively, many trainees felt that working in deprived areas would be attractive as they would be helping those in most need, the most vulnerable and complex patients, and therefore making a bigger impact. One young GP described it as “continually stimulating and interesting”.
- One GP trainee said that he was prepared to “go the extra mile” for patients in deprived areas, providing other professionals and organisations were doing the same. He did not see this as a task for GPs on their own.

- Several trainees stressed the importance of advocacy when working in areas of deprivation. They felt that GPs are well placed to do this, but need multi-agency support/input.

Preventing burnout

- Trainees identified particular features of general practice in deprived areas that might generate stress and lead to burnout. These included: a high proportion of patients struggling with bereavement, witnessed violence, and children in difficult situations.
- Some of the early career GPs wondered if deprived practices tended to attract compassionate people who may be more liable to burnout.
- A number of suggestions were made for strategies that might reduce burnout:
 - Be aware of the limits of what you can do – make use of other services.
 - Consider activities that could be done by someone else – repeat prescribing, special requests, admin, triaging – to create more time for GPs to spend with patients.
 - Meetings to exchange best practice and share learning between different practices.
 - Job sharing should be more acceptable.
- Finally, there was a widespread feeling that more resources are required for general practice in deprived areas to be able to offer patients what they need and to support quality improvement.

Hopes for the future of general practice

- Few GP registrars had given much thought to the potential leadership role of GPs. Most are concentrating on issues of clinical competence and assessment.
- Most GP trainees are finding their feet clinically, socially and professionally and are not really thinking about strategic issues or leadership at this stage.
- However, the next generation of GPs does appear to be “up for the challenge” of general practice in the Deep End, but need more support, especially in relation to the development of leadership roles.

CONCLUSIONS

- The challenge of recruitment and retention in general practice is not unique to the Deep End and requires co-ordinated action at different levels (i.e. general practices, health boards, medical schools, governments) and stages (i.e. undergraduate and postgraduate training and continuing professional support)
- There are particular challenges related to recruitment and retention in deprived areas, including GP demographics and workload issues in the context of the inverse care law (6).
- These focus group discussions with early career GPs at different stages in their training have shown that the next generation are prepared for these challenges, but need to be adequately resourced and supported in the leadership roles they will be taking on.

- Potential measures to support practices in deprived areas with recruitment include:
 - More training practices in deprived areas (to address the current imbalance highlighted in Ref 7.);
 - Additional support for Deep End training practices;
 - Practice rotations as an option (not mandatory) for all GP trainees;
 - Expanding the NES Health Inequality Fellowship Scheme.
- Although the discussions focused more on recruitment than retention, it was clear that retention of GPs in very deprived areas is likely to depend on the availability of sustainable, well supported portfolio careers with a reasonable work-life balance. Enhanced support for the particular CPD needs of Deep End GPs, as outlined in Deep End Report 24 (available at http://www.gla.ac.uk/media/media_344421_en.pdf), would also be beneficial (8).

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APPENDIX DETAILS OF FOCUS GROUPS

1. GPST1/2 training day on health inequalities

Beardmore Hotel and Conference Centre (20 October 2015)

N=35 (F=23, M=12; average age=29)

2. Invited group of 'early career' Deep End GPs

General Practice and Primary Care, 7.00 to 9.00pm (27 October 2015)

| Name | Role | Location |
|-------------------------|--|------------------------------|
| Nayanika (Noy) Basu | Locum GP | Currently on maternity leave |
| Leila Bawa | Locum GP | Freedom from Torture |
| Helen Campbell | Locum GP | Possil and Springburn |
| Sarah Capewell | Retainer | Govan |
| Ula Chetty | Academic Fellow | Paisley |
| Louisa Harding-Edgar | GPST | Springburn |
| Amanda Innes | Medical Education Fellow | Forth Valley |
| Jennifer McEwan | Salaried/Portfolio GP | Govan |
| Lindsey McKenna Maxwell | Locum GP | Croftfoot and portfolio |
| Deborah Morrison | Salaried GP | Glenmill |
| Joy Rafferty | Retainer | Possilpark |
| Matt Rohe | Locum GP/Former Health inequalities Fellow | Airdrie |
| Lynsey Yeoman | Health inequalities Fellow | Homeless Health Centre |

N=13 (F=12, M=1; average age=33)

Also attending

| Name | Role |
|-----------------|--|
| Breannon Babbel | PhD student, University of Glasgow |
| David Blane | Academic GP, University of Glasgow and Maryhill |
| Graham Watt | Professor of General Practice, University of Glasgow |

3. GPST3 half day release

Baillieston Health Centre, 2.00 to 5.00pm (17 November 2015)

N=12 (F=8, M=4; average age=30)