ReGROUP

GP workforce project

The changing general practitioner workforce: the development of policies and strategies aimed at retaining the experienced GP workforce in direct patient care

SUMMARY OF FINDINGS







Summary

The UK faces a serious shortage of GPs. The general population is ageing, and has more and more complex health needs. GP shortages are likely to put patients at risk and the NHS urgently needs to understand why GPs leave patient care. Plans to maintain the GP workforce are underway, but lack strong research evidence. As training a new GP from undergraduate level takes at least 10 years, recruiting more GPs is not enough; retaining existing GPs is essential.

The ReGROUP project was commissioned by the National Institute for Health Research (Health Services & Delivery Research programme, project 14/196/02) to explore why GPs leave general practice, and to develop policies and strategies to maintain the workforce. It was led by the University of Exeter Medical School in collaboration with the University of Bristol and the University of Exeter Business School.

Stakeholder consultation

Six work streams culminated in the presentation of draft policies and strategies to regional and national primary healthcare organisations with an interest in GP workforce planning. Through round-table discussion, stakeholders explored the practicalities of implementing change, focusing on barriers and facilitators, feasibility and acceptability, and key actions which might be undertaken by policy makers.

Emergent policies and strategies were grouped into 3 broad categories for discussion:

- · Protecting GPs and managing patients' expectations
- Incentives and support mechanisms for GPs
- Portfolio and wider working arrangements

Stakeholders' suggested policy actions

Protecting GPs & managing patients' expectations

set a maximum number of consultations manage patients' expectations

make consultations longer

NHS England

- co-ordinate a national media strategy to support local GP delivery, targeting high-user patient groups and accounting for feedback from Patient Participant Groups
- use a national brand to enable signposting and delivery of information to targeted patients groups (where/how to access services)

NHS England, CQC, RCGP, CCGs

- manage practice staffing and service delivery in light of workload
- consider a limit set at practice-level (based on list size) rather than at GP-level
- use NICE guidelines as a mechanism for setting safe staffing quotients as with nursing
- consult with GPs to explore level of support for this policy
- consider a state-run health insurance system where patients seek reimbursement for their consultations

Practice teams

- audit practice workload regarding nature/source/patients' needs
- make appointment systems flexible, categorise appointments based on complexity
- improve in-practice communication on consultation planning

Health Education England

 amend CSA to reflect GPs consulting in a longer consultation time

Academic partners

 UK study on effectiveness of longer consultations/choice of consultation length

NICE

 use of NICE guidelines to implement change

Stakeholders' suggested policy actions

Incentives & support mechanisms for GPs

external Human Resources systems

identify & target support to practices 'at-risk' of workforce under-supply

support for:

- GPs in first 5 years
- GPs nearing retirement

supporting uptake of GP health & wellbeing interventions

NHS England

 ensure clarity & transparency of what 'at risk' means, how defined and how periodically reviewed (task CCGs to create locally defined solutions)

Practice groups / federations

- enable mutual support and proactiively identify struggling practices through local knowledge, intelligence and routine data
- utilise skills & knowledge of stronger practices within the group and provide links for training and organisational development of whole practice teams

Organisations introducing initiatives

- reduce bureaucracy and increase GPs' and practices' awareness of existing support schemes
- clarify confidentiality arrangements between a GP and the health & wellbeing scheme to ensure transparency and rules of engagement

Practice teams

 create protected time during the day for 'headspace' and support, e.g. routine morning coffee gathering

Externally-managed HR processes require a centralised, consistent and sustainable model

 Training and support should be made available to practice teams wishing to manage HR processes internally

CEPNs / Health Education England

 co-ordinate/link with RCGP First5 activities and responsibilities

RCGP

 embed professional support routines in first 5 years, ensuring pastoral/peer-to-peer care is embedded in training

NHS Regional Offices

- manage the scope of a GP's practice in a positive way, through the Performer's List
- take a fresh approach to appraisal/revalidation to reduce burden and make appropriate to GPs' current role/stage
- supplement appraisal/ revalidation with a GP career advisor interview
- streamline appraisal arrangements for late-career GPs with uncomplicated past record of professional practice to give an informed career review of role options

National professional groups (RCGP, RCN)

 health and wellbeing schemes should support other clinicians within the multidisciplinary team

Stakeholders' suggested policy actions

Portfolio roles & wider working arrangements

portfolio careers

arrangements for GPs working across practices

contractual

widening the skill base across multi disciplinary teams and role substitution

GMC, RCGP

 collect and provide data on current scope and opportunities of portfolio working and GPs' activities

CCGs, federations, STPs

 establish a co-ordinating role for the management of portfolio working

RCGP.

Health Education England

 revisit current training with a view to increasing flexibility in training and supporting development of portfolio

GMC

 recognise and manage portfolio roles within the appraisal/revalisation process

Practice groups, federations, super practices, locum banks

- collaborate and contribute to formalising contractual arrangements for cross-practice working
- develop/use apps designed for directing GPs to where they are most needed

BMA, NHS England

 clarify legal/liability issues and optimal arrangements for one practice to employ and manage GPs working across a number of practices

BMA, RCGP, GMC, NHS Digital

agree definition of full time equivalent for a GP

RCGP, Health Education England

define a career path for GPs working across practices

Practice teams

 structure time for multi-disciplinary working and related discussions during the working day

Practice groups / federations

share resources and experiences (e.g. specialist GP supporting multi-disciplinary working across practices)

RCGP, Health Education England

 define required competences, skills and experiences for a 'consultant GP', and ensure GP training includes observation of other health professionals working in practice

Department of Health, NHS England

 re-introduce financial incentive for practices to employ a range of health professionals, passing funds directly to practices (rather than to CCGs) to anchor such individuals to a practice

NHS England, RCGP, GMC

 identify regulatory body for wider health professionals that will manage indemnity arrangements on behalf of practices

RCGP

define formal training and career progression for practice managers

Conclusions

This research has identified some of the basis for the substantial concern about GP workforce capacity in the UK and documented the extent of the problems in South West England. The problems are urgent and compelling.

A model developed in this research may have utility in identifying practices that are at risk of GP workforce supply-demand imbalance and may be of value to healthcare planners.

Emerging from the research findings, we have identified policies and strategies which may be of relevance in addressing concerns regarding GP recruitment and retention.

These emergent policies and strategies have been considered by expert stakeholders, who identified some ways in which relevant action might follow.

This document aims to disseminate our findings widely to those organisations who are in a position to give them urgent consideration and initiate relevant action.

The material presented here derived from consultations between the research team and representatives from a variety of stakeholder groups and organisations meeting at events held in June 2017.





Primary Care Research Group, University of Exeter Medical School



www.medicine.exeter.ac.uk/research/healthresearch/regroup/

Funding for this study was provided by the HSDR programme of the National Institute for Health Research. The views expressed in this presentation are those of the authors and not necessarily those of the HSDR programme or the Department of Health.