

Debate & Analysis

What is the root cause of the GP workforce crisis?

Much has been written about the current crisis in UK general practice.¹ GPs in the UK report finding their job more stressful than GPs in other countries² and the reasons for the pressures in UK primary care have been well rehearsed in the literature and media, including management of patients with increasingly complex needs and expectations, increasing numbers of face-to-face consultations, work that is more intense, and longer working days.³

Compounding these pressures, GP practices are finding it difficult to recruit and retain GPs, resulting in a concurrent workforce crisis.¹ This is all contributing to the destabilisation of the traditional structure of primary care based on the partnership model.^{1,4,5}

The King's Fund report on the state of English general practice¹ found that GPs in training intended to work as locums (44%) or salaried doctors (48%) after qualification, with only 3% intending to work as partners. Another study reporting similar results⁴ found that less than a third of GP trainees hoped to work full time a year after qualification. Only 33% of GP trainees reported that they would become a doctor if they had the chance to go back and 34% stated they would consider specialties other than general practice. Fewer than half reported that they would recommend general practice to junior doctors. Reasons included workload, job-related stress, government policies, long hours, bureaucracy and administrative burden, high patient demand, and threat of litigation.

HOW DO OUR YOUNG GPs WORK?

As part of the evaluation of the GP Training Programme in Dorset, we perform an annual voluntary 'exit' survey asking GPs who have trained in Dorset about their future career aspirations. Over the past 2 years, the majority of our ST3 GP trainees have secured employment before qualification (27/30, 90%). Despite a host of unfilled partnership positions being advertised across the region, most secured positions as locums (40%) or salaried doctors (37%). The majority anticipated working in salaried positions in 2 years (60%), although a significant minority were considering locum (40%). Most GPs anticipated working locally, suggesting that geography of training has an impact on future career planning.

Box 1. The top five priorities influencing career choices from a structured information-gathering exercise using the Nominal Group Technique

GPs in training	GPs within the first 5 years of qualification
1. Appropriate remuneration	1. Supportive team
2. Supportive team	2. Flexible working hours and patterns
3. Flexible working hours and patterns	3. Appropriate remuneration
4. Happy working environment	4. Manageable workload
5. Manageable workload	5. Fair contract including maternity cover

First5 GPs who had qualified from the Dorset vocational training scheme between 2011 and 2015 were also sent an online survey in June 2016, with non-responders sent a further identical questionnaire in October 2016; 38 responded (23%). The majority were working as salaried doctors (47%) or locums (40%). In terms of where they saw their careers going, 53% anticipated working in salaried roles in five years and 42% would consider partnerships; 29% anticipated that they may still be working as locums. Portfolio working was very common: 42% currently had more than one role, including private online GP work, GP with special interest posts, fellowships, and educational roles; 50% anticipated having more than one role in 5 years.

Semi-structured information-gathering exercises, using the Nominal Group Technique, were conducted with a group of 30 GP trainees and separately with a group of 30 newly qualified GPs in 2017. Participants were asked to suggest, and then rank, their top five priorities for their 'ideal GP job'. The top five priorities influencing career choices of GPs in training and First5 GPs are summarised in Box 1.

Our results reflect the national trend towards a preference for salaried career options or short-term locum work.

An assumption has been made that it is the crisis in UK general practice that is pushing young GPs towards these roles and, if we could reduce demands, young GPs would invest in and commit to permanent partnership roles. But is that true?

NOT JUST A GENERAL PRACTICE PROBLEM

Studies looking at recruitment and retention to other medical specialties have also shown a change in working patterns of young doctors. Two German studies^{6,7} suggest that young doctors have less interest in and respect for traditional hierarchies, and embrace technology as part of their daily lives. The main reasons they choose a medical specialty are work-life balance, working atmosphere, structure and breadth of education, family friendliness, and respect. The authors suggest that doctors from different generations have qualitatively different attitudes to work-life balance, with the newer generation of doctors wanting to 'live while working'.

This is not just a trend seen in medicine. A recent government report⁸ highlighted that almost a third of teachers leave within 5 years of completing teacher training. There is a national problem with recruitment to teacher training positions, an overreliance on supply teachers (locums) within schools, and a workload that is perceived to be too intense, with increasing expectations from parents. There is, therefore, a recruitment and retention crisis in the teaching profession that closely parallels that in general practice.

Adults under the age of 45 years have been referred to as Generation Y (or 'Millennials'). Research from the academic and business communities suggests that people from different generations have different values, traits, and career aspirations.⁹ In terms of career characteristics, Generation Y are

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‘career hoppers’: they are likely to switch jobs frequently and have more jobs over their lifetime than previous generations.¹⁰ They move for increased pay and innovative working environments. They want versatility and flexibility in the workplace, and strive for a strong work–life balance.¹¹ They are more detached from institutions and networked with friends; they use social media and embrace technology.¹² Generation Y often want to have parallel or ‘portfolio’ careers.

CATERING FOR GENERATION Y

Although we fully acknowledge the pressures on general practice in the UK, there seems to have been a cultural change in the work aspirations of young GPs. There is disappointment within primary care that the traditional partnership model is being eroded, but maybe that model is simply not suited to Generation Y? Career profiling of different generations is used in the business world for the purpose of workforce planning, but there are few examples of it being used in medical workforce planning.

We suggest that GPs show similar traits to their Generation Y peers and the workforce challenges within general practice are not unique to our profession. If we want to improve recruitment and retention in general practice, we need to understand how an increasingly salaried and locum workforce can be accommodated. We need to account for generational traits, do more to create flexible career paths to enable ‘career hopping’ between different roles, and carefully evaluate the effectiveness of existing initiatives to support greater GP career diversity/flexibility. Urgent research is also needed to establish if the variety

offered by portfolio careers is protective or if managing a ‘work–work–life balance’ ultimately becomes too demanding. If we can address these issues and give young GPs the careers that they want, we may be more likely to retain young GPs within the workforce and ensure that their skills and experience are not lost to the NHS.

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