Helping Us Grow generations of GPs (HUGG): A pilot study evaluating Longitudinal

Support Networks (LSNs) on recruitment, retention and resilience of GPs in Derbyshire. Authors

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Short report

Context

Estimates suggest that if current trends persist, then by 2024 the NHS would be 7,000 GPs short (1). To meet the future GP workforce capacity needs, 50% of medical students are required to choose a career in GP, so it is essential primary care engages medical students early in their medical journey. The Wass report (2) highlighted the importance of positive role modelling to enthuse medical students and evidence suggests structured GP careers tutorials (3) and student perceptions of their GP tutor's job satisfaction also positively influences those career choices (4).

Previous work by the RCP (5) has shown that the breakdown of the medical team was a central factor contributing to low morale and disengagement. It is therefore conceivable that developing a sense of collegiality and togetherness across a transgenerational grouping of GPs may boost morale and engagement, leading to greater resilience within the GP workforce. Furthermore, incorporating medical students into such groupings could positively impact on prospective career choices in GP by exposing them early to positive role models.

Project aim

Longitudinal support networks (LSNs) were developed and piloted in Derbyshire to promote cross-generational collegiality and provide opportunities for networking and support across the working life of a GP. Linking different GP career stages together aimed to overcome hierarchical boundaries enabling cross-generational conversation between GPs from medical school to retirement.

Description

39 participants interested in GP from medical school, through foundation, GP training and all stages of the GP career were joined together in small teams or longitudinal support networks (LSNs). During the 6 month pilot study, LSNs met face to face once and then virtually to create an informal discussion network. Data was collected prior to, during and at the end of the pilot period using a mixed methods approach of questionnaires with Likert scales and focus groups.

The survey questions were organised into groups for the purpose of paired analyses and focused on questions relating to social connection, support, career intentions and preferred methods of communication

Results

42 participants were recruited. Five were excluded due to lack of availability to engage over the course of the study. The characteristics of the 37 self-selected participants included in the study, stratified by career stage are shown in table 1. Each LSN included 7-8 participants and had a spread of participants across the spectrum of a GP career (Table 2).

Table 1. Characteristics of HUGG participants

	Male	Female	Total	
Career stage	N (%)	N (%)	N (%)	
Medical student				
Wedical Student	2 (5.4)	8 (21.6)	10 (27)	
Foundation	1 (2.7)	1 (2.7)	2 (5.4)	
GPST	1 (2.7)	4 (10.8)	5 (13.5)	
First 5	2 (5.4)	6 (16.2)	8 (21.6)	
Midcareer	1 (2.7)	3 (8.1)	4 (10.8)	
Wise 5	1 (2.7)	2 (5.4)	3 (8.1)	
Retired	3 (8.1)	2 (5.4)	5 (13.5)	

Table 2. Configuration of the HUGG Longitudinal Support Networks (LSNs)

	LSN1	LSN2	LSN3	LSN4	LSN5
Medical	2	2	2	2	2
student					
Foundation	0	1	0	1	0
GPST	1	1	1	1	1 (lead)
First 5	1	2	2 (lead)	2	1
Midcareer	1	1 (lead)	1	0	1
Wise 5	1 (lead)	0	0	1	1
Retired	1	1	1	1 (lead)	1

Paired analysis was completed for 23 (62.2%) participants which showed a strong sense of professional social connection and good opportunities to network (mean (SD) scores: Pre 4.7

(0.6) and post 4.1 (0.9)). Participants also felt the LSNs provided opportunity to meet colleagues they would not ordinarily meet (mean (SD) scores pre: 4.7 (0.6) and post: 4.7 (0.9)) and felt a strong sense of 'being inspired' by their peers (mean (SD) scores: Pre: 4.6 (0.6) and Post: 4.1 (1.0)).

A single semi-structured focus group held at the end of the study and free-text qualitative answers to post-survey questions relating to questions on support, social and networking opportunities and career intentions identified 179 descriptive codes. Multiple themes were determined and collapsed into 4 domains, demonstrating that LSNs supported the workforce through increased knowledge, communication, networking, resilience and well-being (figure 1).

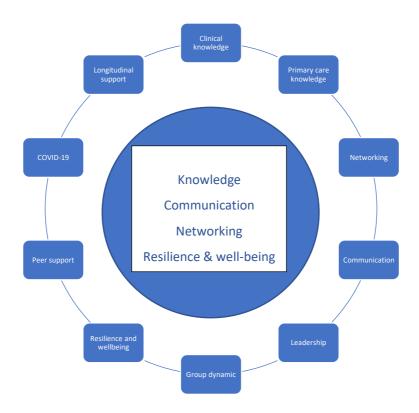


Figure 1: Codes and themes from thematic analysis of qualitative and data

Knowledge exchange

An increase in clinical and non-clinical knowledge was noted by all participant groups. With rapid changes in primary care surrounding COVID-19 pandemic, LSN's helped disseminate clinical COVID-19 information across the spectrum of primary care from medical students to retired GPs returning to practice and helped to promote GP as a positive career choice.

Networking

Participants recognised the positive impact networking offered by increasing their exposure to other career stages of general practice in the form of longitudinal support, with the group dynamic, covering the spectrum of primary care from medical students to retirement highly important.

Communication

Communication within networks was seen to be essential with face-to-face meetings, at least for the first meeting, felt to be very important. Social media and video calling platforms were rapidly utilised during COVID-19 and were favoured by participants.

A facilitation (lead) role, from any career stage, was important to all participants aiding communication and helping the networks flourish.

Resilience and well-being

The unprecedented changes in primary care as a result of the COVD-19 pandemic enabled the LSNs to provide a mechanism for peer support and helped increase well-being. Participants from all backgrounds agreed that the LSN gave a forum for them to discuss their experiences during the pandemic and had a positive impact on their mental well-being and resilience.

Conclusion

The HUGG pilot, using LSNs to facilitate cross-generational collegiality, is a method that promotes knowledge transfer, social and networking opportunities, communication, resilience and well-being across the whole spectrum of the GP career, from medical students to retired GPs. Larger studies are required to further determine HUGGs effect on retention and recruitment within primary care.

References

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