GP retention & early retirement

The shortage of general practitioners in the NHS is widely acknowledged, but this has not resulted in the targeted scale of change. This led the Chair of the Royal College of GPs, Professor Martin Marshall in February 2020 to state that "GP numbers are continuing to move in the wrong direction".

The theory in ecology of *alternative stable states* predicts the catastrophic change in an ecosystem that is challenging to reverse. A state shift results from crossing an ecological threshold from either the cumulative effects of a steady change in environmental conditions or a large perturbation. It has been used to theorise the switch in coral communities of the Caribbean to ones dominated by fleshy algae, and the transition of the Sahara from a vegetated to desert state.

The Policy Research Unit in Behavioural Science is part of a National Institute for Health Research programme to deliver research in support of the Secretary of State for Health and Social Care, Ministers, and Senior Officials in the Department of Health and Social Care and its Arm's Length Bodies. In February 2020, we summarised the evidence about what motivates early GP retirement and reduces occupational participation. We considered the strategies that may reduce early retirement and support increased GP recruitment in rural areas. We were also interested in the evidence of effectiveness for behavioural insights (BI), aka nudge-style interventions.

The findings were definitive. GP work is increasingly stressful, and the financial conditions allow many to retire early. There are no evidenced-based strategies that reduce early retirement. Golden handshakes alone won't fix rural recruitment. And BI interventions are highly unlikely to play any effective role.

The determinants of stress are numerous: excessive workload, fear of litigation, administrative and emotional burden of medical revalidation, job dissatisfaction, poor work-life balance, and pessimism about the future of the profession. Qualitative research also revealed that: the emotional toll of managing patients' psychosocial needs and abusive or confrontational patients; a practice culture characterised by collegial conflict, bullying, and working in isolation without support; and work role and demands, specifically a fear of making mistakes, managing patient complaints, appraisal and revalidation, CQC inspections, and financial pressures faced by partners, all contributed to feelings of stress and distress among GPs. Despite this amassing

of negative GP environmental conditions, they have as yet proved insufficient to trigger a state shift to a more favourable ecosystem.

Recruitment and retention in rural areas is complex. Multi-dimensional approaches may be more successful than those relying on financial incentives alone, as lifestyle or personal values are highly influential. Locations of family, partner and spouse were factors that were prioritised over financial incentives to accept a rural post, as well as the ability to control working hours, professional development, a preference for larger practices, paid vacations, and assistance with spouse employment and child care.

Behavioural insights tend to focus on automatic, often unconscious decisions. Instead of supporting individuals to make rational decisions, BI focuses on configuring options to account for human fast thinking, i.e. advocating policy intervention that makes changes to the context in which individuals make decisions, rather than attempting to change how individuals feel about/react to contexts. To this extent there is limited impact regarding reducing early retirement in GPs, as the choice to retire is conscious and not passive. This was backed-up by the limited number of studies and the modest evidence of effect. However, organisational initiatives that might help physicians deal with stress, include mindfulness, coping strategies, and reflective groups, in addition to configuring work to enable part-time and/or flexible working.

Will the COVID-19 pandemic be that perturbation that finally shifts the GP ecosystem across the required threshold? Surgeries have seen a decline in face-to-face appointments (21.7m January 2020 to 13.2m January 2021) and an increase in telephone appointments (3.7 million January 2020, 9.6m January 2021). The system as a whole has been forced to trust digital technology that has long been ready, but rarely utilised, and schemes have been implemented to provide additional mental health support for those working in primary care. The *unprecedented* nature of the epidemic has resulted in *unprecedented* public spending. Though despite the 2020 pension tax changes, the freezing of the lifetime allowance for pensions in the recent Budget was viewed as 'an unfair tax on doctors' by the BMA, and counterproductive to long-term retention. GP leaders are also unimpressed with their perceived lack of support for clinical practice.

GPs want to work, they are vital and their compassion shone through in the response to COVID-19 with thousands returning to practice. Achieving long-term retention will take more than a *nudge*. It will likely require pension reform, a reduction in workload demands, and additional mental health support. The will of GPs is clearly present, they just need those environmental conditions to be conducive to a stable state that is both fair and healthy.

Author summaries

Vivi Antonopoulou, **Louis Goffe**, **Aikaterini Grimani** and **Carly Meyer** are all post-doctoral researchers for the NIHR Policy Research Unit in Behavioural Science
Falko Sniehotta is professor of Health Psychology & Behavioural Medicine at the Universities of Newcastle and Twente and Director of the NIHR Policy Research Unit Behavioural Science
Professor **Mike Kelly** is a Senior Visiting Fellow at the Department of Public Health and Primary Care, University of Cambridge
Ivo Vlaev is professor of Behavioural Science at the University of Warwick

Competing interests

We have no competing interests.

Funding statement

This project is funded by the National Institute for Health Research (NIHR) [Policy Research Programme (Policy Research Unit in Behavioural Science PR-PRU-1217-20501). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.