GP Workforce Sustainability to maximise effective and equitable patient care: a realist review of what works, for whom and in what circumstances?

Citation

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Review question

Aim: This realist review aims to examine which aspects of the healthcare system affect GP workforce sustainability, how, why and for whom.

Review Questions: What can we learn from the existing literature that will promote GP workforce sustainability, to support effective and equitable patient care? Specifically:

1. Which mechanisms produce intended and/or unintended outcomes in GP workforce sustainability?

2. Which contexts influence whether different mechanisms produce intended and/or unintended outcomes in GP workforce sustainability?

3. Which interventional strategies lead to intended and/or unintended outcomes for GP workforce sustainability?

Research Objectives:

1. Develop a programme theory through an evidence synthesis of how the GP workforce can be sustainable and work effectively with others to support effective and equitable patient care.

2. Embed and respond to PPI and stakeholder perspectives throughout the design, analysis and report stages of the project, thus maximising the relevance and utility of review findings.

3. Make recommendations for practice and policy based on the refined programme theory.

Searches

We aim to conduct searches from 2013 onwards to assemble a relevant body of literature that contains data we can use to develop and refine the initial programme theory. To help us work efficiently, we will re-use the papers already identified in our scoping review, and then extend and update these searches to help us to identify new, relevant material also indexed in additional databases (CINAHL, HMIC, Web of Science - SCI-EXPANDED and SSCI indexes). We will conduct searches from other data sources (NHS Evidence, Google Scholar) and relevant organisational websites (e.g., Health Foundation, King's Fund, RCGP, DHSC) to identify grey literature.

Our search strategies will be piloted. We anticipate using MeSH terms for general practice and primary care, relating to workforce, sustainability, and retention. Crucially, we will explore key workforce sustainability concepts with our PPI contributors and stakeholders, alongside the United Nations definition of sustainable practice which includes working environment, resources, and people interacting within that system (Brundtland, 1987). We will limit our searches to identify material published in the English language. No limits will be placed on study design, as all relevant evidence (including opinion and commentary) can be used to inform programme theory development.

Types of study to be included

A realist review is a theory-driven interpretive approach to evidence synthesis, that brings together qualitative, quantitative, mixed-methods research, and grey literature.

Condition or domain being studied

General Practice; Workforce Sustainability; Healthcare System; Retention.

Participants/population

Based on our preliminary searches, our initial inclusion criteria will include: General practice, inclusive of allied healthcare professionals but in relation to the topic of general practice; UK; and literature published from 2013 onwards.

Intervention(s), exposure(s)

Our realist review will attend to the complex systems in which GPs work, in order to better understand the factors which keep, sustain, and enable GPs to flourish within their work to support effective and equitable patient care. A systems approach recognises the need to acknowledge the inherent dynamic complexity, by studying the interconnected components (e.g. the nature of social interactions between patients, colleagues, and external institutions, alignment of personal and policy priorities, organisational support structures, and leadership culture) that work together in an integrated and coordinated way to sustain and enhance the GP workforce.

Comparator(s)/control

Not applicable

Context

There are not enough GPs in the UK NHS. This problem is worse in areas of the country where poverty and underinvestment in health and social care mean patients experience poorer health compared with wealthier regions. Encouraging more doctors to choose and continue in a GP career is a government priority. This review will examine which aspects of the healthcare system affect GP workforce sustainability, how, why, and for whom.

Main outcome(s) [1 change]

The outcome of our review will comprise a refined programme theory which will explore the dynamic interaction between contexts and mechanisms which affect GP workforce sustainability, how, why, and for whom. Important contexts, for example, might include organisation size, employment type, practice skill-mix, and nature of patient contact. Mechanisms could comprise continuity, peer dialogue, or clinical autonomy. A systems approach is well suited as a basis for examining the multitude of factors influencing the GP workforce and how these ultimately shape career decisions. By taking a system and theory-driven approach to understanding what works, in which contextual circumstances, and to what extent, we aim to explore and make visible the often unsaid or implicit issues that influence working environments, organisational culture, and relationships. The findings from our realist review will offer structural and organisational recommendations to inform sustainable, context-specific ways of future working, which can underpin effective and equitable patient care.

Measures of effect

Not applicable

Additional outcome(s)

Not applicable

Measures of effect

Not applicable

Data extraction (selection and coding)

Article selection: We will screen documents for inclusion in the review in a three-step process: screening by title/abstract, following by screening in full text, with final selection resting on an assessment of each document's relevance (whether it contains data relating to relevant contexts, mechanisms, outcomes or the relationships between these) and rigour (whether the methods used to generate each piece of data are credible and trustworthy) (Pawson, 2006). To ensure consistency in this process, a 10% sample of decisions made at each stage will be independently checked by research team members (including CD, ER, BB and LL). Any discrepancies or disagreements will be discussed with EO and the research team, and an agreed resolution documented.

Data Extraction: Included full text documents will be uploaded to NVivo (qualitative data analysis software) for coding. Coding will be inductive (codes created to categorise data as reported in the included documents), deductive (some codes will be created in advance, based on the initial programme theory) and retroductive (codes created based on an interpretation of the data, to infer what hidden causal forces may generate outcomes). Each new piece of relevant data identified will be used to refine and develop our programme theory and as the review progresses, included documents will be re-scrutinised to identify relevant data that may have been missed earlier, or as the programme theory developed. As with our screening and selection processes, a 10% sample of included documents will be independently checked by CD, ER, BB and LL to ensure consistency. Any discrepancies or disagreements will be discussed within the research team, and documented.

Risk of bias (quality) assessment

Literature will be selected according to relevance and theoretical rigour (Wong et al., 2013). We will examine whether the documents provide explanatory insight and whether they contribute to the refinement of our initial programme theory. We will assess the trustworthiness of the data provided by examining the quality and credibility of the methods used.

Strategy for data synthesis

We will use a realist logic of analysis to make sense of the extracted data and develop CMOs that offer explanations for outcomes relating to GP workforce sustainability and provision of effective, equitable patient care. We will use interpretive cross-case comparison to understand and explain how and why observed outcomes occur. For example, we will compare documents that describe contexts in which are reported to enable GPs to flourish and sustain their working roles, to understand how contexts influence GP workforce sustainability and support effective and equitable patient care.

We will use a proven analysis and synthesis process (Papoutsi et al., 2018). In brief, to operationalise our realist analysis, we will ask the following questions about the included documents and data therein:

Interpretation of meaning: do the documents provide data that may be interpreted as functioning as context(s), mechanism(s), or outcome(s)?

Interpretations and judgements about context-mechanism-outcome configurations (CMOCs): what is the CMOC for the data that has been interpreted as functioning as context, mechanism, or outcome?

Interpretations and judgements about programme theory: how does this CMO relate to the initial programme theory?

Analysis of subgroups or subsets

Not applicable

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Type and method of review

Systematic review

Anticipated or actual start date

20 February 2023

Anticipated completion date

14 December 2026

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Conflicts of interest

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Country

England

Stage of review

Review Ongoing

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Subject indexing assigned by CRD

Subject index terms

Delivery of Health Care; Humans; Organizations; Patient Care; Policy; Workforce

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24 February 2023

Date of first submission

22 February 2023

Details of any existing review of the same topic by the same authors

Not applicable

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they

understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

24 February 2023