



# Primary care

The clinical work of GPs is changing with more patients with complex needs. Some doctors feel patient expectations often go beyond what they can provide



The number of licensed GPs is growing faster than the UK population growth but 45% of GPs are contracted to work less than full time, and 36% have reduced their clinical hours in the past year

**Innovative models of medical education and training may encourage more doctors into general practice**



Less than full time working is currently more common among female GPs (61% female GPs compared with 26% male GPs).

But 79% of male GPs aged 30 – 49 are considering reducing their hours in clinical practice in the next year

The proportion of GP trainees over 40 years old has grown to 11%



GPs are consistently reporting higher pressures and are more dissatisfied than other doctors: 65% worked beyond their rostered hours every day and 17% have felt unable to cope with their workload every day

## System pressures affecting primary care

The working environments in primary and secondary care are very different. These differences are clearly acknowledged in how each area of healthcare is designed and carried out. The contractual arrangements for GPs and specialists are based on different models of work, and training routes differ between primary care and the various secondary care specialties. It is appropriate to explore some of the issues facing GPs in this unique context, rather than drawing comparisons across such different environments.

This chapter looks at some of the challenges around maintaining a sustainable workforce in primary care, as well as GPs' experiences and the effect on their future career intentions.

### Pressures persist in primary care

The pressures in primary care have been well documented in recent years. Some improvements and solutions have been proposed but there are now two years of results from *What it means to be a doctor*<sup>9</sup> in 2018 and the 2019 barometer survey, which show that GPs are generally the group of doctors the most dissatisfied in their work and feeling the greatest burden of system pressures.

In England alone, GPs carried out 307 million appointments between April 2018 and March 2019.<sup>23</sup> Appointments with healthcare workers in primary care accounted for over 90% of all patient contact in the NHS in England.<sup>24</sup>

For most patients primary care is the start of their healthcare journey. For many, it is the only calling point. Primary care is a hub of expertise, treating millions of patients every year and signposting those who need additional care further into the system. This process of signposting doesn't always work perfectly – chapter 5 explores some of the experiences of patients who require onward referral.

GPs represent a rare opportunity for truly holistic care. As expert generalists GPs are in a unique position to take a rounded view of the patient and the multiple health and social challenges that affect them.<sup>25</sup> However, the challenges facing primary care are putting pressure on holistic care, with GPs reporting too little time to address all the issues a patient presents with<sup>8</sup> and a sense of helplessness to address the socioeconomic barriers that patients face.<sup>26</sup>

## The GP workforce

The number of GPs continues to grow at a faster rate than the UK population. As discussed in our recently published 2019 *Workforce* report,<sup>3</sup> the increase in the number of GPs in the past year has been greater than expected.

In the 2019 barometer survey almost half (45%) of GPs reported that they were contracted to work less than full-time hours and over a third (36%) had reduced their hours in clinical practice in the past year. The growing number of licensed GPs does not therefore necessarily mean an increase in the overall supply of GP time. Less than full-time (LTFT) working is much more common among GPs than other types of doctors.

When asked in the 2019 barometer survey about changes they were planning in the next year, over two-thirds (69%) of GPs currently working full-time said they were likely to make a change within the next year that would see them working less time in clinical practice.\*

### LTFT working is currently more common among female GPs and those in the middle of their careers

LTFT working is most common among GPs in their 30s and 40s, around the middle of their careers. The barometer survey found that two-thirds (63%) of GPs in their 30s work LTFT and two-fifths (41%) of those in their 40s do so.

It is unclear whether doctors working LTFT in their 30s and 40s is a long-term career adjustment or related to specific life events or transitions at this time, such as starting a family. We do not know if GPs working LTFT in this age range have always done so, or if they will continue to do so.

There is a significant gender divide among GPs working LTFT. Around a quarter (26%) of male GPs are working in this way, compared with nearly two-thirds (61%) of female GPs. This reflects traditional patterns of LTFT working.

However, looking at those who are considering reducing their hours in clinical practice within the next year, the proportion of male GPs is higher than female GPs – almost three-quarters (74%) of men, compared with almost two-thirds of women (59%). A greater proportion of male GPs aged 30–49 years said they were likely to reduce their hours in clinical practice than male GPs over 50 years old. This suggests that, while gender patterns of LTFT working persist, we may be seeing a cultural shift that will see a more gender-balanced LTFT workforce in the future.

\* This includes those who said they were likely to reduce contracted hours, go part time, or take on a role with less clinical workload.

## While GP training continues to be popular, with a particular growth in trainees aged 40 years and over, patient demand appears to be outstripping supply

GP training continues to be popular, with 19% of F2 doctors in 2019 indicating a preference for GP specialist training. The number of doctors in GP training has increased by 6% in 2019, a far larger year-on-year increase than in the preceding six years.

Since 2015, the number of GP trainees aged 40 years or over has grown from 797 to 1,298 doctors. Other age groups have not grown at such a rate, so doctors over 40 years old now account for 11% of all GP specialty trainees, compared with 7.6% in 2015. The growth in this age group is largely made up of international medical graduates.

### Negative perceptions of working in general practice remain, but can be overcome by engaged and motivated trainers

There still appear to be some negative perceptions of general practice among UK medical students, which may be a barrier to bringing more doctors into the specialty.

In 2017, the Royal College of General Practitioners and the Medical Schools Council published their joint report *Destination GP*, which presents the results of a survey of 3,680 UK medical students.<sup>27</sup> The report found that, by their final year in medical school, three-quarters (76%) of students had heard negative comments about general practice from clinicians, educational trainers, and/or academics.

Nine out of 10 (91%) respondents believed that their peers held negative views about general practice. The survey also found that doctors' choices of medical specialty are strongly influenced by their peers, lecturers and tutors.

Encouragingly, the single biggest impact on choosing general practice for specialty training is the interaction that students have with GPs while on general practice placements. A positive interaction with an engaged and motivated GP during medical school may be enough to overcome what appears to be pervasive negativity elsewhere in the medical profession.

### Innovative models of medical education and training are being used to encourage more doctors in training into general practice

In **Wales**, the *Train, Work, Live*<sup>28,29</sup> campaign, introduced in 2016, has been successful in recruiting more GPs to Wales, particularly to rural areas. The campaign was designed to draw on the training, working and lifestyle benefits available in Wales, encouraging doctors at all stages of their career to consider practising in Wales. Recruitment to rural areas has been helped by a financial incentive offered to those who complete their specialty training and work for at least one year in a 'targeted' area. The 'targeted' areas are those that have struggled to fill their GP specialty training places for the preceding three years. A similar incentive scheme is available in **England**

\* Either on all seven measures, or on six out of seven measures.

to encourage doctors to train and work in areas that have recently struggled to recruit.

We have been involved in quality-assuring the new **Scottish** Graduate Entry Medicine programme. The programme is being run and administered between the University of St Andrews and University of Dundee, with involvement from the University of the Highlands and Islands. It is a four-year, graduate entry course developed to help meet the future needs of NHS Scotland. The programme is largely community based and focuses on community

hospitals and health centres, with exposure to remote and rural settings, as well as medicine in areas of deprivation. Years one and two are led by the University of St Andrews, with students spending time in GP settings, alongside experiencing healthcare in more diverse situations, such as secondary care and rural environments. Years three and four are led by the University of Dundee, and students will be largely based in primary care in rural areas, however they will also experience hospital settings and an urban GP environment. The first students began the programme in September 2018.

## GPs experiences of pressures and their responses

The pressures reported by GPs impact on their wellbeing. This has consequences for patient care and the workforce.

Some groups of GPs are relatively satisfied and have good wellbeing. Later, this chapter explores this group further to understand the factors that might mitigate the effects of pressure. However, a significant proportion of GPs are feeling the brunt of pressures, with consequences for their satisfaction, wellbeing, and desire to continue in clinical practice.

### Growing patient demand and more complex cases are increasing pressure on GPs

The nature of work in primary care has changed significantly over the past few years. In the *Everyday leadership* research, GPs reported that their clinical work was changing. While the fundamentals of clinical practice and the essence of the doctor-patient consultation remain the same, the volume and type of clinical cases have changed.

- GPs discussed increasing numbers of patients and unrealistic expectations from those patients. These expectations were either:
  - Patients expecting to be seen by a doctor for issues better dealt with elsewhere (for example, head lice)
  - Patients who were well informed about their health having unrealistic expectations of what the GP could do
- GPs reported increasingly seeing complex cases and comorbidities. They especially

discussed the challenges of addressing mental health concerns and dementia alongside other illnesses, and increasing numbers of palliative care cases in primary care due to limited places in hospices.

A further sign of increasing pressure was evident in the *What it means to be a doctor*<sup>9</sup> survey, reported in *The state of medical education and practice in the UK* report 2018.<sup>4</sup> This showed that over a 28-day period GPs worked an average of 11 days of what they considered to be high or unsustainable pressure. Only around six days were low or moderate pressure. GPs spent around two days which they were not contracted to work catching up on work.<sup>8</sup>

In the 2019 barometer survey, nine out of 10 (90%) GPs reported working beyond their rostered hours every week. Two-thirds (65%) of GPs were doing so every day, more than twice the proportion of doctors overall (32%).

### Workload pressures are affecting GPs' wellbeing, with many feeling dissatisfied

Many GPs enjoy and are fulfilled by their work, but the logistical challenges of working in pressured environments are causing dissatisfaction.

Heavy workloads and long hours are having an impact on how some doctors feel about their work. The findings in the 2019 barometer survey showed similar proportions of GPs felt satisfied in their work (50%) and dissatisfied (45%). The proportion of dissatisfied GPs is significantly

higher than for doctors overall, a third of whom (30%) reported being dissatisfied.

Doctors' satisfaction in their work appears to be driven by their sense of fulfilment, and their work being enjoyable and rewarding. However, the practicalities and logistics of working in a system under pressure appear to drive dissatisfaction. The key reasons GPs gave, unprompted,\* for their dissatisfaction were:

- increasing workloads and long hours (55%)
- finding it increasingly difficult to deal with patient expectations and dissatisfaction (36%)
- the bureaucracy involved in their work (34%)
- the pressure of time constraints (28%)
- care being compromised despite their best efforts, and sometimes feeling that are working in unsafe conditions (26%).

### Most GPs struggle to cope with workloads, and some have taken a leave of absence due to stress

In the *What it means to be a doctor*<sup>9</sup> and *Adapting, coping, compromising*<sup>8</sup> research reported in 2018, and the 2019 barometer survey, GPs stand out as a group who are particularly struggling with their wellbeing. The barometer survey findings showed that nine out of 10 (91%) GPs said they felt unable to cope with their work at some point in the past year. While this might be expected to some degree, over a sixth (17%) of GPs said they felt this way every day.

In the barometer survey, almost a quarter (24%) of GPs gave responses that suggested they were at high risk of burnout. The proportion rises to two-fifths (41%) of those who said they were struggling to cope with their workload at least once a week, compared with less than one out of 10 (7%) of those who said they were struggling to cope less than once per week.

Around one out of 10 (9%) GPs have had to take a leave of absence due to stress in the past year, contributing to a vicious cycle of workforce shortages in an already stretched system (figure 1, chapter 2).

Looking back at figure 12 in chapter 2, half of GPs (50%) are in the 'struggling' group, working over their contracted hours at least weekly and feeling unable to cope at least weekly. By contrast, only one out of 10 GPs are in the 'doing well' group, compared with almost a third of doctors overall.

In the 2019 national training survey, GP trainers reported levels of burnout and workload pressure similar to the levels GPs reported in the barometer survey. Almost half (49%) of GP trainers reported finding their work emotionally exhausting to a high or very high degree.

Those in GP training posts appear much less pressured than trainers. Two thirds (67%) of GP trainees rate the intensity of their work as 'about right', though a third (30%) consider it to be heavy or very heavy.

Over three quarters (78%) of GP trainees say that they are never left short of sleep by their working pattern, with only 5% saying they feel this way

\* Information about the use of free text responses can be found in the data note on page 130.

weekly. This is compared to a fifth (19%) of specialty trainees overall who feel short of sleep while at work every week.

### **Some pressures are specific to working in certain areas, with some GPs working in deprived communities finding their work particularly emotionally draining**

The *Everyday leadership* research highlighted particular challenges when working in certain areas. GPs spoke of specific pressures associated with working in socioeconomically deprived areas. These GPs can have a very high number of distressing and stressful cases, with patients whose health concerns are connected to wider socioeconomic problems and cannot be treated per se. Participants talked about practising in areas where many of their patients are affected by issues associated with poverty, release from prison, or drug and alcohol dependency. This places pressure on GPs, who must manage this complexity in short consultations. The pressure may also be compounded by struggling to recruit locums and salaried GPs to areas with well-known challenges.

In GP practices located in such areas, GPs felt that nurse practitioners and other medical associate professionals were particularly valuable. However, while these roles lightened GPs' overall workloads, it tended to reduce the number of relatively simple health complaints that GPs would see. So they would spend more of the day consulting on the most complex and distressing cases.

### **Working under pressure has consequences for patient care, with some GPs feeling they can't always give patients the level of care they need**

Doctors reported that enjoying their clinical work and patient contact was a significant factor in their job satisfaction.<sup>9</sup> But 92% of GPs have felt unable to provide patients with a sufficient level of care at least occasionally during the past year, and over a quarter (27%) of GPs felt this way every day. This is likely to be a contributing factor for the two-fifths (42%) of GPs who find their work frustrating.

Very concerningly, over a quarter (27%) of GPs have seen patient care being compromised by a doctor's practice in the past year. Pressure on workloads was by far the most common reason given by GPs for compromised care, with three-quarters (74%) of those who had seen care compromised giving this response. GPs also attributed compromised care to inadequate communication with patients (42%) and between medical professionals (42%), as well as to rota gaps and lack of adequately trained staff (39%).

Those GPs whose responses indicated that they were at high risk of burnout were more likely than other GPs to have seen patient care being compromised – almost two-fifths (37%) of those at high risk of burnout, compared with around a fifth (21%) of those with a very low risk of burnout.

The feeling of being unable to provide a sufficient level of care to patients also appears to increase with the risk of burnout, with three-quarters (76%) of GPs who have a high risk of burnout feeling that they were unable to provide a sufficient level of care at least once a week.

## As pressures on the medical workforce persist, doctors may reduce their hours or leave the profession

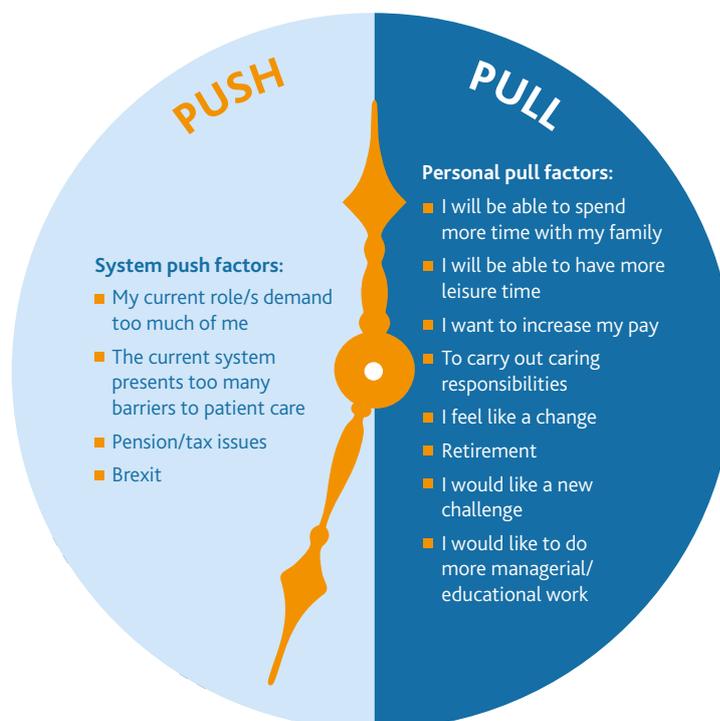
The *Adapting, Coping, Compromising*<sup>8</sup> research found that doctors were reducing their hours or leaving the profession in response to pressure – an adaptation that could have a serious impact on the capacity of the system to deliver high quality care.

A third (36%) of GPs have reduced the time they spend in clinical practice in the past year. Looking ahead, two-thirds (66%) of GPs said they were likely to make a career change in the next year that would see them spending less time in clinical practice. Two-fifths (41%) of GPs said they were very likely to make such a change.

Asked what change they were most likely to make in the next year, GPs' most common response was that they would reduce their contracted hours. Of course, reducing contracted hours does not necessarily mean that additional time won't be spent working in the health sector – a doctor could be reducing their contracted hours to take on an additional leadership role, work some shifts as a locum, or any number of other professional activities.

However, asked why they were considering reducing their contracted hours, seven out of 10 (71%) GPs said that their current role was too demanding. Almost half (46%) said that the current system presented too many barriers to patient care. While these are system factors, lifestyle factors also influenced GPs' changes. Just over half (56%) said they would reduce their

Figure 36: System push factors and personal pull factors for reducing hours



contracted hours to spend more time with family, and almost two-fifths (38%) wanted more leisure time.

Around one out of six (18%) GPs said they were considering leaving medicine entirely within the next year, around a third of whom were considering retirement. Excluding those considering retiring, one out of 10 (11%) GPs said they may be considering a career outside medicine.

GPs looking to leave medicine entirely, excluding those considering retirement, were asked what steps they had already taken towards doing so.

- They had most commonly taken 'soft steps', such as discussing the possibility with others (63%) or doing research into alternative options (50%).
- A fifth (20%) had taken no steps towards leaving.
- Smaller proportions had taken 'hard steps', such as contacting a recruiter (15%), or applying for a role outside medicine (14%).

Individual respondents may have taken a mixture of soft and hard steps, such as discussing with others and contacting a recruiter. However, these findings illustrate that most GPs considering leaving the profession are in the early stages of

Figure 37: Steps taken by GPs towards leaving the profession

What steps, if any, have you taken towards leaving the medical profession ?



*n = 173 (all GPs fairly or very likely (NET likely) to leave the medical profession within the next year), the 2019 barometer survey QB3, values do not add up to 100% as it was possible to select multiple response options.*

acting. It is unclear what proportion of those yet to take harder steps will do so in the future, and what proportion will actually leave.

Looking at doctors considering leaving the profession, it appears this decision has not come out of the blue, with doctors making various adaptations before deciding to leave. The 2019 barometer survey found that of those doctors who said they were likely to leave the profession and who had already taken some 'hard steps' towards doing so:

- almost half (47%) had reduced their contracted hours in the past year

- just over two-fifths (46%) had moved to a role with less clinical practice
- a fifth (19%) had had to take a leave of absence due to stress – a much higher proportion than GPs overall (9%).

The fact that it seems these decisions are not taken suddenly may present opportunities for supportive intervention to keep as many doctors as possible in the workforce.

## Protective factors for GPs

### Around half of GPs are satisfied in their work, largely driven by a sense of fulfilment

Looking at the half (50%) of GPs who said they were satisfied in their day-to-day work, the key reasons they reported for their satisfaction were:

- enjoyment and fulfilment in their work (34%)
- enjoying patient contact (30%)
- liking and respecting the team they work in (15%).

Though there is an overall pattern of GPs making changes that would see them spending less time in clinical practice, it is less common among

satisfied GPs than those who consider themselves dissatisfied – around half (53%) of satisfied GPs compared with over three-quarters (78%) of dissatisfied GPs. Enjoying patient contact is a key element of job satisfaction for satisfied GPs

Much like overall dissatisfied GPs, a quarter (24%) of GPs that were satisfied overall still found increasingly high workloads and long hours to be a cause of dissatisfaction.

Four out of five (79%) satisfied GPs also have a very low or low risk of burnout, suggesting reasons for satisfaction may also be protective factors against burnout.

## **A sense of belonging is important to doctors – the sense that they are part of an effective and supportive team appears to help mitigate stress and avoid burnout**

As discussed in chapter 2, the *Caring for doctors Caring for patients*<sup>5</sup> and *Fair to refer?*<sup>7</sup> research highlighted the importance of belonging for doctors, and the risks that come with social and professional isolation.

It is therefore encouraging that GPs feel relatively well supported compared with other groups of doctors. They are significantly less likely than doctors overall to say that they feel unsupported by a range of colleagues.

Half (51%) of GPs reported feeling unsupported by immediate colleagues in the past year, similar to the proportion of doctors overall (56%).

Less than half (46%) of GPs said that they had felt unsupported by senior medical staff in the past year, compared with six out of 10 (58%) doctors overall.

Non-clinical management is the area where GPs feel the most unsupported, but still relatively well supported compared with other doctors. Over two-thirds (68%) of GPs reported feeling unsupported by this group of colleagues, compared with over three-quarters (78%) of doctors overall.

Across all types of medical and non-medical colleagues, most GPs who felt unsupported reported feeling this way only occasionally. It was very uncommon for GPs to feel regularly unsupported.

## **There appears to be an association between how well supported a GP feels and their risk of burnout**

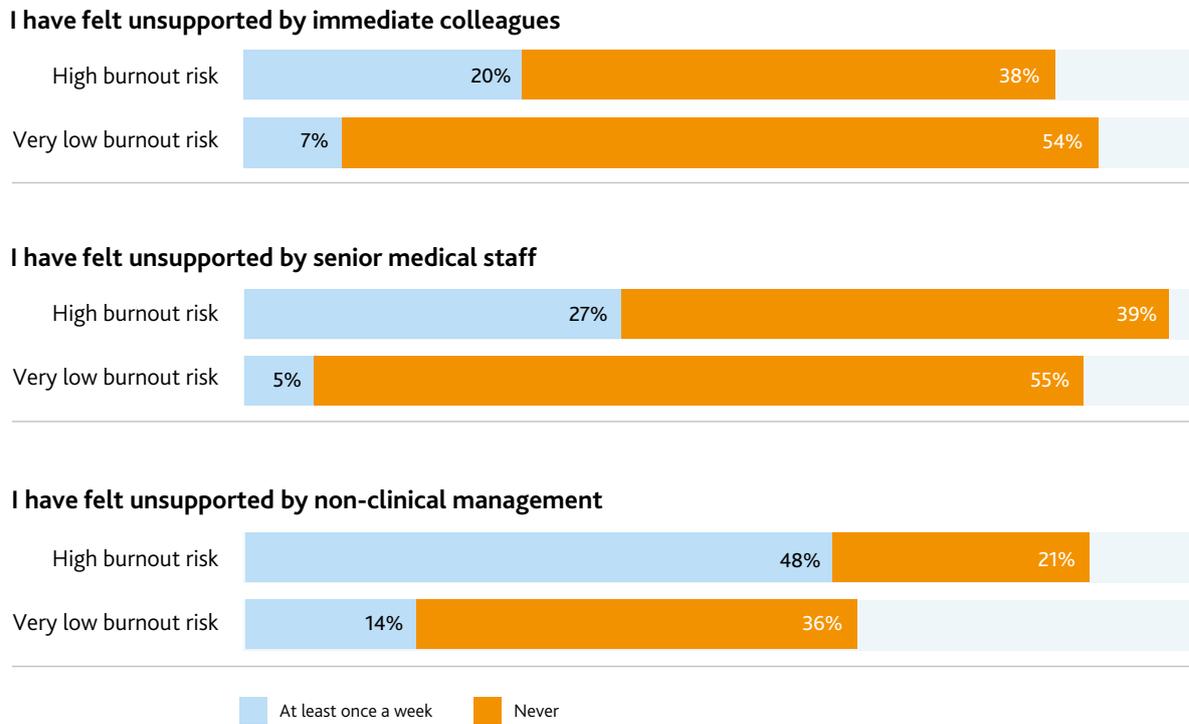
As shown in figure 38, GPs saying that they never feel unsupported by a range of colleagues is much more common among those who have a very low risk of burnout. Conversely, saying they have felt unsupported at least once per week is much more common among those with the highest risk of burnout.

## **There are indications that working less than full time may be a protective factor against the impacts of pressure**

GPs working LTFT are slightly more likely to be satisfied than those working full-time – over half (56%) of those working LTFT were satisfied, compared with just under half (49%) of those working full-time. LTFT GPs are also slightly less likely to be considering leaving the profession in the next year – less than one out of 10 (9%) of those working LTFT compared with almost one out of seven (13%) of those working full-time.

Indication of a very low risk of burnout appears to be similar for those working LTFT and those working full-time; one out of three for both. However, high risk of burnout is slightly less common among those working LTFT – a fifth (20%) – than those working full-time – over a quarter (27%), which suggests working LTFT may be a protective factor against burnout.

**Figure 38: The proportion of doctors who feel unsupported by immediate colleagues, senior medical staff, and non-clinical managers, compared with indications of burnout risk**



*n = 978 (registration type: GP), the 2019 barometer survey QC1\_5/6/7, values do not add up to 100% as not all response options are included.*

## Establishing a sustainable GP workforce, while building on innovations in primary care

With new models of care across the UK, an even greater emphasis is being placed on primary care. As expert generalists, GPs have the knowledge and expertise to provide great patient care in community settings; however we must be mindful of the strain that system pressures are putting GPs under.

It is encouraging that the growth in the number of GPs in 2019 has been greater than expected. However, our 2019 barometer survey showed a continuing trend towards LTFT working for doctors in general, and GPs particularly. This means the growth in absolute numbers of GPs does not necessarily mean an increase in the amount of GP time available.

In a healthcare system in which patient demand is outstripping GP supply, it is important that legislative change allows us to streamline the process of getting internationally trained doctors onto the GP register, so that they can begin practising in primary care. Innovative models of medical education and training also hold promise for bringing more doctors into the specialty area.

We are committed to exploring how we can bring more expert generalists into the health service, including considering the role that SAS doctors could play in primary care (Chapter 7).

System pressures are affecting doctors' wellbeing, as well as patient care and future workforce supply. As highlighted in the *State of medical education and practice in the UK 2018*,<sup>10</sup> GPs continue to feel the brunt of pressures. In the face of long hours and prevalent burnout, significant proportions are considering reducing their hours in clinical practice or leaving the profession. Our work *Supporting a profession under pressure* aims to address some of the challenges that doctors face in their practice.

But it is encouraging that there are still good numbers of satisfied GPs who feel fulfilled by their work. Exploring the experiences of such GPs has highlighted the importance of a sense of belonging, largely born out of effective team working and professional support.