RCGP NORTHERN IRELAND

A Workforce Fit for the Future

RCGPNI Retention Strategy

Contents

Executive Summary

The health and social care system in Northern Ireland is over-stretched and crumbling to the point of crisis. Significant levels of funding and transformation are required, as fully recognised by the Minister for Health in his recent address to the Royal College of General Practitioners (RCGP) NI All-Member Conference in February 2024.[1] Primary care is the foundation of the health service, providing around 95% of the care people need throughout their life,[2] yet the March 2024 Northern Ireland Audit Office (NIAO) report into GP access revealed that general practice received just 5.4% of the total health and social care spend in 2022-23.[3] General practice has shouldered the burden of escalating demand, a declining workforce, and real-terms funding cuts to a point of geographical destabilisation never seen before. The need for support to preserve and protect the existing general practice workforce and to limit the damages wrought by destabilisation has never been more pressing.

This paper outlines the key retention challenges as identified by the GP profession in Northern Ireland and proposes a number of short to medium-term recommendations to help address the workload burden that is contributing to attrition among NI GPs. These issues must be addressed as a matter of urgency to facilitate the stabilisation so desperately required.

Furthermore, these recommendations must also sit alongside wider interventions to expand GP recruitment and to tackle the broader challenges facing general practice. Addressing the deficit in GP training numbers in Northern Ireland remains a priority to ensure the long-term stabilisation of general practice. Working towards this, RCGPNI endorses the recommendations of the Department of Health Training Places Task and Finish Group regarding expansion to training places to meet the long-term needs of our population.

Retention of the GP workforce is a matter of priority not only for the population of Northern Ireland but for the United Kingdom as a whole. As such the following recommendations should be read in conjunction with those made by the RCGP at UK level.[4]

Recommendations:

Workforce

The Department of Health should implement the following recommendations to ensure that Northern Ireland compares favourably with other regions of the UK and the Republic of Ireland as an attractive place to work.

- Launch a state-backed GP indemnity scheme for Northern Ireland.
- Invest in an enhanced GP fellowship programme, providing additional support for newly qualified GPs to take up substantive posts in practice.
- Invest in and modify GP retention schemes to ensure more flexibility and greater financial stability for practices and to support GPs across all career stages to remain in practice.
- Expand the Attract, Recruit, Retain programme to provide further support to geographical areas experiencing significant instability.
- Invest in further support for practices at risk of contract hand-back and improve support for practice mergers.
- Ensure that practices in areas of contract instability are not further disadvantaged by having to compete for locum cover with Trust-run practices offering hugely inflated fees for sessional work.
- Commission a practitioner health programme to support clinicians in crisis across Northern Ireland.
- Provide support for GPs and practices around recruiting staff who require a health and care worker visa.
- Provide specific schemes to allow later career GPs to retain capacity to make valuable contributions to general practice (e.g. through education, mentoring, and leadership roles) after retiring from clinical practice.
- Work with HMRC to secure solutions to pensions that are equitable across all UK nations.

Workload

The Department of Health should implement the following recommendations to allow GPs time to deliver high-quality relationship-based care:

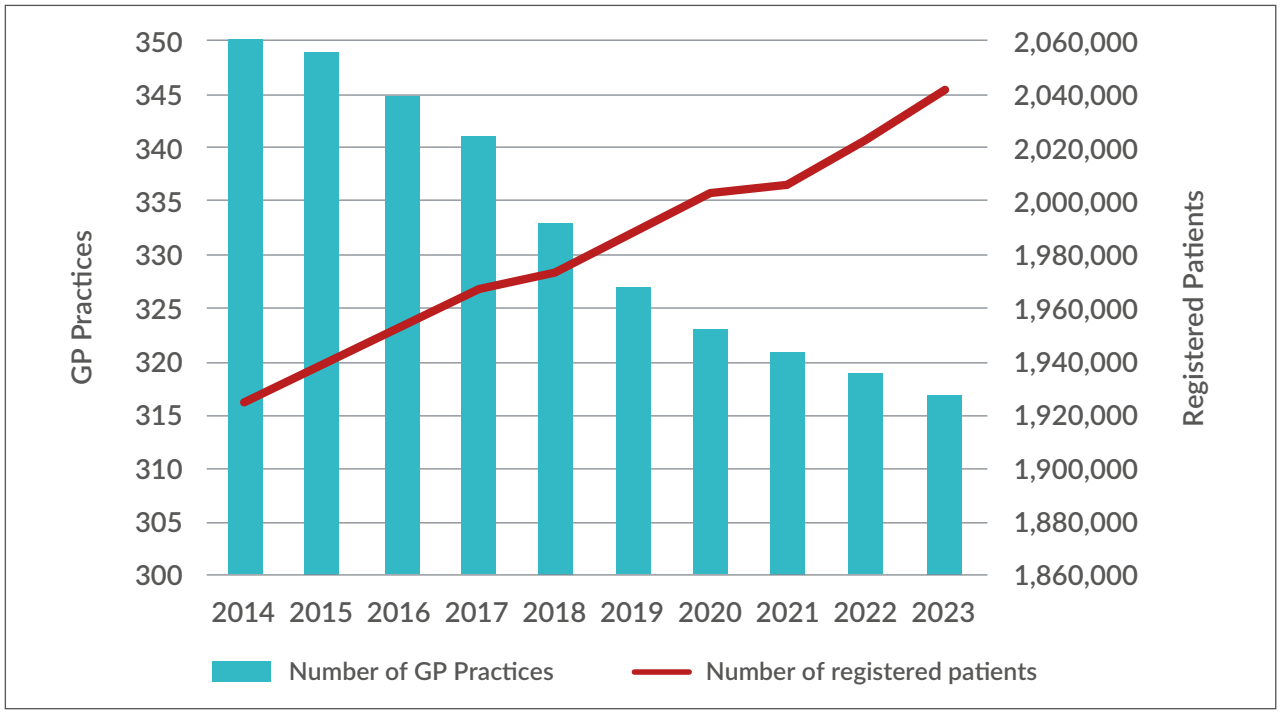
- Endorse and publish the Working Better Together consensus document on primary and secondary care interfaces and support the development of interface groups to ensure action is taken to address the unnecessary work within general practice and free up vital time for practice teams.
- Address the waiting list legacy and concurrently improve referral pathways for patient care. Ensuring patients are seen by the right person, at the right place, at the right time, first time, will reduce the burden of waiting lists that falls on general practice.
- Commit to a funded, timely, and full rollout of the Multidisciplinary Team programme.
- Lead an open and honest conversation with the public about the unique role of the GP in providing patient care, and what general practice can reasonably deliver in the current context.
- Prioritise and escalate the timeframe of the delivery of electronic transfer of prescribing (ETP) project into general practice in Northern Ireland.
- Work with GPs to co-design practical digital solutions that work for practices.
- Invest capital funds into improving and modernising GP systems and infrastructure.

Context

General practice in Northern Ireland is in crisis and while the challenges are multifaceted and complex, fundamentally, demand is outstripping supply. GPs are working harder than ever, past the point of exhaustion and burnout, but they simply cannot manage the demand. An increasingly ageing population, rising rates of multiple conditions, the impact of the COVID-19 pandemic, and ever-increasing waiting lists for specialist care, are all contributing to the significant strain on care in general practice.

In Northern Ireland, there were 317 active GP practices as of 31 March 2023: a reduction of 33 (9%) since 2014, and two since 2022. As the number of practices has decreased, the average number of registered patients per practice has increased by around 17%, from 5,500 to 6,439 since 2014.[5]

Figure 1: Number of GP Practices and Registered Patients in Northern Ireland, 2014-2023



(Source: General Medical Services for Northern Ireland: Annual Statistics)

Primary care services have been under sustained pressure for a number of years. Prior to the pandemic there were 15 million patient contacts per year in 2019, up from estimated 12.7 million in 2014.[6] More recent figures show practices have carried out an average of 200,000 consultations per week, with upwards of 40% of these being face to face (f2f), giving an average of 20,000 f2f consultations per day.[7]

At the time of writing, since March 2022, 25 practices across Northern Ireland have handed back contracts or closed a practice branch site, with a combined list size of practices representing at least 128,000 patients. Current data from the Practice Improvement and Crisis Response team reveal that in the last 12 months, 80 practices have been accessing emergency support.

There has been an increasing number of GP contract hand backs over the last two years, and in many of these cases, another GP contractor has not been found. This has led to a number of other models of care emerging. Currently, there are seven practices with contracts held by the Federation Support Unit Community Interest Company (CIC) and five held by Trusts.

Both Trust and CIC held contracts rely on delivery of care from a salaried GP workforce, which is outwith the norm in Northern Ireland.

While it is widely accepted that an expansion in the GP workforce is needed, GP training takes a minimum of three years, meaning this is not a short-term solution. Another issue is that an increasing number of early career GPs who have trained in Northern Ireland are not taking up posts here. To compound this, experienced doctors are reducing their clinical hours or leaving the profession altogether due to workload pressures. To secure the future of general practice in Northern Ireland, we must place at least an equal focus on measures that retain our current workforce and create a positive, expanded recruitment and training environment.

The profile of our GP workforce

According to Department of Health (DoH) statistics, as of March 2022, the total number of whole time equivalent (WTE) GPs has fallen by 11.4% since 2014, with an estimated annual loss of around 4% of the WTE GP workforce.[8] That said, the number of GPs (excluding locums) has increased by almost 23% to 1,448 since 2014: this represents headcount rather than WTE and does not take into account hours worked.[9]

The gender profile of the workforce has also seen a significant shift in the past ten years, with a change from a majority male (46% female, 54% male) workforce in 2014 to a majority female one (60% female, 40% male) in 2023.[10] This is now broadly reflective of the gender profile of GPs across the UK. The UK's medical student intake in 2022/23 was mostly female (62%), and especially so in Northern Ireland (72%).[11]

The average age of NI GPs is 45 years old, and 21% of GPs across NI are aged over 55. More than one third of the South West Federation area's GP workforce is aged over 55,[12] leaving this area at greater risk of workforce destabilisation due to a high level of expected retirements in the coming years. The March 2024 NIAO report "Access to General Practice in Northern Ireland" revealed that more than 1 in 10 GPs left the NI performers list between 2022 and 2023, and there has been an increase in the numbers of GPs in the youngest age group (25-39 years old) leaving in the latest, post-pandemic years (2021-22 and 2022-23).[13]

According to most recent available RCGPNI survey data, 29% of GPs stated they would be fairly or very unlikely to be working in general practice in Northern Ireland in five years, and 60% said they had found it fairly or very difficult to recruit GPs into their practice in the past year.[14] The incomplete and inequitable rollout of the Multidisciplinary Team (MDT) model across Northern Ireland further compounds existing workforce challenges. Of the 17 GP Federation areas in Northern Ireland, only one (Down Federation) has a full complement of MDT in the four years since the launch of the programme, and 10 Federation areas have no MDTs at all, and thus no access to the specialist multidisciplinary workforce they provide. MDTs are viewed as contributing to practice stability and it is important to note that only one of the practice contract hand-backs has been in an area with the MDT model in place.

Current supports for retention in Northern Ireland

Northern Ireland, as in other parts of the UK, has a national retainer scheme that is managed by the Northern Ireland Medical and Dental Training Agency (NIMDTA), and this is open to all GPs on the performers list.[15] This requires GPs to work four sessions a week and one Out of Hours session per month.

Northern Ireland also operates the Attract, Recruit, Retain scheme which offers a lump sum for salaried and partner posts in hard to recruit areas, but information on uptake of this scheme is limited. It is worth noting that should the GP leave their post within five years, the practice is required to repay costs. At the time of writing, information on how many practices/GPs have been able to avail of such support since its rollout has not been made available.

Over the last three years a small number of GP fellowships have been offered for newly qualified GPs following Certificate of Completion of Training (CCT). They are funded through GP Federations and are employed through the Practice Improvement and Crisis Response Team (PICRT) for clinical work as well as having protected time for leadership development and enhancing clinical skills in an area of special interest: currently aligning to some of the GP Elective Care Service (GPECS) clinical specialties. There are currently only four such roles on offer. Unlike other parts of the UK, fellowships are not available for young GPs working in substantive posts (salaried or partners) where weekly opportunities exist to further develop in their clinical aspirations and leadership potential.

Factors driving poor retention

There are many different and complex reasons why GPs choose to leave the profession, and resultantly, it is crucial that flexibility is built into retention efforts. However, there are several common factors that must be considered.

The GMC's Completing the Picture report with survey responses from over 13,000 doctors from across the UK, reveals the most common reasons for leaving clinical practice.[16] Burnout and stress were the second most common factors, just after retirement, and these were significantly higher in general practice than in other medical specialities.

In addition, the 2023 RCGP Tracking Survey found that almost half of GP respondents (45%) said they felt so stressed that they couldn't cope at least once or twice per week.[17]

GP Engagement

Background

On 11 May 2023, RCGPNI Chair Dr Ursula Mason hosted a roundtable event in Belfast with key local stakeholders, including representatives from Strategic Planning and Performance Group (SPPG), the Practice Improvement and Crisis Response Team (PICRT), Queen's and Ulster Universities, and career stage GP representatives from RCGP NI Council to discuss challenges and practical solutions to GP retention in Northern Ireland.

Following these initial discussions, and to ensure that the issues surrounding retention of GPs across career stages and geographical locations were fully captured, the College undertook a wide-ranging and comprehensive qualitative consultation process across Northern Ireland. This involved arranging a series of "Retention Roadshow" events over a period of seven months from August 2023 - February 2024. Events were held in L/Derry in the North West, Newry in the South, Ballymena in the North, Enniskillen in the South West, and Comber, covering the Belfast and South Eastern area. These events were open to all GPs to attend and took the form of an open forum in which colleagues were encouraged to feed back on the challenges and solutions they faced around workforce retention in each locality. In addition to location-specific events, a feedback session was held with around 80 GP Appraisers, and another including a mixed-methods survey with around 60 third-year GP Speciality Trainees (ST3s), in partnership with NIMDTA.

Through these face-to-face events, the College engaged with around 200 GPs, providing an invaluable insight into the views and experiences of the profession, and the College is indebted to all who gave up their time to attend these events and share their experiences.

Findings

Overarching challenges

The findings highlighted a series of key emerging themes and many of the issues raised resonated across geographical areas. The themes identified are summarised below:

The need for additional support to mitigate high levels of risk: This was the key ask garnered from all sessions. GPs felt that working in general practice in Northern Ireland is hugely risky, on both a personal and clinical level, and this would make them consider leaving.

Workload: GPs felt that tackling the issue of heavy workloads and the ever-rising demand-capacity mismatch would make a difference to both their quality of life at work, but crucially, to improving patient care. GPs reported regularly working beyond what they felt was a safe level of contacts. Many GPs noted that they needed protected time to complete non-patient facing tasks, which form a significant proportion of their workload, but are largely unseen and very difficult to quantify. Some GPs also reported enacting the British Medical Association (BMA) Safe Working Guidance document to try to manage workload and safeguarding themselves against burnout.[18]

Investment in digital technology: This included the need for improved hardware, such as computing and telephony, and software, including the rollout of E-prescribing, better interfaces between primary and secondary care, and improved and aligned digital platforms for appraisals.

Indemnity: This was raised repeatedly, as the lack of a state-backed indemnity scheme for Northern Ireland means it costs more for GPs to work in Northern Ireland compared to other parts of the UK. The cost of indemnity was also highlighted as a factor in some GPs choosing to retire early, and a barrier to working extra sessions both in and out of hours.

Stress and burnout: GPs were genuinely concerned that an increasing number of colleagues were experiencing burnout and choosing to reduce their clinical sessions or leave general practice to protect their own mental health. This was notably exacerbated by the lack of a practitioner healthcare service in Northern Ireland, which is available in other parts of the UK.[19]

> ***"I'm really worried about some colleagues that they'll crash and burn out."***
>
> *GP, Belfast & South East*

Insufficient core funding: GPs report that core funding to GP services was insufficient to meet the rising costs of caring for patients, overheads, and paying staff, and that they were unable to plan financially. Better contractual terms and conditions and recurrent funding were highlighted as urgent priorities.

Negative public narratives: Narratives of negativity and blame directed towards GPs from the general public, fuelled by some elements of the media, were reported as having a serious impact on GP morale. They reported feeling undervalued and felt there was poor public understanding of the pressures they were facing. The moral distress felt by GPs, working at their limit, to provide care within a significantly constrained system, is compounded by hostility from some elements of the media, social media, and the wider public.

Physical infrastructure: Many GPs reported practice infrastructure was not fit for purpose, leading to poor working conditions.

Workforce challenges: The incomplete rollout of MDTs was felt to be a serious inequity. GPs reported struggling to replace staff who have left as well as challenges in hiring locums. This was a particular challenge in areas where Trusts were offering enhanced locum rates, driving further instability within areas which were geographically struggling to recruit into substantive posts, or indeed attract locum cover in the first place. GPs noted that the inability to provide proportionate pay uplifts was also impacting on their ability to retain nursing, reception staff, and other members of the practice team.

> ***"We need state-backed indemnity and secure, continuous funding for primary care"***
>
> *GP ST3 Trainee*

Challenges in secondary care: A lack of functioning secondary care services was highlighted as exacerbating GP workload and patient demand. Challenging interfaces between primary and secondary care were also highlighted as an issue.

Lack of support until crisis point: There was a perception among many GPs that little help was available to practices until they reached the verge of collapse - proactive support might prevent this from happening.

Insights from specific groups

In addition to these high-level common themes, which were reflected by GPs across all regions, key themes were also identified in relation to specific geographical areas or groups of GPs.

Border regions: GPs in the South West noted that Fermanagh's proximity to the border meant that better working conditions and faster referral pathways available in the Republic of Ireland were contributing to retention issues. There was also unnecessary bureaucracy surrounding GPs from the Republic of Ireland being able to get onto performers list in NI.

Transition support for merging practices: GPs who had gone through the process of merging with other practices due to retirements or practice contract hand-backs noted that this was a stressful and challenging process, and they would benefit from more transitional support to help them adapt to new teams and ways of working. This related to all models of general practice delivery and not just the GP partnership model.

GP Appraisers: GP appraisers faced the significant challenge of frequently being the first (or only) person supporting GPs in crisis or experiencing burnout. They are unable to refer on to other supports such as a practitioner health scheme, which does not exist in Northern Ireland. As a result, GP appraisers across Northern Ireland felt extremely overwhelmed in shouldering such a burden of support alone.

GP Trainees: While the majority of the almost 60 trainees who took part in the RCGPNI session with ST3s indicated that they planned to stay and work as a GP in Northern Ireland, around 17% were planning to work elsewhere or were undecided about their plans post-CCT. In relation to their career priorities, the principal factor which would encourage ST3s to stay in the Northern Ireland workforce was a manageable workload, followed by state-backed indemnity, fair terms and conditions, and more core funding for general practice. Trainees also felt the impact of negative public perceptions of general practice, and they were concerned about the learning and development opportunities lost through the de-funding of General Practice Elective Care Services (GPECS) clinics.

Figure 2: "What factors are most important to you in your GP career?" NI ST3 GP Trainees' responses, ranking from most to least important[20]

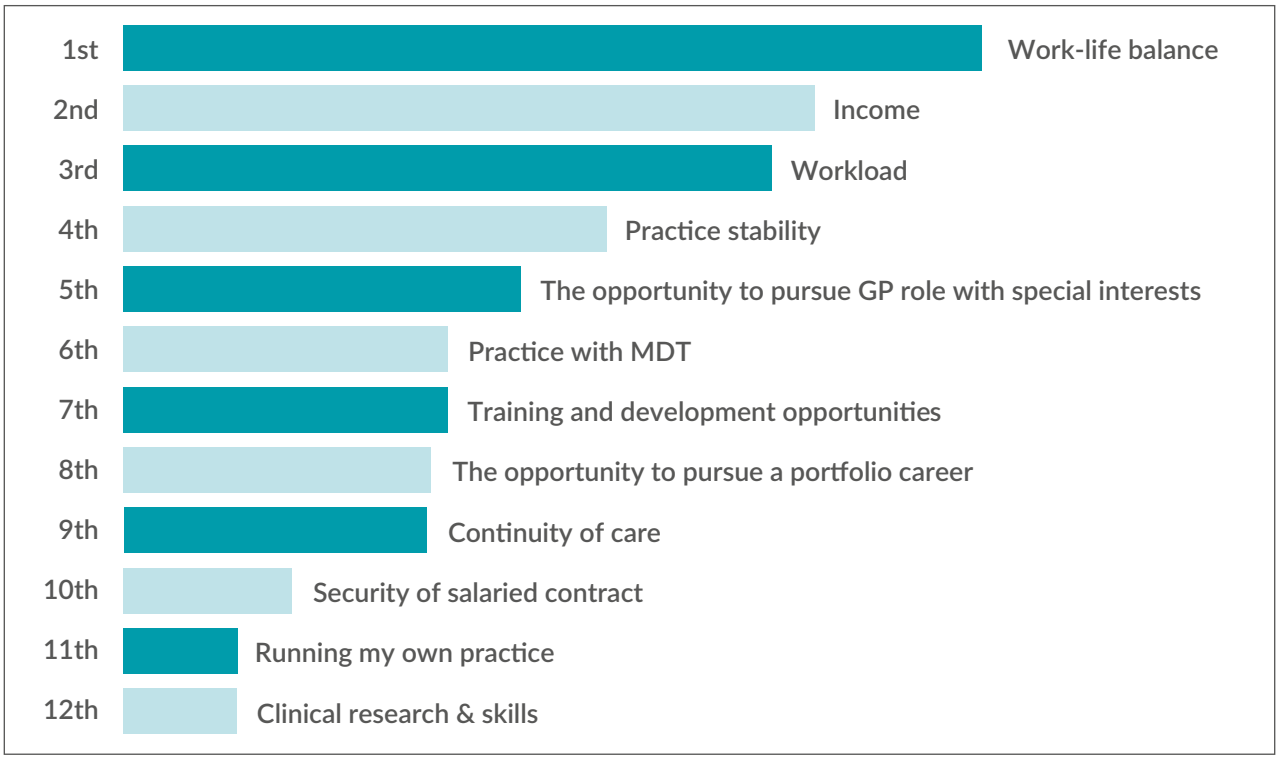
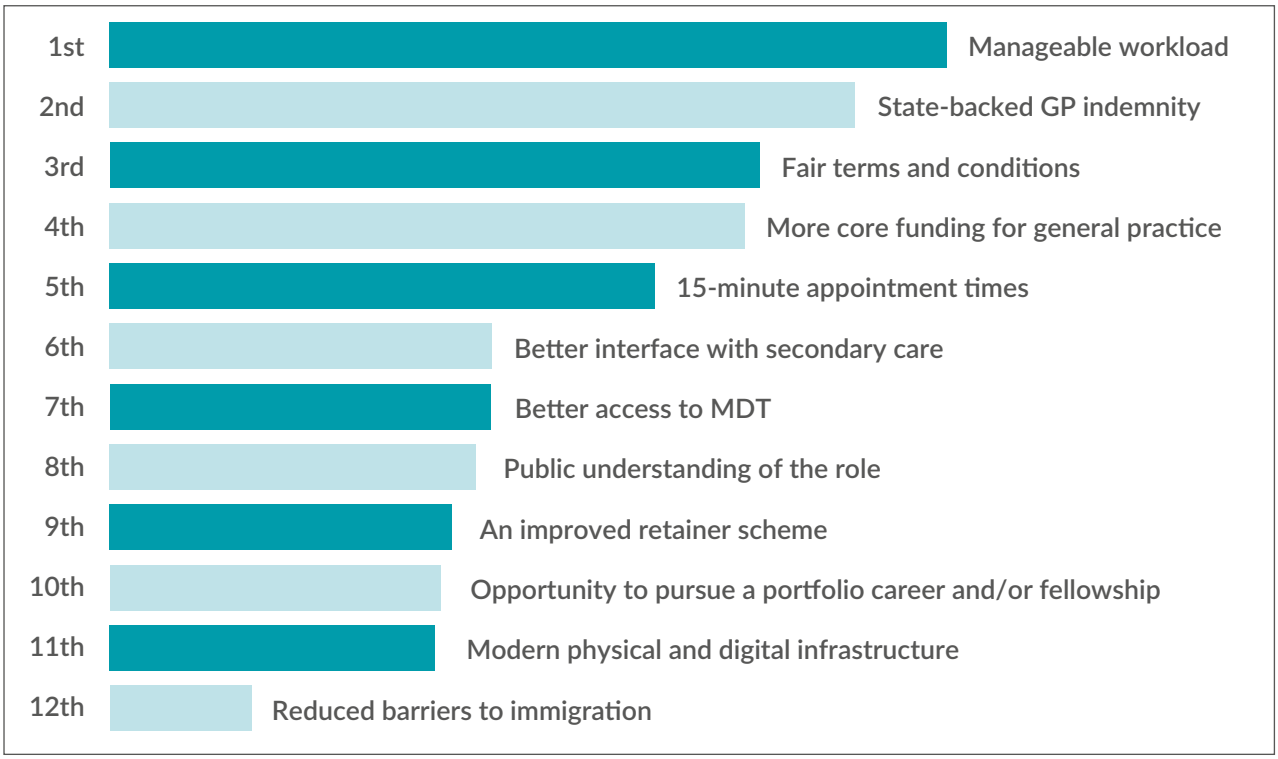


Figure 3: "What would encourage you most to stay working as a GP in Northern Ireland?" NI ST3 GP Trainees' responses, ranking from most to least important[21]



Early Career: Some of those early in their GP career noted they particularly valued opportunities for professional training and development, and to be able to develop a portfolio career in line with their interests.

Later Career: GPs approaching retirement richly articulated the need to ensure the avoidance of a "cliff edge" for later career GPs in general practice and to explore how experienced GPs might be supported to continue to contribute in a variety of non-clinical ways such as medical education, mentoring, etc., after ceasing or significantly reducing clinical sessions. Currently, opportunities to contribute professionally cease when a GP must resign from the performers list due to no longer undertaking patient-facing work. Some degree of flexibility in such a process, or modification to allow GPs to continue to contribute overall, would likely encourage a "cliff path" approach to retirement. GPs at this career stage also reported that indemnity and pension changes were major factors in decisions to take early retirement.

> ***"We need to provide a 'cliff path' rather than a 'cliff edge' for GPs approaching retirement."***
>
> *Later Career GP*

International Medical Graduates (IMGs): GPs who had passed their undergraduate medical exams outside the UK clearly articulated their ongoing challenges with regards to obtaining Health and Care Worker visas and the instability this causes for doctors who want to stay and work in Northern Ireland. While NIMDTA and RCGPNI have increased supports for IMG trainees, once beyond CCT, there are ongoing challenges in recruitment. Some improvements have been realised through expanding the information available to employers around sponsorship and a number of GP practices, GP Federation Support Units, and GP Out of Hours providers are now sponsor organisations.

Patient perspective on the key challenges

Patients who attended an RCGPNI focus group shared GPs' concerns around the impact of practice contract hand-backs and instability

They were also concerned that the domino effect of practice contract hand-backs risked exacerbating existing regional health inequalities in Northern Ireland.

They were strongly supportive of the full rollout of the MDT model, and they noted that patients would welcome the option of self-referral to MDT specialists if they were educated about their roles and how to use them.

The group also noted it was important to communicate with patients on an ongoing basis on how best to access the right professional for the right care.

> ***"Like many, I value the relationship with my GP, and the care provided to the whole family. Patients are already feeling the effects of an unstable service. If GPs don't get the support they need, I worry that patients will come to harm."***
>
> *Fiona McLaughlin,*
> *RCGPNI Patient Network Chair*

Solutions

Whilst the overall challenges to retain the GP workforce in Northern Ireland are wide-ranging, multifaceted, and complex, the price of failure is simply too high to contemplate inaction.

Addressing the deficit in GP training numbers in Northern Ireland remains a priority to ensure the long-term stabilisation of general practice. Working towards this, RCGPNI endorses the recommendations of the Training Places Task and Finish Group regarding expansion of training places to meet the long-term needs of our population.

In addition, none of the recommendations set out below will reverse the long-term cuts to funding in general practice over the last decade. It is imperative that these recommendations are accompanied by a commitment to reverse the real-terms cuts in funding, ensuring an adequate funding model and contract that better reflects the needs of our population set within the context of transforming how NHS care is delivered to the citizens of Northern Ireland.

The following recommendations aim to stabilise the workforce crisis faced in Northern Ireland in the short to medium-term and address the workload burden that is contributing to attrition among NI GPs.

Workforce

The draw to work elsewhere - keeping GPs in Northern Ireland

As we consider how best to keep highly valued GPs working in Northern Ireland, we must also be cognisant of the factors that make working elsewhere more attractive. This is particularly relevant in Northern Ireland given that we share a land border with the Republic of Ireland. In the Republic of Ireland there has been a significant investment in Sláintecare[22] and the terms and conditions are far superior to those offered in Northern Ireland. It is also important to note that many rural areas are facing particular challenges in terms of recruiting and retaining doctors, and these are also border areas in many cases.

GP indemnity

Northern Ireland is the only part of the UK that does not have some form of state-backed indemnity scheme, making it more expensive for GPs to work here. It also means that while some GPs may feel able to work more sessions in general practice, the high cost of indemnity prohibits them from doing so. This is particularly relevant for early career GPs and those who are not from Northern Ireland and therefore are likely to look elsewhere for work, given the poorer terms and conditions and an effective tax on salary in the form of indemnity costs.

Despite a commitment by the Minister for Health in the previous mandate to have addressed this issue by November 2022, it has not yet materialised. This must be addressed urgently to keep GPs working in general practice and working in Northern Ireland.

Recommendation

The Department of Health should:

- Launch a state-backed GP indemnity scheme for Northern Ireland.

Enhancing GP fellowship opportunities

Initiatives to support and encourage retention among early career GPs should be considered, for example the introduction of a 'new to practice' fellowship scheme, such as the Salaried Portfolio Innovation (SPIN) scheme which exists in London.[23]

It is important to recognise that newly qualified GPs require additional support when new to substantive practice. Many cited opportunities to develop special interests along with training and development as key incentives for staying and working in NI. There currently exists greater availability of opportunity and choice for supportive fellowships in the rest of the UK.

A fellowship scheme offering career development support for newly qualified GPs would help to tackle geographical recruitment challenges and enhance practice stability in the short- and long-term.

Recommendation

The Department of Health should:

- Invest in an enhanced GP fellowship programme, providing additional support for newly qualified GPs to take up substantive posts in practice.

Increasing flexibility and reach of GP retention scheme

Recent efforts to expand the provision of the GP retention scheme and develop tailored support for IMGs are very welcome, but it is clear the GP retention scheme requires evaluation and investment. The retention scheme in Northern Ireland has not been reviewed since 2016 and it is important that this is evaluated to ensure the scheme is still fit for purpose. Given the low numbers availing of the scheme (only 10 being approved at the time of writing in March 2024), the scale of the crisis we are facing in general practice, and the level of workload pressure, consideration should be given to investing in and modifying GP retention schemes. This will aim to ensure more flexibility and greater financial stability for practices and to support GPs across all career stages to remain in practice. In particular, consideration should be given to addressing the impacts of both the four-session per week requirement and the mandatory Out of Hours session delivery for doctors who are enrolled in the retention scheme, as these may be preventing some GPs from benefiting from the scheme.

There is a very low incentive for practices to offer GPs placements on the current retainer scheme. The sessional remuneration that GP practices receive as part of the retention scheme has not increased since the scheme was developed in 2016 and it is important this is reviewed in light of changes to superannuation and inflation. It is also worth considering how GP practices who have retainers are supported when it comes to maternity and sick leave, so that they are not financially disadvantaged. In addition, the introduction of fellowships in conjunction with the retainer scheme, would offer an incentive in the form of enhanced training and professional development.

This will require investment and resource from the Department of Health, but the benefits of retention initiatives will outweigh the cost of potentially losing these colleagues, impacting on patient care and the ability to train future GPs.

Support before crisis

The Department of Health must provide support for practices before they reach the point of crisis, as in many cases the support has come too late.

Recommendations

The Department of Health should:

- Invest in and modify GP retention schemes to ensure more flexibility and greater financial stability for practices and to support GPs across all career stages to remain in practice.
- Expand the Attract, Recruit, Retain programme to provide further support to geographical areas experiencing significant instability.
- Invest in further support for practices at risk of contract hand-back and improve support for practice mergers.
- Ensure that practices in areas of contract instability are not further disadvantaged by having to compete for locum cover with Trust-run practices offering hugely inflated fees for sessional work.

Supporting the wellbeing of GPs

An increasing number of GPs are experiencing stress and burnout, and as a result are considering reducing clinical sessions or leaving general practice. Northern Ireland is the only region across the UK that does not have access to a practitioner health programme, which leaves many GPs feeling like they have nowhere to turn.

Recommendation

The Department of Health should:

- Commission a practitioner health programme to support clinicians in crisis across Northern Ireland.

Retaining International Medical Graduate (IMGs)

The RCGP General Election Manifesto calls on the UK Government to guarantee the right to apply for permanent residence for international medical graduates (IMGs) qualifying as GPs.[24] IMG GP trainees are unfairly disadvantaged by the shorter duration of the GP training scheme compared to those in other medical specialities. While immigration policy is a reserved matter, with increasing numbers of GP trainees from an international medical graduate background (and until such time as UK Home Office changes legislation), it is important that they are actively supported to consider staying in Northern Ireland post completion of training. This should include enabling GPs and practices to navigate the Health and Care Worker Visa scheme, up to the point where IMGs can apply for indefinite leave to remain.

Recommendation

The Department of Health should:

- Provide support for GPs and practices around recruiting staff who require a health and care worker visa.

Support for later career GPs

GPs feel that there should be a 'cliff path' rather than 'cliff edge' for the later stages of their career. It is essential to find ways to support any move by GPs to continue non-patient facing roles such as teaching, training, mentoring, and professional support while reducing or even stopping their patient-facing roles. This should be viewed as them continuing to make a positive contribution to the profession and we must ensure there is flexibility to encourage this.

Pension issues are consistently cited by respondents to the RCGP tracking survey as a significant concern: 19% of respondents to our last survey said they were opting to retire as they found pension taxation unsustainable.[25] While the College welcomes the progress that has been made to abolish the lifetime pension allowance and raise the annual tax allowance, some issues remain that must be resolved.

Recommendations

The Department of Health should:

- Provide specific schemes to allow later career GPs to retain capacity to make valuable contributions to general practice (e.g. through education, mentoring, and leadership roles) after retiring from clinical practice.
- Work with HMRC to secure solutions to pensions that are equitable across all UK nations.

Workload

The workload in general practice is simply unsustainable. The rising demand for care is increasingly unmanageable, and many GPs are having to limit numbers of consultations, as they feel to do otherwise would be unsafe. The sheer level of demand has left many GPs unable to deliver personalised, relationship-based care.[26] Relationship-based care has significant benefits for patients in terms of improved experience and health outcomes, but GPs also gain significant job satisfaction from having the time and space to build relationships with their patients. The high level of demand and workload is necessitating a move towards more transactional care, which is not what most clinicians envisaged when they chose general practice as a career. The BMA guidance on safe levels of working[27] was raised on a number of occasions throughout the roadshow journey and this is indicative of many GPs finding themselves in the position of having to limit capacity to ensure safe delivery of care.

Too much work is done in general practice which should be completed by other professionals across the health service, such as answering queries on results from tests conducted in hospital, or requests from patients to expedite secondary care appointments.

It is essential that bureaucracy is reduced across the healthcare system and the interfaces between primary and secondary care improved. This is particularly relevant in Northern Ireland given the length of our secondary care waiting lists. GPs are spending a significant proportion of their time caring for patients with deteriorating conditions who cannot access the specialist care they need. We welcome the recent progress on the Working Better Together consensus document, including agreement achieved on consensus principles. We would call for formal endorsement of this document and urge the Department of Health to support the development of interface groups to ensure action on next steps.

While contractual negotiations are outside the remit of RCGP and responsibility lies with the British Medical Association, it must be noted that the current funding model is not fit for purpose and there needs to be greater core investment in general practice.

Recommendations

The Department of Health should implement the following recommendations to improve workload, to allow GPs time to deliver high-quality relationship-based care:

- Endorse and publish the Working Better Together consensus document on primary and secondary care interfaces and support the development of interface groups to ensure action is taken to address the unnecessary work within general practice and free up vital time for practice teams.
- Address the waiting list legacy and concurrently improve referral pathways for care when patients need referred. Ensuring patients are seen by the right person, right place, right time, first time will reduce the burden of waiting that falls on general practice.

Multidisciplinary Teams

The rollout of the MDT model, in which first-contact physiotherapists, mental health practitioners, and social workers are embedded in general practice, was identified as a central element of the 10-year approach to transforming health and social care in Northern Ireland, 'Health and Wellbeing 2026: Delivering Together'.[28] Despite early patient and service user feedback indicating a positive impact on patient experience and outcomes, and many GPs reporting MDTs allow them to focus their work on areas which best utilise their skills as a GP, this programme has been allowed to stall in Northern Ireland due to lack of budgetary commitment. Only one of the 17 GP Federation areas (Down Federation) has a full complement of MDT in the four years since the launch of the programme, and 10 Federation areas have no access to MDTs. To put this into context, less than 10% of our population in Northern Ireland has access to all aspects of the MDT. The incomplete rollout of MDTs exacerbates the already deep inequalities in healthcare provision across Northern Ireland. However, this inequity also embeds workforce retention issues, as newly qualified GPs may be more likely to seek work in an area with a functioning MDT, leading to further destabilisation of those practices without them. It is worth noting that only one of the practices that have handed back their contract to date has been from an MDT area, and this was an area where rollout has not been completed.

Recommendations

The Department of Health should:

- Commit to a funded, timely, and full rollout of the Multidisciplinary Team programme.
- Lead an open and honest conversation with the public about the unique role of the GP in providing patient care, and what general practice can reasonably deliver in the current context.

Electronic transfer of prescribing (ETP)

The delivery of electronic transfer of prescriptions (ETP) in general practice in Northern Ireland is an essential part of tackling GP workload and has significant benefit to the environment. While other parts of the health service are receiving a huge investment into digital technology as part of the Encompass NI programme,[29] it is not acceptable that the rollout of electronic transfer of prescribing in general practice has been delayed until approximately 2029. This must be addressed as a matter of priority.

Recommendation

The Department of Health should:

- Prioritise and escalate the timeframe of the delivery of the electronic transfer of prescribing (ETP) project into general practice in Northern Ireland.

Investment in general practice infrastructure

The RCGP infrastructure survey found that the current state of the infrastructure, both physical and digital, in general practice was limiting their ability to deliver care for patients.[30] Many physical spaces are outdated, require investment to facilitate improvements, and prohibit additional staff working in practice or facilitation of medical education. The survey found that 25% of respondents said their GP practice was not fit for purpose as it had water leakage, mould, or mildew.[31] It is not acceptable for GPs to be working in these poor conditions and it undoubtedly plays a role in reducing job satisfaction for GPs.

The cost of running a GP practice has increased significantly as a result of the cost-of-living crisis and it is vital that any support considers these rising costs, with inflation levels currently sitting above 4%.[32]

While the College in Northern Ireland welcomes the work undertaken to improve digital infrastructure, including via the Department of Health GP Access Group, this has not gone far enough and further improvements are needed. It is also vital that any proposed digital improvements are cognisant of the workforce required to implement them.

Recommendations

The Department of Health should:

- Work with GPs to co-design practical digital solutions that work for practices.
- Invest capital funds into improving and modernising GP systems and infrastructure.

Conclusion

Primary care is the foundation of our health service in Northern Ireland and delivers approximately 95% of the care a patient will need across their lifetime,[33] but GPs are struggling to the point of collapse. There is an urgent need to stabilise general practice and a key part of this is to take steps to ensure GPs remain in the profession.

Improving the retention of our GP workforce is central to keeping general practice afloat and able to provide patient care. In this paper, we have presented a series of recommendations that will help to stabilise general practice and support GPs to stay in the workforce. Our recommendations are based on an extensive process of engagement with GPs working in Northern Ireland. These should be read in conjunction with the recommendations set out by the College at UK-level.

Putting these into action will require commitment and investment from the Department of Health, but the price of failure is too great to contemplate. Without action, the situation will continue to escalate, and more pressure will be placed upon an already over-stretched general practice. The Department of Health must also tackle the long-term issues facing general practice, by expanding GP training places and committing to increasing investment in general practice through a sustainable funding model that not only delivers safe and quality care for patients, but secures the future of the profession for decades to come.

Endnotes

1 https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-speech-gp-270224.pdf

2 https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf

3 Northern Ireland Audit Office Report "Access to General Practice in Northern Ireland", 20 March 2024.

4 See also RCGP 2022 publication "Fit for the Future: Retaining the GP Workforce", available at: https://www.rcgp.org.uk/getmedia/155e72a9-47b9-4fdd-a322-efc7d2c1deb4/retaining-gp-workforce-report.pdf

5 General Medical Services for Northern Ireland, Annual Statistics 2022-23.

6 Dr Margaret O'Brien presentation to Committee for Health, Tuesday 15 March 2022: http://www.niassembly.gov.uk/assembly-business/committees/2017-2022/health/minutes-of-proceedings/session-2021---2022/15-march-2022/

7 Dr Margaret O'Brien presentation to Committee for Health, Tuesday 15 March 2022 http://www.niassembly.gov.uk/assembly-business/committees/2017-2022/health/minutes-of-proceedings/session-2021---2022/15-march-2022/

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9 General Medical Services for Northern Ireland, Annual Statistics 2022-23.

10 General Medical Services for Northern Ireland, Annual Statistics 2022-23.

11 GMC Workforce Report 2023: The state of medical education and practice in the UK.

12 General Medical Services for Northern Ireland, Annual Statistics 2022-23.

13 Northern Ireland Audit Office Report "Access to General Practice in Northern Ireland", 20 March 2024..

14 RCGP Tracking Survey Northern Ireland Data 2022. 126 responses in total received from Northern Ireland, 107 complete (85%), and 19 partial (15%). The survey ran from March 1st to March 31st 2022.

15 https://www.nimdta.gov.uk/general-practice-training/gp-trainers-and-training-practices/gp-retention-scheme/

16 https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/completing-the-picture-report https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/completing-the-picture-report

17 RCGP UK-wide Tracking Survey 2023, 1,855 respondents in a four-week period from March 1st to March 31st 2023.

18 https://www.bma.org.uk/media/7734/bma-ni-gp-safe-working-guidance.pdf

19 For example, in England see https://www.practitionerhealth.nhs.uk/

20 ST3 survey conducted via Menti, 1 Feb 2024. 57/59 respondents completed this question. 41 respondents (72%) chose "Work-life balance" as their first preferred option, and 11 respondents (20%) chose it either second or third. 8 respondents (16%) chose "Income" as their first preferred option, while 34 respondents (66%) chose it either second or third. On "Workload", 5 respondents (10%) chose this as their first preferred option, while 26 (51%) chose it either second or third.

21 ST3 survey conducted via Menti, 1 Feb 2024. 57/59 respondents completed this question. 17 respondents (32%) chose "Manageable workload" as their first preferred option, and 20 respondents (37%) chose it either second or third. 13 respondents (27%) chose "State-backed GP indemnity" as their first preferred option, with 20 respondents (42%) choosing it either second or third. On "Fair terms and conditions", 9 respondents (19%) chose this as their first preferred option, while 16 respondents (34%) chose this either second or third.

22 https://www.gov.ie/en/campaigns/slaintecare-implementation-strategy/

23 https://www.hee.nhs.uk/our-work/in-your-area/london/salaried-portfolio-innovation-spin-scheme-%E2%80%93-new-practice-fellowships#:~:text=The%20scheme%20helps%20to%20create,early%20stages%20of%20their%20career

24 https://www.rcgp.org.uk/getmedia/6b6d4ac6-1de3-4119-a9dd-3d0ee2396b27/RCGP-Manifesto-2023.pdf?utm_source=website&utm_medium=pdf&utm_campaign=manifesto

25 RCGP Tracking Survey 2023, 1,855 respondents in a four-week period from March 1st to March 31st 2023.

26 RCGP: The power of relationships: what is relationship-based care and why is it important? June 2021

27 https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-for-gps-in-northern-ireland

28 https://www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together

29 https://www.health-ni.gov.uk/news/date-set-patient-record-revolution

30 The survey was responded to by 2,649 general practice staff members between December 2022 and January 2023. This included opinions of 1,234 GP Partners, 376 salaried GPs, 139 GP locums, 221 GP trainees, 297 practice managers, 52 other clinicians, 25 other non-clinical staff, and 129 other roles from across the UK.

31 RCGP Infrastructure Report, May 2023.

32 https://www.ons.gov.uk/economy/inflationandpriceindices

33 https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf

This report has been compiled using the most up to date and accurate information available to RCGPNI at the time of writing.

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The Royal College of General Practitioners is a network of over 54,000 family doctors working to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on education, training, research and clinical standards.

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