

# Retaining our GP workforce in Scotland

## Executive Summary

RCGP Scotland December 2022

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*A thriving general practice not only brings direct benefits for its patients, but also serves to protect the entire NHS. It takes a minimum of ten years to train a general practitioner. To put general practice back on a stable footing there are actions that we must take to support retention, in addition to recruitment. Several conditions need to be satisfied to ensure that GPs feel equipped to continue to work in general practice.*

**Most GPs still appreciate what brought them to the profession: cohesive, collaborative, productive teamwork, long-term relational care and holistic approaches over the lifespan. But our members report that the joy of general practice has been curtailed by the expanding workload undertaken by an increasingly stressed workforce. A workforce strategy must now be followed with national level planning. Regrettably, we have already reached the stage that serious systematic efforts will need to be made by Scottish Government or Health Boards to reduce demand and curtail the associated workload.**

**Scotland's GP workforce data is especially poor and must be improved** if there is to be effective planning. Audit Scotland estimates that even with the Scottish Government's commitment to increase the workforce by 800 headcount GPs by 2028, there will still be a deficit of almost 700 headcount GPs by 2027. Our annual tracking survey found that 36% of GPs are unlikely to be working in general practice in five years' time, which could translate to the loss of just over 1500 GPs. These figures paint a stark picture.

There are targeted **GP retention schemes** available in Scotland which aim to support and keep some doctors at risk of leaving in the profession. However, the schemes are small, under-used and unevaluated, with a piecemeal approach that can deter and exclude GPs. Whilst keeping them narrow may save money in the short term, the long-term damage is significant, especially when GP training costs a third of a million pounds.

GPs and their teams no longer have access to **regular, funded time within their working weeks for continuing professional development**, or to devise approaches to better meet patient needs. The removal of **protected learning time** was a short-sighted decision that demonstrates that when healthcare planning fails to consider whole system working, one part of the service suffers.

Evidence suggests that **the unmanageable workload** is having a significant impact on morale. A 2021 GMC report found that "GPs were almost twice as likely to report burnout as a reason for leaving (42.8%) compared with specialists (22.2%)." Our latest tracking survey shows that 67% of respondents feel so stressed they cannot cope at least once a month. NHS doctors are known to be at a higher risk of poor mental health and suicide than the average population.

RCGP Scotland campaigned for a dedicated mental health service for GPs, and we welcomed steps from the Scottish Government like the Workforce Specialist Service, launched in response to the Covid-19 pandemic, and commitments to increase capacity for psychological therapies and interventions. These support services must continue to be evaluated and resourced. It is also crucial to start considering why GPs become overwhelmed or unwell in the first place. Rather than talking of resilience, we must think of safe working conditions and staff welfare, both increasingly compromised in the GP setting.

**Support needs to be available at all stages of a GP's career.** We are hearing increasingly from GPs within the first five years of their GP careers - 'First5s' - of the mental toll of the transition from a stressful GP training programme to the intense pace of general practice. We simply cannot afford to lose GPs so early in their career; they need more induction and career support. Close attention must also be paid to how we can more effectively retain our mid-career GP workforce, including those on parental leave, with disabilities, with caring responsibilities, or those facing bullying and complaints.

GPs over 50 have long-standing relationships with patients, but today they are working at a relentless pace, and find it increasingly difficult to maintain safe practice. do not always feel safe in doing so. Early retirement compromises the long-term continuity of care that improves health outcomes for our patients. Continuity reduces mortality, avoidable hospital admissions, improves uptake of preventative services and adherence to medication, and is preferred by many patients.

General practice delivers a 24/7 service, with the Out of Hours (OOH) service covering 118 hours/pw. The relentless workload, again at the limits of safety, acts as a disincentive for GPs to work in OOH services. We require an **urgent evaluation of the progress of recommendations of the 2015 review** of primary care OOHs.

**We stand ready to work constructively with the Scottish Government and others to ensure that GPs and their teams feel supported and able to continue working in general practice throughout their careers.**



# Key recommendations

- 1** National data on the GP workforce and workload must be improved across both in-hours and Out of Hours and an increased understanding developed of why GPs continue to intend to leave the workforce and from there devise targeted solutions.
- 2** We urgently need a long-term solution to ensure that GPs and their teams have protected time within their working week to come together for learning and development activities in both the in-hours and Out of Hours service.
- 3** We would welcome a full evaluation of the retention schemes currently in place in Scotland and actions taken to address the gaps that are found to exist. Once these have been addressed, Health Boards should take a proactive approach to supporting GPs who are struggling to remain in general practice by offering a place on existing schemes, with funding made available to enable this.
- 4** Dedicated support services such as the Workforce Specialist Service must continue to be evaluated and resourced to ensure that those who most require support for their mental health and wellbeing are able to continue to access it.
- 5** Alongside a review of GP Fellowships, we need to explore ways to make general practice a sustainable environment for our early-career GPs with consideration given to improved induction and career support programmes.
- 6** An assessment of, and reduction in, unresourced transfer of workload across the health service and improved interface working with funded primary-secondary care interface groups in each Health Board area.
- 7** Reduction of unnecessary administrative workload.
- 8** The ongoing delivery of a National Conversation focused on the management of public expectations of what general practice can realistically be expected to deliver given the current resources, and improved understanding of the new ways of working in general practice.
- 9** We now require an urgent evaluation of the progress of the “Pulling together: transforming urgent care for the people of Scotland: The Report of the Independent Review of Primary Care Out of Hours Services” recommendations.
- 10** We recommend that assistance is given to groups which aim to support those returning from maternity leave within every Board, with some support and funding, for those involved in running them.



SCOTLAND

RCGP Scotland represents a network of around 5,000 doctors in Scotland aiming to improve care for patients. We work to encourage and maintain the highest standard of general medical practice and act as the voice of GPs on resources, education, training, research and clinical standards.

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