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NHS and Public Health England, Facing the Facts, Shaping the Future

1. The Royal College of General Practitioners (RCGP) welcomes the opportunity to respond to the NHS and Public Health England consultation on Facing the Facts, Shaping the Future: A draft health and care workforce strategy for England to 2027.

2. RCGP is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 52,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. RCGP is an independent professional body with expertise in patient-centred generalist clinical care.

Executive summary

3. RCGP supports much of the content and principles set out in Facing the Facts, Shaping the Future document. However, it is clear that a stronger, clearer road map will be needed to overcome the evident current workforce shortages in general practice, and to move us anywhere near the government targets previously set out, including those in the General Practice Forward View (GPFV).

4. We agree that this strategy should look further into the future than previous workforce strategies, and this must involve innovative approaches and bold-thinking. This must include sufficient and substantial additional resourcing for primary care: positive change and evolution cannot occur without upfront funding, particularly in light of the current workforce crisis in general practice.

5. Although data collection in general practice has its limitations, the evidence available demonstrates a concerning lack of GPs in the NHS system to address the growing
needs of patients for care in communities, as well as being under-resourced in terms of the wider general practice team.

6. Demand for care within general practice has substantially increased in recent years, and it is widely accepted that the primary care workforce has not grown sufficiently to match this.\(^1\) Evidence has also shown that stronger provision of general practice services is linked to reduced pressures on hospital services\(^2\) and lower mortality within communities.\(^3\)

7. The latest NHS Digital figures reveal a decline of over 1000 GPs between September 2015 to September 2017 in England (excluding the locum workforce, as there is a lack of reliable data) Even by including locums into the data (which is only possible to reliably compare over the last few months), the figures indicate a net loss of 74 GPs between March 2017 and December 2017.\(^4\) Given the wide recognition of a need of at least 5000 more GPs by 2020/21, this is concerning for the future of general practice. As recognised, there is also a need to look further ahead to 2027 and beyond, which means setting in motion considerable efforts now, to strengthen the GP and wider primary care workforce for at least the next few decades.

8. In a recent England wide RCGP survey of 823 GPs, 76% of those who had been involved in GP recruitment in previous year stated that it had been difficult. Additionally, 37% of those surveyed reported at least one GP vacancy (at the practice where they work) that had been open for more than three months.

9. 28% of GPs also said felt unlikely to be working in general practice in five years’ time, with 44% of these saying this is because they are too stressed. The workforce crisis, in turn, will continue to deepen the challenges faced by the workforce if radical action is not taken to address workload pressures facing general practice.\(^5\)

10. A central part of a future NHS workforce strategy must include greater investment in the training of our future GPs and wider clinical team in general practice; this must sit within a fully-funded general practice service, with wider support structures in place. Greater support for medical students and Foundation Year trainees is needed to support them to choose general practice as their speciality. Increased efforts and investment should also go into supporting people from all backgrounds to have the opportunities to go into medicine and become a GP.

11. Within this response, we also set out the clear need to increase access to flexible career options for GPs, with a growing demand for portfolio careers and flexible

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\(^5\) This survey was commissioned by RCGP and was in field between 3 August and 17 September 2017 through online and telephone surveys, of 823 GPs working in England.
working patterns. Clinical academic career pathways and research opportunities for GPs also need to be more easily accessible and better publicised.

12. Maintaining standards and focus on patient benefits must be central to any future workforce strategy.

13. Flexible, long-term and recurrently funded, pro-active retaining and returning strategies for GPs must be a central part of this strategy. Improving GP workload and staff wellbeing are also essential to a successful workforce strategy for the NHS. We believe that one key aspect to this should be to increase administrative medical support. This must also sit within a wider aim to reduce the clinical and financial risk associated with the current state of running general practice.

14. We also build the case strategy to proceed with introducing a fourth year of GP training, as mentioned in the draft strategy. This will equip GPs with the clinical skills, leadership skills and generalist skills to meet the needs of our evolving and aging population, and the challenges that the future delivery of care in the NHS presents.

15. There are significant weaknesses in the strategies to increase and integrate the wider practice team in general practice. There is a clear need for greater support, structures and funding for the training, guidance, ongoing professional development, and support for supervision for the wider clinical team. We outline several key recommendations to overcome some of these challenges. Further evaluation of the impact of skill-mix change in general practice is also needed to ensure care is delivered in the most effective way.

16. Overall, we agree with the sentiments set out in the six principles proposed, however these could be further strengthened and there are a number of nuances that should be incorporated.

**Principle 1. Securing the supply of staff that the health and care system needs to deliver high quality care in the future.** Since the NHS began patients have been well served by staff from around the world. However, maximising the self-supply of our workforce is critical. It cannot be right for the NHS to draw staff from other countries in large numbers just because we have failed to plan and invest.

17. We agree maximising efforts to secure future self-supply through investment in training, recruitment, retention and returning staff is essential to ensuring we have a sufficient future workforce in general practice. However, within this principle there is also a need to highlight the value of our international workforce contributing to the NHS, and to recognise that GPs and other health professionals may wish to move

**Question 1**

Do you support the six principles proposed to support better workforce planning; and in particular will the principles lead to better alignment of financial, policy, and service planning and represent best practice in the future?

**Areas to explore may include:**

- What more can be done to help staff work across organisations and sectors more easily?
- What data do we need to ensure we can plan effectively, and how do we align across workforce, finance and service planning?
- For what sort of measures/plans/proposals should the Workforce Impact Assessment be used?

16. Overall, we agree with the sentiments set out in the six principles proposed, however these could be further strengthened and there are a number of nuances that should be incorporated.
between countries at different periods of their life and career. A key part to this is ensuring there is sufficient flexibility within the system to support appropriately skills and trained staff to come back to the UK, and for suitable candidates from around the world to train and work in the UK to be part of the NHS system. Schemes such as the Medical Training Initiative (MTI) have also shown that training international citizens in the UK can be beneficial for the health services in other countries, while also helping to support the health service in the UK while they are here.

18. Medical trainees and qualified doctors as well as other health professionals from abroad must be supported, welcomed and valued in their significant contributions to the NHS, as well as putting more efforts and planning into maximising self-supply. Further consideration should be given to attracting more medical graduates from abroad to carry out their GP training in the UK, such as supporting them to overcome visa barriers.

19. Planning ahead and investing in training are a crucial part of the success of the future workforce, but there is also a need to recognise the complexity of the systems they are staffing.

20. It should also be recognised that general practice is strongly reliant on European staff to deliver patient care, and these staff members are highly valued as part of the team. For example, 72% of GPs in a recent RCGP survey stated that they are concerned about recruitment and retention of GPs and nurses as a result of Britain leaving the EU. Efforts should be taken to prevent further negative impacts on healthcare delivery during Brexit.

Principle 2. Enabling a flexible and adaptable workforce through our investment in educating and training new and current staff. Individual NHS professions have distinct roles but there is scope for more blending of clinical responsibilities between professions. This flexibility is rewarding for staff and can provide the NHS with more choice in how we organise our services.

21. We agree that investing in the education and training of new and current staff is essential, and indeed, central to the future of general practice and the wider NHS. New skill mixes should be supported within general practice and there is a need to ensure effective integration of new roles.

22. We also agree that there is a need for closer working between areas of healthcare provision, and for stronger links between clinical professions, including supporting closer multidisciplinary training and working. However, much greater support needs to be provided to facilitate educating and training new members of staff.

23. While the blending of clinical responsibilities in some areas may be appropriate and beneficial for the delivery of patient care, this would require careful implementation and an evidence base needs to be further developed to establish clear effective models in general practice. The full impact on the workforce must also be considered, such as the impact that changes in clinical responsibilities may have on supervision arrangements in general practice and the burden of this on GPs.

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6 This survey was commissioned by RCGP and was in field between 3 August and 17 September 2017 through online and telephone surveys, of 823 GPs working in England.
Principle 3. Providing broad pathways for careers in the NHS, and the opportunity for staff to contribute more, and earn more, by developing their skills and experience. Structured career opportunities which enable staff to progress both within and between professions will enhance retention and make the health and care system more resilient and attractive in the face of changing demands from staff.

24. We agree with principle 3. Clearer career pathways and ongoing professional development support would be helpful for the range of professionals working in general practice. Flexibility for doctors to move between specialties, given the right support and additional training, may be immensely rewarding for the health service. This can also allow trained staff to move to areas of particular need within the workforce to meet patient demands, such as the current crisis in general practice.

25. There are already considerable flexible programmes in place which allow for the movement between specialities; however, there needs to be greater centralised communications about how to do this and the opportunities available.

26. A further idea is how to support short term movements from other specialities to general practice and other shortage specialities, such as job role shadowing. This could also help to build stronger links between the primary and secondary care workforce.

Principle 4. Widening participation in NHS jobs so that people from all backgrounds have the opportunity to contribute and benefit from public investment in our healthcare. This enshrines the public duty to provide equal opportunity for all and will ensure the NHS workforce of the future more closely reflects the populations it serves. If delivered successfully it will increase the pool of people available to be recruited into the NHS.

27. We agree with principle 4. Across the health sector, including within general practice, widening participation must remain a priority to ensure that the workforce represents the community it seeks to serve. This is also essential to ensure that the talent and skills of people from all backgrounds have the same opportunities to be harnessed for the benefit of patients, and to help to grow our NHS workforce.

28. It is important that efforts are maximised to support people from all backgrounds to have the opportunity to become a GP, or another healthcare professional.

Principle 5. Ensuring the NHS and other employers in the system are inclusive modern model employers with flexible working patterns, career structures and rewards. These need to support staff and reflect the way people live now and the changing expectations of all the generations who work in the NHS. To retain dedicated staff now and in the future requires employment models that sustain the values which drive health professionals every day whilst protecting against burnout, disillusionment or impossible choices between work and home life.

29. We agree with principle 5. Sufficient funding and resources must be made available to employers in general practice to enable flexibility to be built into the system – a system which is currently under considerable strain. Adequate funding must be delivered, alongside support to facilitate the implementation of effective model arrangements.

30. The locum GP workforce provides an important service to general practice, filling gaps that are not just created by a lack of workforce, but also a workforce that has a
strong flexibility. Many take on unsociable hours and short-term positions which would otherwise be extremely challenging to fill. These sections of the workforce should be more greatly valued, as well as salaried and partner GPs, and there should be a greater consideration of their role in meeting patient needs.

31. Flexible working should also be combined with the implementation of sufficient incentives for staff to continue to work within the same community, in order to help provide stability and continuity for local systems, patients and doctors.

Principle 6. Ensuring that service, financial and workforce planning are intertwined, so that every significant policy change has workforce implications thought through and tested. This will help ensure the NHS gets the best for patients from all its resources. Aligning service and workforce planning fosters realism alongside creativity in considering what the workforce in all the relevant groups can best contribute to a new or changing service. This will also increase the resilience of workforce planning and ensure the NHS workforce is rightly seen as an enabler of improved services, not as a constraint.

32. We agree with principle 6; however, workforce planning must look further into the future, with a degree of flexibility to account for external factors as they arise.

Question 2
What measures are needed to secure the staff the system needs for the future; and how can actions already under way be made more effective?

Areas to explore may include:
- Are there fresh ideas for attracting more people to work in the NHS, either as new recruits or returners?
- What scope is there to extend workforce flexibility using ideas such as credentialing, transferable qualifications, scope of practice and others?

33. Despite significant efforts and funding attached to the GPFV, it is clear that greater efforts are needed to secure the workforce of GPs needed to deliver patient care in the future. With an aging population and a greater need for care to be delivered in the community, the need to ensure sufficient supply of GPs are employed in England will continue to grow.

Support for the training of future GPs

Medical training

34. Increasing recruitment into GP training within the UK is an essential aspect to the NHS workforce strategy. RCGP and the Medical Schools Council’s joint publication, Destination GP, showed there are significant challenges to overcome to support medical students to navigate misinformation and denigration of a career choice as a GP, and to allow them to make an informed decision about becoming a GP. A key part of this will be provision of funding for general practice placements to fully cover the costs, as they are currently underfunded. Ensuring medical student placements in general practice are fully-funded will help to grow capacity. Incorporating placements
early on during medical training may also help students to build resilience to negativity they may experience towards general practice later on.\textsuperscript{7}

35. Destination GP also recommends considerable efforts are needed to resolve cultural barriers and issues at the interface between professions, which should take forward strategies to reduce rivalry between medical professions, and improving communication channels between primary and secondary care.\textsuperscript{8}

**Foundation training**

36. The latest report from The UK Foundation Programme Office (UKFPO) demonstrates that junior doctors are increasingly taking a break from the NHS after their Foundation Training, with 42.6% of FYs directly entering speciality training post-training in 2017 compared to 50.4% in 2016, and a steady decline being seen in the years prior.\textsuperscript{9}

37. The number of these trainees choosing general practice has increased slightly between 2016 and 2017 (+2%), but this is marginal, and moves back to a similar proportion seen in 2014. This suggests that efforts over the last couple of years by the RCGP, NHS England and other key stakeholders appear to be having a positive effect on the proportion choosing general practice, but there is much more that can be done. Furthermore, the overall trend in declining numbers going directly into speciality training could limit what this means for numbers going into general practice.

38. We believe this increase in numbers taking a break after studying demonstrates a change in the needs and ambitions of doctors, increasingly wanting to take a break during or after what is a lengthy period of training. Anecdotal evidence suggests many trainees many feel wearied by continuous assessments and may wish to take on a clinical role with less high-pressure and time commitment for a year after completing training, or to take a role abroad, before going into substantial role in general practice (or other specialities) in the UK.

39. While taking time out of training is becoming more common overall, data published by the General Medical Council (GMC) shows that nearly 90% of doctors who take a break after completing their Foundation Years training return within three years into speciality training.\textsuperscript{10} Therefore, we believe this type of break should be factored into workforce planning, along with support measures put in place to encourage doctors into speciality training after taking a break. Substantial and longer-term ambitions for training a sufficient number of GPs must be put into motion now to ensure the future of general practice.

\textsuperscript{7} RCGP and MSC (2017), *Destination GP*. Available at: http://www.rcgp.org.uk/policy/rcgp-policy-areas/destination-gp.aspx

\textsuperscript{8} Ibid.


40. Akin to the findings in our report Destination GP, there is also research that indicates that there are negative comments about general practice within clinical settings, having a potential impact on recruitment of Foundation Year doctors into GP training. This demonstrates a need for measures to tackle this negativity, and for greater exposure to high-quality general practice experience during Foundation Year training.

41. We also know that a significant number say they are undecided about which speciality training to go into when they start F1 (15.2%, 1046). A high number of those finishing Foundation Training also stated that they changed their intention of speciality training during FT (37%, 1296). This suggests that FT is an important opportunity for increasing support to show a high number of doctors the attractions of a career in general practice and other shortage specialities.

42. Therefore, the proportion of FY rotations in general practice should be increased to expose trainees to a career of general practice. To ensure there is the capacity in general practice to do this, greater resources must be provided to practices to ensure there is the space and capacity, and to enable them to give the highest quality experience.

*Wider, longer-term workforce recruitment aims*

43. Overall, there is a need for continued greater investment in wider communications about a career in general practice and the opportunities it provides. Lessons learnt from campaigns such as recruitment into the army may be useful for insights.

44. We believe that it is right that this workforce strategy should look further ahead to 2027 and well beyond, and that work should be undertaken now that will benefit patients long into the future. This should include working with primary schools to promote understanding of careers in general practice.

45. Given than it takes a minimum of 10 years to train a GP from entering medical school, there should be a strong focus on retaining GPs and supporting those who have left back into the workforce. As set out in a number of areas of this response, there is no simple solution to this and a cohesive approach to rejuvenating general practice and supporting the role of the GP is required.

*Increasing access to opportunities for career flexibility*

46. There is significant scope to extend workforce flexibility and this must be incorporated into future workforce planning, both in terms of ensuring this is built into models of employment and in terms of accounting for this in projections of FTE.

47. Flexibility for doctors to be able to move between specialties, given the right support and additional training, may be immensely rewarding for the health service. This can also allow trained staff to move to areas of particular need within the workforce to meet patient demands, such as the current crisis in general practice. There are already considerable flexible programmes in place which allow for the movement between specialities; however, there also needs to be greater centralised communications about how to do this and the opportunities available.

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48. The opportunity to develop an extended scope of practice is a key aspiration for many new GPs and those in training. The development of an extended scope of practice also introduces diversity for GPs at a later stage in their careers, therefore promoting resilience and supporting retention. RCGP has recognised the importance of a national process to enable GPs to demonstrate competence in their extended role, which is aligned with other relevant processes, including appraisal and revalidation. For this reason, and with the support of NHS England, the RCGP has produced a new generic framework to support the accreditation of GPs with extended roles. Expanding ways to recognise and accredit special interests and credentialing for GPs should be given a key importance within a future strategy, including further investment.

49. Proving opportunities to take on extended roles (potentially through credentialing) and portfolio careers is one of the most attractive and exciting emerging aspects to the GP career, and younger GPs are indicating to us this increased their interest in joining the profession.

**Increasing administrative support: general practice assistants and care navigators**

50. We believe that greater measures are needed to secure a sufficient workforce within the wider general practice team, including additional administrative support and recurrent funding for the employment of staff. RCGP has previously supported pilots of the general practice assistant role, or sometimes called ‘Medical Assistants’, following an example of this role implemented in the United States.

51. We have received positive feedback about the need for this form of additional administrative support within general practice, and believe that the roll-out of this role will help to provide the support the general practice system needs for the future. This includes helping to retain GPs who are overburdened with administrative tasks with an increasing workload. However, as initially outlined in our Annual Assessment of the success of the GPFV in 2017, we are concerned that the roll out of this type of support needs to be faster to address current needs.\(^{(12)}\)

52. The roll of the type of support provided by general practice assistants would help to free-up GP time providing more space to focus on patient care; this is particularly important given the increase in complex and multi-morbidity cases GPs are dealing with. The central part of this role should deal with patient administration, basic clinical tasks and being able to manage administration for long-term conditions. This should aim to help to free GP time to deliver care with patients who, for example, need more time for longer consultations. There should also be clearer guidance provided about this role.

53. The employment of general practice assistants could be facilitated by provision of recurrent funding to practices for administrative support, or through the roll-out of the role itself through direct employment. Consideration should be given to the pace at which the benefits of this role will reach the front line on a wide scale, given the challenges facing general practice.

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54. There should also be a continued increase in support and resources for equipping and expanding general practice staff to help GPs with administrative challenges in navigating increasingly complex and challenging care pathways. This will help to improve patient care and reduce the stress and frustrations of GPs who may be considering leaving the workforce due to the stress of being unable to access the services outside of their control for their patients.

**Maintaining standards and focus on patient benefits**

55. It is essential that standards of quality are preserved in light of workforce pressures, and the benefit of patients must be central to all strategies in the future workforce strategy. This means that flexibility in transference of qualifications and other areas must maintain the high standards of training of expertise needed to carry out the challenging role of a GP, and similarly doctors across the NHS. Secondly, significant investment into the wellbeing of staff should be considered to have a direct impact on the benefit of patients.

**Question 3**

**How can we ensure the system more effectively trains, educates and invests in the new and current workforce?**

Areas to explore may include:
- Are there any specific areas of curricula change or new techniques such as gamification or new cross cutting subjects like leadership, public health or quality improvement science that should be taught to all clinicians?
- How does the system ensure it spends what is needed on individual CPD and gets the most effective outcomes from it?

56. Reducing funding for training has shown to increase funding issues for the workforce in the future and leads to severe implications. Funding for training needs to be distributed more effectively, across the country.

**Training, educating and investing in the GP workforce**

57. There is a clear need to discuss expansion of doctors graduating in 2027 and further ahead, and to improve encouragement of student selection of general practice as a shortage occupation. We believe there is a need to significantly increase the number of HEFCE funded medical student places, above and beyond those already promised by government.

58. The 1500 additional medical student places announced in October 2016 was based on projected figures several years ago, which failed to take into account subsequent changes in demand, as well as the increased flexibility and reduced working hours that an increasingly number of doctors are requiring. However, the increase of medical student places must be accompanied by an increase in UG medical student placement funding for general practice. This is currently underfunded and there is wide variation across England. This is currently under review and we hope the outcome will redress these concerns.

59. The full costs of funding for GP student placements, and training GP trainers must be met to allow more practices to offer high-quality GP placements. As well as funding, this must include considerations in challenges of increasing the capacity of practices
to deliver placements, and aspects such as travel costs for students to get to placements, which can be a significant distance from their medical schools.\(^\text{13}\)

### The need for a fourth year of GP training

60. RCGP has long made calls for a fourth year of GP training and we strongly support its inclusion in the NHS workforce strategy. We recommend that the minimum training time in all GP programmes be extended to four years, with at least 24 months spent in primary care. This is not to question current training or the skills of existing trainees and recently qualified GPs – it is about ensuring GP training keeps up with the demands of an increasingly challenging and complex environment.

61. Becoming a GP means becoming an expert generalist, arguably covering the widest scope of medicine of all specialities, and dealing with some of the most complex multi-morbidity health needs, as well as managing some of the greatest clinical risks. For example, one in six of all GP consultations are with children, yet currently fewer than half of GPs in training have had an opportunity to gain experience of acute childhood illness in a specialist-based training placement.

62. A growing, aging population with increasingly complex multi-morbidity has led to a change in the needs of a majority of patients, with more requiring care which is best delivered within the community, led by GPs who can ensure that their care is integrated across the health service. Over the last decade, this has meant that care has been increasingly moving from traditional settings in secondary care into the community.

63. As new structures for patient care are created, along with growing financial pressures in the health system, GPs are increasingly responsible for the coordination and delivery of services giving them new challenges and opportunities for innovation and care redesign. Enhanced training in leadership, management and understanding systems will also enable future GPs to be more flexible to adapt to advances in medical management, new technology and future changes to the NHS.

64. As the focus of primary care moves towards whole population health with prevention at its core, the full general practice team will need additional training to add further skills into their delivery of care. Within an ongoing fast-paced transformation of primary care and in the viewing of the changing population needs, there will be a greater need for GPs to take forward primary care based service re-design and quality improvement. This will require knowledge and skills in using data and quality improvement techniques.

65. The three-year programme is no longer able to meet the increasing training needs of future GPs. Three years only meets the minimum European Union requirements and is the shortest of all medical speciality training in the UK; other medical speciality training is between 5 and 8 years in length.

66. A fourth year of dedicated general practice training will mean that the next generation of GPs is equipped with the clinical skills, leadership skills and generalist skills to

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meet the needs of our evolving population, and the practical challenges that the future delivery of care in the NHS presents.

67. To deliver access to high-quality patient care for all, regardless of background, age, gender, and other characteristics, England needs a GP workforce sufficiently equipped and supported with the skills to deliver care in the community and to ensure their care integrated across the breadth of the health service. For the full case for a four-year training programme as set out by RCGP, please see: www.rcgp.org.uk/policy/rcgp-policy-areas/enhanced-and-extended-speciality-training-in-general-practice.aspx. This includes an explanation of how enhanced GP training can be cost-effectively delivered.

The need for greater investment in continual educational support in general practice

68. A fourth year of training should also be accompanied by greater funding and resources for post-CCT training for GPs. There is a need to explore greater support for a range of post GP training and development opportunities to aid retention of GPs and other staff in general practice. This could include funding for professional support for GPs to develop business skills that are required as part of becoming a GP partner.

69. Greater ongoing professional support would help to ensure that staff in general practice are able to respond to changing needs of populations and the changing environments they work in, particularly as many areas are moving towards greater integration of care, and working at scale. This would also help staff to pursue keen skills and interests in particular areas of their practice, which allow them to meet the needs of their patients, in turn building job satisfaction and retention of staff in the NHS to deliver primary care.

70. Being able to provide the highest quality care to patients is crucial for sustainable job satisfaction for health professionals. To do this, they need to have the time and space for continual learning, and learning to adapt to the needs of their patients.

71. We support an expansion of the Medical Training Initiative (MTI) and recommend that a number of places should be specifically allocated to GP trainees and other shortage specialties. This will obviously require some further support on challenges such as visa sponsorship. However, this may help to provide a short-term solution towards the GP workforce crisis in England and the rest of the UK, whilst also providing a mutually beneficial programme for doctors all over the world.

Promoting the value of general practice research

72. It is essential that general practice continues to be evidence based, with research leading innovation and advancements across primary care delivery. Opportunities for GPs to carry out research should be expanded, and clinical academic and research career pathways for GPs need to be better publicised. As the future of primary care continues to evolve, and innovative strategies continue to become increasingly important, the research produced by GPs will be evermore invaluable. The GP role in leading the vision of patient care will continue to strengthen, which means a workforce with research capacity and resource will be essential.
73. Our recent survey of medical students and their perception of general practice with the Medical Schools Council suggests that increasing knowledge about research opportunities, may also help to demonstrate the intellectual stimulation of a career as a GP\textsuperscript{14}. In turn this could encourage more students to choose general practice as their speciality.

**Training, educating and investing in the multi-disciplinary workforce**

74. Recent NHS Digital workforce figures indicate an increase in some members of the wider clinical team in general practice, such as pharmacists, which is a positive indication that measures taken by NHS England and partners to fund recruitment and training of staff as part of the GP Forward View, can have an important impact.

75. However, these roles require recurrent funding and greater assurances and guidance about the employment of a wider team of staff. This also must sit within a fully-funded general practice service overall, to ensure the right structures are in place integrate a variety of roles into the team, and to ensure they are part of patient care delivery in the future of primary care.

76. The latest workforce figures also show that the support for General Practice Nursing (GPN) will require significant radical investment if it is going to meet the needs of patients, as set out in the aims of the 10 point GPN plan published in July 2017. The nursing workforce has only increased by 402 FTE (+2.6%) between September 2015 - September 2017\textsuperscript{15}. Current aims to expand the general practice nursing workforce to address patient needs are promising, but will require much greater investment and sharing of innovative best practice across England if the aims of the nursing workforce plan are to be fulfilled.

77. Funding, structures and other resources for education and training of the wider practice team needs to be significantly improved. RCGP have established a position paper on this area which outlines our approach. This sets out a number of recommendations we believe need to be taken forward to ensure the effective development and integration of the wider team. An extracted summary of key recommendations is included below:

- a) Appropriate guidance on training, mentorship schemes, induction support and supervision for the wider team needs to be better developed for general practice. This should ensure supervision is not overly burdensome for GPs;
- b) More resources to GPs and their practices for training of the wide range of practice staff, including sufficient funding for student placements, infrastructure, educational support, and support for supervision.
- c) Relevant reviews of the education and training of new clinical practice roles to team should aim to ensure newly qualified staff can make a full contribution to general practice;

\textsuperscript{14} RCGP and MSC (2017), *Destination GP*. Available at: http://www.rcgp.org.uk/policy/rcgp-policy-areas/destination-gp.aspx

d) Further research needs to be commissioned to build the evidence base on the impact of the emergence of new and developing roles in general practice on clinical outcomes;

e) A widescale NHS campaign should be launched to improve patient and staff understanding of the wider practice clinical roles.

f) We will continue to work with the Department of Health and Social Care during the development of the state-backed indemnity scheme in England. This must ensure that cover provided for wider practice team members, their supervisors and employers, is sufficient and affordable.16

78. As part of this process, support for training the trainers and mentors, and for training practices overall must be renewed, along with a review of the success of the role of CEPNs and training hubs across England. While there may be pockets of excellent support in some areas of England for training development for the wider team, this is not replicated across the country.

79. There should also be increased recognition for the need of relevant ongoing professional development for the wider practice team, which will need funding attached for its provision. RCGP is currently looking at its role in overseeing the development of appropriate guidance and support as part of its Continuing Professional Development strategy. However, funding will be needed to facilitate this support, as well as collaborative efforts with other key organisations.

What more can be done to ensure all staff, starting from the lowest paid, see a valid and attractive career in the NHS, with identifiable paths and multiple points of entry and choice?

Areas to explore may include:
• What more can be done to create careers not jobs for all staff, regardless of qualifications, entry level and current skills?
• What reforms are required to medical education and training to deliver the doctors the system needs in the future but also supports the needs of the system now?

80. As identified in our answer to question 3, greater opportunities for training post-CCT for GPs would help to improve career opportunities. For example, this could include opportunities to gain the skills needed to become a partner. The high interest in the GP Improvement leaders scheme over 2017/2018, with over 2400 Expressions of Interest from GPs to access the coaching (with only 300 GP places filled), shows there is a keen desire for this form of support. Similar and extended opportunities in this area may be useful to explore.

81. Our members are also increasingly indicating their interest in portfolio careers and opportunities to develop extended roles in certain areas of medicine, particularly, (but not limited to), those currently in earlier stages of their careers. There is also a high interest from GPs in developing the skills to take on extended roles.

82. We also recognise there is a strong need to improve the career pathways for Practice Nurses and other general practice staff. For example, it is essential that the full 10 point GP Nursing Plan is delivered, and that sufficient funding is attached to ensure its success. A key part of this will be providing funding for their training and development.

Question 5
How can we better ensure the health system meets the needs and aspirations of all communities in England?

Areas to explore may include:
• What more can be done to attract staff from non-traditional backgrounds, including where we train and how we train?
• How we better support carers, self carers and volunteers?

83. Across the health sector including within general practice, widening participation must remain a priority to ensure that the workforce represents the community it seeks to serve. This is also essential to ensure that the talent and skills of people from all backgrounds have the same opportunities to be harnessed for the benefit of patients, and to help to grow our NHS workforce. It is important that efforts are maximised to support people from all backgrounds to have the opportunity to become a GP, or another healthcare professional.

84. To this end, greater efforts and investment should be directed at supporting people from all backgrounds to have the opportunity to go into medicine and become a GP in the future, or to become another member of the general practice team.

85. Targets for widening participation should be considered at an earlier stage to support people from non-traditional backgrounds into employment in the NHS. This should include more efforts targeting students in primary school, to make sure they have information and opportunities at an early stage of their lives to consider a future career as a GP, or another member of the general practice team.

86. RCGP is currently undertaking work to try and support school pupils from all backgrounds to consider a career in general practice, and to support our members to incorporate widening participation considerations as part of educational engagement activities. We would welcome further support and collaboration to further widening participation work with young people to help to spread information and encouragement about careers in primary care delivery.

87. Programmes of support for GPs and other staff, such as the GP Retention Scheme, are useful and important in providing additional support and flexibility into the system for those with additional needs such as caring responsibilities. Programmes such as the GP Retention Scheme should be supported with recurrent funding and the insights learnt from this should be built upon.

Question 6
What does being a modern, model employer mean to you and how can we ensure the NHS meets those ambitions?

Areas to explore may include:
• What more would make it more attractive to work or stay in the NHS as you progress through different careers stages?
• What should the system do to ensure it is flexible and adaptable to new ways of working differing expectations of generations?

88. Supporting and retaining the GP workforce must be a central aspiration in the NHS workforce strategy, to ensure the future of primary care delivery. To achieve this, we believe there needs to be greater flexibility within the system to meet a range of diverse needs and requirements, alongside greater investment in support for GPs and general practice as a whole.

**Improving GP workload and staff wellbeing**

89. Being a modern, model employer should mean proving the flexibility for people to work in a role they can competently fulfil, regardless of their background, gender, personal situation or caring responsibilities. It also means ensuring that staff have a good work-life balance, so they are able to take care of their own wellbeing, in turn being able to provide the highest quality care for patients. This requires the NHS to provide necessary structures and resources to ensure flexibility can be incorporated into a role, and this should be considered on a wider scale, rather than being down to individual practices.

90. Previous research showed an increase in workload by 16%\(^{17}\). Given what we know about the aging population, increasing needs of patients and numbers of consultations in general practice, alongside a decline in the number of GPs in the workforce over the last couple of years, we expect this pattern to have continued over the last few years. The workforce strategy must consider how to support GPs at all stages of their career. Key issues driving GPs out of the NHS workforce is high workload, job-related stress and work-life balance needs, and these issues must be addressed.

91. It has been widely accepted that the workload of GPs has grown to unsustainable levels, and NHS England’s ‘Releasing time for care’ programme which aims to support practices to implement 10 High Impact Actions, tried to address these workload challenges. However, many of these actions require upfront investment of staff time to implement, which may not reduce workload in the short-term or at all.

92. For example, implementing new consultation types is positive for improving patient access, there is mixed evidence about their ability to reduce GP workload. Some actions are more effective than others, and some need a wider scale approach to have real effect – such as empowering patients to self-care on a wide scale, and developing the training and professional support for the wider practice team so they can make a full contribution to general practice.

93. Retaining the workforce of GPs is essential to ensuring the effective delivery of patient care, but there is no one simple solution or quick fix, and this must sit within a wider rejuvenation of general practice, which required adequate funding on the

frontline. This also reaches to key challenges facing general practice, such as funding estates.

94. A key strategy should be to create bespoke mentorship programmes for staff in general practice, and facilitating peer support by providing adequate resources on a wider scale than is currently available. There is already some good practice being implemented but this needs to be spread further.

Reducing personal financial risk for general practice

95. Partners are facing fears of being the ‘last one standing’ with immense mortgage responsibilities. As partners begin to retire, this will only increase. Many are being put off becoming partners and buying others out because of the personal financial risks attached, particularly in relation to estates ownership. A recent RCGP survey of 853 GPs (in field August-September 2017) found there are strong concerns about the wider financial risks and sustainability of running a practice, where 56% of GP partners who responded said they did not think it is currently financially sustainable to run a practice.

96. Therefore, we believe that the NHS workforce strategy must recognise the wider implications of policy change that is needed to ensure the workforce is supported with the resources it needs, including estates, as well as recognising they are challenges in their own right. The same principle extends to improving the relationship and links between primary and secondary care. The workforce can only reach it potential if there is harmony between the different aspects. This could also include innovative and radical thinking on how the personal risk of estates can be removed for partners, while maintaining their independent contractor status.

97. In early 2018, the Secretary of State for health announced a review of the partnership model and how to better support it. We anticipate that this should feed into the workforce strategy as it develops over the next few months. RCGP will be working with the Department of Health and the British Medical Association and others as part of this review.

Increasing access to flexibility and exposure to career options for GPs

98. A need for greater flexibility and a change in approach to the GP workforce runs parallel to a growing number of locums. Locums provide an important part of the workforce, and they take on challenging employment situations where they need to be flexible, often working across a number of practices, changing their work pattern as needed by the service, and often going some of the most unsociable hours. The security that a salaried or partner position offer are not as clear for a locum position, and how to better support this part of the workforce needs to be incorporated into the plan.

99. There is a need to incorporate and encourage protected time for GPs into the system as the norm, to allow personal and professional development and for activities such as research. This also aligns with an increased demand for portfolio working, which should be considered in future planning. This approach should also be combined with greater investment in post-CCT support and training for GPs. As mentioned above, there is a high interest for forms of support such as coaching, which may be an area to explore further.
100. Another strategy, particularly to support GPs transitioning into full employment, would be to increase investment in opportunities for post-certificate of completion of training (CCT) fellowships in a range of subjects (currently including emergency medicine, leadership, research and education and training). This could be expanded from the current focus on hard to recruit areas, to a wider scope of GPs.

101. Opportunities to do portfolio working also need to be more accessible and publicised. There is also a need for CCGs, STPs or other suitable structures to establish a coordinating role for the management of portfolio working.

**Pro-active retaining and returning programmes**

102. Funding should be provided to regions to enable them to implement long-term retention programmes, with recurrent funding attached. This should be tailored to local population of GPs and local situations.

103. Supporting doctors who have taken a break from practice, particularly within shortage occupations including GPs, should be a key part of a future workforce strategy.

104. Greater investment is needed in returner programmes. Encouraging and supporting GPs who previously left, back into the profession, is a cost-effective strategy, but has previously been given less upfront investment compared to other strategies. Encouraging GPs to return to the workforce can have a multitude of benefits, including harnessing experience that would otherwise be lost to a profession.

105. Measures should be looked at to improve support to GPs to remain on the Performers List when they take a break from practice. This includes funding structured career support across England when GPs are considering leaving practice, with clear information on how to easily transition back into the workforce.

106. Being a modern, model employer also means supporting the workforce regardless of their gender and caring responsibilities. This includes a strong need for greater consideration for those who may take maternity/paternity leave, through increasing support to make sure GPs feel able to return to work as soon as they are ready, with measures in place to do so in a staged process if they wish to.

107. A key consideration should be the high number of GPs that are nearing retirement, and may be considering leaving the workforce early, and how to retain their knowledge, and encourage them to stay in the workforce. Alongside continued support and funding for programmes such as the GP Career Plus programme, models could consider how to enable the flexibility within the GP role. For example, a broader group of GPs nearing retirement may wish to take on more of a supervisory or mentoring role, with less administration.

**Question 7**

**Do you have any comments on how we can ensure that our NHS staff make the greatest possible difference to delivering excellent care for people in England?**

**Areas to explore may include:**

- What opportunities are there for making a difference through skill mix changes, staff working flexibly across traditional boundaries, and enabling staff to work at the top of their professional competence?
• What more can be done to deploy staff effectively and reduce further the use of agency staff?
• What more should we do to help staff focus on the health and wellbeing of patients and their families?
• What are the most productive other areas to explore around management and leadership, technology and infrastructure?

108. Further research is needed about the skill-mix of the wider practice team in general practice. Different skill-mixes may be needed in different contexts. Evaluation of the impact of skill-mix change in general practice is also needed to ensure staff can make the greatest possible impact to delivering patient care. Research, guidance and support is needed to help GPs and other primary care health leaders to locally determine the optimal skill-mix for a particular context.\(^{18}\)

109. As identified throughout this consultation response, we believe that a key aspect to the workforce strategy should be investment in training and ongoing professional development support for GPs and the wider clinical team. This must include leadership development for GPs and further support to supervise the wider team clinical team.

**Question 8:**
What policy options could most effectively address the current and future challenges for the adult social care workforce?

110. It is essential that integrated care within the community includes social care. Some practices have social care integrated within their clinical practice, which has shown to have positive outcomes. Much greater support is needed to allow practices to develop these types of models. This also fits within a wider piece of work that needs to be taken forward to ensure more GPs are able to work ‘at-scale’ where appropriate for integrated patient care.