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## GENERAL PRACTICE

# GP life now: problems to tackle, opportunities to grasp, and changes to absorb

After a “torrid year” for general practitioners, **Kathy Oxtoby** examines how their role is developing, what these changes mean to them, and what being a GP could soon look like

Kathy Oxtoby

“Our specialty, which has always evolved and adapted, has changed dramatically in the last eight months, and many of those changes are likely to be sustained into the future.” Martin Marshall, chair of the Royal College of General Practitioners (RCGP), was speaking at its “Building the Future of General Practice” conference last October, reflecting on the challenges brought by covid-19.

There have been many.

### Lack of support for stress, mental health, and wellbeing

GPs and their practice teams have been through a “torrid year,” says Richard Vautrey, chair of the BMA’s General Practitioners Committee. He tells *The BMJ* that the association’s covid-19 tracker survey from October 2020<sup>1</sup> “demonstrates quite clearly the pressure the medical profession is under, and GPs are no different.”

Almost half (47%) of GP survey respondents said that their levels of stress, anxiety, and emotional distress had got worse since the pandemic began. GPs have been under “continuous pressure this year, without a chance to recharge and rest, and they are suffering from increased anxiety and stress,” says Vautrey. Unlike secondary care clinicians, GPs have very little access to occupational health services. This is a real concern, he says. “Despite our lobbying the NHS hasn’t put free occupational health in place for GPs.”

### Good news: recruitment

Positive news for general practice is that recruitment has hit record levels for the third year running: figures from Health Education England (HEE) show that 3793 trainees accepted posts in 2020.<sup>2</sup> Building on the success of recent trainee recruitment, GP training places will increase under the new GP contract from 3500 to 4000 a year from 2021.<sup>3</sup>

Recruitment is also set to receive a boost from the Targeted Enhanced Recruitment Scheme to support GP trainees, which HEE announced in November.<sup>4</sup> This initiative offers a one-off payment of £20 000 (£22 070; \$27 100) to GP specialty trainees who are committed to working in a select number of training locations in England—areas that have a history of under-recruitment or are under-doctored or deprived.

HEE, in partnership with NHS England and NHS Improvement, has agreed to provide 500 places in England for 2021-22, the largest number of places

offered so far under the scheme. But there’s no room for complacency: Marshall tells *The BMJ* that “professional bodies have to continue pushing hard to get the government to deliver on its target of 6000 extra GPs.”

### Bad news: retention

Despite the record recruitment figures retention continues to be a major problem in general practice. “There are still a lot of GPs retiring early because it’s the only way to cope with general practice pressures,” says Marshall. Figures published by *The BMJ* in 2019 show that the number of GPs taking voluntary early retirement rose from 198 in 2007-08 to 616 in 2018-19.<sup>5</sup>

Pressures resulting from the pandemic could cause even more GPs to leave the profession. The BMA’s covid tracker survey in October found that GPs’ career plans for 2021 had changed to the extent that 29% were now more likely to take early retirement, 22% to leave the NHS for another career, and 25% to take a career break.<sup>1</sup>

Vautrey says, “We need to support our experienced colleagues who have a significant workload, and we need to reduce workload pressures to ensure that they can work safely and that more of them stay for longer rather than potentially seeking early retirement.”

Preeti Shukla, a GP at the Richmond Hill Practice in Colne, Lancashire, says that GPs are leaving “in droves” because the role, particularly regarding covid-19, is exhausting. “Less bureaucracy, less ‘media bashing’ of doctors, and having less of a regulatory burden from bodies such as the Care Quality Commission and NHS England” could help, she says. But, if working conditions don’t improve, “people will continue to leave.”

### Increased “part time” working

More GPs are reducing their hours. In 2019 an annual workforce report from the General Medical Council (GMC) found that 46% were contracted to work less than full time, and 36% have reduced their clinical hours in the past year, with many citing stress.<sup>6</sup>

However, “part time” is a bit of a misnomer, say some GPs. “Usually, when people say they’re working part time, it means they’re working fewer days,” says Gaurav Gupta, GP partner at Faversham Medical Practice and chair of Kent Local Medical Committee. “Most GPs I know [working part time] will work 37.5

hours in three days, compressing full time work into part time hours.”

Regardless, the trend for “part time” working looks set to continue, with 50% of GPs more likely to consider working fewer hours next year, in findings from the BMA’s October tracker survey.<sup>1</sup>

The RCGP’s Marshall says that the decision to reduce hours is “positive for GPs who are doing this of their own volition, such as wanting a career portfolio or time with their family.” However, he warns that some GPs are reducing their hours because they’re “finding the job undoable.”

And a greater awareness of the risk of burnout is prompting GPs to reduce their hours, Shukla suggests. She says that GPs would traditionally work nine sessions a week, but that figure is now typically six. Shukla works five sessions a week and says that, because of the work pressures, “this is a good way to keep GPs sane.”

This trend for increased part time working will at least partly negate the gains made in recruitment.

### Increase in salaried versus partner GPs

The past five years have seen an ongoing trend towards salaried posts, driven by GPs quitting partnership roles and newly qualified GPs not wanting them. Salaried GP numbers have risen even more sharply since the start of the pandemic: 9126 full time equivalent (FTE) salaried GPs were recorded in September 2020, up by 455 (5.4%) since the pandemic began in March, show GP workforce data from NHS Digital.<sup>7</sup>

This could reflect a rise in GPs shifting from locum work into salaried posts during the pandemic because of the drop in locum opportunities. NHS Digital’s workforce data showed 1391 FTE locum GPs in 2020, down by 116 (8.3%) from December 2019. The option to work as a salaried GP reflects the specialty’s flexibility, says the BMA’s Vautrey. “A GP may start out as salaried, gain confidence to become a partner, then later choose to be salaried again,” he says.

For Marshall, however, the partnership model is “the bedrock of the autonomy of general practice.” Over the years the number of GP partners has fallen from 85% to below 50%, he says. He’d like to see a balance of partnerships and salaried GPs—“maybe 50% each is the right balance”—to maintain that flexibility.

Krishna Kasaraneni, GP in Sheffield and workforce lead for the BMA’s General Practitioners Committee, says that the BMA is working on increasing the numbers of GP partners, adding that “we’ve tried to address this with the new GP contract’s partnership payment [the Targeted Enhanced Recruitment Scheme].”<sup>4</sup>

### Covid-19 telemedicine: what GPs have learnt

“General practice is going through a paradigm shift around how we’re communicating with patients,” says Clare Gerada—London GP, chair of Doctors in Distress,<sup>8</sup> and medical director of NHS Practitioner Health.<sup>9</sup> Before the pandemic about 90% of GP consultations were face to face, and only a small proportion were done remotely. At the height of the pandemic this reversed, as around 70% of consultations were done remotely.

“The pendulum is now swinging back a bit, and practices are doing 55% of consultations face to face,” says Gerada. “However, I suspect we’re going to end up with 60% of all consultations starting and ending online.”

Shukla says that this overnight shift to remote consultations brought a need for more training in telephone triage. Some patients, such

as those who are deaf or have mental health issues, can find it difficult to communicate their stories remotely, she explains, and trainees in particular, who have been taught face-to-face consultation skills, need to learn how to deal with patients’ often complex needs over the phone.

Vautrey notes that “doctors didn’t train to work in call centres. They want to have that regular face-to-face interaction with their patients, which is one of the joys of general practice.”

For Gupta, remote consultations come with “some ‘health warnings.’” He says, “There is a risk that some populations, such as older people or those for whom English is not their first language, who are digitally disadvantaged, might get poorer outcomes as a result of there being too much focus on remote consultations.”

### Rise in self-testing and self-care

During the pandemic more people have turned to self-care, and more conditions are being managed at home. In a survey by the consumer healthcare association PAGB on attitudes to the NHS regarding covid-19,<sup>10</sup> some 69% of respondents who might not have considered self-care as their first option before the pandemic said that they were more likely to do so in the future.

Technological advances have boosted the rise in self-test kits. In these self-testing times patients can identify and monitor many conditions, from diabetes to blood pressure. Patients are also empowered to self-care, even dressing their own wounds, with “virtual” help.

Vautrey believes that GPs could do even more to empower patients to take responsibility for their conditions. “There’s no reason why they couldn’t access, say, talking therapies, drug management, and weight management services,” he says. “Making these services more accessible would be a ‘win-win,’ reducing the need to make appointments with a GP and empowering patients to make the right choices.”

However, while this “positive” trend for self-care and self-testing looks set to continue, Kasaraneni warns that it could potentially increase health inequalities among people who can’t afford, for example, blood pressure monitoring equipment. “It falls to the government to make sure self-monitoring doesn’t only become an option for those who can afford it,” he says.

### Impact of PCNs

As of the latest primary care network (PCN) sign-up in May 2020,<sup>11</sup> all except a handful of general practices in England have come together in around 1250 geographical networks covering populations of 30 000–50 000 patients, along with other healthcare staff and organisations, to provide integrated services to the local population.

Marshall says that PCNs “are what communities want” and that they will “help take general practice to a new level with a broader, skilled, multidisciplinary team, working to a large scale and sharing staff.”

Vautrey adds that GPs need time to recruit and that NHS England “isn’t giving much freedom as to who is recruited. What NHS England really needs to do is to trust us. We need greater flexibility in terms of the utilisation of the workforce so that we can make the best use of PCN funding.”

Grouping practices together in PCNs is “artificial” and “forced,” says David Turner, GP partner at Chorleywood Health Centre in Hertfordshire, who wants practices to have the freedom to spend money on frontline roles. “What we want are more doctors and nurses.”

PCNs could potentially result in the end of the traditional partnership model. Gerada believes that “the old idea of being a partner within a practice will disappear. Instead we will be equivalent to stakeholders within a PCN, whether that’s for profit as in a shareholder agreement or whether it’s a partnership as in a sort of consultant body. But that will be determined by the next generation of doctors.”

## GP-patient relationships

During the covid crisis “many consultations have by necessity become more transactional, and this has reinforced the mistaken view of some people that general practice is largely a transactional medical specialty rather than a relational one,” Marshall told the 2020 RCGP conference.

But GPs, he said, know that “the trusting relationship between a patient and a doctor—often but not always based on continuity of care—is the most effective intervention that we have at our disposal. It’s what helps us to use medications, investigations, and specialist referrals appropriately and to reduce the risks of medicalising non-medical problems. It’s what encourages patients to engage with our advice, [and] it’s what many patients want from their GP.”

Marshall told conference delegates that the covid experience “has reinforced our decision to make the promotion of relationship based care a strategic priority for the [RCGP].”

Gupta hopes that his practice will continue to provide a personal service to patients, as “that is the reason why most GPs have chosen to do this job. We are the only people in the healthcare system who have that relationship with patients and their families, and it would be a huge shame if that personal approach was lost.”

While Shukla likes the personal approach to care, she recognises that, even when “some sort of “normality” comes into our lives again, remote consulting will continue and that a young population will want instant answers about their medicines and test results.

She concludes, “We might not like the way care is heading, but we need to be aware of the demands of this younger patient population. They need us to change, and we will, with time. We always adapt: GPs are good at adapting.”

## Case study

“The future GP could be a consultant working in primary care with a variety of clinical and non-clinical professionals,” says Richard Van Mellaerts.

Van Mellaerts is a GP partner at Fairhill Medical Practice in Kingston upon Thames, Surrey, which has three branches and covers a population of 23 000. The practice is staffed by 10 GPs—three partners and seven non-partners—an advanced nurse practitioner, and two practice nurses. “Pre-covid, stress levels in general practice were pretty high,” he says. “There was an element of ‘change fatigue’ and having to deal with an under-resourced NHS. Then came covid-19, and overnight it pivoted how we work. The most enormous changes I’ve seen in my career happened in just a few days. But still there was enormous good will from already overworked GPs.

“Now we’re in a second wave, and our resilience is lower. People are exhausted, and some of our staff are considering whether to continue in general practice. We need to be adequately supported and resourced—and to be valued. If not, people will bring their retirement forward or look to work in other environments where they feel better valued.

“Prior to covid we hadn’t been doing digital consulting—typically, we did face-to-face consultations, as well as telephone triage—but during the pandemic we’ve also offered a video consultation option. And we’ve continued to see patients at the surgery, because we believe in the importance of that face-to-face contact.

“Society is changing as people become more involved in their own care. This could mean less of a need for doctors in the future and more of a need for other healthcare professionals like clinical pharmacists, social prescribers, and paramedics. So, the future GP could be a consultant working in primary care with a variety of clinical and non-clinical professionals to provide wider and more holistic care for patients.”

## The RCGP’s wish list

- Longer appointments, so that GPs have more time with patients
- Higher trust in the profession, with less arduous regulation
- Ongoing investment in technology, so that general practice is digitally enabled
- Reduced workload by greatly expanding the GP and practice team workforce
- Support for practices serving the most deprived populations
- Support for GPs in managing the pandemic, with particular focus on delivering the covid vaccination programme, covid testing, and managing “long covid”

## The BMA’s GP wish list

- Trusting GPs to do their job
- Enabling flexibility of work
- Reducing bureaucracy and regulation
- Supporting practices to prioritise workload
- Investing in IT, premises, and occupational health services<sup>12</sup>

## Sources of support

The BMA provides a list of signposts to wellbeing support:

<https://www.bma.org.uk/advice-and-support/your-wellbeing/wellbeing-support-services/sources-of-support-for-your-wellbeing>

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- 1 BMA. BMA covid-19 tracker survey 2020—October wave. 2020. <https://www.bma.org.uk/media/3450/bma-covid-19-survey-results-for-all-doctors-oct-2020.pdf>.
- 2 Health Education England. Highest ever GP trainee acceptances in NHS history announced as HEE continues to smash records. 17 Nov 2020. <https://www.hee.nhs.uk/news-blogs-events/news/highest-ever-gp-trainee-acceptances-nhs-history-announced-hee-continues-smash-records>.
- 3 Baird B, Beech J. The updated GP contract explained. King’s Fund. 19 Nov 2020. <https://bit.ly/3pW93Cv>.
- 4 Health Education England. Targeted Enhanced Recruitment Scheme in England: FAQs for GP applicants (2021-22). Nov 2020. <https://gprecruitment.hee.nhs.uk/Recruitment/TERS/England>.
- 5 Moberly T. Doctors’ early retirement triples in a decade. *BMJ* 2019;365:l4360. <https://www.bmj.com/content/365/bmj.l4360#:~:text=The%20number%20taking%20voluntary%20early,a%20freedom%20of%20information%20request>.
- 6 General Medical Council. The state of medical education and practice in the UK: the workforce report. Oct 2019. <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk/workforce-report-2019>.
- 7 NHS Digital. General practice workforce 30 September 2020, biannual regional and joiners and leavers tables. Nov 2020. <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/30-september-2020-biannual-regional-and-joiners-leavers-tables>.
- 8 Doctors in Distress. <https://doctors-in-distress.org.uk/>.
- 9 NHS Practitioner Health. <https://www.practitionerhealth.nhs.uk/>.
- 10 PAGB. PAGB survey suggests coronavirus will change attitudes to NHS use. 20 Jul 2020. <https://www.pagb.co.uk/latest-news/pagb-self-care-survey/>.
- 11 NHS England. NHS England announces overwhelming take up of new primary care network contract. 12 Jun 2020. <https://www.england.nhs.uk/2020/06/nhs-england-announces-overwhelming-take-up-of-new-primary-care-network-contract/>.

- <sup>12</sup> BMA. Billions needed to tackle huge NHS backlog and reverse years of underfunding, says BMA ahead of Comprehensive Spending Review. 23 Nov 2020. <https://www.bma.org.uk/bma-media-centre/billions-needed-to-tackle-huge-nhs-backlog-and-reverse-years-of-underfunding-says-bma-ahead-of-comprehensive-spending-review>.