Editorials

The workforce crisis in general practice

INTRODUCTION

The volume and complexity of what is done in general practice has increased inexorably over the last two decades. The UK population is larger, older, more diverse, and more likely to seek professional help for their health concerns. Care that used to be delivered by disease specialists in hospitals, particularly for long-term conditions, is now delivered by primary care teams in the community. Advances in technology offer prevention, cure, and palliation, which was unavailable in the past.

Successive UK governments should have recognised and planned for these trends but their response has been partial at best. In an effort to drive greater efficiency, policymakers have focused their attention on changing the structures and ways of working of the established model of general practice. This is resulting in larger scale organisations, a more diverse mix of primary care professionals, and greater use of technology to carry out tasks previously done by people. Some policymakers have pinned their hope on prevention and scientific innovations reducing future demand for health services.

DEMAND AND SUPPLY

While many of these changes are advantageous for other reasons, they fail to address the scale of the workload challenge that is crippling general practice. The substantive answer must be to better match demand with supply by increasing the size of the general practice workforce.[1] This requires an increase in recruitment of new clinicians and improved retention of established ones.

As far as the medical workforce is concerned, some progress has been made in recruitment in recent years. Expansion in the number of medical school places promises a larger recruitment pool for general practice, particularly through the new schools located in areas of need and designed with a strong community-based curriculum.[2]

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However, the proportion of UK medical graduates choosing to train in general practice is not increasing and a significant proportion of the record number of 4000 GP training places in England in 2022 were taken up by international medical graduates (personal communication).[3] This may not be a sustainable position given that the UK is not alone in having workforce pressures.[4] It is clear that in order to be self-reliant, the UK needs to continue to expand both medical school and specialty training places, and to continue efforts to attract UK graduates into general practice.[5]

RETENTION

If doctor recruitment remains a challenge then retention is an even bigger problem. The oft-used analogy is the taps are on but the plug is out of the bath. Increasing workload has left many clinicians feeling they are unable to provide the quality of care that patients need and expect. Even patient safety is at risk; fears of missing a diagnosis or making a prescribing error haunt a growing number of clinicians on a regular basis (unpublished data, Royal College of General Practitioners [RCGP], *RCGP Tracking Survey 2021*, 2021).

In a recent survey of doctors who had left the workforce, carried out by the General Medical Council, 43% of GPs reported that they resigned because they were at high risk of burnout, more than any other medical specialty.[6] Similarly, a third of practising GPs expect to leave the workforce within the next 5 years (unpublished data, RCGP, 2021). If this intent were realised it would represent a potential loss of over 14 000 GPs. In November 2021 there were 5% fewer fully trained whole time equivalent GPs in England than in 2015 (when a government commitment to increase the workforce by 5000 was made)[7] and 2.5% fewer than in March 2019 (when a manifesto commitment was made to increase the workforce by 6000).[8,9]

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And as the GP workforce shrinks, the pressure on those remaining builds. Clinicians respond in a predictable fashion, either by deciding that in order to cope they must work fewer patient-facing sessions, though the 6.6 clinical sessions worked on average each week equates in practice to close to a 40-hour week,[10] or they have to leave the workforce prematurely.

NON-MEDICAL WORKFORCE IN GENERAL PRACTICE

In an effort to address the medical workforce crisis, attention has shifted to expanding the non-medical workforce in general practice. About half of all consultations in general practice are now carried out by health professionals other than doctors.[11] These new members of the primary care team not only bring new knowledge and skills but are also increasingly taking on roles traditionally carried out by doctors.

In comparison with doctors, greater progress is being made with expanding the number of pharmacists, physiotherapists, link workers, and other health professionals into general practice with a target of 26 000 additional clinicians by 2024.[8] There is however some doubt as to whether the so-called Additional Roles Reimbursement Scheme in England is making as significant a contribution to the workload crisis as policymakers claim. There are increasing

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reports of a lack of capacity in many practices to support and mentor new team members, who as a consequence are feeling isolated in an unfamiliar working environment.[12] In the absence of adequate investment in the development of this new workforce their contribution to the crisis may be marginal, at least in the short term.

CONCLUSION

The workforce crisis represents a serious impediment to the ability of general practices to carry out their role for patients, communities, and the wider NHS. The crisis is immediate but most of the solutions are long term in nature. Government should have taken radical action years ago; they must do so now.

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