



# United Kingdom Policy Brief

Primary care workforce in the UK: *increasing the flow and plugging the leaks*

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## Scope of the Problem

There is a primary care workforce crisis in the UK. Many practices have outstanding vacancies to which they are struggling to recruit. The GP to population ratio in the UK has been falling in recent years<sup>i</sup>, and modelling work predicts a significant shortfall in available GPs by 2020<sup>ii</sup>. At the same time there is a continued pattern of geographical inequalities in distribution of primary care practitioners, with deprived communities least well served<sup>iii</sup>. Evidence suggests that there are three major issues driving these problems: an increase in early retirement<sup>iv</sup>; a fall in the number of young doctors entering speciality training on finishing their Foundation years<sup>v</sup>; and ongoing reluctance amongst young GPs to work in deprived areas<sup>vi</sup>. Underlying causes appear to centre on increasing work pressures, with clear evidence of increasing workloads, work intensity, and work complexity<sup>vii</sup>, while newly qualified doctors are prioritising a good work life balance<sup>viii</sup>.

## Levers for Change

### Education & Training

*Managing entry into the education pipeline:* In order to support the diversification of the workforce, attention should be paid to the social accountability of educational institutions, including focus upon: 1) who they are recruiting, 2) the type of mentorship, guidance and support being provided to students, and 3) where and how their graduates are choosing to practice. Promising practices to better manage entry include 1) programmes designed to proactively recruit students from underserved communities who are internally motivated to practice as general practitioners in these settings, and 2) programmes that adopt 'holistic admissions' strategies, in which equal weight is placed on life experiences and ability to overcome adversity as upon educational qualifications.

*Managing the educational experience:* In order to increase the proportion of newly qualified doctors considering a career in general practice and better prepare young practitioners for the realities of working life as a GP, students must be exposed to models and mentors who value and respect general practice, and afforded opportunities to acquire positive clinical experiences in primary care. When accompanied by appropriate supports, assigning value to practice in underserved areas, where physicians are called upon to "practice in the deep end", can make these areas more attractive. All students should also be provided with appropriate supports to enable successful completion of educational programs, with early identification and targeted interventions for those who are at high risk of attrition from training.

*Manage transition into practice:* Successful examples of onboarding processes that facilitate transition into practice include: gradual introduction with a lower workload; ongoing mentorship and educational support; peer-group support; and tailored development programmes. "Tight-loose-tight" approaches can allow institutions to define context-specific approaches, while maintaining their accountability to achieving targeted outcomes.

### Funding, Financing & Remuneration

Funding and remuneration models can be used to incentivise general practice, particularly in underserved areas, including areas of high socioeconomic deprivation. Practices in underserved areas should be funded to host more clinical placements that provide students with positive clinical experiences in these settings. This funding is vital in order to ensure that such practices have the space and time to provide high quality educational experiences; sending students into struggling practices would be counter-productive. The 'deep-end' movement in the UK – a supportive community of doctors practising in deprived communities – is a useful model. Current UK policy incentivises the recruitment of different types of staff into general practices to relieve GP workload, substitute GPs and/or better match skills to population need. Such funding and remuneration models can enable optimised scope of practice and collaboration to better meet patient needs, and change the organisation of general practice to improve working lives, increase GP productivity, and reduce burnout amongst providers.

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## Governance & Regulation

High-quality change management strategies are required to foster successful integration of new cadres into interprofessional primary care teams. In the case of cadres with no formalized credentialing and/or scope of practice there is a need to balance role flexibility and clarity in order to promote willingness to collaborate and optimal scopes of practice. This can be achieved through a step-wise approach to role definition, including: 1) an initial assessment of base competencies, 2) the identification of additional tasks that are required by the team to meet the needs of their community, 3) negotiation of an initial scope of practice and a training programme for extension of this over time, and 4) ongoing monitoring of development and extension of scope of practice over time. When adopting these approaches, teams need to build in time for supportive supervision, collaboration and trust building. These teams should support all clinicians to fulfill their optimal scope of practice, enabling them to undertake the tasks and caseloads for which they are trained, without introducing the risk of risk burnout associated with consistently practicing at the top of your scope.

## Data & IT Infrastructure

Digitally-enabled approaches have significant potential to improve access to primary care, particularly in remote and rural communities and enable development of peer support, educational resources and communities of practice. Successful implementation of these approaches rests on a number of enabling factors, including: common EHRs, supportive technological infrastructure, connectivity and IT support, appropriate remuneration mechanisms for remote consultations, and provider acceptance. Adequate data – which are required to enable research and evaluation of interventions – also requires significant investment in centralised and linked Human Resources Information Systems.

## Agents of Change

Relevant agents of change exist at four levels: 1) patients, 2) practices, 3) medical schools and other actors within regional collaborative networks, and 4) agencies with roles in clinical training, including NHS England, Health Education England and the General Medical Council.

## Recommended Action

### Education & Training

- Support educational pathways that successfully recruit into general practice & underserved areas
- Support positive placement

### Funding, Financing & Remuneration

- Invest in flexible and responsive funding arrangements
- Consider tight-loose-tight approaches which allow context-adapted innovation

### Governance & Regulation

- Develop toolkits to assess community needs and define a corresponding team
- Identify & reinforce factors that are contributing the retention of those who remain active
- Build change management capacity

### Data & IT

- Investigate the root causes of challenges associated with inflow & retention
- Monitor and evaluate of existing innovations

## Contact Information

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<sup>1</sup> <https://www.nuffieldtrust.org.uk/news-item/is-the-number-of-gps-falling-across-the-uk-the-headline-trend-in-gp-numbers>

<sup>2</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/507493/CfWI\\_GP\\_in-depth\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/507493/CfWI_GP_in-depth_review.pdf)

<sup>3</sup> <https://bmjopen.bmj.com/content/6/1/e008783.short>

<sup>4</sup> <http://blogs.lshtm.ac.uk/prucomm/files/2018/05/Ninth-National-GP-Worklife-Survey.pdf>

<sup>5</sup> <https://bjgp.org/content/68/670/245>

<sup>6</sup> <http://eprints.gla.ac.uk/118877/>

<sup>7</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/507493/CfWI\\_GP\\_in-depth\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/507493/CfWI_GP_in-depth_review.pdf)

<sup>8</sup> <https://bjgp.org/content/69/685/e578>

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