REPORT ON RESEARCH INTO RECRUITMENT AND RETENTION OF GPs IN WALES

March 2005

Office of CMO
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The Wanless Review of Health and Social Care in Wales (2003) highlighted the need for increased primary care workforce capacity within NHS Wales. The focus of health care service reforms, which aim to improve the quality of patient care and develop services that offer increased choice to individuals and local communities, lies in an enhanced role for the primary and community care sector. The deficit in workforce capacity within primary care must be redressed as a matter of urgency if we are to realise the benefits of a primary care led NHS in Wales.

The Way Forward Symposium, held in February 2003, brought together representatives of the Welsh Assembly Government, the medical profession and NHS management to identify the issues underlying the current problems of GP recruitment and retention in Wales and to propose measures which address the difficulties.

A report summarising the findings of the symposium was commissioned by the Office of the Chief Medical Officer [CMO] and presented to the All Wales Medical and Dental Workforce Development Expert Advisory Group, which advises the National Assembly for Wales on all aspects of medical workforce planning. As this report indicated, the causes of depleted GP levels are many and varied. No single solution can resolve the problems – rather remedies need to be multifaceted, with a variety of strategies and involving a range of partners, to meet the wide diversity of needs amongst healthcare staff.

To explore potential solutions further, a series of research projects have been undertaken as a joint initiative between the Office of CMO and the University of Wales College of Medicine [UWCM] Postgraduate Department of General Practice. The projects explore the following issues:

1. Retirement plans of senior GPs working in Wales
2. Problems of GP recruitment and retention in areas of Wales with the greatest shortages
3. GPs living in Wales who are not currently working
4. The use of skill-mix amongst Primary Care staff in Wales
5. Childcare support needs amongst Primary Care staff in a shortage area of Wales
6. The Flexible Career Scheme in England

The objectives, methods and results of each survey are collated in this paper, with suggestions for future policies and actions to improve recruitment and retention of primary care staff in Wales. The importance of robust data collection systems to underpin workforce planning and to facilitate evaluation of recruitment and retention initiatives is highlighted in the concluding section of the report.

It is essential to ensure that all new initiatives developed to promote GP recruitment, retention and return are:

- able to make a timely and significant impact on capacity
- founded on the success of existing schemes
- evidence-based
- cost-effective and efficient

The objectives of this report are to explore the factors that contribute to GP recruitment and retention and to propose possible solutions to remedy the deficits in the primary care workforce. It does not put forward designs for new recruitment initiatives nor does it address the question of responsibility and funding. The “Next Steps” section at the conclusion of the report provides the direction for future action by a range of partners to improve the recruitment, retention and return of general medical practitioners.
Summary of Research Findings

There is great diversity in the demography and healthcare needs of patient populations across the LHB areas of Wales. The requirements of the primary care workforce differ correspondingly and therefore schemes designed to attract and retain professionals will be more effective if tailored to the particular needs of the staff working in each locality.

The results of the six research projects have been collated and summarised below to provide an overview of resources and initiatives that could assist in the recruitment, retention and return of primary care staff.

1. Survey of Senior GPs

1.1 The retirement plans of senior GPs will cause a significant reduction in the GP workforce over the next 5 to 10 years unless steps are taken to encourage these experienced doctors to continue working. A system to monitor and evaluate turnover rates of GPs within each LHB area would have considerable benefits in succession planning and could include:

- Analysing the age profile of GPs working within the area
- Exploring the retirement intentions of all primary care staff within the locality
- Performing exit interviews on retirement to gain information about problems and potential incentives to continue working
- Carrying out job satisfaction surveys

1.2 A range of incentives and career opportunities for senior GPs is urgently required to improve the retention of experienced GPs. These could include opportunities for:

- Flexible working
- Undertaking fewer sessions with a smaller caseload
- Reducing the administrative workload
- Involvement in teaching or medical management
- Working in salaried posts linked to other medical or research interests
- Protected educational time
- Working as GPs with a Special Interest

1.3 A review of the GP Retainer Scheme to incorporate the needs of senior GPs would be beneficial. The Retainer Scheme in Wales currently focuses on providing opportunities for younger GPs to work flexibly on a part-time basis, with educational support.

1.4 Appropriate financial / pension incentives could be considered to attract and retain senior GPs to work in areas with the greatest GP shortages. The experience and risk-management skills of these doctors are invaluable in practices with high workload levels and complex socio-medical problems.

1.5 The development of a comprehensive OHS is essential for all GPs and primary care staff working in Wales. It would be a significant measure towards improving the health and well-being of staff and preventing their loss from the workforce.

2. Survey of Shortage areas

2.1 Initiatives are required to make general practice a more attractive career and to improve the retention of all GPs working in Wales. These include:

- Establishing an All-Wales Internet advertising site for all recruiting practices
- Offering opportunities to work flexibly

2.2 Addressing increasing numbers of children with special educational needs will require a greater number of GPs with specialist training in the management of this population. Initiatives should focus on increasing the numbers of GPs taking courses in child health, child protection and child development.

2.3 Improving access for all patients to general practice services in Wales requires the attraction and retention of more GPs to work in remote rural areas.

2.4 Initiatives should be designed to ensure that GPs working in areas where public health is a priority have a greater opportunity to develop their skills in the field of childhood immunisation.

2.5 Initiatives are required to stimulate the retention of registrars and recent graduates who complete their training in Wales.

2.6 Initiatives should be designed to ensure that GPs working in areas where public health is a priority have a greater opportunity to develop their skills in the field of childhood immunisation.

2.7 Initiatives are required to stimulate the retention of registrars and recent graduates who complete their training in Wales.

2.8 Initiatives should be designed to ensure that GPs working in areas where public health is a priority have a greater opportunity to develop their skills in the field of childhood immunisation.
• Providing protected educational time and cover
• Developing a career structure for general practice to provide career opportunities to suit GPs at every stage of their working lives.
• Providing support and advice for practices in implementing Agenda for Change recommendations
• High quality occupational health services for all primary care staff
• Offering career support, advice and counselling services to all GPs

2.2 Areas of Wales that have particular difficulties in recruiting and retaining GPs may benefit from:
• The active marketing of the area to attract primary care staff
• Advertising relocation grants to attract GPs to a locality
• Increasing numbers of salaried GP posts with/without the option of partnership
• Developing GPwSI posts, with appropriate training programmes
• Establishing teams of locums / salaried doctors to provide GP cover across an area

2.3 The provision of adequate resources and support for addressing problems associated with high levels of chronic disease and complex psycho-social pathologies is a significant factor in recruiting GPs to an area. Resources required include:
• High quality social support services
• Patient education and advice on appropriate use of health care services
• Improved access to services for mental health care, drug / alcohol problems
• In-house patient services, e.g. counselling, physiotherapy
• Patient information leaflets available within all practices
• Experienced professionals to cope with workload pressures and develop practices

2.4 Issues relating to premises include:
• Investing in high quality premises to improve recruitment and retention
• Ensuring adequate space for developing primary care teams and skill mix.
• The future design and functions of primary care teams must inform decisions on the funding of estates at central and regional levels
• The need to address problems of negative equity, including innovative solutions for ownership / leasing arrangements

2.5 Financial issues raised include:
• Financial packages must be at an appropriate level to constitute an incentive to work in a shortage area
• Forthcoming pension arrangements for GPs could result in a bulge in retirements of senior GPs within the next 5 years unless active steps are taken to counter this.
• Increased pay alone is insufficient to attract GPs into shortage areas. Better working conditions and interesting career opportunities are essential to improve recruitment and retention in these areas
• Practices with particular financial problems creating barriers to GP recruitment:
  ➢ Rural practices with branch surgeries
  ➢ Practices with low uptake of immunisation/screening programmes

2.6 Support for Primary Care Teams to improve the morale and well being of staff would assist recruitment and retention. Necessary resources include:
• Accessible childcare facilities and funding
• Pharmacy initiatives and other innovative schemes
• Support and advice on developing enhanced services
• Comprehensive occupational health service

2.7 Access to high quality education and training programmes is essential for developing primary care teams and is a significant factor in attracting and retaining staff members. The following training resources are required by practices:
• IT training programmes
• Courses to develop the role of practice managers
• Programmes for developing extended roles for practice nurses
• CPD programmes for all staff

2.8 Access to education is a significant issue in the recruitment of GPs:
• The inclusion of protected study time and cover are powerful incentives to attract GPs to work in a shortage area
• Some areas, e.g. North Wales, require accessible and appropriate educational resources for GPs as a matter of urgency
• Young GPs often lack skills in business and risk management and can be deterred from joining practices with high workload

2.9 GP training posts can bring significant advantages to a shortage area:
• VTS training posts provide experience of working in a shortage area and can increase retention of young GPs post qualification
• Increasing medical school placements in shortage areas can attract GPs to work here at a later stage in their careers
• Forging strong links between practices, LHBs and the School of Medicine facilitates high standards of GP training throughout Wales
• Involvement in training of medical students and GP registrars offers interesting career opportunities for senior GPs and can assist retention
• Extending the Postgraduate Assistant and Fellowship Schemes could have a significant impact on recruitment and retention in shortage regions of Wales

2.10 Initiatives for Recruitment and Retention
• New schemes must be tailored to meet the needs of doctors who are available and suited to the working conditions in the locality
• Well-manned practices attract and retain staff. Initiatives must assist practices to achieve adequate levels of workforce capacity and provide support to enable primary care teams to retain their staff
• It is important to evaluate current and future recruitment and retention initiatives to assess their:
  • cost-effectiveness in recruiting and retaining GPs
  • impact on the workforce of nearby practices
  • potential for expansion or enhancement of the schemes
3. Survey of GPs who are not currently working

3.1 GPs who have left the workforce require access to the following resources to support their return to general practice:
- careers information, advice and counselling services
- a ‘return to work’ programme that builds the skills and confidence required to re-enter the workforce, e.g. c.v. writing, interview skills, assertiveness training
- educational programmes tailored to meet individual needs
- placements within practices to provide experience and support in clinical practice
- support and advice in preparing for Appraisal and Revalidation

3.2 A review of the existing Returner Scheme in Wales, including research into successful Returner Schemes developed elsewhere in the UK, would be beneficial to ensure that the initiative is accessible and appropriate to the needs of all GPs wishing to return to work.

3.3 GPs require a range of flexible career options throughout their working lives, with support to enable them to combine work with family and other external commitments. Enabling doctors to keep working, rather than taking a career break, has the advantages of:
- increasing workforce capacity
- retaining the skills and confidence of doctors
- maintaining peer support for doctors
- avoiding retraining costs
- preventing the loss of GPs from the workforce altogether

3.4 Resources to support GPs who are combining work other commitments include:
- accessible childcare facilities and reimbursements
- mentoring and careers advice / counselling
- an Occupational Health Service for all Primary Care staff offering comprehensive counselling and medical care services

4. Review of Flexible Career Scheme

4.1 The review of the FCS implemented in England indicate that the scheme has the following benefits:
- Provides opportunities for career continuity in flexible, part-time posts
- Establishes posts that enable GPs to achieve a work/life balance
- Developed a structured and supported route back into the GP workforce
- Offers posts with professional support, tailored educational programmes and protected study time
- Promotes a cultural change towards family-friendly working
- Offers flexible career posts with reduced workload for senior GPs near to retirement
- Promotes practice development and innovation

4.2 The findings suggest that the scheme has the potential to:
- make general practice a more attractive career option
- retain doctors who would otherwise take a career break or leave the profession
- encourage senior GPs to defer retirement
4.3 The disadvantages of the FCS as revealed by the review were:
- The scheme was very costly to implement and run
- The scheme has not been successful in recruiting or retaining GPs in the under-doctored areas of England
- Some posts have not provided adequate professional support for FCS doctors
- There have been instances of unfair terms and conditions of service for some GPs on the scheme

4.4 The implications of the Review for developing flexible posts across Wales are:
- The benefits of the FCS highlight the importance of offering a range of flexible options to GPs throughout their careers
- The expense of designing, setting up and running a new flexible career scheme in Wales would not be cost effective
- Existing schemes in Wales, such as the Retainer Scheme, could be modified to incorporate benefits of the FCS and enable resources to be targeted towards shortage areas
- It is essential that all new GP posts established in Wales to improve recruitment and retention are founded on sound contractual arrangements

5. Survey into Skill mix within practices

5.1 Workforce capacity can be increased by developing the Primary Care team through the effective development of:
- Skill mix
- New and extended roles for staff
- Empowering staff to work as high quality teams
- Cross-practice working arrangements
- The full potential of IT resources
- The role of practice managers

5.2 The benefits of skill mix can be summarised as follows:
- Enables every team member to fulfil their working potential and optimises performance
- Spreads the workload of the practice through appropriate delegation of tasks
- Increases the cost-effectiveness of staff time
- Promotes team development
- Essential for successful implementation of GMS 2
- Improves job satisfaction within the practice team
- Offers professional opportunities to all staff through the development of enhanced or extended roles
- Encourages innovation in service design and delivery
- Promotes a cultural change towards new, improved ways of working

5.3 Barriers to the use of skill mix within practices must be addressed if these benefits are to be realised. Significant problems for primary care teams in developing the use of skill mix are:
- Inadequate space within many premises
- Lack of accessible, appropriate training courses for practice staff
• Difficulties in covering for staff who wish to undertake educational programmes

5.4 The development of new roles, such as the Physician’s Assistant, must be underpinned by sound research into:
  • the benefits of similar posts established elsewhere
  • the likely impact of new posts on capacity within primary care
  • education and training programmes required to develop the role

5.5 Standardised frameworks for developing existing roles, such as the HCA, are required to ensure they have the appropriate support and training necessary to enable them to achieve their working potential and deliver high quality care.

5.6 The majority of practices responding to the survey showed high levels of interest in using skill-mix within their teams. There is a need for:
  • Training and support for practices in the benefits, use and development of skill-mix and role redesign
  • Collaborative skill-mix training sessions involving several practices, to encourage cross-practice working and the sharing of resources
  • Promotion of a cultural change towards new ways of working

6. Survey into Childcare Support Needs

6.1 The review provided evidence that childcare support is an important factor in the recruitment and retention of staff:
  • There was significant concern about childcare arrangements amongst staff working in the RCT area who do not have local family support
  • Financial assistance with childcare was cited as likely to improve recruitment and retention of primary care staff with young families
  • The changing demographics of the GP workforce, with increasing numbers of female GPs entering the workforce, emphasises the importance of childcare support

6.2 Childcare support needs for primary care staff will vary depending on:
  • ages of staff
  • percentage of female staff
  • numbers and ages of the children of staff members
  • future plans for children amongst staff
  • proximity of extended family to staff members
  • travelling distance from home to work for staff
  • rurality of home and working environments

6.3 A remuneration package should have the flexibility to recompense staff despite using different childcare resources, e.g. crèche / nursery places, childminders, family members. A voucher scheme, perhaps offering tax relief on childcare payments, would offer this flexibility.
7. Data collection

7.1 Detailed information about the numbers and working hours of GPs is essential for:
- a robust foundation for primary care workforce planning in Wales at both national and local levels
- information for organisations responsible for commissioning Education and Training of Primary Care staff
- baseline information on capacity within Primary Care in Wales to enable evaluation of new recruitment and retention initiatives
- information to assist decisions about the effective use of resources in developing the primary care workforce

7.2 The advent of new GMS contract has introduced radical changes to the gathering of central information relating to the numbers of GPs and practice staff. In addition the function of the Medical Vacancies Committee, providing information on the numbers of partnership vacancies, is now obsolete.

7.3 There is an urgent need to establish new, effective systems of data collection and interpretation to facilitate primary care workforce planning. Accurate recording of the following information is required:
- numbers of all staff working within primary care in Wales
- the working commitment of all primary care staff in terms of WTE
- a measure of workforce capacity within practices
- a method of identifying under-capacity within individual practices and across regions

7.4 A system of workforce modelling could be used to assist planners to identify under-capacity and thereby enable resources to be directed towards the areas with greatest needs.
1. SURVEY OF SENIOR GPS WORKING IN WALES
TO EXPLORE RETIREMENT ISSUES
Survey of Senior GPs working in Wales to explore retirement issues

1. Introduction
There is an increasing trend for GPs to retire earlier, with a consequent loss of their valuable expertise and experience from primary care. Retention of this group of GPs is essential to retain existing capacity within the primary care workforce in the short-term.

2. Objectives
The objectives of this project were to:
Identify all GPs over 40 years working in Wales
Contact these GPs to ascertain their retirement plans
Explore factors contributing to the early retirement of senior GPs
Identify incentives to assist the retention of senior GPs
Investigate career opportunities likely to be attractive to senior GPs

3. Method
Postal questionnaires were sent to all GPs over 40 years of age (total number 1360) currently working in Wales to enquire into issues relating to their retirement.

4. Results
521 responses were received from the 1360 questionnaires circulated to senior GPs. See Appendix 2 for details of methods and results.

5. Conclusions
5.1 The proposed retirement plans of senior GPs working in Wales would cause a substantial reduction in the GP workforce over the next 10 years, with 62% respondents planning to retire before the age of 60 years and 10 LHB regions standing to lose at least 60% of responding GPs within the next 10 years.

5.2 LHB areas where over 40% respondents wish to retire within 5 years were Monmouthshire, Powys, Bridgend and Torfaen. In Blaenau Gwent all GPs who responded plan to retire within the next five years.

5.3 The factors that influence the retirement decisions of senior GPs are diverse, but the most frequently cited reasons were:
  • finance / pension issues
  • excessive workload from patient care or administration
  • lack of work-life balance

5.4 The incidence of stress and ill health amongst this group of doctors appears to be a significant factor in retirement decisions.

5.5 Incentives most likely to succeed in encouraging senior GPs to continue working include:
  • reduction in workload
  • an improved work / life balance
  • financial / pension incentives
  • protected educational time

A third of respondents stated that extra money would not constitute an incentive to defer retirement.
5.6 The main barriers that prevent senior GPs from making beneficial changes to their working lives include:
- inadequate funding or resources
- staffing problems
- excessive workload

5.7 The majority of respondents indicated that they would like to work fewer sessions as they approach retirement, with almost half wishing to work fewer than 6 sessions per week.

5.8 A significant proportion of senior GP respondents in all areas of Wales would consider working in a salaried post or flexible working scheme prior to retirement.

5.9 Over 50% of responding GPs are keen to develop other areas of professional interest and over 40% would like to be more involved with teaching. Single-handed GPs appear to be less involved in outside activities than those working in group practices and this could limit the potential of these GPs to be involved in teaching or in developing special interests.

6. **Main Findings of the Survey**

6.1 A range of incentives and career opportunities for senior GPs is required to improve the retention of experienced GPs across Wales.

6.2 Reducing the administrative and patient workload of senior GPs would allow them to achieve a better work / life balance and would be a significant incentive for many to continue working. Opportunities to work flexibly and undertake fewer sessions with a smaller caseload should be developed to retain senior GPs.

6.3 The Retainer Scheme in Wales provides opportunities for GPs to work flexibly on a part-time basis with educational support, enabling these doctors to continue working alongside other family or professional commitments. A review of the GP Retainer Scheme to incorporate the needs of senior GPs would be beneficial.

6.4 Financial / pension incentives to attract and retain senior GPs could be beneficial in areas with the greatest difficulties in recruiting GP.

6.5 An increase in the number of GP salaried posts offering flexibility, reduced patient and administrative workload would provide an attractive job option for many GPs approaching retirement.

6.6 The potential for interesting career opportunities within GPwSI posts, which combine general practice with other areas of professional interest, could provide an effective incentive for many senior GPs to continue working.

6.7 Involvement in teaching is attractive to experienced GPs and could offer a stimulating dimension to the work of senior GPs.

6.8 The provision of protected educational time within GP posts is a factor in the recruitment and retention of GPs and should be considered alongside any new initiatives.
The development of a comprehensive Occupational Health Service [OHS] for all GPs and primary care staff is essential to assist team members achieve their full potential, to facilitate job satisfaction and to increase staff retention.

2. SURVEY INTO AREAS OF WALES WITH THE GREATEST SHORTAGES OF GPS
Survey into GP Shortage Areas

1. Introduction
There are regions of Wales where recruitment and retention of GPs and other Primary Care staff are particularly difficult, with the quality of services and patient care suffering as a consequence. The factors that contribute to these problems may vary between localities and it is essential that initiatives designed to enhance GP recruitment and retention are tailored to meet the needs of each local community and of the available workforce.

2. Objectives
The objectives of the survey were to:
- Identify the areas in Wales with the greatest shortages of GPs
- Determine the extent of the recruitment difficulties
- Explore possible solutions to the workforce shortages within each locality

3. Method
3.1 Areas of Wales with greater than 5% GP vacancies persisting for more than 6 months (so-called ‘shortage areas’) were identified from workforce census data provided by the Statistics Division of the Welsh Assembly Government.

3.2 Statistical data relating to other factors known to increase the workload and pressures on practices were analysed to determine whether these may be contributing to recruitment and retention problems within shortage areas. These factors were:
- Practice list sizes
- Level of deprivation payments
- Number of single-handed GPs

3.3 Two postal questionnaires were sent to practices within the identified areas: one to GP partners and the other to practice managers (PMs). The questionnaires were designed to explore issues which respondents would be best placed to answer.

3.4 Focus groups and structured interviews were used to research the issues underlying recruitment and retention problems in more detail.

4. Results
Questionnaire response rates: 54 responses from GPs; 36 responses from PMs.

See Appendix 3 for details of methods and results.

There was generally close correlation between the responses of GPs and PMs on the methods and initiatives likely to improve GP recruitment in their area.

5. Main findings of the Questionnaires, Focus Groups and Structured Interviews

5.1 Geographical factors
5.1.1 A range of initiatives designed to address the diverse causes of GP shortages, geographical variations and differing social problems across Wales is required to improve recruitment and retention within primary care.

5.1.2 There should be active marketing of shortage areas to override misconceptions about working conditions, standards of care and environmental features in some areas of
Wales. There is a need to advertise the benefits of working in a rural setting within close proximity of a city.

5.2 **Workload**

5.2.1 The high incidence of unemployment, social deprivation, complex physical and social health problems and lack of social infrastructure for many patients living within shortage areas require high quality social support services.

5.2.2 A programme of patient education and advice on the appropriate use of primary care and other health care services would be beneficial to prevent dependency and overuse of these resources.

5.2.3 More resources are required to provide services for mental health care, drug and alcohol problems in shortage areas.

5.2.4 The high incidence of chronic physical diseases and complex psycho-social pathology in shortage areas require adequate funding, resources and experienced professionals for effective management.

5.2.5 Long waiting lists for secondary care services cause backlogs and higher workloads for primary care services. Methods to relieve the pressures include systems to speed up hospital discharge and developing GP with Special Interest posts to improve access.

5.2.6 The pressures experienced by GPs working within shortage areas call for experience in the management of risk and complexity. Young doctors often lack the necessary skills and find this work too stressful; therefore recruitment initiatives should be targeted towards experienced senior GPs in these areas.

5.3 **Premises**

5.3.1 Investing in high quality premises improves GP recruitment / retention and therefore would be beneficial for all practices located within shortage areas.

5.3.2 Shortage of space in many practice premises limits the use of skill mix, the development of primary care teams and innovation within practices.

5.3.3 One suggested solution to negative equity of practice premises would be for premises to be owned by another NHS organisation or private company and then leased back for use by primary care teams, thereby avoiding the financial burden of buying in to the practice that often proves difficult for younger GPs.

5.4 **Staffing levels**

5.4.1 Successful implementation of the new GMS contract calls for practice staff to undertake enhanced roles in chronic disease management and quality data entry. This requires the extended use of skill mix within practices and development of new roles for staff.

5.4.2 Workforce capacity within primary care teams can be increased through training in the effective use of:

- Skill mix, extended roles for staff and team working
- Cross-practice working arrangements
- Innovative IT resources
5.4.3 Developing and empowering staff to work as high quality teams is important for the retention of workers and can be more effective than simply increasing the numbers of staff. Using the full potential of IT resources can also help to reduce the staffing requirements of a practice.

5.4.4 High quality practice management is essential for successful implementation of GMS 2 and primary care development. Developing the role of practice managers through appropriate training programmes is essential.

5.4.5 Support and advice in implementing the recommendations of Agenda for Change would assist practices to compete more favourably with Trusts and private companies in recruiting new staff members. It is important to ensure that all primary care staff receive fair pay and opportunities for career progression.

5.4.6 The lack of locums available to cover GPs in shortage areas limits the opportunities for GPs to take study, holiday and sick leave and makes GP recruitment more difficult. A team of locums or salaried GPs could be contracted to work across an LHB area to provide cover to practices when the need arises, conferring significant benefits on the educational opportunities for GPs, the quality of patient care and the recruitment / retention of GPs within the locality.

5.5 Financial issues

5.5.1 GPs in the survey indicated that financial incentives in the region of an extra £10-20 K per GP would be appropriate inducement to work in the more deprived areas of Wales, where workloads are the highest. The Golden Hello Scheme has not been successful in recruiting new GPs to work in the shortage areas of Wales and is currently under review.

5.5.2 It is evident from the research that increased pay alone would be insufficient to attract GPs to work in shortage areas. Improved working conditions and interesting career opportunities are also important for recruitment and retention.

5.5.3 Rural practices with branch surgeries call for additional financial support to help with the costs of staffing and premises.

5.5.4 Practices in urban areas, where uptake of immunisation and screening programmes are lowest, call for the global sum to reflect the detrimental effect on quality payments.

5.5.5 Some practices in shortage areas would benefit from LHB support to develop enhanced services and other new initiatives.

5.5.6 Advertising relocation grants to attract GPs to live and work in a locality would assist recruitment in some shortage areas.

5.5.7 Practices with long-term GP vacancies suffer from prohibitive costs of advertising through the BMJ. An All-Wales Internet advertising site would be an efficient and effective resource for all recruiting practices.

5.5.8 The review of the NHS Pension Scheme and, in particular the implications for GPs, arising from changes to national employment regulations, could result in a bulge in retirements of senior GPs within the next 5 years unless active steps are taken to counter this.
5.6 Support for GPs and Primary Care Teams

5.6.1 Provision of the following resources for primary care teams would improve the morale and well being of staff in addition to increasing recruitment and retention:

- Accessible childcare facilities and funding
- Comprehensive occupational health services
- Supportive initiatives e.g. pharmacy initiative to improve prescribing systems
- Better use of IT resources e.g. patient leaflets available within all practices
- Increased access to in-house patient services, e.g. counselling, physiotherapy

5.6.2 Developing good working relationships and improving communication between practices, LHBs and Trusts promotes support, encourages innovation and allows ideas that increase GP recruitment and retention to be shared.

5.6.3 Empowerment of primary care teams through offering support, advice and resources for new initiatives increases job satisfaction, the quality of patient care and recruitment and retention of primary care staff.

5.6.4 Advice and education for patients on the appropriate use of services would help to prevent dependency & overuse of primary care services.

5.7 Education and training

5.7.1 Access to high quality education programmes for primary care staff is essential and the following training resources would be beneficial for all practices:

- IT training programmes
- Practice management
- Developing roles for practice nurses
- CPD programmes

5.7.2 Training young GPs in the following skills is required through VTS programmes:

- Business management
- Risk management

5.7.3 The inclusion of protected study time and the provision of cover in a job agreement are particularly powerful incentives to attract GPs to work in a shortage area.

5.7.4 The development of appropriate educational resources for all GPs should be addressed as a matter of urgency, particularly in North Wales where educational programmes are less accessible.

5.7.5 Increasing the number of VTS training posts within shortage areas could bring significant benefits for GP recruitment through providing experience to young GPs in these localities and offering opportunities for senior GPs to be involved in training.

5.7.6 Increasing medical school placements in shortage areas may be effective in attracting doctors to work here at a later stage in their careers. Closer links between practices / LHBs / teaching LHBs and the School of Medicine would build a robust foundation for the development of high quality training posts and placements.

5.7.7 Increasing the number of places on Postgraduate Assistant and Fellowship Schemes and broadening their geographical locations could have a significant impact on recruitment and retention in shortage regions of Wales.
5.8 Career Options and opportunities

5.8.1 The desires and expectations of young doctors for their professional and personal lives will have a profound influence on the future design of GP posts. The types of post considered to be most attractive for GPs working in shortage areas were:

- Salaried GP posts with / without the option of partnership
- Flexible posts with protected educational time
- GP with Special Interest posts

5.8.2 Development of a GP career structure would be beneficial in attracting doctors into general practice and providing career opportunities to suit GPs at all stages of their working lives.

5.8.3 One future model for primary care is one in which GP partners work alongside salaried GPs within a large educational centre, offering opportunities for education, career development, flexibility and team working. The main premises would be serviced by smaller branch surgeries to which the GPs rotate.

5.8.4 Providing career support, advice and counselling services for GPs at every stage of their working lives would enable them to fulfil their working potential and achieve a work-life balance.

5.9 Existing Schemes

It is important to evaluate ongoing recruitment and retention initiatives to evaluate their:

- cost-effectiveness in recruiting and retaining GPs
- impact on the workforce of nearby practices
- potential for expansion or enhancement of the schemes

5.10 Future initiatives for Recruitment and Retention

5.10.1 New schemes tailored to meet the needs of doctors who are available and suited to the working conditions in a locality are required. Consideration of the factors influencing a GP’s choice of post must inform decisions on the best use of resources for recruitment and retention.

5.10.2 Initiatives to recruit doctors into practices where there are high levels of stress, complex pathology and multiple psychosocial problems require incentives to attract senior GPs who are experienced in risk management and practice development.

5.10.3 Well-staffed practices attract and retain employees. Initiatives must assist practices to achieve at least minimum levels of workforce capacity and provide the support to enable primary care teams to retain their staff.
3. SURVEY OF GPS LIVING IN WALES WHO ARE NOT CURRENTLY WORKING
Survey of GPs in Wales who are not currently working

1. Introduction
Qualified GPs who decide to leave General Practice represent a significant loss to the primary care workforce and NHS Wales, particularly if they choose not to return to General Practice in the longer term. A method was devised to contact these doctors and thereby ascertain their interest in returning to the workforce with appropriate educational and personal support. The survey was designed to provide information about the numbers of potential returners and questions were kept to a minimum to encourage a good response rate.

2. Objectives
The objectives of the survey were to:

- Contact qualified GPs living in Wales who have left the primary care workforce
- Ascertain their reasons for not currently working in General Practice
- Identify those GPs interested in returning to work
- Build up a database of potential GP Returners

3. Method
Letters were sent to practice managers and GPs practising in Wales with a request to pass on enclosed questionnaires to qualified GPs living in Wales who are not currently working.

4. Results
Valid responses were received from 59 qualified GPs.

See Appendix 4 for details of methods and results.

5. Conclusions
5.1 The cohort comprised of experienced GPs, with 85% qualifying over 10 years ago and 67% having worked in general practice within the last 4 years.

5.2 There were approximately equal numbers of female and male GPs amongst respondents.

5.3 The high number of respondents interested in learning more about the opportunities for education and flexible working reflects the real potential to increase workforce capacity through supporting these doctors who have left General Practice.

5.4 The results indicate the need for fair, family-friendly posts with opportunities for flexible and part-time working.

5.5 There is a need for advice and support in returning to practice, with retraining programmes tailored to give each doctor the skills and confidence they require for working again in General Practice. GPs returning to the workforce need particular support for appraisal / revalidation procedures.

5.6 Information about career opportunities in General Practice should be widely disseminated amongst doctors at all career stages.
5.7 The incidence of ill health resulting in doctors leaving the workforce highlights the importance of a comprehensive OHS for primary care staff.

5.8 The number of doctors leaving to care for young families suggests that support/provision for childcare would assist GPs to continue working without a career break.

6. **Main findings of survey**

The following resources and developments would encourage and assist GPs to return to the workforce:

6.1 A range of flexible career options and support that enable GPs to combine work with family and other external commitments.

6.2 A ‘Return to Work’ programme for all GPs wishing to return to general practice that gives them the skills and confidence required to re-enter the workforce.

6.3 An extended and enhanced Returner Scheme in Wales that is accessible and appropriate to the professional needs of all returning GPs.

6.4 On-going mentoring and careers advice / counselling for doctors who have returned to the GP workforce.

6.5 Support and advice to assist returning GPs in preparing for Appraisal and Revalidation.

6.6 Support with childcare arrangements

6.7 A comprehensive OHS for all Primary Care staff which offers comprehensive counselling and medical care services and enables them to fulfil their potential within the workforce.
4. REVIEW OF THE FLEXIBLE CAREER SCHEME IN ENGLAND
Review of the Flexible Career Scheme in England

1. Introduction
It is imperative that funding for initiatives designed to increase recruitment and retention of GPs in Wales is used effectively and efficiently. Ideally before implementation there should be good evidence that the creation of a new scheme or the extension of an existing one will be successful in increasing capacity significantly within primary care.

The Flexible Career Scheme (FCS) was launched in England in November 2002 to increase the number of flexible and part time posts within general practice. The aim of the scheme was to recruit more doctors into General Practice by providing a career option with full employment rights, flexibility & protected time for education.

2. Objectives
The objectives of this project were to determine:
• The benefits of the Flexible Career Scheme (FCS) in England
• The extent to which the scheme has assisted in recruitment / retention of GPs in England
• Elements of the scheme which could be incorporated into flexible working schemes set up for GPs in Wales

3. Method
3.1 The Department of Health held two update meetings in May 2004 with Regional Directors of Postgraduate Education for General Practice from Deaneries across England, who had been involved in setting up and running the scheme.

3.2 The aims of the meetings were:
• to receive an update on the FCS in terms of uptake, benefits and problems from the regional directors
• to discuss possible changes to the FCS proposed by the DOH
• to feed back the opinions of the educationalists to inform future policy decisions

3.3 The review of the FCS provided an opportunity for observers from the NAW and UWCM Postgraduate Department of General Practice to:
• assess the effectiveness of the scheme
• identify any difficulties that have arisen during implementation of the FCS
• identify valuable aspects of the scheme that could be incorporated into a flexible working scheme for GPs working in Wales

4. Results
See Appendix 5 for details of methods and results.

5. Main Findings of the Review and Conclusions

5.1 Cost-effectiveness of Recruitment and Retention Initiatives
The FCS has not been successful in recruiting or retaining GPs in the under-doctored areas of England and therefore the high costs of developing a new FCS in Wales would not be the most effective use of resources. However, consideration should be given to incorporating some of the benefits of the FCS into existing initiatives and targeting resources towards those areas with greatest recruitment difficulties.
5.2 Saving resources and increasing workforce capacity

Providing opportunities for career continuity in flexible, part-time posts enables GPs to continue working alongside their other commitments, for example bringing up a young family or pursuing interests outside medicine. Retaining these doctors in the workforce reduces the cost of retraining and increases capacity within primary care.

5.3 The FCS promotes a cultural change towards family-friendly working

The trend towards creating jobs that enable doctors to achieve a work/life balance is important for the retention of GPs throughout their careers and the FCS was especially popular with GPs with young families, those returning to work after completing a Returner Scheme and with senior GPs nearing retirement. This indicates a need for flexibility, reduced workload and educational support for these doctors, in addition to a structured and supported route back into general practice for returning GPs.

5.4 The need for personal and professional support for GPs

GPs require personal and professional support to achieve their full working potential, particularly those working in shortage areas where workload and stress levels are highest. Professional support within practices, assistance with childcare and access to occupational health services are all essential requirements for GPs to be healthy, to realise their full working potential and to enjoy job satisfaction.

5.5 Provision of educational resources for all GPs

The educational support and resources tailored to the needs of individual GPs on the FCS were significant factors in the popularity of the FCS. This reflects the importance of providing accessible and appropriate education for GPs throughout their working lives to enable them to keep up to date, develop new interests within general practice and maintain their contacts with colleagues within the profession.

5.6 Importance of offering a range of flexible options for every stage of a GP’s career

The review indicated that the extended range of career opportunities provided by the FCS have been beneficial in making general practice a more attractive career option, in retaining doctors who would otherwise take a career break and in encouraging senior GPs to defer retirement.

5.7 The FCS can encourage practice development

There is evidence that the FCS has the potential to drive improvements and encourage innovation within practices, particularly in practices with high levels of workload and stress. Employing experienced GPs can bring significant benefits to these practices and may offer stimulating career opportunities for senior GPs.

5.8 Importance of fair terms and conditions of service for all GP posts

It is essential that all new GP posts established in Wales to improve recruitment and retention are founded on sound contractual arrangements.
5. SURVEY INTO USE OF SKILL-MIX AMONGST PRIMARY CARE STAFF IN WALES
Survey into use of Skill-Mix within Primary Care Teams

1. Introduction
The term ‘skill-mix’ describes the pooling of the skills of members working within a team to facilitate flexibility and innovation of staff roles, enabling patient needs to be addressed more effectively and efficiently.

Experience within practices has shown that developing staff roles based on competencies promotes a more flexible approach to patient care, enabling team members to transfer their skills between posts and provide different models of service delivery in response to the changing needs of patients, communities and healthcare workers. This methodology promotes a move away from traditional practice to embrace innovative service design and is fundamental to the successful implementation of new GMS contract.

2. Objectives
The objectives of this survey were to:
- Explore the current extent of skill-mix within practices in Wales
- Identify barriers to the use of skill-mix
- Define the practical support needed by primary care teams to increase their use of skill-mix

3. Method
Postal questionnaires were sent to all practice managers in Wales explaining the research objectives (590 questionnaires in total, sent to 506 practices plus branch surgeries).

4. Results
128 practices responded to the questionnaires.

See Appendix 6 for details of methods and results.

5. Conclusions
5.1 Responding practices showed high levels of interest in the use of skill-mix in their practices, with over 90% wanting to learn more and 60% willing to share their experiences.

5.2 Many practices responding understood the importance and benefits of skill-mix for successful implementation of the new GMS contract and to increase workforce capacity.

5.3 The benefits of skill mix can be summarised as follows:
- Expands the capacity of the primary healthcare team
- Promotes team development
- Spreads the workload of the practice with appropriate delegation of tasks
- Enables team members to fulfil their working potential and optimises performance
- Essential for successful implementation of GMS 2
- Improves job satisfaction within the practice team
- Increases the cost-effectiveness of staff time
- Offers professional opportunities to all staff through development of enhanced or extended roles
- Encourages innovation in service design and delivery
- Promotes a cultural change towards new, improved ways of working

5.4 A significant number of respondents use skill-mix in innovative ways and are redistributing the workload by using staff skills more appropriately.

5.5 Lack of space within many premises is a significant barrier to the use of skill-mix in practices across Wales.

5.6 The use of skill mix within practices correlated with the extent of staff training, both internal and external, within practices.

5.7 The lack of accessible, appropriate training courses for practice staff is imposing restrictions on the use of skill-mix within Primary Care across Wales.

5.8 The difficulties in covering for staff who wish to undertake educational programmes are preventing attendance at training events, thereby limiting professional and practice development.

5.9 There is a need for specific training in the benefits, use and development of skill-mix within practices to give practical support and advice in addition to promoting a cultural change towards new ways of working.

6. Main Findings of the Survey

6.1 The importance of adequate space within premises to facilitate the use of skill-mix must inform decisions relating to the development of primary care estates.

6.2 It is imperative that appropriate education, training and protected learning time are provided for staff development to enable them to undertake new roles and enhance the use of skill-mix.

6.3 The development of new roles, such as the Physician’s Assistant, must be underpinned by sound research into their benefits in other countries, the likely impact of the posts on capacity within primary care and the implications for education and training programmes.

6.4 The establishment of standardised frameworks for developing existing roles, such as the HCA, to ensure they have appropriate support and training is essential to enable them to achieve their potential and deliver high quality care.

6.5 Accessible, relevant training programmes for all staff are required to enable team members to keep up to date, develop their careers and realise the full potential of skill mix and role redesign within the practice.

6.6 Practices need assistance in finding adequate cover for staff partaking in education and training courses.

6.7 Training and support for practices in the deployment of staff skills and role redesign are required. Collaborative skill-mix training sessions involving several practices could be arranged and would promote cross-practice working and the sharing of resources.
6. SURVEY INTO CHILDCARE SUPPORT NEEDS
OF PRIMARY CARE STAFF
IN A SHORTAGE AREA OF WALES
Survey into Childcare Support Needs of Primary Care Staff

1. Introduction
Affordable and accessible childcare is thought to be a significant incentive for health professionals with young children to work in an area, but to date there has been a lack of research into the benefits of childcare support to improve recruitment and retention of primary care staff living in Wales. Support can take the form of:
- Provision of accessible, high quality childcare facilities such as crèches / nurseries
- Assistance with the payments for childcare whilst working

An evaluation of the most effective use of resources to assist primary care staff with childcare is important given:
- changing demographics of the GP workforce, with more female doctors qualifying
- need for support to enable all staff to fulfil their working potential
- desire for a better work/life balance amongst primary care staff
- particular difficulties with childcare experienced by staff who live and work in remote rural parts of Wales

This project is designed to explore these issues and to design a system which is acceptable to staff, easy to administer and effective in supporting childcare needs of primary care staff.

2. Objectives
This scoping exercise aims to:
- Research the current literature on the impact of childcare provision on recruitment and retention of NHS staff
- Assess demand for childcare services amongst primary care staff working within a ‘shortage’ area
- Elicit staff preferences for childcare support

3. Background

3.1 Rhondda Cynon Taff
- Rhondda Cynon Taff (RCT) is the second most populated authority area in Wales after Cardiff.
- It is a relatively deprived area, with patient life expectancy 1-2 years less than the average for Wales.
- Primary care in the region consists of 42 GP practices, 14 of which are single handed.
- A number of the GPs currently working in RCT practices are approaching retirement age and traditionally “the area has been very difficult to recruit to partly because of the deprivation and unattractive working environment.” (RCT LHB Primary Care Development Plan).
- Many of the practices have very large list sizes.

3.2 Primary Care Support Unit (PCSU)
- This represents one solution to the recruitment problems in the area and has helped to reduce GP and nurse shortages.
- Set up by the LHB in 2001 and employing 13 salaried GP’s and 7 nurses.
- Staff work with local GPs to provide enhanced services in several practices and in Primary Care Resource Centres in the Rhondda and Cynon Valleys.
- Of the 13 salaried PCSU GP’s, 9 are young married females and childcare is likely to become an important factor in their retention.
• There is currently no childcare specifically organised for this group. The local hospital crèche at Royal Glamorgan Hospital, Llantrisant, has a waiting list of 6 to 9 months and is not geographically well placed for easy access to the Cynon Valley.

4. Method
4.1 A review of recent research into the impact of childcare support on the recruitment and retention of primary care staff was conducted.

4.2 Postal-based questionnaire surveys were sent to all practices and staff members in the Rhondda Cynon Taff, including staff working for the Primary Care Support Unit (PCSU). Two types of questionnaire survey were sent out to each of the forty-two Rhondda Cynon Taff practices and to the PCSU to establish demand for childcare from primary care workers.

5. Results

See Appendix 7 for details of methods and results.

6. Conclusions

6.1 Rhondda Cynon Taff is a deprived area of South Wales that has experienced severe recruitment and retention problems amongst primary care staff over the last 10 years.

6.2 There is evidence from the available literature that childcare support is an important factor in the recruitment and retention of primary Care staff.

6.3 Childcare support needs for primary care staff in RCT vary between sites depending on:
  • The ages of staff
  • The percentage of female staff
  • The numbers and ages of the children of staff members
  • The future plans for children amongst staff
  • The proximity of extended family to staff members
  • The travelling distance from home to work for staff
  • The rurality of home and working environments

6.4 There was a high level of concern about childcare arrangements amongst primary care staff, particularly staff working in the PCSU who are less likely to have extended family within close proximity for support.

6.5 The cost of childcare may be prohibitive for some workers and therefore contribute to staff working reduced hours or leaving the workforce altogether. Financial assistance to reduce this burden is likely to improve recruitment and retention of primary care staff.

6.6 A high percentage of responders from both RCT Practices and PCSU staff felt that the provision of a subsidised childcare service would be a significant factor in assisting retention within the area.

6.7 The staff who work between different locations or who travel some distance to work, such as the PCSU team, expressed a preference for childcare nearer to home than to their workplace.
6.8 A significant proportion of respondents would prefer resources to be directed towards a voucher scheme, which would allow reimbursements to be made regardless of the type of childcare facilities used.

6. Main Findings of Survey

6.1 The introduction of subsidised childcare services is likely to increase recruitment and retention of primary care staff within RCT and other shortage areas of Wales. This is likely to be particularly important in view of the changing demographics in general practice, with increasing numbers of female GPs entering the workforce and more workers seeking a better work/life balance.

6.2 The geography of RCT and the diverse nature of working arrangements for primary care staff within the area favour a childcare support system that offers:
   • flexibility in terms of the location of childcare facilitates
   • remuneration that enables workers to use a diversity of childcare resources e.g. crèche, nursery places, childminders, family members

6.3 A voucher scheme, perhaps offering tax relief on childcare payments, could offer the desired flexibility to primary care workers.

6.4 Childcare facilities that extend into the early evening are required by many primary care staff since the implementation of the GMS 2 contract.
Primary Care Data Collection

Detailed information about the work of GPs is essential for effective Primary Care workforce planning. Data is required to provide:

- a robust foundation for primary care workforce planning in Wales at both national and local levels
- information for organisations responsible for commissioning Education and Training of Primary Care staff
- baseline information on capacity within Primary Care in Wales to enable evaluation of new recruitment and retention initiatives
- information to assist decisions about the effective use of resources in developing the primary care workforce

The advent of the new GMS contract has introduced radical changes to the gathering of central information relating to the numbers of GPs and practice staff. In addition the function of the Medical Vacancies Committee, providing information on the numbers of partnership vacancies, is now obsolete.

There is an urgent need to establish new, effective systems of data collection and interpretation to facilitate primary care workforce planning. Local Health Boards should routinely record the numbers of all staff working within primary care, and the working commitment of all primary care staff in terms of whole time equivalents. Effective workforce planning requires measures of workforce capacity within practices and a method of identifying under-capacity within individual practices and across regions

A system of workforce modelling could be used to assist planners to identify under-capacity and thereby enable resources to be directed towards the areas with greatest needs.
Conclusion

The strength and reserves of the Primary Care workforce in NHS Wales are critical to the provision of a high quality health service for the people of Wales. In researching the issues surrounding the current shortage of GPs, the complexities and urgency of the present difficulties have become evident. The outcomes of the research described in this paper highlight the finding that there is no simple solution to the problem - LHB strategies to improve capacity within primary care will need to address the wide diversity of needs within the workforce using a variety of incentives and improvements.

Training greater numbers of GPs and practice nurses will help to increase workforce capacity in the longer-term, but in the short-term it is essential to optimise the working potential of all available qualified staff. Retaining the expertise of senior GPs, facilitating the return of GPs who have left the workforce, and improving the working conditions for all primary care staff are essential to build workforce capacity. Innovation is imperative, with new ways of working devised to span traditional boundaries.

This review highlights the need for a variety of posts and initiatives to fulfil the employment requirements of GPs throughout their working lives, as personal and professional circumstances change. Factors to be taken into account include:

- The current desire amongst doctors to achieve a better work/life balance, calling for greater flexibility in ways of working, mobility between posts and support that enables professionals to juggle the demands of family commitments with their working lives.

- The need for accessible and appropriate educational resources, with protected study time, to enable every doctor to keep up to date throughout their professional careers.

- The value of a career structure for GPs, with opportunities to develop new interests alongside general practice. Access to information and advice about job opportunities within primary care is essential for all medical students, junior doctors and qualified GPs.

- Supporting GPs to fulfil their potential within the workplace includes assistance with childcare and a comprehensive occupational health service.

- Maximising the potential for skill-mix and new ways of working within practice teams in order to increase workforce capacity.

- The geographical, demographic and social differences across regions of Wales call for initiatives that can be tailored to meet the requirements of staff working within a particular locality.

- High levels of chronic diseases and complex psychosocial problems amongst patients in areas with the greatest recruitment difficulties require resources that relieve the additional workload.

LHBs should ensure that all recruitment and retention initiatives are evidence-based, in addition to making a timely and significant impact on capacity. Regular reviews of the impact and cost-effectiveness of recruitment and retention strategies will support future planning.
Next Steps – Areas for Consideration

The findings of the research projects highlight the deficits in the primary care workforce and emphasise the need for urgent action to increase and sustain capacity within healthcare teams throughout Wales. To date central initiatives have had little impact on the primary care workforce and significant recruitment and retention difficulties persist.

The survey results indicate that solutions to these challenges will be most successful if designed and implemented locally, given the great diversity in the geography, demography and healthcare needs of communities across Wales. Initiatives to attract and retain professionals will be effective if tailored to meet the needs of the available workforce and address the healthcare needs of the local patient population.

This paper outlines the priority actions required at local and national level to enhance recruitment, retention and return of primary care staff within NHS Wales, with each priority cross-referenced to the summary of research findings, e.g. (2.1). The key issues fall into 5 broad categories:

1. Flexible career options
2. Initiatives for Recruitment and Retention
3. Developing of the Primary Care team
4. Resources to support Primary Care Teams
5. Education and Training programmes

Improvements can only be achieved through a range of partners working together supportively to produce innovative solutions to the problems of workforce capacity. LHBs will have a central role in developing recruitment and retention strategies that are evidence-based and reflect their local priorities.

1. Flexible Career Options
The research highlights the need to offer a range of job options for GPs throughout their professional careers, with flexible working arrangements and support to enable them to combine work with family and other commitments (1.2, 3.3). LHBs and practices could consider developing posts outlined in Box 1, taking into consideration the factors summarised in Annex 1.

Box 1

**Flexible Career Options**

1.1 *Salaried Posts*, with or without the option of future partnerships, are suited to GPs wanting a portfolio-style career. Opportunities to combine general practice with specialist interests, medical management or teaching responsibilities are particularly attractive to senior GPs approaching retirement (1.2, 2.2)

1.2 *GPwSI Positions* offer interesting career opportunities for GPs throughout their careers, attracting young doctors into general practice and helping to retain senior GPs (1.2, 2.2)

1.3 *Returner Scheme posts* offer resources to support GPs who have taken a career break. We recommend a review of the existing Returner Scheme in Wales to ensure the initiative is accessible and appropriate to the needs of all GPs wishing to return to the workforce (3.1, 3.2)

1.4 *Retainer Scheme posts* provide opportunities for younger GPs to combine general practice with other commitments. Areas with significant workforce shortages would benefit from a more flexible scheme incorporating professional support and interesting career opportunities tailored to the individual needs of experienced GPs (1.3, 4.2, 4.4)
2. Initiatives for Recruitment and Retention
The research findings suggest several methods to improve recruitment and retention within LHB areas with significant workforce shortages, including those listed in Box 2.

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<thead>
<tr>
<th>Box 2</th>
<th>Initiatives for Recruitment and Retention</th>
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<tbody>
<tr>
<td><strong>2.1 Marketing and Advertising initiatives</strong></td>
<td>A proactive approach to marketing the area and advertising vacancies through an All-Wales Internet site would benefit the recruitment of primary care staff (2.1, 2.2)</td>
</tr>
<tr>
<td><strong>2.2 Succession planning</strong></td>
<td>Active monitoring &amp; evaluation of staff turnover rates facilitates workforce planning for primary care teams (1.1)</td>
</tr>
<tr>
<td><strong>2.3 Financial incentives</strong></td>
<td>Financial incentives, including relocation grants, can attract doctors to work in shortage areas if the posts also offer good working conditions and interesting career opportunities (1.4, 2.5)</td>
</tr>
<tr>
<td><strong>2.4 Salaried Schemes</strong></td>
<td>Salaried schemes which offer team-working, protected educational time and career development opportunities can improve GP recruitment and retention in shortage areas. All new initiatives must be evaluated for their success in improving capacity, their cost-effectiveness and their impact on staff recruitment in surrounding practices (2.10)</td>
</tr>
<tr>
<td><strong>2.5 Locum Schemes</strong></td>
<td>Employing a team of salaried / freelance doctors to provide GP cover for study, holiday and sick leave across an LHB area could enhance recruitment and retention (2.2)</td>
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3. Primary Care Team Development
With the current recruitment and retention difficulties for Primary Care staff, it is essential that capacity is increased through the best use of all available skills.

<table>
<thead>
<tr>
<th>Box 3</th>
<th>Primary Care Team Development</th>
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<tbody>
<tr>
<td><strong>3.1 Team working</strong></td>
<td>Multi-disciplinary working within the primary care team is beneficial in many ways. Learning about the roles of other team members and sharing ideas improves the quality and co-ordination of patient care and promotes true collaborative working (5.1)</td>
</tr>
<tr>
<td><strong>3.2 Skill mix</strong></td>
<td>Assessing staff on the basis of skills and potential enables roles to be delegated to the most appropriate team member, thereby increasing capacity and efficiency. Barriers to skill mix including inadequate premises, training and staff cover must be addressed to realise the benefits (5.2, 5.3)</td>
</tr>
<tr>
<td><strong>3.3 Designing new roles</strong></td>
<td>The development of new posts, such as Health Care Assistant and Physician's Assistant, should be underpinned by sound research and supported by appropriate training programmes (5.4)</td>
</tr>
<tr>
<td><strong>3.4 Extended roles</strong></td>
<td>Increasing capacity within primary care teams is dependent upon traditional roles evolving into wider skill sets with increased responsibilities. Appropriate support and training programmes for staff are essential to develop the skills and confidence required for these extended roles (5.1)</td>
</tr>
<tr>
<td><strong>3.5 Data collection</strong></td>
<td>There is an urgent need for new, effective systems of data collection to inform primary care workforce planning and the commissioning of education and training for primary care staff (7.1, 7.3)</td>
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</table>
4. Resources to support Primary Care Teams
Recruitment and retention within primary care teams are enhanced when resources facilitate high quality patient care, ensure the well being of staff and provide opportunities for their personal development. Box 4 outlines the support and resources required by all primary care teams across Wales.

Box 4

Resources to support Primary Care Teams

4.1 Occupational Health Scheme with counselling support and medical care services is essential for all GPs and primary care staff (1.5, 2.1, 3.4)

4.2 Childcare support is an important factor in improving the recruitment and retention of workers with young families. A remuneration package with flexibility to recompense staff using different childcare resources would be beneficial (2.6, 3.4, 6.1-6.3)

4.3 High quality patient support services are required, especially in deprived areas with high levels of complex psychopathology. Patient education on appropriate use of health care services would reduce the workload in shortage areas (2.3)

4.4 Agenda for Change: support and advice on implementing Agenda for Change would assist practices to compete more favourably with Trusts and private companies in recruiting staff (2.1)

4.5 Supporting innovation requires mechanisms to share best practice and promote innovation amongst primary care teams (2.6, 2.10, 5.6)

4.6 Premises must be designed to reflect the future shape and functions of primary care teams. Problems of negative equity could be addressed by innovative ideas for ownership and leasing of properties (2.4)

5. Education and Training Issues
Access to education is a significant issue in the recruitment and retention of GPs and in some areas of Wales the lack of appropriate educational resources for GPs is a matter of urgency (2.8). The provision of protected study time and practice cover is a powerful incentive to attract GPs to work in a shortage area.

Box 5

Education and Training Issues

5.1 Primary Care Team development
Access to high quality education and training programmes is essential for developing primary care teams and a significant factor in attracting and retaining staff (2.7, 2.8, 5.3-5.6)

5.2 GP Training Programmes
There would be significant benefits to establishing more medical student and vocational training placements within the shortage areas of Wales, as envisioned in the paper ‘The Future of GP Training in Wales’. Extending the Postgraduate Assistant and Fellowship Schemes would also have a significant impact in these regions (2.9)

5.3 Career development
Guidance and support in career development are essential resources for doctors at all stages of their working lives. Careers information and advice should be accessible, relevant and up-to-date, with career planning an integral part of a doctor’s personal development plan and appraisal (1.2, 2.1, 3.4)