THE WAY FORWARD SYMPOSIUM

RECRUITMENT AND RETENTION OF GPs IN WALES
RECRUITMENT AND RETENTION OF GPs IN WALES

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and

The AWNP Team

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EXECUTIVE SUMMARY

Introduction

For several years there has been a shortage of GPs working in Wales. The resulting increased workload pressures in Primary Care have contributed to the development of a GP workforce that is overburdened and demoralised. As a result of these difficulties, General Practice has become a less attractive career option for newly qualified doctors and senior GPs are leaving the profession earlier.

The Way Forward Symposium was organised by the All Wales Non-Principal Network (AWNPN) to identify the issues underlying GP recruitment and retention in Wales and to propose possible solutions to address the problems.

The Recruitment and Retention Strategy for NHS Wales document (Dec. 2002) [App.I] outlines proposals by WAG to address the current workforce difficulties in Wales. WAG has stated that ‘the Strategy is a ‘live’ document that will grow as new strategies are developed. Any new strategies that contain reference to recruitment and retention will be expected to refer to the main strategy and be incorporated into it in order to form an overall picture and become the focal point of how NHS Wales is going to tackle the issue of recruitment and retention.’ The report of The Way Forward Symposium has been written with this in mind. Key issues emerging from the symposium working groups are highlighted in text boxes.

Aims of the Way Forward Symposium

- To inform delegates of schemes currently underway to assist GPs working in Wales.
- To determine the key issues underlying recruitment and retention of GPs in Wales.
- To propose possible solutions to the workforce crisis.
- To write a report summarising the issues arising from the symposium.
- To circulate the report to the key stakeholders in GP recruitment and retention, including WAG, GPC(W), RCGP, LHBs, LMCs and deaneries.

Framework

There were three components to the symposium:

1. A series of short presentations of the schemes and projects currently underway in Wales [App. V].

2. A working group session, wherein six facilitated groups focused on specific issues influencing the GP workforce, [see App. IV]. Facilitators were primed to use their skills to encourage innovative solutions to the current difficulties.

3. The plenary session of the symposium, used to highlight the key issues arising from the working groups.
**Outcomes**

The main issues emerging from the working groups were a need in Wales for:

1. A proactive approach to encouraging and supporting innovation within Wales.
2. Promotion of General Practice as a career throughout the education system.
3. An effective workforce planning process for General Practice.
4. Adequate numbers of medical school places, with appropriate selection procedures.
5. Solutions to avoid student debt, which deters applicants.
6. Undergraduate programmes designed to meet the needs of future GPs.
7. Reviews of Vocational Training Schemes to ensure GPs are ‘fit for purpose’.
8. A career structure within General Practice offering choice and flexibility.
9. Funding to improve and maintain practice premises across Wales, with innovation in ownership and management.
10. Options for out-of-hours cover.
11. Local initiatives to attract GPs into rural and deprived areas.
12. Protection from excessive workloads, violent patients and unwarranted medico-legal claims.
13. Adequate equipment and technology for all GPs.
14. Financial and career rewards for senior GPs, with flexible pension arrangements.
15. Improved patient education.

**Future Activities**

This report will be circulated to all delegates to inform them of the outcomes of the Way Forward Symposium. In addition, we shall ensure that health ministers of all major political parties in Wales receive a copy of the report.

We recognise that action on some of the proposals put forward by the working groups will need to be implemented by organisations other than WAG. However we feel that, by incorporating all issues that have a significant impact on the workforce into the Strategy document, there will be a fuller understanding of the problems relating to recruitment and retention of GPs in Wales and a unified approach to overcome them.

Delegates at the Symposium highlighted the importance of taking the proposals arising from this event forward, perhaps through working groups with a similar format to those of The Way Forward Symposium. We shall certainly be pressing for political support and action at the highest level, to ensure that solutions proposed by the medical profession and NHS management are integrated into the Recruitment and Retention Strategy for NHS Wales.
WORKING GROUP PROPOSALS

1. Planning for the Future Workforce

The need for a new workforce planning process has been recognised and is being addressed by WAG, as detailed in section 4.1 of the Strategy.

Issues discussed in the working groups for further consideration were:

   i) The increasing trend to work part-time will need to be factored into calculations for numbers of GPs required in the future.

   ii) The loss of 100 WTE GPs due to protected time for appraisal processes and LHB posts needs to be incorporated into future workforce planning.

   iii) Locations where it is difficult to recruit GPs, such as rural or deprived areas, need particular consideration in relation to workforce planning.

   iv) GPs working in these areas need to have adequate cover for education, training, specialist work and holiday leave.

   v) The electronic data collection tool to inform workforce planning proposed in the Strategy will be an excellent resource. The employment of a ‘flexible working co-ordinator’ to match practice vacancies with available GPs would ensure efficient and effective use of the data.

2. Raising Awareness and Re-capturing Interest

The Strategy proposals (4.2) to improve careers information, advice and guidance in schools on NHS job opportunities are most welcome and reflect suggestions made within the symposium working groups. Issues raised by delegates:

   i) The delegates felt that raising awareness as early as Primary/Junior school level would be beneficial, with the promotion of General Practice as a career in Secondary schools. Closer involvement and liaison with science teachers at Primary and Secondary school level is essential to attract students into medicine.

   ii) There is currently insufficient information available about careers in General Practice within medical school programmes. Proactive methods are required to promote GP job opportunities, through careers advice and practical experience incorporated into the curriculum.

   iii) There was a proposal for developing an agency dedicated to marketing and promoting General Practice in Wales.
3. **Harnessing the Potential**

Several themes emerged from the working groups, some of which have been addressed in the Strategy.

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**Medical School Entry**

i) Increasing the numbers of medical undergraduate places is essential (4.3.2), but there are concerns that the proposed numbers will be insufficient for an adequate workforce. Workforce planning data (4.1) is essential to inform on this issue, and the proposal to plan ‘on the basis of need rather than affordability’ is imperative.

ii) Barriers to entering medical school include problems of student debt. Possible solutions would be to waive course fees for medical students, or to introduce ‘bonded placements’ whereby a student repays his fees by working in an area of need. The payment of travelling expenses to medical students would reduce the financial burden.

iii) The selection of medical students, ensuring the right criteria for a quality GP workforce, was discussed. Characteristics such as staying-power, team-working ability, communication skills and realism are important considerations alongside academic ability. Interviews and psychometric testing may provide valuable insight into these areas.

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**Undergraduate Programmes**

i) Undergraduate programmes need to be tailored to meet the needs of General Practice as well as Secondary Care careers. Exposure to General Practice early in the course, with a problem-based approach to learning, would be beneficial. In addition, incorporating communication and team-working skills into the programme, as proposed in the Strategy (4.3), would assist future GPs.

ii) There is a need to change the culture of undergraduate programmes within many medical schools to overcome the negative image of General Practice. There should be emphasis on the different but equal roles of Primary and Secondary Care, with GP placements providing adequate exposure to life as a GP.

iii) Calls for flexibility in the route to medical qualification echoed proposals in the Strategy. Graduate programmes (4.3.1) are proving successful and may have a low drop-out rate. Suggestions for the future include the use of distance learning, the Open University and ‘virtual medical schools’.

iv) The need for a career structure within General Practice was expressed by several working groups. The new GP contract, if accepted, would address this and it was felt that this would assist in the recruitment of GPs.
Vocational Training Schemes

i) There should be 4 months of General Practice for all junior doctors in the PRHO year of the Foundation Programme, to provide both future GPs and secondary care doctors with adequate experience of this career and a fuller understanding of Primary Care work. Training practices could bid for these placements, ensuring high quality education and adequate experience were gained from the posts.

ii) Methods to assess core competencies for General Practice need to be developed and refined.

iii) A more robust system is required to identify VTS applicants with the potential to develop competencies required for General Practice, to inform the selection process and avoid wastage of VTS training. Core competencies include empathy, sensitivity, problem-solving skills, and the ability to cope with stress.

iv) The VTS curriculum should be designed to educate GPs who are ‘fit for purpose’, with flexibility around the core curriculum to cater for individual training requirements.

v) VTS training should be based in General Practice throughout the scheme, with release to hospital posts for short periods. A mentor should deliver the curriculum throughout the VTS programme.

vi) Improved planning of the hospital component of VTS to target the educational needs of future GPs is required. The hospital posts could adopt consultant ‘champions’, who support these doctors in their career choice and encourage them to attend VTS training sessions.

vii) The half-day release programme should undergo regular review to ensure training needs are met, especially in the wake of a new contract.

viii) The Dedicated Skills Training programme run by UWCM [App.V vi) a], provides an excellent model for the initial component of GP vocational training and should be expanded throughout Wales.

ix) The voluntary extension programmes currently organised by UWCM [App.V vi) b], should be integrated into all VTS programmes to broaden the training and experience of GPs working in Wales.

x) GP training requires choice and flexibility, responding to the individual educational needs of all future GPs in Wales. Opportunities to undertake additional training, as with the Clinical Fellowship Year and New Principal Higher Professional Education Scheme [Apps. V vi) c & d], have been shown to be of great value in preparing GPs for their chosen career path.

xi) By improving communication between Postgraduate Course Organisers and VTS Tutors, perhaps with joint meetings to discuss curriculum content and teaching methods, the links between General Practice and Secondary Care could strengthen.
4. **Making NHS Wales the Employer of ‘First Choice’**

Marketing the benefits of living and working in Wales, as outlined in the Strategy (4.4), reflects proposals of working group delegates. There should be focus on the positive aspects of Welsh life, including the environment and schooling within Wales, and the cultural enrichment brought through use of the Welsh language should be emphasised.

Making Wales a more attractive place for GPs to work requires more fundamental changes than simply improved marketing, however. The various UWCM initiatives recently developed in Wales to enhance the training of registrars, principals and Non-principals [App. V iii) & vi)] will help to recruit and retain GPs. The development of a robust Occupational Health Service and an effective IT system across NHS Wales will be of great benefit. In particular, the working groups expressed an urgent need for innovation in rural and deprived areas of Wales, and called for the traditional problems posed by premises ownership and out-of-hours cover to be addressed.

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**General Issues**

i) Wales should be more proactive in promoting, supporting and funding innovative ideas and projects within our country.

ii) Liaison with the Welsh Tourist Board to promote NHS Wales would be beneficial, incorporating information about careers into appropriate tourist attractions.

iii) The provision of Welsh language courses within places of work is required across Wales, with bursary or grant schemes available for funding.
Rural and Deprived Areas

i) There is an urgent need to improve practice premises, with funds available to maintain a minimum standard.

ii) Innovation is needed to attract doctors to work in rural or deprived areas, perhaps starting by introducing placements for medical students to correct misperceptions of working-life here.

iii) Rural issues within General Practice have been researched in Scotland and Australia, providing valuable insight into the difficulties and potential solutions that could be implemented in Wales.

iv) Local innovation and empowerment is required to provide a multi-professional approach, developing a variety of models in areas where recruitment is difficult. Certain areas of Wales, e.g. along the England/Wales border, experience unique difficulties that need workable remedies to promote and support General Practice. Adequate resources are essential.

v) GPs fear isolation in remote or deprived areas. The Gwent model is an example of how these can be overcome, providing locum cover for educational development and facilitating OOH cover or co-ops. Schemes such as those run by UWCM could build confidence and assist in the acquisition of necessary skills to work in these areas. Educational centres in rural Wales are needed to assist GPs to access resources for CPD.

vi) Improved patient education, with self-help advice and guidance on effective and efficient use of services, would be beneficial for all Primary Care staff by reducing workload and would assist in the recruitment and retention of GPs. Schools should be included in this programme, as early education is influential on patient behaviour.

Out-of Hours Cover

i) The New Contract, if accepted by the profession, will address the calls for GPs to have the option to opt-out of the OOH commitment.

ii) An effective and efficient system for OOH cover in Wales is required. There was a proposal within the working groups for an All-Wales Telephone Triage System [App.VI]. The involvement of other emergency services, carers, Secondary Care workers, Social services, etc is essential to ensure an integrated OOH network.

iii) Patient education on health issues is required to reduce workload resulting from minor conditions.
Premises

i) Improvement and development of premises need to be prioritised across Wales.

ii) Funds should be available to ensure minimum standards for practice buildings, access and equipment.

iii) Investment into premises needs protection against negative equity.

iv) All employees should be encouraged to buy in to premises and there is a need for more information about the benefits and practicalities of investment.

v) There should be equity between different types of ownership, to encourage diversity and innovation within the market for premises.

vi) There was a proposal for WAG to buy GP premises, thereby off-loading the capital costs of buying-in.

vii) A national strategy is required to promote the effective management of premises, with PCO training available for those responsible.
5. **Doing Things Differently**

The need for innovation in General Practice, as stated in the Strategy (4.5) by ‘challenging traditional methods of working’, was a key message emerging from the symposium. Working groups called for greater options within the General Practice career, with the ability to move between posts easily to match the needs of life and family. This flexibility should continue right from qualification through to retirement, making General Practice a ‘life-friendly’ profession.

The new GP contract would address these issues by recommending a fundamental change in the funding and organisation of Primary Care, and delegates were hopeful that the changes in skill-mix, job design and increased flexibility resulting from the ‘global sum’ method of funding would provide the framework for an improved work/life balance.

The desire by delegates to see quality work rewarded and funding following extra work would also be met by the new contract framework.

Additional issues raised by delegates:

| i) The various schemes on offer to assist GPs in Wales should all be available on both part-time and full-time basis. |
| ii) A Flexible Career Scheme in Wales was called for, with raised awareness and understanding of the range of posts available and their benefits to the workforce. The publication of ‘A Guide to Flexible Working’ could highlight the potential for flexible working within NHS Wales. |
| iii) Time limitations on existing schemes such as the Retainer and Returner Schemes were seen to be unnecessarily restrictive and should be more flexible to accommodate the individual needs of GPs. |
| iv) Doctors who are not currently practising represent a valuable source of potential GPs. Individual training programmes, designed to meet their educational and support needs, should underpin Returner programmes, and be widely advertised and accessible. |
| v) Local schemes to match practice vacancies with GPs available for work would improve the efficiency of the current workforce. |
| vi) There is a need for a cultural and attitudinal change towards part-time workers to dispel the stigma that still remains in some quarters. |
6. Investing in Staff

Achieving a work/life balance in a career in General Practice was seen to be of paramount importance to recruitment and retention of GPs by delegates. This has been recognised by negotiators of the New GP Contract, which seeks to give increased flexibility and choice to Primary Care staff.

Life-long learning, with adequate resources for protected time and accessible education and training, are key to the provision of high-quality care and job satisfaction within the medical profession. This is recognised in the Strategy (4.6.6).

Proposals raised by the delegates to make General Practice family-friendly have also been included in the Strategy, with affordable and accessible childcare facilities (4.6.7) being seen as an important factor in recruitment and retention.

Issues raised by delegates included the continuing need for:

| i) | Good premises in which to practice. |
| ii) | Protection from violent patients. |
| iii) | Adequate materials, equipment and technology for General Practice. |
| iv) | The effective use of IT across NHS Wales. |
| v) | Reduced workload pressures. |
| vi) | Fewer non-medical problems in the GP case-load. |
| vii) | No-fault compensation to be introduced for medico-legal claims. |
7. Career Maturity

The Strategy highlights the need for flexible working opportunities near retirement (4.7.3) and for flexible pension arrangements (4.7.1) to enable GPs to reduce their hours without affecting their final pension benefits. These were seen by delegates as essential to prevent early retirement amongst GPs.

The new contract, if accepted by the profession, will offer funded sabbaticals and altered clinical responsibilities for senior GPs, reducing the pace and pressure of work. This was seen by delegates to be a potentially significant benefit in the retention of GPs.

Retention of senior GPs could be increased by:

- Reducing the excessive administrative load in General Practice.
- Re-directing the inappropriate non-medical work currently burdening GPs.
- Recognition for the experience and wisdom of senior GPs, both by respect for these qualities and through financial reward.
- Adequately resourced and protected time for CPD and IT training.
- An improved environment in which to work, with good premises.
- An effective, nation-wide system for managing violent patients.
- No-fault compensation for medical claims.
- Reduced political interference.