Life & Times
Notes for a profession in difficulty

IS IT ME, OR IS IT GENERAL PRACTICE?

As academic clinical fellows (ACFs) in general practices across London we are stakeholders in general practice at the outset of our careers. We recently discussed our concerns about the future of general practice and our futures in the speciality at our regional teaching session. Here is a summary of what we discussed:

- Some GPs have up to 70 patient contacts per day. On average, GPs deliver 50% more than the British Medical Association's (BMA's) safe limit of 25 patient contacts per day.
- A substantial proportion of appointments last over 10 minutes. In some months, around 20% of appointments delivered lasted more than 20 minutes.
- The number of appointments being delivered in general practice month to month is more than the speciality is resourced for. In February 2023, 27.3 m appointments were booked, almost 2 m more than in February 2022. A total of 44% of appointments in February 2023 were booked to take place the same day, while 85% were booked to take place in the next 2 weeks.
- The job can be emotionally and physically demanding to the extent it is common to feel that working as a full-time GP would be unsustainable. This can create internal conflict, confusion, and self-doubt … surely 10 sessions of clinical general practice should be doable? Many of us have asked the question *'Is it me, or is it general practice?'*
- There has been a steady decline in the number of full-time equivalent qualified GPs in England over the past 5 years, yet 80% of GP's work exceeds over 35 hours per week. Colleagues restrict their clinical sessions to try to contain workload, which still equates to full-time hours.
- The amount of non-patient facing work (up to 40% of workload) is increasing and GPs are working an average of up to 46% extra unpaid hours in order to get all of their work done.
- There is a recruitment and retention crisis; the target of 5000 more GPs by 2020 set in 2016 is long gone, and we are moving further away from the 2019 target of 6000 more GPs by March 2024.

- The most recent national GP worklife survey showed that overall satisfaction with the job has decreased from 2019 to 2021, and over a third (33.4%) of GPs indicated that they may leave patient-facing work in the next 5 years (rising to 60.5% in the over 50's).
- The number of patients registered at GP surgeries has increased in the same timeframe. People living in the most deprived areas have fewer GPs per person than those living in the least deprived areas, which relates to the inverse care law.
- The staffing deficit is pervasive across health and social care but general practice is a particularly hard-hit specialty. While the number of GPs is falling, the numbers of hospital doctors and consultants are increasing. Yet, as much as 90% of health care is delivered in primary care for <10% of the department of health and social care's budget.

General practice can be perceived as an inferior specialty by some stakeholders. In 2017, 39% of medical students who responded to a Royal College of General Practitioners (RCGP) survey stated that tutors from hospital specialties had put them off a career in general practice, and just 3% of medical students thought that a career in general practice would be intellectually challenging.

In 2016, 'The Wass report' set out ways in which medical schools could increase recruitment to general practice. However, Euan Lawson details five areas in which medical schools are still failing: funding; widening access to medical schools; portraying general practice as a 'lifestyle career'; placements in general practice; and role modelling within general practice.

As ACFs we have a role in promoting general practice as an intellectually rigorous discipline, but this is also the role of stakeholders. General practice needs to be seen as a respectable specialty by all stakeholders if we are going to meet the targets set out by the government and make GPs feel valued.

"… working as a full-time GP [is] *unsustainable. This can create internal conflict, confusion, and self-doubt … surely 10 sessions of clinical general practice should be doable? Many of us have asked the question* 'Is it me, or is it general practice?'"

"... Euan Lawson details five areas in which medical schools are still failing: funding; widening access to medical schools; portraying general practice as a 'lifestyle career'; placements in general practice; and role modelling within general practice."

THE TOP FOUR FACTORS DRIVING CHALLENGING WORKING CONDITIONS WE SPOKE ABOUT

- Demand is outweighing resource across the whole health and social care system. This results in displaced demand on general practice as one of the most accessible routes to support. For example, patients who have been referred to secondary care for a health issue requiring specialist input, who require a high level of GP support in the interim due to long waiting times for secondary care.
- Systems supporting uncapped demand, such as some 'duty doctor' systems where GPs are expected to provide unsafe levels of patient contacts in a day. The new contract may promote this approach to practice at the cost of staff wellbeing and patient safety.
- A policy and media focus on appointments undermining the reality around access to care. This pushes practices to offer more appointments rather than adequate administration time for staff. As a consequence, administration workloads often take place 'behind the scenes', outside of working hours, and are not accounted for.
- The increasing complexity of care: still expected to be delivered safely in 10-minute appointments. In this high pressure and underresourced environment, clinicians' documentation and practice are being held to the same high standards, with doctors being subject to complaints and litigation.

THE TOP FOUR FACTORS KEEPING US IN CLINICAL PATIENT-FACING GENERAL PRACTICE

- The privilege of patient-facing work and continuity of care;
- supportive practice teams and workplace relationships;
- the mentorship and pastoral care from supervisors and trainers; and
- the ability of general practice teams to build services according to local need.

FOUR ROUTES TO IMPROVEMENT

1. Make the care and welfare of staff an equal priority to that of patient care, treating both staff *and* patients with kindness and compassion.
2. Recognise the administrative workload in general practice:
   - automate where possible, for example, using artificial intelligence;
   - ring-fence time and resource within general practice staff job plans for administrative work where it cannot be automated; and
   - acknowledge the lack of resource to increased demand in general practice and the growing complexity of care delivered by the workforce. Call out a toxic culture that blames GPs and practices for these system factors and respond by investing in primary care to increase resource (for example, by facilitating longer appointment times where necessary – both the BMA and the RCGP support extending appointment times to 15 minutes – and by implementing infrastructure to safely contain demand to resource available).
3. Encourage an accurate portrayal of general practice, including by the media and policymakers.
4. Embrace innovation. Continue to develop career paths within general practice where time is allocated to provide creative spaces to improve the healthcare system. These include innovative models of care and technology, health promotion, and public health. Protected and funded time for this within general practice training as ACFs is an example of how this can benefit the healthcare system.

The people factors – working with patients and colleagues – are the strongly positive aspects of the job. But the logistical working conditions must improve for the future of the specialty to be sustainable.

Lara Shemtob,
Lara is an academic clinical fellow in general practice at Imperial College London and an occupational health physician.

Email: lara.shemtob@nhs.net

Johannes Driessen,
Johannes is an academic clinical fellow in general practice at King's College London, with a special interest in clinical education.

Alice Howe,
Alice is an academic clinical fellow in general practice at Queen Mary University London, with a special interest in equality, diversity, and inclusion, and women's health.

Adam Harvey-Sullivan,
Adam is an academic clinical fellow in general practice at Queen Mary University London, with a special interest in health inequity.

Martha Martin,
Martha is an academic clinical fellow in general practice at Imperial College London, with a special interest in digital health and integrated care systems.

This article (with references), was first posted on *BJGP Life* on 17 May 2023; https://bjgplife.com/diff

DOI: https://doi.org/10.3399/bjgp23X733041