Life & Times How much does a GP cost?

Can you put a price on producing a GP? Producing and packaging a fresh-out-of-training GP will accumulate costs at the individual and societal level. In an era where difficulties in GP recruitment and retention are having significant impacts on the workforce, will knowing the 'value' of a GP give us any clues as to the projected cost in terms of loss to the system if that GP eventually leaves the NHS?

PERSONAL COSTS

The personal costs of medical school are 'bewildering' to work out, as they depend on which of the four UK countries students ordinarily live, whether medicine is being taken as a second degree, and personal circumstances such as age and domestic income.¹

Currently in England, medical students pay tuition fees for 4 or 5 years of medical school at the rate of £9250 per year. These tuition costs have ramped up steadily since 1998, and again from 2012 with the tuition fee hike, and accordingly, the burden of student loan debt for tuition and living costs has accelerated over the past two decades.

Students graduating from higher education in England in 2022 have an average student debt of £45 150, more than three times the average of those graduating in 2009.² This average across all undergraduate degrees doesn't reflect the range of debt for medical students who pay an additional 1–2 years of tuition compared to those on 3-year courses, with some medical students amassing debts of over £100 000. The fun doesn't stop on qualifying "Students graduating from higher education in England in 2022 have an average student debt of £45 150, more than three times the average of those graduating in 2009."

from medical school for those entering GP training, with mandatory registration to the General Medical Council, and the costs of training portfolios and exams.

The cost to the individual is hugely variable and dependent on several personal and contextual factors, but the overall personal cost of becoming a GP can easily top out over £100 000. This high personal cost is an investment in a career with a fairly guaranteed and competitive income (at least at the point of completing training – just ask the junior doctors striking for pay restoration).

NATIONAL COSTS AND A LOSS OF INVESTMENT

Aside from the cost to the individual, substantial training costs to 'make' a GP are borne by the government (and therefore in essence the taxpayer), the wider NHS, and individuals providing the training. What is the societal cost to train a GP?

Training a GP costs money in terms of infrastructure and time investment from educators and patients. Each year, a team of researchers based in Kent and York produce the Unit Costs of Health and Social Care report, and their 2022 analysis suggests



that the total investment to 'create' a GP including tuition, overheads, and salary costs is \pounds 430 540.³ This is an investment that is made, I suppose, with some expectation that this GP will contribute back to the public through working in service, in the NHS. But the options for GPs completing their training and thinking of leaving the NHS are numerous.

Medical degrees and the MRCGP are highly portable qualifications, and GPs are much sought after in Australia, New Zealand, and Canada, where working conditions and salary may be more attractive for some. General practice is in the midst of a workforce crisis, with up to a third of GPs planning to leave direct patient care in the next 5 years through alternatives such as early retirement or moving into the private sector.⁴ Can these losses be mitigated?

A number of initiatives, including New to Practice Fellowships, the Induction and Refresher Scheme, and the GP Retention Scheme aim to maintain and increase high levels of participation in the primary care workforce. These schemes are not cost or time neutral, for instance, the New to Practice Fellowship pays to release GPs from a clinical session each week to participate in fellowship activities. Do the costs of these schemes pay off against the potential losses within the workforce?

A cost-effectiveness analysis published in the *BJGP* suggested that the cost of the Induction and Refresher Scheme was £1240 per expected subsequent year of work, compared to £4430 for the GP Retention Scheme, and much less than the £11 600 per year cost of the GP training scheme, so these schemes operate at a cost many will argue is worth paying to retain a skilled workforce.⁵ This analysis didn't look at the direct retention effects of these schemes, or the cost-effectiveness of some of the newer initiatives, so in order to understand their effects they do need close evaluation.

²⁷² British Journal of General Practice, June 2023

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THE TRUE VALUE OF A GP

This has been a discussion of some of the numbers. But what is the true value of a GP, and the real loss if they leave the workforce? Can you really put a price on any of it?

John Berger wrote that 'we, in our society, do not know how to acknowledge, to measure the contribution of an ordinary working doctor. By measure I do not mean calculate according to a fixed scale, but, rather, take the measure of.⁶

In her updated look at another 'fortunate' doctor, Polly Morland argues that we need to both measure the value of general practice by calculating its value and taking the measure of it, to see the true value of what GPs provide to their communities and to know why general practice is something worth fighting for.⁷

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The personal cost of training is an investment each GP makes in their own future, but if they leave the NHS, the societal cost of their training and the true lost value to their local communities is a sunken investment that is unmeasurable.

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