

Life & Times

It's all a matter of time!

Managing risk takes time

INTRODUCTION

There has been much media coverage of shorter UK GP consultation times recently, with the UK having the shortest consultation times in the developed world.¹ After 30 years I recently retired from my partnership and decided to take up a portfolio career, which included locum work back at my old practice. In returning to general practice after a gap of several months, there were four areas of concern for me personally — short consultation times, IT, changes to local referral pathways, and managing risk, with consultation times and risk being my primary concerns. The Retained Doctor Scheme² did not alleviate these concerns and so I negotiated a system within the practice whereby I would see patients every 20 minutes at a reduced locum cost. As part of my return to work I decided to audit the length of my consultations, along with a personal assessment of risk.

MANAGING RISK

I see risk in the consultation as the danger of inflicting something unpleasant or harmful on a patient through one's action or inaction. There are four ways to manage risk: avoidance, sharing, reduction, and retention. Risk avoidance was a significant carrot in my retirement planning, and I am sure that risk avoidance has not helped the GP workforce. In these days of demand management I have to balance the pros and cons of risk sharing and referral, and in my experience, time pressure results in the safe option being chosen and the patient more frequently referred. I continue to try my best to reduce risk at all times, as long as I see the rocks in the water in the first place. Ultimately, I pay my medical defence fees to mitigate the fact that general practice retains risk at all times.

Safe risk management coupled with demand management takes time, and I wanted to have some personal assessment of the risk within which I was operating, alongside consultation length. This required me to devise a simple scale to quantify risk,

Box 1. Risk scoring system

1. No perceived risk.
2. Potential covert risk.
3. Overt risk.
4. Significant risk/danger.

running from no perceived risk through to significant risk/danger (Box 1). There were 314 consultations over a 3-month period, with an average time of 14.5 minutes (4–40 minutes).

Most consultations had a risk rating of 2 or 3, with 32 consultations having a risk score of 1, and five with a score of 4. The average risk score was 2.2, indicating that potential covert risk was my main concern — I know there are rocks in the water even though I cannot see them yet!

CONCLUSION

So I appear to be taking just under 15 minutes to consult, leaving 5 minutes to attend to IT, manage referral pathways, think constructively about significant risk, and if necessary, catch up. Most consultations had overt or covert risk according to my own perception and scoring system. I need this extra consultation time to reduce this said risk and avoid unnecessary referral. Returning to work would have been untenable for me personally without this change in consultation times and attention to risk management.

I suspect I am not alone, and would encourage all GPs thinking about retirement to consider this alternative working pattern. That said, a change to longer consultation times is inevitable for all UK GPs — it's all a matter of time!

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"There are four ways to manage risk: avoidance, sharing, reduction, and retention."
