

We are the baby boomer generation, the postwar drugs, sex, and rock 'n' roll set who grew up during a time of idealistic visions that served to energise a generation who were simultaneously culturally and socially revolutionised. We are a workaholic generation, passionately concerned about participation in the workplace, motivated by vision, mission, and strategy.

So where does that leave the baby boomer doctors? We have worked hard and been committed to our roles, often at great personal sacrifice. As we have got older many are in senior positions with added responsibilities, some have health issues, many of us are sandwiched between caring roles for elderly parents and children: 80% report stress and contemplate leaving early.¹

But we have a workforce crisis that needs them to stay. In primary care we know we face a major problem in respect of workforce capacity, with data to show that the number of GPs leaving has almost doubled in 10 years, and those aged 55–59 years are now leaving at a similar rate to those aged over 60.^{2,3} Worryingly, several surveys highlight that the intention to quit direct patient care in the next 5 years in GPs over 50 has increased from 54% in 2012 to 60.9% in 2015.⁴

GPs have an (almost) undoable job. Reduced morale and emotional resilience are coming through strongly in surveys, which highlight increasing burnout, poor mental health, addiction, and 'compassion fatigue',^{5,6} while the General Medical Council found that doctors over 50 are most likely to be the subject of formal complaints.⁷

Teams and services, and ultimately patients, lose hard-won wisdom and expertise. But, most importantly, doctors don't all want to retire, many reporting that they still enjoyed the practice of medicine and using their clinical skills to help patients. What they want is a change of pace or role, a move to part-time working, being nearer home, more time with family and friends, and to continue to add value. Yet 'all or nothing' is often seen as the only option.⁸

WHAT IS NEEDED?

What is being done to give this valuable and essential workforce the flexibility they need? The GP Retention Scheme expands on the original GP Retainer Scheme, widening eligibility from GPs with 'caring responsibilities' to any GP who is considering

leaving or has left general practice, including those approaching retirement.⁹ It gives greater flexibility when part-time work does not meet an individual's needs, while continuing to provide a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice.

The GP Careers Plus pilot will enable recruitment of approximately 80 GPs who are at risk of leaving the profession, across 11 pilot areas. These sites will test ways to offer greater flexibility and support to retain the skills and experience of GPs on the verge of leaving general practice. These include using GPs to cover vacancies, annual leave, parental leave, and sick cover, or to carry out specific types of work, for example, long-term conditions, access hub sessions. GPs might also be used to provide leadership or support for practices in crisis.

Other initiatives are badly needed. Coaching and mentoring are highly valued by senior doctors. We need meaningful appraisals with less onerous paperwork and more supportive discussion. We need confidential health services for everyone, not just doctors in London or GPs across England. And we need initiatives for increased peer support, reduced partnership stresses for GPs, greater educational initiatives, and more flexible working and part-time options for established doctors.

The word retirement is anathema to most baby boomers, whose high-powered careers have been core to their whole identity. We need to harness and leverage the skills and energy of doctors at the expert/mastery stage of their careers.¹⁰ The Japanese do not have a word for retirement; they have the word '*ikigai*' — 'the reason you wake up in the morning'. Those with *ikigai* live longer and healthier lives.¹¹

Life transitions are renowned for being uncomfortable and after acknowledging this we want older doctors to have an opportunity to think, experiment, and explore, to engage in pursuits they value and leverage their skills, knowledge, and talent to continue to make a difference. With doctors retiring earlier and living longer we need to change the culture.

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