The GP crisis:

a tale of two peaks

It is difficult to comprehend that 40% of new GPs are no longer working substantively in NHS employment after 5 years.[1] Forty per cent? Surely, that can't be right? We are training more GPs than ever before.[2] But we are still far away from the target of 5000 extra GPs set in 2014.

Is there something more fundamental underpinning this significant attrition in the First5 cohort?

EXPECTATIONS AND REALITIES

Society is fast changing, with an increasingly dysfunctional appreciation of how to strive for happiness becoming the mainstream. It's leading us to chase the accumulation of social media followers, material wealth, and titles to bring us happiness, rather than enjoying the journey itself.[3] But, as we all know, this 'happiness' is fleeting as the new becomes the norm and we seek further external stimuli to remain happy. Psychologists have coined the term 'hedonic adaptation' to describe this phenomenon and it is both insidious and seductive, but not conducive to sustainable wellbeing.[4]

Our training pathway exacerbates this further, best selecting those able to delay gratification and soldier through assessments, with the draw of significant rewards and perceived future happiness once we achieve arbitrary landmarks, for example, on completion of medical school exams or completing Foundation training. However, when training ends, these imagined rewards are not realised. Such an unbalanced focus on delayed gratification, coupled with a mismatch between the expectations and the realities of working as a doctor, further propagates dissatisfaction with the here and now.

Having successfully navigated a long training pathway it is frustrating to see a narrative of resilience: a failure of personal toughness that has undoubtedly contributed to the current GP shortfall.

Is it not time we invest the resources needed to meaningfully improve the systems we train and work in, so it allows us to be much kinder to ourselves first and then to those around us? We know the principles underpinning the system changes that are needed to promote this. Self-determination theory speaks of the importance of competence, autonomy, and relatedness for intrinsic motivation,[5] while Martin Seligman's PERMA theory (which identifies five essential elements to wellbeing) describes how we flourish through positive emotions, engagement, relationships, meaning, and accomplishment.[6]

DIFFERENT MOUNTAINS

A recent *New York Times* article[7] provides further perspective using an analogy of two mountains. The first mountain is about building us up via meritocratic educational systems, which aims to accumulate skills and reputation through achievements. The trek up the first mountain is egocentric, fiercely competitive, and absorbs resources. The second mountain is quite the opposite: it is about service, and giving without expectation, through committing to a higher purpose and vision such as community. There is no guarantee of transition between the two, which often requires a personal crisis followed by a period of self-reflection and introspection.

So how do we get to the second mountain and remedy the current crisis?[8] The 'Next Generation GP' scheme (http://nextgenerationgp.wixsite.com/2017) or upcoming and early-career GPs could provide one platform to incubate that higher vision and move *en masse* to the second mountain. This lends itself to a Confucian mindset:

'Those that think they can and those that think they can't are both usually right.'

The present crisis that GPs currently face may be that very call to arms we need to move to the second mountain and create that better future together.

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