

Editor's Briefing



Euan Lawson.

THE GLOBAL PRIMARY CARE CRISIS

In November the US-based Commonwealth Fund published the 2022 International Health Policy Survey of Primary Care Physicians. They conducted research in 10 high-income countries looking at workload, burnout, and the career plans of doctors. The news is not good. There may be many variations in how care is organised but it seems that the primary care crisis is a global one. The pandemic has stretched all systems and workforce shortages are a near universal problem.

Primary care physicians are reporting an increasing workload. The Commonwealth Fund report found that 91% of UK GPs reported an increase, topped only by Germany (93%). That will come as little surprise to anyone but the widespread nature of it across many nations is startling. The UK had the highest percentage of younger GPs reporting their job as 'very stressful' or 'extremely stressful' at 75%.

Overall, in all the countries, nearly half of the older primary care physicians stated that they intended to stop seeing patients within

the next 3 years. In the UK it was 67% of the older doctors (defined as over 55 years) and 20% of the younger ones – the highest figures in this sample of 10 high-income countries. These are statistics that should elicit a cold-sweat shiver. Our workforce crisis, in terms of GPs at least, has not yet bottomed out and younger physicians, one in five in the UK, are hatching escape plans. The alarm bells have been ringing for a while now, a dull painful tinnitus, and are the constant background noise mocking all our plans.

There is a global shortage of doctors. A *Lancet* study in 2022 estimated the world has 104 million health workers and 12.8 million physicians giving a global physician density of 16.7 per 10 000 population. It also found that, in 2019, the UK had 35.1 physicians per 10 000 people. Doctors are not, of course, equally or equitably spread across the planet, and there is no pool of doctors into which the UK can easily tap, particularly given the constraints of sitting outside the EU.

For UK GPs considering a move, the Commonwealth Fund report suggests the grass may be the merest shade greener. One Canadian GP on Mastodon highlighted that there are problems there: *'most family MDs are "stuck" in an old fee-for-service model that doesn't support team-based care for increasingly complex patients.'*

We urgently need primary care to be part of systems that can manage ageing multimorbid communities and we need to find policies that translate quickly to the everyday practice of primary care medicine. Darran Foo and colleagues in Australia have an editorial in this month's issue that offers 'learning health

Issue highlights

This month we get to the beating heart of general practice with editorials on heart failure and blood pressure sitting at either end of the sphygmomanometer scale. These back up research into natriuretic peptide testing in heart failure, and postural hypotension, as well as further insights into the diagnosis of hypertension. Other research looks at atrial fibrillation, cardiovascular risk scores and cancer history, and the unintended consequences of patient online access to health records. As ever, *Life & Times* takes us to the metaphorical heart of general practice with articles on empathy and part-time working bolstering the book reviews that this month include the excellent *Women in White Coats: How the First Women Doctors Changed the World of Medicine*, by Olivia Campbell.

systems' to help make improvements at practice level and build the sustainable and high-performing primary care systems we all want to see. The need has never been more urgent.

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Editor, BJGP

Further notes from the editors and other BJGP news can be found at <https://bjgplife.com/bjgp>



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