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# TURNING THE TIDE

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Key points for retaining GPs in practice...



Welcome to the fifth of twelve newsletters, highlighting research that addresses the top challenges currently facing general practice...

## EDITORIAL

There is no easy answer to the workforce crisis in General Practice. But at WISE GP, we are excited by the results we are seeing from our efforts to champion the knowledge work of modern clinical practice.

It's nearly 20 years since Gabbay and le May described how GPs create and use new knowledge *everyday* - as part of their daily work (1). This 'practice-based evidence' allows GPs to provide the tailored, whole-person healthcare that defines excellent primary care and delivers efficient, effective and equitable healthcare (2). But research backs up the stories we also hear from practising clinicians about things that stop them doing this work - including a lack of confidence, skills, time, energy and opportunities for learning (3).

The TAILOR deprescribing evidence synthesis (in press) reveals how knowledge work addresses the cognitive and emotional load of complex decision making through generating trust (4). CATALYST is a research-informed programme supporting new-to-practice GPs to develop skills in generating knowledge-in-practice-in-context (5). Early evaluation findings reveal GPs inspired by a new vision of a career in general practice.

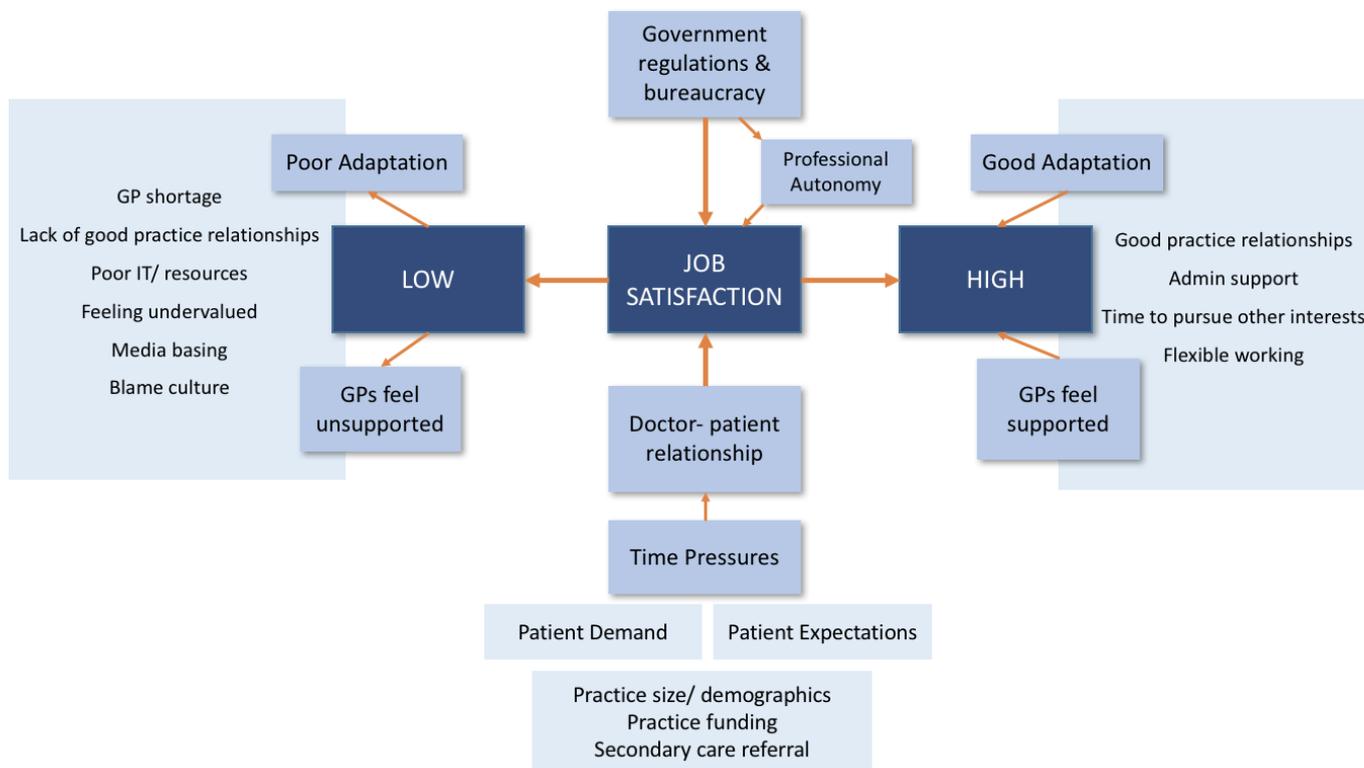
The common thread is knowledge work inspiring meaning, mastery and membership – the 3M’s of motivation highlighted by Andah in her recent review (6).

This work has implications for professional training, how we design our working day and how we build future practice and systems, whilst providing welcome sparks of hope for a new vision of general practice to come.

**Joanne Reeve**  
**Professor of Primary Care, WISE GP Lead**

At a time when general practice is facing unprecedented demand, the number of doctors considering early retirement has doubled in less than a year (7). This is compounded by falling GP numbers, with 1,704 fewer full time equivalent GPs now compared to 2015 (8).

A recent systematic review aimed to identify factors affecting GPs decisions to leave direct patient care (9). Job satisfaction was central, being negatively impacted by a lack of autonomy, increased patient demands, high workloads and a lack of support. These factors were reported to make some clinicians feel vulnerable to burnout, or to consider leaving the profession. However, good practice relationships, admin support and flexible working were reported to improve overall job satisfaction (see infographic below). The first Wise GP newsletter highlighted the value of a supportive team who assist the duty doctor when overloaded, to help clinicians to manage their workload and avoid burnout.



A recent rapid review aimed to understand the impact of professional motivation on the workforce crisis in medicine (6). Four core themes were identified to explain retention problems

(see opposite). Overall, the review suggested that morale needs to be boosted, unmanageable changes and the mismatch between doctor and patient expectations addressed and personal and professional support improved.

The requirement for better funding and more GPs is well recognised. However, the distinct expertise and wisdom of experienced GPs planning to leave the profession can not be easily replaced. Current approaches to tackle the workforce crisis include

expanding the number of GPs in training, in addition to strategies to prevent GPs from retiring or leaving the workforce, such as the GP Retention Scheme and the GP Career Plus Pilot Scheme.

Themes to explain problems with the retention of doctors	
<b>Low morale</b>	<ul style="list-style-type: none"> <li>• Burnout</li> <li>• Loss of continuity of care</li> <li>• Low job satisfaction</li> <li>• Loss of autonomy</li> <li>• Long working hours</li> <li>• Lack of resources</li> </ul>
<b>Disconnect</b>	<ul style="list-style-type: none"> <li>• Mismatch between doctor and patient expectations</li> <li>• Perception of public being more demanding and less respectful of healthcare professionals</li> <li>• Fear of complaints or litigation</li> </ul>
<b>Unmanageable change</b>	<ul style="list-style-type: none"> <li>• Increased administration and bureaucracy</li> <li>• Restructuring</li> <li>• Uncertainty about the future</li> </ul>
<b>Lack of personal/ professional support</b>	<ul style="list-style-type: none"> <li>• Stress of appraisals and revalidation</li> <li>• Lack of supervision and mentorship with career progression/ clinical practice</li> </ul>

However, further strategies are still needed to help address low morale and poor job satisfaction.

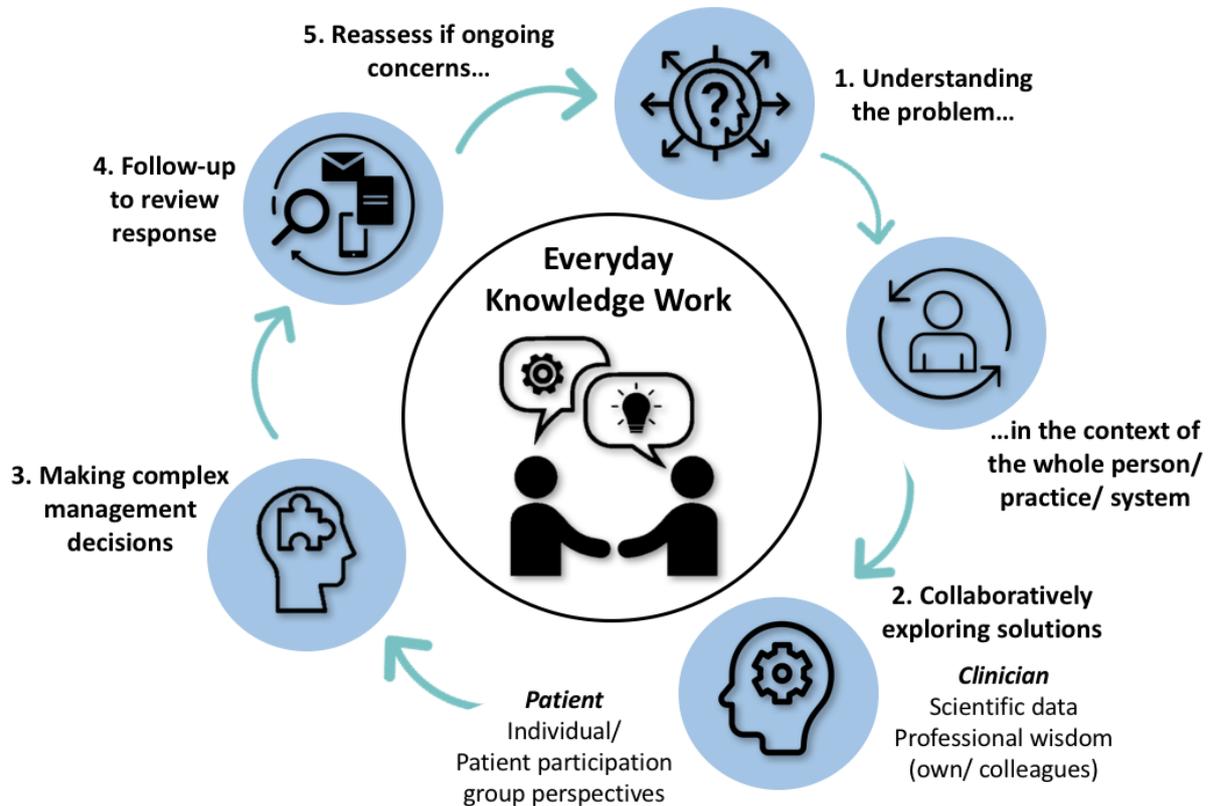
**So what can you do?** Many GPs are already doing fantastic work campaigning for better resources, fighting against increased bureaucracy and standing up against negative media portrayals of GPs. Within our teams, we can try to foster more supportive working environments, whilst reflecting on further approaches highlighted in the first Wise GP newsletter to protect ourselves and colleagues from burnout. A reduction in working hours has been identified as a common strategy to improve resilience. This is an unfortunate consequence of unsustainable workloads, but it can prevent clinicians from leaving the profession entirely, whilst also enabling the pursuit of portfolio careers, which allow GPs to make other valuable contributions to the profession. See the Wise GP website for inspiring stories from GPs about their portfolio careers (<https://www.wisegp.co.uk/wisestories>).



**Improving your knowledge work skills could also help you to manage complex workloads and increase your job satisfaction...**

The illnesses GPs manage are often indistinct with no clear pathology, hence a patient or their presenting problem may not fit the evidence-based guidelines. This is where GPs, as expert

generalists, use their professional wisdom, combined with scientific data and patient perceptions to explain an illness experience. Through everyday knowledge work (see infographic below), GPs consider problems in the context of a whole person, practice or system, then collaboratively explore explanations and solutions, then make complex management decisions.



Further developing our knowledge work skills could reduce the burden of decision making and help us ask ‘should’, not ‘could’ I diagnose this condition, avoiding over-diagnosis and keeping care patient-centred. **Harnessing these skills could improve morale, our sense of value and our job satisfaction, helping to retain GPs in practice** (10).

## So how do you develop your knowledge work skills?

Knowledge work skills range from being able to understand a problem and frame a question, to the collection and analysis of data, implementation of changes and sustaining these in practice through teaching and leadership. **GPs already use many of these skills in their everyday practice.**

The Wise GP website contains information on how to develop these clinical scholarship skills (<https://www.wisegp.co.uk/>). A free online learning platform, WISDOM (WISe skills DevelOpment Mooc), is also being developed, to help you approach problems when the guidelines, existing research or even medicine don’t provide an answer (<https://www.hyms.ac.uk/research/research-centres-and-groups/academy-of-primary-care/what-we-do/primary-care-redesign>).

# HIGHLIGHTS FROM WISEGP

## Wise Connections

Making connections with like-minded people in General Practice scholarship is an invaluable way to learn and develop your portfolio of skills. You may want to find other primary care healthcare clinicians who are doing similar work to you, or get involved with an organisation local to you who promote scholarship in General Practice. The Wise GP website contains details on local and national connections you could make.



## Wise Connections Research Map

In addition, the Wise Connections page on the Wise GP website, features a research map, which allows you to find, connect and collaborate with other like-minded primary care clinicians.

Use the map to find out what activities are happening in organisations near you, or make connections with colleagues in other parts of the country. You can get in touch via the profile links or add yourself to the map by completing a form available on the website.

<https://www.wisegp.co.uk/wiseconnections>



## Wise GP Podcast...

Make sure to tune into **episode 4 of the Wise GP Podcast**. This latest episode is focused on international primary care and the work of the RCGP junior international committee and WONCA.



## GEMS Library

A GEM is General practice Evidence for Modern day practice.

In our GEMS library you will find summaries of recent research, offering you easy access to knowledge for everyday practice. You will also find ideas for professional development, inspired by research within the GEMS library.

<https://www.wisegp.co.uk/gem-library>



**If you have research to submit to the GEMS library, please follow the link below!**

<https://www.wisegp.co.uk/submit-a-gem>

Over a series of twelve newsletters we will be focussing on research addressing the top challenges currently facing general practice. If you haven't already, please sign up to receive regular Wise GP newsletters at <https://www.wisegp.co.uk/>.

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In our next newsletter we will be focusing on how to address  
the needs of under-served communities...

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## References

- Gabbay J, le May A. Evidence based guidelines or collectively constructed "mindlines?" Ethnographic study of knowledge management in primary care. *BMJ*. 2004; 329. doi: <https://doi.org/10.1136/bmj.329.7473.1013>
- Kringos DS, Boerma W, van der Zee J, Groenerwegen, P. Europe's strong primary care systems are linked to better population health but also to higher health spending. *Health Affairs*. 2013; 32(4).
- Reeve J, Britten N, Byng R, Fleming J, Heaton J, Krska J. Identifying enablers and barriers to individually tailored prescribing: a survey of healthcare professionals in the UK. *BMC Family Practice*. 2018; 19 (17).
- NIHR Funding and Awards. Optimising a whole-person-centred approach to stopping medicines in older people with multimorbidity and polypharmacy: the Tailor Medication Synthesis. Available from: <https://www.fundingawards.nihr.ac.uk/award/17/69/02> [Accessed 25/11/2021]
- Hull York Medical School. *Catalyst*. Available from: <https://www.hyms.ac.uk/research/research-centres-and-groups/academy-of-primary-care/catalyst> [Accessed 25/11/2021]
- Andah R, Essang B, Friend C, Greenley S, Harvey K, Spears M, Reeve J. Understanding the impact of professional motivation on the workforce crisis in medicine: a rapid review. *BJGP Open*. 2021; 5 (2): BJGPO.2021.0005. DOI: <https://doi.org/10.3399/BJGPO.2021.0005>
- British Medical Association. Thousands of overworked doctors plan to leave the NHS, BMA finds. 2021. Available from: <https://www.bma.org.uk/bma-media-centre/thousands-of-overworked-doctors-plan-to-leave-the-nhs-bma-finds> [Accessed 25/11/2021]
- British Medical Association. *Pressures in General Practice*. 2021. Available from: <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice> [Accessed 25/11/2021]
- Long L, Moore D, Robinson S, Sansom S, Aylward A, Fletcher E et. al. Understanding why primary care doctors leave patient care: a systematic review of qualitative research. *BMJ Open*. 2021; 10:e029846. DOI: 10.1136/bmjopen-2019-02984
- Reeve J, Firth A. Revitalising general practice: Unleashing our inner scholar. *BJGP*. 2017; 67 (659): 266. DOI: 10.3399/bjgp17x691145