Newly qualified GPs share their thoughts...

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Wessex Local Medical Committees (LMCs)  
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Newly qualified GPs share their thoughts

General Practice is in crisis. This latest national survey of GP trainees confirms that the crisis has not spared younger doctors.

The national survey conducted by Wessex LMCs was sent to 9000 GPs in training across Britain. There were over 2000 responses in total with over 700 trainees responding in the cohort qualifying this summer as GPs.

Of the final year GP trainees:

- 12% are intending to leave the country within the next 12 months
- Only 15% wanted to look for a partnership in the current climate
- 77% are opting for locum or salaried work as their initial preference
- In 5 years’ time 47% would be considering partnership as their preferred option
- When commenting on reasons for their choice; flexibility, seeking variety and a dislike for commitment were the top themes
- 25% of those questioned intended to take a career break out of UK General Practice at some point in their career for more than 2 years
- Burn out or exhaustion was already mentioned in 5% of comments
- Of 200 comments on their 1 year plans just under 50% cited children or family commitments as influencing their choice of working
- In 5 years’ time 40% intend to be combining General Practice with a special interest such as education or a clinical specialist interest
- 83% of comments made about their impression of General Practice were negative

On factors that would attract them to a post in a practice the top themes were a good, cohesive team, friendliness, pay, work-life balance and a supportive atmosphere.

The ambitions for 5 years’ time see more hoping for partnership but still less than 50% aspire to this with many citing political uncertainty and long working hours at high intensity as unfriendly to family life.

There were also many comments relating to the uncertainty about where OOH care will be and concern that this was pushing doctors away.

Dr Nigel Watson, CEO of Wessex LMCs said “These results confirm what we are seeing locally. It is sad to see younger doctors becoming disillusioned before they have really commenced on their career - disillusioned doctors leaving General Practice means ultimately less appointments...
for patients and increasingly overstretched services. General Practice is a fantastic career – we need to work hard to re-establish General Practice as an appealing and positive career choice.”

The majority of GPs are instead focussing on developing a career blending clinical care with another aspect of being a General Practitioner – a so called ‘portfolio career’. Many commented that they wished to include a hospital specialty or education.

When all trainees were asked what might reverse the trend in recruitment there were over 1,400 suggestions. Top themes were:

- stopping the constant negative media and government attention,
- secondary care colleagues being more understanding and respectful,
- more funding for General Practice and better working conditions,
- more emphasis on General Practice and its advantages in medical school,
- more foundation placements in General Practice.

There were also calls that budding surgeons and medics should spend time in General Practice to understand the different roles and challenges we each face.

Comments:

“I’m afraid most trainees are running away - going abroad or getting out of General Practice after they qualify - I am not sure if it is only the workload but maybe the general lack of appreciation for GPs and pressure put on them by policies”

“At the moment I cannot understand why anyone would want to be a GP as a career. Working in my practice leaves me so exhausted and demoralised I cannot function in the rest of my life. The prospect of feeling like this for the rest of my career is unbearable.”

“A profession in crisis in the UK and on the brink of collapse. Funding shortfalls, low morale, lack of support, increasing complaints culture, litigation, early retirement and a shift of work from secondary care to primary care without the necessary shift of resources = impending crisis.”

“I enjoy seeing patients, however there is too little time to do justice to patients with multiple problems, and there is too much administration - 3 hours per day or more.”

“I think that FY2 posts in General Practice are really influential - that was how I came to apply for General Practice over Obstetrics and Gynaecology”

“I think a lot of people are put off by the expectation and workload, but these aren’t solely GP problems. I think giving out a positive message about working in GP to medical students and foundation doctors is key. They are easily swayed by what they hear regarding a post and things like hours, seniors, workload and the work itself are all factors”

“Happy patients equals happy doctors which means better job satisfaction. The increasingly high expectations of patients with less funding in GP means that quality of care is suffering.”

“I want to be able to see my patients in a realistic way in a realistic time frame and provide an optimal quality of care. I think in general many GPs at the moment feel overworked and underappreciated.”

“Try to focus on some positive elements of General Practice. Unfortunately the media seem to focus on certain areas that can make General Practice seem unappealing. GP trainees do tend to do ‘filler’ jobs in their ST1/2 years. Six month posts can be too long I feel in certain specialities. There should be mandatory weeks in ophthalmology, ENT, dermatology - a lot of what we see in General Practice.”

“Clearly changing the effects of the current government policies might help but is not an attainable goal. It may be more effective to educate medical students and junior trainees about the flexibility and the broad range of options for work in General Practice. Some of these could include portfolio careers or marketing GP as a part-time career rather than full-time so GP could be coupled with a variety of other options: eg: regular part-time in specific specialties of interest in secondary care (i.e. the best of GP married with the best of hospital medicine (still few nights or weekends), part-time research or teaching, or family life.”

“Stop hospital doctors from criticising GPs continually. I didn't apply when I should have done
as people saw it as a ‘tragedy’ to “waste” a good doctor to General Practice.”

“Often in the press we are seen as bad doctors, made out to seem lazy, when often we work longer hours than hospital doctors, and can deal with many people in a day. However knowing your patients is very rewarding, seeing them growing up, get better or looking after them at the end of life is rewarding. Also you will often see things that challenge you and push the boundaries of your knowledge – you should allow more FY1/2s to spend a placement in GP as many people do not know what working in General Practice entails.”

“It is a top down problem; everyone can see that General Practice is under a lot of pressure from the government & criticised a huge amount in the media. The suggestion that GPs need to provide 12 hr day & 7 Day a week working is another negative for trainees. Based on all this negativity, it is understandable that junior doctors are not attracted to a career in General Practice. Although you can have GPs giving personal accounts of primary care experiences, I feel that for General Practice to be more attractive, especially to the high quality trainees, improvements need to be from a top RCGP and government level.”

“More secondary care clinics and speciality services should be offered in GP practice I think a lot of the problems can come from misconceptions grown in hospitals and a reputation from a handful of GPs that aren’t as good, whereas good GPs work hard to keep their patients at home and manage them in the community where possible. We need to change these ideas and have less negative comments from senior hospital staff. Good training programmes with jobs relevant to General Practice rather than just filling a post.”

“Respect for GPs in secondary care can be poor. There is a culture to criticise GP referrals amongst junior doctors and nursing staff, resulting in potential shame to admit that you would like to or are training as a GP. I’m not sure how you address this apart from ensuring that medical students & junior doctors get valuable experiences working in well run GP practices and witness the good care that takes place.”

“I think a rotation in GP in foundation training should be made compulsory as should A&E. This would be the only way that GP bashing can be reduced as it allows a real appreciation of the difficulties faced in the community and the limitations in managing patients in primary care. The clinicians that I have met who started off as GPs or have done placements in GP have a real understanding of the role of a GP which allows patients to be managed better and information to be appropriately relayed to GPs upon discharge from secondary care. I started off wanting to do home medicine and GP was the last on the list of career options. It is because of the lifestyle and variety of cases seen in General Practice that I have made this career choice. It’s a shame that all trainees do not have exposure to this at an early stage in their careers.”

“When I was a house officer a lot of my colleagues were put off GP as they thought they would lose team banter that you get in hospital - so perhaps work on team spirit in GP”

“I think that more opportunities should be available for GPs to be dual qualified for example in palliative care or public health or child health.”

“There should be more advertisement of the ability to have specialist interests, to try to change the impression of General Practice as a back-up plan rather than a career choice.”

“Consider 1 session per week as a trainee sitting in on community clinics - eg heart failure specialist nurses/diabetes specialist nurses/dermatology clinic/paeds A+E etc etc, in order to give us more varied experience”

“The impression of GPs given by the media is harming recruitment at the moment. Why would anyone go into such a tough job that seemingly has such little respect by the media and politicians and therefore the public as a whole?”

“Currently there is too much uncertainty about GP hours, whether OOH/weekends will be brought back as compulsory - this needs to be confirmed”

“I chose GP to be patient focused, but time constraints and red tape stop this.”

Ends

Some facts about general practice that might be helpful:

GP trainees will have trained for a minimum of 10 years to qualify as a GP, with 5 years in medical school and hospital posts for a minimum of 3 years. Final year trainees will have spent
the last year working in a General Practice after working in hospital posts.

General Practice in this country is widely admired throughout the world and is seen to deliver high quality services, available to all, irrespective of their ability to pay, cost effective and trusted by patients.

There are 40,000 GPs in the UK and the average GP looks after about 1,700 patients.

In 2004 there were 240,000,000 consultations with GPs and this rose to 340,000,000 in 2013. This means about 1 million patients consult with a GP each day.

On average a GP will see about 40 - 45 patients per day.

General Practice received about 8% of the NHS budget yet accounts for 90% of all the patient contacts.

Practices are funded between £60 – 80 per patient per year – so less than £2 per person per week.

The British Medical Association are very concerned about the current state of General Practice and are running a support campaign:

http://bma.org.uk/working-for-change/your-gp-cares

Notes to Editors

Wessex Local Medical Committees represents over 3000 GPs working in 480 practices across Bath and North East Somerset, Dorset, Hampshire the Isle of Wight and Wiltshire.

The GPs working in the Channel Islands are also supported by Wessex LMCs.

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