Recruitment and Retention
RCGP Scotland

The Royal College of General Practitioners (RCGP) is the academic organisation in the UK for general practitioners. Its aim is to encourage and maintain the highest standards of general medical practice and act as the ‘voice’ of general practitioners on education, training and issues around standards of care for patients.

The College in Scotland came into existence in 1953 (one year after the UK College), when a Scottish Council was created to take forward the College’s interests within the Scottish Health Service. We currently represent around 5,000 GP members and AiTs throughout Scotland. In addition to a base in Edinburgh, the College in Scotland is represented through five regional faculty offices in Edinburgh, Aberdeen, Inverness, Dundee and Glasgow.

This response refers to recruitment and retention issues for the general practitioner workforce. The call to focus on remote and rural issues is noted but the scope of this report extends beyond the issues for remote and rural Scotland due to the current, much wider, serious challenge facing the general practice workforce. The recruitment and retention problems now facing urban areas are placing general practice services in some towns and cities in an even more critical position than the longer standing issues for remote and rural general practice. The evidence for this is summarised in this response.

RCGP has repeatedly highlighted the difficulties in recruiting and retaining GPs.

We published A blueprint for Scottish general practice in July 2015, outlining some of the main issues affecting general practice, bringing attention to rising workloads, unmanageable and unsustainable workloads, a shortage of GPs, declining resources and falling share of NHS investment. It called on the government to shift NHS funding into general practice; set a clear target for increasing the proportion of the NHS budget spent on general practice to 11%; to publish regular statistics monitoring how much NHS funding is being directed towards primary care; and to set up a new, five year transformation fund. The Blueprint also explains how expanding the primary care workforce to support the hub of general practice could ease workload and better use resources.

Our manifesto for the 2016 Scottish Parliamentary Election: Promoting General Practice is central to the future of the NHS in Scotland. It aims to promote solutions in order to safeguard general practice.

A BMA survey of Scotland’s GP practices revealed the extent of the recruitment gaps in general practice in Scotland. This snapshot GP vacancy survey of all 975 practices in Scotland received 500 responses and found that on 15 February 2016,
26% of practices had at least one GP vacancy of which 41% had been vacant for six months or longer. A further BMA Scotland survey found that on 01 June 2016, 28.5% of Practices had at least one vacancy.

**DIMINISHING GENERAL PRACTITIONER WORKFORCE**

In June 2016, the Information Services Division (ISD) of NHS Services Scotland published the results of the Primary Care Workforce Survey Scotland 2015. These official national statistics confirm the evolving reduction in the amount of GP manpower available to deliver care to patients.

Key points from the survey:

- Decrease in the number of Whole Time Equivalent (WTE) GPs across Scotland. The estimated number of Whole Time Equivalent (WTE) GPs declined by 2% between 2013 and 2015 (from 3,735 to 3,645).
- Age distribution for sessions worked indicates that a significant proportion of GPs who currently work eight or nine sessions are due to reach retirement age in the next five years, representing a greater proportion of pending sessional loss to the workforce than actual WTE headcount.
- Gender distribution indicates that male GPs tend to work more sessions so the gender shift trend towards more women in the GP workforce also points to a compounding proportionate reduction in total sessions worked for the same WTE headcount.
- An increase in the number of GP vacancies since the last survey in 2013. 22% of practices responding to the survey reported that they had vacant GP sessions at 31 August 2015. A large proportion of the vacancies reported in the survey that were still unfilled had been vacant for over six months.
- The headcount of GP vacancies reported by practices was 150, equating to WTE vacancies of 114. The vacancy rate (vacant sessions as a percentage of total sessions) was 4.8% (Table 1.25 and Table 1.26). Highest rates were in Western Isles and Shetland.
- 60% of practices regularly unable to recruit locums for unplanned absences.
- GP Out of Hours (OOH) services are reliant on a relatively small number of GPs carrying out a notable proportion of the hours worked and a significant proportion are within five years of retirement age posing a further imminent threat to the OOH GP workforce.

A measure of the current position is reflected in the increasing number of practices on special measures. There are currently believed to be 11 practices (July 2016) on special measures in Lothian alone. In October 2015, data indicated that 49 practices were run by their respective health boards. In the last twelve months, a total of ten practices have been placed in the hands of NHS boards.

**INCREASING WORKLOAD**

This diminishing GP workforce is facing an exponential increase in workload demand for GP practices. Current workload trends indicate that the number of consultations in general practice in Scotland has increased from 21.7 million in 2003 to 24.2 million in 2013 with a 11.5% rise in consultation rate per patient over ten years. This is in the context of an ageing population and a rise in the number of people suffering from one or more long term condition with a resulting increase in the complexities attached to each consultation of managing patients with multi-morbidity. The shift of more and more care away from hospitals into the community requires more GPs to provide the spiraling increase in medical care delivered at home.

DIFFICULTIES WITH RECRUITMENT AND RETENTION OF GENERAL PRACTITIONERS

In order to reflect the experiences and views of the wider RCGP Scotland membership within the content of this response, RCGP Scotland conducted an online questionnaire survey for a two-week period during July 2016 to answer the questions set out in the Health and Sport Committee’s call for evidence. Responses were received from 203 RCGP Scotland members.

94.6% of responders perceived difficulties in recruiting GPs to their practice area and 58% are currently experiencing difficulty recruiting to their practice. The main reason for difficulty is due to insufficient applicants with many responders specifying not enough GPs, a lack of desire for GP partnership, workload, and many indicated the lack of desirability for the location of the practice area.

82.1% of responders perceived difficulties in retaining GPs in their practice area with 42.2% reporting actual experience of difficulties in retaining GPs within their practice. Workload was the most commonly named reason for difficulty in retaining GPs in the practice and within the practice area, with pension arrangements, early retirement and stress contributing to the problem of retention.

A full summary of the results of the survey including quotes from members can be found in Appendix 1.

A national survey of GPs by the BMA in 2015 found factors which negatively impact on personal commitment to continuing a career in general practice.
A ComRes survey conducted on behalf of RCGP and published on 28 April, 2016, surveyed 150 GPs in Scotland between March and April 2016 and found that almost a tenth (9%) of Scotland’s GPs are planning to leave general practice in the next year and a staggering 58% of respondents say they are planning to either leave or reduce their hours in the next five years. For GPs in Scotland, 77% worry about missing something serious with a patient because of their workload. 93% of GPs also believe that, without more resources, waiting times for appointments will increase, despite frequent reports of patients waiting for three weeks already.

RECRUITMENT TO GENERAL PRACTICE SPECIALTY TRAINING IN SCOTLAND

There has been a downward trend in the numbers of applications and subsequent appointments to GP Specialty Training in Scotland as indicated:

Fill rates:

<table>
<thead>
<tr>
<th>% places filled</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCOTLAND</td>
<td>90.59%</td>
<td>99.71%</td>
<td>90.54%</td>
<td>96.03%</td>
<td>91.80%</td>
<td>89.37%</td>
<td>79.14%</td>
</tr>
<tr>
<td>WALES</td>
<td>97.64%</td>
<td>91.91%</td>
<td>99.14%</td>
<td>82.03%</td>
<td>96.15%</td>
<td>89.68%</td>
<td>87.20%</td>
</tr>
<tr>
<td>NI</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>98.46%</td>
<td>100.0%</td>
<td>96.92%</td>
<td>100.0%</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>96.70%</td>
<td>102.35%</td>
<td>99.48%</td>
<td>99.34%</td>
<td>99.14%</td>
<td>87.09%</td>
<td>88.84%</td>
</tr>
</tbody>
</table>

Sourced from data on https://gprecruitment.hee.nhs.uk/Resource-Bank

The fill rate for GP Specialty Training in 2016 in Scotland is 74%. Current trends and fill rates from NHS Education for Scotland (NES) data confirm the continuing reduction in fill rates for general practice as compared with 100% fill rate in most other specialties.
In addition to the perceived challenges currently facing GPs (as summarised in the BMA and ComRes surveys above) which make general practice appear to medical students to be a less attractive medical career choice, there are a number of additional factors contributing to this downward trend in recruitment to GP training places: http://bit.ly/2aRWh5q

Recent evidence published by the Royal College of Psychiatrists highlighting the ‘badmouthing’ about their own specialty, has revealed the extent of the negative attitudes to general practice conveyed to undergraduates in medical schools.

RCGP is currently undertaking work on attitudes to teaching within medical schools which will add to the evidence.

Survey data on the career choices of final year medical undergraduates tells us that experience of a specialty has a significant influence on career choice and Medical Teachers are known to exert an influence as role models. Exposure to general practice as an undergraduate varies across the medical schools in Scotland and the amount of exposure to training in general practice appears to correlate with the output of doctors choosing to be general practitioners although it is acknowledged there are other contributors. These continue to be determining factors among foundation doctors but personal factors including geography also have a greater influence by this stage.

Data from the UKFPO (UK Foundation Programme Office) has revealed a year on year reduction in the percentage of doctors completing foundation training who apply for specialty training in the UK (Table 2). In 2015 just over 50% applied to any specialty training programmes when they became eligible to do so at the end of their Foundation Programme. With most other medical specialties in Scotland successfully filling all their training places, the number of foundation doctors applying to general practice specialty training in Scotland as their first choice or as a second choice back up was inevitably reduced with only 18% of foundation doctors entering GP Specialty Training in 2015.

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National career surveys have provided data on the factors which influence the career choices of Doctors but there is little published evidence on why doctors are not currently choosing general practice. However, the circumstantial evidence indicates that this is not perceived as an attractive career option at this time.

RCGP Scotland believes that the key barriers to recruiting GPs are:

- A lack of Scottish medical students who subsequently choose to train in general practice in Scotland
- Insufficient experience of GP during undergraduate and foundation training and an inherent negative attitude to general practice as a career choice
- Research has shown that GPs feel their current workload is unmanageable and unsustainable.

DIFFICULTIES WITH RETENTION OF GPs

Figures indicate that there are a large number of GPs leaving the profession mid career. Due to the fluid nature of multiple Performers Lists it has not been possible to obtain accurate national figures but it should be possible to formulate a reliable data set once a single national Performers List for Scotland is established. Many GPs are retiring earlier than previously. Reasons include pension arrangements, tax legislation, and appraisal and revalidation requirements but evidence now indicates that current workload arrangements are a key contributor. The BMA and ComRes surveys cited above have shown that GPs feel their current workload is

### Table 2 – F2 career destinations year on year comparison

<table>
<thead>
<tr>
<th>Destinations for F2 doctors - year on year</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty training in UK - run-through</td>
<td>24.0%</td>
<td>29.5%</td>
<td>29.9%</td>
<td>33.5%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Specialty training in UK - core</td>
<td>26.0%</td>
<td>26.8%</td>
<td>29.6%</td>
<td>30.5%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Specialty training in UK - academic</td>
<td>1.3%</td>
<td>1.6%</td>
<td>1.5%</td>
<td>1.6%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Specialty training in UK – FTSTA</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.8%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Specialty training in UK - deferred</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Specialty training in UK - deferred</td>
<td>0.5%</td>
<td>0.3%</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td><strong>Sub-total for specialty (incl. GP)</strong></td>
<td><strong>52.0%</strong></td>
<td><strong>58.5%</strong></td>
<td><strong>64.4%</strong></td>
<td><strong>67.0%</strong></td>
<td><strong>71.3%</strong></td>
</tr>
<tr>
<td>Locum appointment for training</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0.6%</td>
<td>0.7%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Service appointment in UK</td>
<td>9.2%</td>
<td>5.6%</td>
<td>3.5%</td>
<td>3.3%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Other appointment in UK (e.g. anatomy demonstrator, higher)</td>
<td>5.5%</td>
<td>6.1%</td>
<td>2.3%</td>
<td>1.9%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Still seeking employment as a</td>
<td>8.6%</td>
<td>8.4%</td>
<td>7.6%</td>
<td>7.4%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Specialty training outside UK</td>
<td>0.4%</td>
<td>0.3%</td>
<td>0.6%</td>
<td>1.1%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Other appointment outside UK</td>
<td>6.1%</td>
<td>3.9%</td>
<td>4.8%</td>
<td>6.6%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Still seeking employment as a</td>
<td>4.3%</td>
<td>5.1%</td>
<td>6.5%</td>
<td>5.5%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Not practising medicine - taking a</td>
<td>13.1%</td>
<td>11.3%</td>
<td>9.4%</td>
<td>6.1%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Not practising medicine -</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Total signed off, known</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
unmanageable and unsustainable. We know that some GPs take a career break for family reasons, including a lack of any child support arrangements, but there is also an exodus of GPs moving overseas.

In the last year it was reported that there were around 900 UK RCGP members working in Australia. On 21 July this year 608 UK members were working in Australia, 250 UK members were in Canada, 335 UK members are in Egypt.

**GENERAL PRACTICE IN REMOTE AND RURAL AREAS**

In the *Being Rural* report published by RCGP Scotland in 2014, a number of priority areas were highlighted for improving rural recruitment and retention. Challenges caused by poor infrastructure - including digital connectivity, physical transport links and access to an integrated supportive healthcare team - rank higher than even 'traditional' barriers such as access to training, locum cover and remuneration. Strikingly, Sir John Dewar noted similar challenges in his report in 1912, and despite that there has been a paucity of progress in these areas.

The negative impact which wider policies in Scotland can have in the remote and rural context needs to be recognised and acknowledged and new policies must be rural-proofed.

Rural recruitment and retention needs to benefit from a more joined-up approach with a recognition of the numerous stages of developing career interest in rural healthcare - from work observation for school pupils, to effective professional supports for newly-moved rural GPs.

RCGP Scotland has done much to report the key issues, and the *Being Rural* report was a milestone providing an updated assessment of the situation. There is much to learn from international experience, and effective collaborative opportunities are already available through the connections of RCGP membership.

Our GP colleagues working in remote and rural Scotland call for solutions formulated from strategic planning and overview, which is built from connecting with those at 'grass roots level' - particularly as that is where much of the innovation and collaboration is already happening, and it is also where the despondency, pressure and threat from inadequate response lies: which serves to exacerbate the retention issue.

The needs of the 'mobile GP' should be recognised - increasingly there is a 'fly in fly out' approach to provision of rural healthcare, where GPs often live and work in separate areas. Changes such as the move to a single GP Performers List are welcome.

The Scottish Rural Medical Collaborative (brought together by the Scottish Government’s recent GP Recruitment and Retention Fund) offers the potential to
look at how to capture some data that is more relevant to the GP workforce in remote, rural and island areas.

Some anecdotal and informal examples of how things have unfolded in different ways as workforce gaps have appeared are described in Appendix 2.

**PLANNED AND POTENTIAL SOLUTIONS TO THE RECRUITMENT AND RETENTION DIFFICULTIES IN GENERAL PRACTICE**

**GP Career Flow**
RCGP Scotland has developed the GP Career Flow concept and adopted the mind map flow diagram (Appendix 3) to represent the GP career journey and its influencing factors from the time of making career choice as a school pupil to post retirement activity. This prompts us to target the workforce deficit at all points on the map and has been viewed as a valuable tool by other stakeholders who have responsibility for areas of the GP workforce.

Research from 2015 reviewed worldwide strategies to recruit and retain GPs - [http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1370-1](http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1370-1). Interventions could be broadly categorised into 13 groups: retainer schemes, re-entry schemes, support for professional development or research, specialised recruiters or case managers, well-being or peer support initiatives, recruiting rural students, rural or primary care focused undergraduate placements, rural or underserved postgraduate training, marketing, delayed partnerships, international recruitment, financial incentives and mixed interventions. The strongest evidence was for financial incentives.

**Medical Student Career Choice**
Longer term solutions to GP recruitment target the influence on medical student career choice. RCGP Scotland welcomes initiatives to increase exposure to general practice in the undergraduate medical curriculum. Extended periods of teaching based solely in general practice will be offered through the longitudinal clerkships being developed. With rigorous evaluation to prompt an iterative process of appropriate revision, this new initiative will need to be extended more widely across all the Scottish medical schools.
The new Graduate Medical Schools in Aberdeen and Dundee aim to deliver the curriculum through community-based learning activity which is expected to engineer professional development towards a continuing career in community settings.

**Marketing General Practice**
There needs to be a concerted effort to market general practice as an attractive, stimulating and rewarding career option. RCGP Scotland is developing a programme of recruitment roadshows and faculty based career support to promote general practice as a career. Support is also being given to the undergraduate GP Societies which are becoming more active in the Scottish Medical Schools. RCGP UK members have developed a number of marketing initiatives promoted via twitter - #whyGP #TeamGP #ProudtobeaGP
The College launched a campaign, *Put patients first: Back general practice*, on 16 November 2013. The key aim of the campaign was to ask that the percentage of NHS budget spent on general practice is increased, in each of the four UK nations, to 11% by 2017. This campaign has consistently highlighted the difficulties in recruiting and retaining GPs. The *Put patients first* campaign activity in Scotland aims to create opportunities to highlight in the media how success in the campaign objective for increased investment in general practice will secure a very attractive, stimulating and rewarding career option. There is also a plan for the newly formed and formally ratified RCGP Scotland AiT and First5 Committee to further develop the marketing strategy to promote a career in general practice to school pupils, medical undergraduates and foundation doctors. The RCGP Scotland Patient Group (Patient Partnership in Practice - P³) is also keen to explore ways in which patients can contribute to raising the profile of general practice in a positive light.

The potential longer term benefits of increasing the number of GP training places in Scotland from 300 to 400 each year is warmly welcomed by RCGP Scotland but this is a bitter sweet gain in the short term without success in filling existing places. Financial incentives have been made available to encourage recruitment to training programmes which have historically been more difficult to fill. Funding to support new initiatives within GP training such as the ‘out of programme’ Scottish Government research fellowships, which have been developed in collaboration with the other Royal Colleges, would be welcomed by RCGP Scotland to broaden the appeal of GP Specialty Training.

NES offers various post Certificate of Completion of Training fellowship posts which provide continued educational and structured support for further professional development and which are designed to be attractive career options for GPs who have completed GP Specialty Training. These are fixed-term posts some of which are offered as less than full time providing the opportunity to compliment this with locum or other sessional clinical work.

The rural fellowships are partly funded by NES and partly funded by territorial health boards. The boards are able to use the rural fellow to provide some service provision, such as allowing GPs in salaried practices to take leave where locum cover might otherwise have been relied upon for the additional manpower. The marketing of these posts highlights the educational component. Over the course of a year, a GP will visit practices in several locations as part of the rural fellowship. This will require travel, although there is a stable salary paid over this time. The other fellowships include Inequalities fellowships, Medical Education fellowships and the newer Community Hub fellowships.

An increase in the number of fellowship posts to enable these to be offered more widely to GPs on completion of specialty training could provide a further career incentive to recruitment and increase retention in the general practice workforce.

**Stronger General Practice Teams**
Build stronger general practice teams with the optimum skill mix to deliver care to patients making more efficient use of GP skills to achieve a more manageable and sustainable workload for GPs. RCGP Scotland and the Royal Pharmaceutical Society are working on a joint statement outlining the role of the Practice Pharmacist in general practice. The training and development of this enhanced Practice Pharmacist workforce will require initial pump priming and sustained investment. RCGP Scotland also welcomes the call for a mental health professional and community links worker attached to all practices in Scotland.

**Encourage and support return to practice after a career break or a period working outside the UK or out with NHS general practice.**

NES manages the Scottish GP Returner and Enhanced Induction Programmes. This scheme offers a funded educational programme to those whom Medical Directors of Health Boards feel need such a programme to support their return to the GP workforce in Scotland. NES have redesigned the website to provide an enhanced information resource which provides the relevant information and signposts doctors to help with their return to practice in Scotland (http://www.nes.scot.nhs.uk/gp-return-induction).

To inform the marketing campaign for these programmes, NES commissioned Wild Heather Research to conduct a GP Induction and Returners Survey targeting individuals with the potential to be GPs in Scotland but not currently operating as GPs in Scotland to explore reasons for leaving practice, intention to return, barriers and enablers, and knowledge about the Returner and Induction Programmes. The results of the survey were reported in June 2015. Many participants were recently retired GPs and the main reason for leaving was workload, however a significant number were mid career and cited personal reasons for not returning to practice. Results indicated that the Returner and Induction Programme would encourage some to return to practice. The national campaign to raise awareness of the schemes resulted in an increase in the number undertaking the programme. It is crucial that the programme continues to be adequately funded to avoid waiting lists. Sustained marketing is essential to ensure awareness of the schemes is maintained.

There is now a link to the redesigned NES website on the main RCGP website and there is additional summarised information on the RCGP Scotland website promoting the Programmes and directing interested GPs to the NES resources. RCGP are now offering one year’s free membership to GPs returning to clinical practice after a break of more than two years.

The GP Retainer Scheme managed by NES offers an alternative option to work in a more supported role for up to four sessions in practice for up to five years for GPs whose domestic circumstances benefit from this arrangement.

Increasing the numbers of GPs remains the key objective for RCGP Scotland to address the workload demands and to deliver an effective, safe, patient-centred and high quality service which meets the standards set by RCGP.

**Other Schemes and Initiatives that have shown positive results in recruiting GPs**
The Govan SHIP project has managed to recruit GPs through investment. Four Govan Deep End practices share two additional GPs, paid as long-term locums. Two of the initial appointments have become GP partners.

Dundee is currently offering new GPs a supported (NHS contract) role which allows for a portfolio career i.e. a mix of clinical service delivery with another option, e.g. specialised clinical service delivery like MFE or an academic role.

‘Speed Dating’ sessions run in Aberdeen by Dr V. Gutherie.

Action-research and test-for-change activity that occurred as part of the ‘Being Here’ project with funding from Scottish Government.

There are a number of additional schemes and initiatives outside Scotland that RCGP Scotland is aware of that are providing solutions to recruitment difficulties in general practice from which lessons can be learned. RCGP also has a forum for GPs to submit ‘Bright Ideas’ to inform practice and share best practice:

<table>
<thead>
<tr>
<th>Scheme/Initiative</th>
<th>Area context</th>
<th>Information</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Dublin City GP Training Scheme</td>
<td>Area of 'blanket deprivation' where there were real issues with GP recruitment</td>
<td>There’s more information about its unique approach (the curriculum includes modules on self-care, change management, research and arts) in the attached document, from 2014.</td>
<td><a href="http://www.icgp.ie/g0/become_a_gp/training_programmes/B6A4FA53-19B9-E185-83CAFD6FC0B651A8.html">http://www.icgp.ie/g0/become_a_gp/training_programmes/B6A4FA53-19B9-E185-83CAFD6FC0B651A8.html</a></td>
</tr>
<tr>
<td>Proposed Wales student incentivisation scheme (under consideration)</td>
<td></td>
<td>Pay off student debt</td>
<td></td>
</tr>
</tbody>
</table>

Dr Elaine McNaughton, Deputy Chair (Policy) RCGP Scotland. August, 2016.
Appendix 1

RCGP Scotland recruitment and retention survey – August 2016

In order to supplement the evidence on recruitment and retention for the Health and Sport Committee and to provide a more representative experience and viewpoint from RCGP Scotland, we issued a survey to our members in July 2016. This was sent to 3,743 members. Due to the short timescale to develop the survey, to disseminate it to members during the holiday period and to collate results, a low response rate was anticipated. 203 Members responded representing 5.4% of the membership. This was clearly too low to apply any statistical significance to any quantitative data collected, which is presented for interest, but also includes the experiences and views of sufficient numbers for the qualitative data to be considered generally representative of the RCGP Scotland membership and to reflect the current recruitment situation across Scotland.

The following questions were asked of members in relation to recruitment and retention:

<table>
<thead>
<tr>
<th>All members (203)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you currently experiencing difficulties in recruitment of GPs within your practice?</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>Is there current difficulty with recruitment of GPs in your practice area?</td>
<td>94.6%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Are you currently experiencing difficulties in retaining GPs within your practice?</td>
<td>42.2%</td>
<td>57.7%</td>
</tr>
<tr>
<td>Is there current difficulty in retention of GPs within your practice area?</td>
<td>82.1%</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Members in rural areas (27)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you currently experiencing difficulties in recruitment of GPs within your practice?</td>
<td>51.9%</td>
<td>48.1%</td>
</tr>
<tr>
<td>Is there current difficulty with recruitment of GPs in your practice area?</td>
<td>92.6%</td>
<td>7.41%</td>
</tr>
<tr>
<td>Are you currently experiencing difficulties in retaining GPs within your practice?</td>
<td>23%</td>
<td>76.3%</td>
</tr>
<tr>
<td>Is there current difficulty in retention of GPs within your practice area?</td>
<td>65.4%</td>
<td>34.6%</td>
</tr>
<tr>
<td>Members in semi-rural areas (56)</td>
<td>Yes</td>
<td>No</td>
</tr>
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<td>---------------------------------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Are you currently experiencing difficulties in recruitment of GPs within your practice?</td>
<td>52.7%</td>
<td>47.3%</td>
</tr>
<tr>
<td>Is there current difficulty with recruitment of GPs in your practice area?</td>
<td>96.3%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Are you currently experiencing difficulties in retaining GPs within your practice?</td>
<td>38.9%</td>
<td>61.1%</td>
</tr>
<tr>
<td>Is there current difficulty in retention of GPs within your practice area?</td>
<td>82.7%</td>
<td>17.3%</td>
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<table>
<thead>
<tr>
<th>Members in urban areas (83)</th>
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<tr>
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<td>63.9%</td>
<td>36%</td>
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<tr>
<td>Are you currently experiencing difficulties in retaining GPs within your practice?</td>
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<td>50.6%</td>
</tr>
<tr>
<td>Is there current difficulty in retention of GPs within your practice area?</td>
<td>83.3%</td>
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<table>
<thead>
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<th>Members in deprived areas (46)</th>
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<tr>
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<td>60.9%</td>
<td>39.1%</td>
</tr>
<tr>
<td>Is there current difficulty with recruitment of GPs in your practice area?</td>
<td>93.5%</td>
<td>6.52%</td>
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<tr>
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<td>46.7%</td>
<td>53.3%</td>
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<td>Is there current difficulty in retention of GPs within your practice area?</td>
<td>75.6%</td>
<td>24.4%</td>
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<tr>
<td>Members working in Out of Hours practice</td>
<td>Yes</td>
<td>No</td>
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</tr>
<tr>
<td>Are you currently experiencing difficulties in recruitment of GPs within your practice?</td>
<td>42.9%</td>
<td>57.1%</td>
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<td>Is there current difficulty with recruitment of GPs in your practice area?</td>
<td>85.7%</td>
<td>14.3%</td>
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<td>Are you currently experiencing difficulties in retaining GPs within your practice?</td>
<td>28.6%</td>
<td>71.4%</td>
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<tr>
<td>Is there current difficulty in retention of GPs within your practice area?</td>
<td>57.1%</td>
<td>42.9%</td>
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</table>

Recruitment of GPs

The main difficulties identified by members at this time in recruiting GPs in practices are:

1. Lack of applicants (39%)
2. GPs not seeking partnerships (16%)
3. Workload (12%)
4. Not enough GPs (9%)
5. Location (7%)
6. Lack of locums to cover recruitment (3%)
7. Salary (3%)
8. Unattractive job (2%)
9. Only wanting part time work when advertising full time post (1%)
10. No jobs available for partner as well (1%)
11. OOH requirement (1%)

In rural areas, the main difficulties are location, lack of applicants and GPs not wanting partnerships. In semi-rural areas the main difficulties are lack of applicants, GPs not wanting partnerships, not enough GPs and workload. In Out of Hours, the main difficulties are GPs only seeking part time work, not enough GPs, lack of applicants and lack of locums. In deprived areas the main difficulties are lack of applicants, GPs not seeking partnerships and not enough GPs available. In urban areas the main difficulties are lack of applicants, GPs not seeking partnerships and workload.

Quotes from members indicate some of the problems they are experiencing:

“We have had ten cycles of recruitment to replace three now retired partners in six years.”
“We recently advertised for a partner for four months and had NO applicants. Five years ago we had 27 applicants.”

The main difficulties identified by members at this time in recruiting to practice areas are:

1. Lack of available GPs (24%)
2. Practice area is undesirable location (23%)
3. Excessive / increasing workload (19%)
4. Partnership seen as undesirable (14%)
5. Lack of applicants (12%)
6. Preference for locum work over salaried work (7%)
7. Pay not enough to attract applicants (4%)
8. Lack of trainees (3%)
9. Preference for part-time work over full-time (3%)
10. Deprivation of area (2%)

In rural areas, the main difficulties are location of practice area, lack of available GPs and excessive or increasing workload. In semi-rural areas the main difficulties are location of practice area, lack of available GPs and lack of applicants. In Out of Hours, the main difficulties are deprivation of practice area, dislike of Out of Hours work and stress. In deprived areas the main difficulties are lack of GPs, location of practice area and excessive / increasing workload. In urban areas the main difficulties are excessive / increasing workload, location of practice area and lack of available GPs.

Quotes from members indicate some of the problems they are experiencing:

“Registrars fear the commitment of partnership as they are uncertain about the future of the profession.”

“Most ex trainees want to work as locums or in OOH as they can earn as much as a full time partner on fewer hours and no paperwork.”

The key barriers to recruiting to general practice were identified by members as:

- Workload
- Negative perception of general practice
- Long hours
- GPs not wanting to be partners within practices and preferring locum work
- Negative press regarding general practice

Quotes from members highlight the responses in relation to this:

“The way GP is portrayed from the minute medical students join medical school…it’s always portrayed as the worst specialty that anyone with no aspirations
goes into which as we know is very untrue. We need to change the way all the
doctors in secondary care portray GP to students and the way that medical schools
portray general practice.”

“Students see and hear why so many of us older guys are so unhappy with the way
our jobs have been messed around and why we are all taking early retirement.
How many GPs now would recommend GP to their children?”

Retention of GPs
The main difficulties identified by members at this time in retaining GPs in
practices are:

1. Workload (34%)
2. Pensions (8%)
3. Early retirement (8%)
4. Work/Life balance (5%)
5. Attractiveness of locum GP positions (4%)
6. Stress (4%)
7. Burnout (4%)
8. GPs emigrating (3%)
9. Low morale (2%)
10. Geography of where practices are located (2%)

In rural areas, within practices, the main difficulties identified are workload,
workforce, salary, and work/life balance. In semi-rural areas, the main difficulties
are workload, pensions, early retirement, work/life balance, attractiveness of locum
work and GP burnout. In deprived areas, the main difficulties identified were
workload, early retirement, stress, workforce, work/life balance, GPs emigrating
and geography of practices. In urban areas, main difficulties identified were
workload, early retirement, pensions, work/life balance and salary.

What is most prevalent is highlighted by these quotes from members:

“There are so few locums now that the locums can pick and choose when and
where they want to work setting out to a practice how much they wish paid and
what they will do for that pay. Why take on the stress and responsibilities of
partnership when this is on offer?”

“Can earn more money working as a locum seeing fewer patients and without the
responsibility of being a partner i.e. paperwork / insurance reports / employer of
staff / surgery running costs.”

“No incentive with pension to stay on past late 50s.”
The main difficulties identified by members at this time in retaining GPs within practice areas are:

1. Workload (36%)
2. Pensions (9.3%)
3. Stress (8.7%)
4. Early retirement (8.6%)
5. Lack of GP Workforce (5.6%)
6. Attractiveness of locum work (5.3%)
7. Work/Life balance (5.3%)
8. Salary (4.6%)
9. Burnout (4.3%)
10. Geography of where practices are located (4.3%)

In rural areas, the main difficulties identified are workload and lack of support. In semi-rural areas, the main difficulties are workload, stress and the location of practices. In deprived areas the main difficulties identified are workload, pensions and better opportunities. In urban areas the main difficulties identified are workload, pensions and early retirement.

The key barriers to retaining GPs as identified by members were similar to the main difficulties and include:

1. Workload
2. Salary
3. Pensions
4. Stress
5. Burnout

Additional RCGP Scotland Members’ Comments (submitted in freetext):

Incentives to recruitment:
Workload initiatives – 15 minute appointments and 5 minute telephone appointments; Practice nurse for minor illness; being a training practice; self-funding additional GP (resulting in drop in income for all GPs); involvement in projects eg LINKS

Helping recruitment: – ‘look after locums’; positive, forward thinking practices, create ‘hybrid’ posts; golden ‘hellos’; initiatives to attract trainees: increase in flexible GP training; maintain a good supportive team and positive training experience; North of Scotland trainee recruitment blog; offered to pay part of CSA fees to successful candidates
Appendix 2

Anecdotal and Informal Remote and Rural examples

Acharacle, The Small Isles and Durness are all examples of where service change has been needed because of a lack of interest when the health board tried to recruit using the previous service model.

In Acharacle there were problems around providing Out of Hours commitment. A couple of dynamic GPs were in post with much of their careers still ahead of them. In 2011, feeling the strain, they had asked for a reduction in the amount of OOH they were personally required to do, then both resigned after failing to get support they wanted from the health board.

In May 2012, the Small Isles suffered the unexpected death of their resident GP. NHS Highland provided some locum cover, then tried to restructure the service.

There were initially hopes that the Mallaig and Arisaig practice could lead the formation of a new practice that also covered Acharacle and the Small Isles. The West Lochaber Medical Practice was the name of the project but it never really got up and running. There were big, glossy adverts placed in the BMJ. Despite some interest, very few GPs were willing to sign up for the salaried doctor positions that the new model would have depended upon. NHS Highland then turned to their salaried doctors on Skye to cover the Small Isles.

In Durness, Alan Belbin was a single-handed GP who retired around the time that he was expected to. The post was widely advertised a few times with no applicants. Dr Anne Berrie is a GP salaried by NHS Highland who was working in the neighbouring Scourie and Kinlochbervie Medical Practice. These practices have now been merged together by NHS Highland with the GP having a 24-7 commitment, covering the Out of Hours duties for the area. Dr Berrie is part time and is only in the area two and a half weeks a month.

Riverside Medical Practice in Inverness took over a small practice, the Loch Ness East and Strathnairn in Foyers, where a husband and wife GP team were retiring. The likely reasons why another practice might take an interest in Foyers include being a dispensing practice with relative proximity to the city and the lack of an Out-of-Hours commitment.
Appendix 3

GP Career Flow Mindmap

[Diagram showing the career flow from Secondary Education, through Medical School, Foundation Programme, GP Specialty training, fully licensed GPs, and eventual stages like Emigration, Retirement, Career break, etc., with details like Admissions, Dewar Bursaries, Workplace experience, Mentoring & Career guidance, Leadership & Academic opportunities, etc.]