UNDERSTANDING THE GP PIPELINE IN NORTH EAST LONDON

FACTORS AFFECTING RECRUITMENT AND RETENTION FROM MEDICAL SCHOOL TO RETIREMENT

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Executive Summary

Aims

The East London Health and Care Partnership conducted this consultation to achieve three aims:

- Informing priority areas for local work on GP retention
- Identifying interventions that could be made at different career points for GPs
- Outlining what could support GP retention at a regional and national level

Context And Literature Review

The GP workforce in England has not expanded in line with increases in workload. Specific East London issues include rapid population growth, relative deprivation and increases in GPs working part-time. Major factors previously identified as influencing the GP workforce include:

- GP retention – workload, rising patient expectations and insufficient resources
- GP recruitment – more undergraduate and postgraduate exposure, targeted incentives, supported professional development and opportunities to work flexibly

Methods

We held six focus groups of local medical students and different GP generations, and agreed the key issues and next steps in an intergenerational workshop.

Focus Groups And Intergenerational Workshop

Our work was deeply rooted in the experiences East London GPs. It underlined what is known, particularly the growing clinical and bureaucratic demands, the stresses of early career transitions, and the flexible work preferences of so-called generation Z[1]. We also gleaned new insights.

Our Key Findings Included:

- The dominant "pull factor" across careers is connecting with patients, colleagues and communities
- Established GPs wish to maintain patient contact, to reinvest their passion and expertise, to gain a sense of progression and have support managing clinical and regulatory bureaucracy
- Major "pull factors" supporting recruitment are the potential to work flexibly and develop a portfolio career, and the professional and intellectual rewards of clinical generalism
- Some structured portfolios offer safer, supported and more sustainable transition into a GP career
- We identified a paradox created by some flexible working patterns which may increase initial recruitment but result in subsequent stress and early burn-out presenting challenges for retention
- Medical schools should offer longer, high quality GP placements and address widespread BASHING
- Established GPs would welcome help maintaining patient contact and mentoring younger doctors
- GPs value cross-generational interactions and collaborations across primary care organisations, education providers and other stake holders in developing capacity building initiatives

Other Factors We Identified Comprised:

- Implementation needs on-going conversations with local GPs and local and national commitment to sustained change to deliver and sustain a GP service that East London can be proud to have
- Our findings were limited by using self-selected samples with mid-career GPs under-represented

Conclusions And Recommendations

We must enable future GPs to be sustained as individuals and shape general practice. Key issues comprise:

- GPs thrive on connection with patients and colleagues and need a sense of career progression
- Flexible working may help recruitment but, paradoxically, cause early burn-out limiting retention
- Recruitment should promote flexible, generalist careers instead of portfolios of "special interests"
- Action Plans of recruitment and retention initiatives have been developed for each GP generation
- Future work must evaluate new professional groups and models of care and innovative technologies
- National intergenerational conversations should address key structural issues including formal support for post-training transition, monitoring task-shifting from hospital, maximising the benefits of new technologies in limiting clinical bureaucracy and refining concepts like generalism and portfolio careers
- Better national tracking data is needed; an up-to-date review of evidence should be commissioned

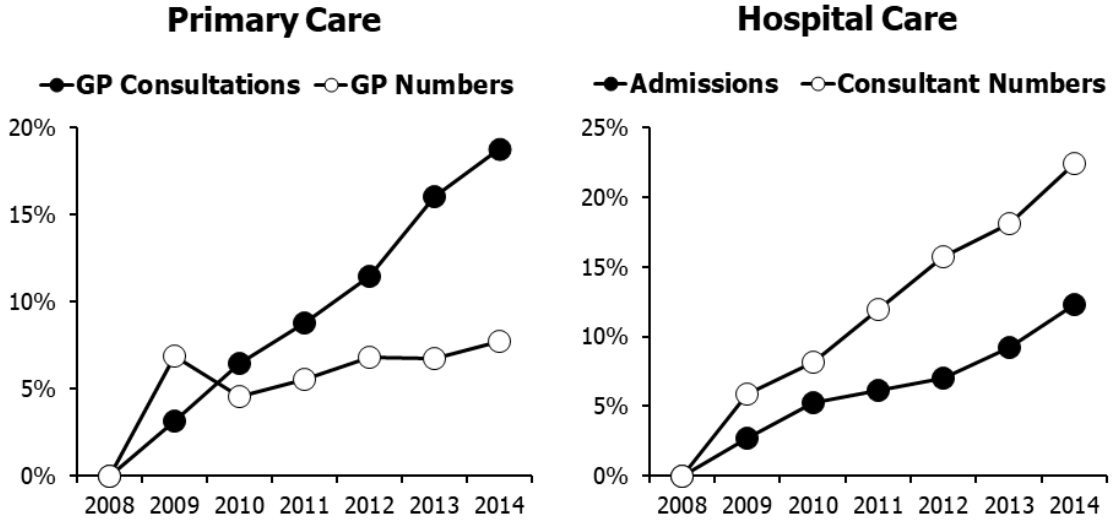
[1] Generation Z : The generation reaching adulthood in the second decade of the 21st century, perceived as being familiar with the Internet from a very young age.

Background

This project explores the factors affecting GP recruitment and retention in north east London. We were mindful that "millennials" comprise almost 75% of the workforce but have little influence in its design. This work builds on sociological work suggesting there are intergenerational differences in the drivers and enablers not only in career choice but factors affecting retention. It assessed, from first-hand accounts, factors leading people to choose and leave general practice careers across their working life-courses. It also recommended approaches to increase retention of GPs in early careers, especially the first five years, as well as later, when expertise and wisdom may be lost prematurely.

The NHS has seen consistent increases in demand for many years. Over the last decade in hospitals there has been a continual expansion in the number of consultant posts in line with the greater workload; in contrast the workforce in general practice had failed to keep pace with greater demands placed on them. These changes are illustrated in Figure 1.

Figure 1: Changes in workload and workforce in primary care and hospital care 2008-14



Sources

Primary Care: Hobbs FDR, Bankhead C, Mukhtar T et al. Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007-14. Lancet 2016; 387: 2323-30. 6
Hospital Care: NHS Digital

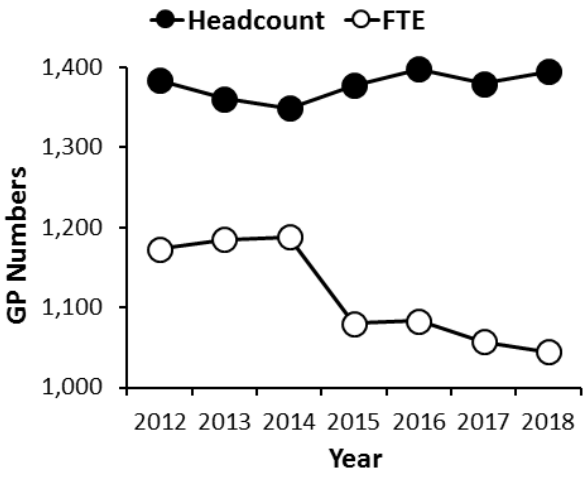
North East London presents a mixed picture. From 2012 to 2018 the GP headcount, reflecting the total number of active GPs on the performers' lists has remained stable; GP recruitment has kept pace with retirement. However, the total number of full-time equivalent GPs fell by 11%; there were minor differences between CCGs (Figure 2).

As workload has increased, the recruitment of new GPs has been insufficient to meet demand. Although recruitment has been stable in north east London, employment patterns have followed the general trends towards flexibility; both new and established GPs working fewer clinical sessions, sometimes at multiple sites and combined with a portfolio of other activities.

A number of organisations have developed Interventions in east London aimed at improving the recruitment and retention of GPs, as well as expanding the range and number of other clinical professionals. This report seeks to understand, in depth, the working experiences and priorities of those in the east London GP community in order to develop and coordinate more tailored interventions and target support.

Figure 2: Changing headcount and FTE In North East London and its CCGS 2012-18

North East London 2012-18



Individual CCGs 2012-18

	Headcount	FTE
Newham	26	-20
City and Hackney	21	-6
Havering	-5	0
Tower Hamlets	-6	-36
Barking and Dagenham	-7	-12
Redbridge	-7	-19
Waltham Forest	-11	-35
North East London	11	-128

Source *NHS Digital*

Aim and objectives

Supporting and developing primary care is a key priority for the East London Health and Care Partnership. The retention of GPs in our local system is a key enabler. This evaluation was therefore established to understand the key issues and drivers involved in local GP retention.

The work had three main objectives which comprised:

- Informing priority areas for local work on GP retention
- Identifying interventions that could be made at different career points for GPs
- Outlining what could support GP retention at a regional and national level.

This paper summarises the main conclusions of this work and suggests approaches for ensuring local GPs are engaged in the process.

Literature review

A pragmatic review of the literature was conducted in 2018 looking at factors (1) affecting GP recruitment and (2) retention especially in urban deprived areas. This helped informed the cross-generational qualitative design and the questions in the focus group topic guide. The reviews are summarised below and drew particularly on the following valuable publications: *Making time* (Clay, 2015*); GP recruitment and retention: An evidence synthesis* (Peckham et a 2016); and *Pressure point: GP recruitment and retention* (Health Foundation, 2016). Details are given in the Appendix.

1. Why GPs Leave Clinical Practice: A total of 26 different studies were identified from a range of countries and journals. There were multiple reasons for GPs leaving. However, workload was a dominant factor. The main components involved apart from increasing workload were rising patient expectations, falling GP satisfaction with work (notably short consultation times) and insufficient resources especially for social care. Financial inducement doe not appear to work.

2. Interventions for GP retention and recruitment: A total of 59 different studies were identified from a range of countries and journals. They some strategies more likely to be effective: enhancing GPs experience to providing further education to GPs. There were three key themes: early education exposure, positive role models, protected time for continuing professional development; identifying strategies to reduce GPs workload; and increased opportunity for flexible working.

Career choice and recruitment: The Wass Report (*By Choice, Not By Chance, Medical Schools Council - HEE 2016*) was used as a source regarding factors operating in medical school that influence recruitment into GP training - notably quality of placements, exposure to positive role models and near-peer teachers, perception of low intellectual demand, and negative attitudes by non-GP teachers (Bashing- A Badmouthing, belittling Attitudes & Stigmatisation in Healthcare by seniors/colleagues (Aja et al, 2016).

Transition to First 5 year of practice: A further review looked at factors that increase or reduce the risks and vulnerabilities in the transition from GP trainee to newly qualified GP (NQGP) and independent practitioner in the context of flexible working practices.

All reports cited the *10 Point Plan: Building the Workforce – the New Deal for General Practice* (NHSE 2015) but lamented lack of reliable continuous data for achieving any useful monitoring of interventions.

There was little evidence in the literature about the impact of (1) the deployment of the wider primary care workforce on GP workload, stress and retention: and (2) newly qualified GPs actively opting for portfolio careers and specialist interests on recruitment and subsequent retention.

Methods

The work involved two separate consecutive strands: (1) six focus groups of local medical students, trainees and GPs; followed by (2) an intergenerational workshop to produce a synthesis of the findings.

Focus groups

Six focus groups were conducted between May and September 2018 all led by the same Independent facilitator. Sampling of participants was stratified by career phase (generation). Only those currently working or studying in east London were recruited. The sampling frame used to a convenience - emails were sent through appropriate contacts with access to potential participants who were invited to volunteer. All participants received small gift tokens. As sampling and recruitment was not systematic there was a bias towards those with an interest in general practice career development. The striking absence of participants from the middle generation (established GPs under 50) needs to be highlighted.

Table 1: Summary Of Focus Groups

Generation	Number	Arrangement
Students	23	1 group (19 Barts students; 4 Kings College London students)
Trainees	15	1 group - all north east London VTS represented
First 5s	11	2 groups
Over 50s	17	2 groups

A series of snap shots were generated illuminating the experience of general practice at points along the career timeline. The same question topic guide was used throughout (Appendix 2) with some variation on additional prompt questions depending on the career phase, in order to explore issues that may have been raised in earlier groups. Transcripts were professionally transcribed (85,000 words in total) and uploaded into Nvivo software. Thematic analysis was undertaken using an abductive approach by AB and themes were refined in discussion with the other authors. The overarching framework divided findings into the major themes summarised in Box 1 and discussed in more detail below.

Intergenerational Workshop

In November 2018 a summary of the focus group findings were presented and then discussed in a workshop involving members of each of the focus groups as well as key players in local and national primary care workforce capacity building. The 35 participants first considered the main findings in generational groups, endorsed their overall validity and added further insights. Participants were then divided into intergenerational conversations and proposed a wide range of solutions and recommendations for taking the forward the initial conclusions as a shared endeavour.

Main Findings from Focus Groups

Overview

Many factors were common to all generations of GPs. They spanned "pull factors" favouring recruitment and retention, and "push factors" deterring retention and encouraging early retirement. The main themes are shown in Box 1.

Box 1: Major themes from the focus groups

Initial themes – common to all and by generation

Pull factors – favouring recruitment and retention
Push factors – deter recruitment, reduce retention and encourage early retirement

Emerging themes – workload and employment patterns

Structural factors – health system, demographic, organisational employment practices
The 'portfolio paradox' – where pull factors may become push factors

Trans-generational themes affecting general practice:

Enrichment of careers across the life course
Developing and sustaining generalist expertise

Factors Influencing All GP Generations

Common Purposes And Challenges: key 'pull factors', that draw and keep people in general practice included: opportunities for flexible working and the intellectual and interpersonal rewards of generalism. The main "push factors" were those that combined both extended hours and pressure: notably increasing digital bureaucracy associated with both clinical and regulatory requirements.

East London: overall East London is a pull factor – most strikingly with the younger generations. Its attractions are diversity and vibrancy - as one student said "*It's like nowhere else in the country. I love that!"* For many it is their original home: *"I am East London"*. While house prices are rising, they are still cheaper than most of the rest of the south-east of England *"there are hidden gems".* Many mentioned the challenges of increasing health inequalities, effects of austerity and social deprivation in a relatively unstable population and the impact on daily practice over time:

> *"it's going to be a problem in keeping us here in the longer term because you can't shape your practice because your population is constantly changing…" (GP Trainee)*

Being Connected: the importance of "connections" underpinned the data on sustaining GPs in work. These start with teachers, trainers, and co-learners; then peers within practice, the wider multidisciplinary teams – sometimes over many years – and colleagues in other working communities (like educational organisations, local hospitals and management). The most significant, rewarding sense of connection is with the diverse patients in East London through both individual contacts and long-term continuity with families.

Medical Students

This self-selected group was very positive about careers in general practice; their responses reflected many findings in the Wass Report including the potential for good, undergraduate placements to be inspiring. Students appreciated the opportunity to feel connected with both patients and with a place. By corollary, poor quality placements and widespread *Bashing* (badmouthing, belittling attitudes and stigmatising) by senior hospital clinical teachers were significant push factors. The latter produces a form of self-censorship – with learners reluctant to admit an interest in primary care.

A powerful medical student pull factor was the attraction of portfolio careers that emphasized developing "special interests". It often eclipsed interest in general practice as a career in its own right.

Trainees

The trainees were generally a happy generation. Pull factors included the reputation of North East London GP Specialty Training Programmes.

> *"In Romford I feel like I've been trained to be a GP. Like I feel confident now I'm at the end that I can at least attempt the job that I'm going to be employed to do." (Trainee)*

GP training offered positive advantages over hospital specialty training including: a wider range of opportunities, more immediate intellectual and clinical rewards, with the promise of geographical stability. There were few push factors except the pressure of completing 10-minute consultations in an area of high deprivation and complex clinical need. Paradoxically trainees also noted that, as they came to complete their training, they feared the transition to independent practice – stating training now seemed too short!

> *"I am currently a trainee and I have a trainer, and I have some other very experienced people around me but concerned in the future - when I qualify as a GP... (Trainee)*

> *"You always have college, med school, F1, F2, then suddenly nothing!" (Trainee)*

First 5s

The data from the First5 generation is particularly rich – a mix of enjoying general practice tempered by a sense of stress and vulnerability. Some noted the rewards of developing relationships and continuity with patients and families, and how this holistic approach helped contribute to their learning and intellectual stimulation:

> *"You can be a true generalist and not have to specialise. But also just being curious about people … and actually you can do that as a GP, you can just see the patient as a product of their sort of surrounding. ". (first5)*

> *"I think I enjoy the mental stimulation probably the most. The greatest satisfaction is when you get something right (first5)*

The most potent pull factors are opportunities to work flexibly as less than full-time sessional GPs and locums in order to retain control of their work-life balance.

Push factors were fears of overwhelming hours, particularly the poor equilibrium between clinical work and patient–related bureaucracy. Flexible working made workloads feel manageable.

This cohort is under stress.

> *"There's a problem about burn-out, because a lot of people have burn-out. You know especially working what is considered full time, you know. And I don't see myself working as a GP in 10 years' time." First5*

The transition from trainee to independent newly qualified GP is recognised as complex and intellectually and emotionally demanding. However, this group expressed high levels of isolation and a sense of vulnerability and limited appropriate clinical support and possibly lack of preparation for the effects of flexible working on support:

> *"It is all you and there is no sharing, there is no handover of your workload and I find that quite isolating and lonely" (First5)*

> *"So, I find GP work a bit lonely. The patient is your responsibility." (First5)*

> *"Being a sessional GP is very isolating, sometimes you are on your own." (First5)*

> *"Suddenly from a trainee at the age of 21 to becoming a GP out of nothing, what am I expected to do? (First5)*

An intergenerational disconnection emerged regarding the perceptions of GP work. Some First5s think the 50+ generation do not understand the environment in which all GPs now practice:

> *it's not one sort of factor...I saw a graph of the number of consultations that GPs have seen since like 2008 and now … you know doubled, tripled... there's so many factors like an ageing population, medical complexity as well … so often you have partners that say well 30 years ago the system was much worse and you know we coped, but actually the nature of patients now with three, four, five co-morbidities, the kind of medical interventions available, and complexity that that entails is actually … it's a completely different way of working, so not like it was when you could only give aspirin for a heart attack for example you know, that kind of level of complexity.(First5)*

Over 50s

The striking features of our over 50 cohort was their ongoing passion for general practice. While this suggests they were probably unusual and not representative the data does reveal where there are potentially rich seams of commitment that may be enhanced and sustained. Many of this cohort spoke with love about their patients, their communities and the sense of connection with their peers and colleagues over many years. The most rewarding aspects of their role was responding to the immense intellectual and social demands of generalist clinical practice.

> *"I like my job too much, I wish I didn't, and I could retire … but I don't, I like it. My two sons are GPs. One's a year since he did his registrar, and one's about three years. And I dismay at the number of doctors that want to leave. They're reaching 55, 57, 58 – 'I've had enough, I don't need this' – and I don't know how you stem the flow, I don't know how you stem the flow." (50+ GP)*

Flexibility and variety bring rewards at this stage too:

> *"I said I was a bog-standard GP and I don't do anything else - since the last 4 months I have become a network lead and actually it has revolutionised my enthusiasm for general practice, I meet … and I see the big picture." (50+ GP)*

They identified "having some influence" as sustaining them this includes having an impact on families, trainees and students and their wider primary care community. They recognise younger GPs are under great strain and many are committed:

> *"Some new GPs have the vocation and dedication, but a few are just clock watchers" (50+ GP)*

The major push factors predictably were this sheer volume of work and the lack of balance between clinical hours and bureaucracy. These senior GPs are painfully aware of increasing demands of regulation and standards and felt that the days of the eight session GP were over.

> *"One of my partners jokingly says that whenever we come in the morning, we should all be catheterised because you cannot literally kind of go … I had two breaks, a cup of coffee and a couple of biscuits at my desk". (50+GP)*

Importantly they all feared having to leave clinical practice before they really wanted to – many would stay on to use their clinical expertise and offer support and mentoring if they could overcome challenges related to the burdens of indemnity, pension rules and appraisals.

> *'I go and do a locum in the morning, I just do my surgery … because that's what we love doing, we love seeing patients, never happier than when you're in front of a patient trying to help, rather than filling in a LIS or ticking a box ' "(50+GP)*

> *"The way I view myself now really is… really, I should be a consultant GP, I should be standing back and supporting others… '(50+GP)*

Emerging Themes

Structural factors

The importance of the wider health system, demographic change, austerity, loss of public services, the rifts between health and social care, and organisational and employment practices have highly significant influences on the ability to commit to a GP career in East London and manage day-to-day clinical demand. Managing how and when patients access GPs was mentioned by many as a worrying push factor. How might new models of care and new professional roles have an impact (such as physician associates and medical assistants)? These factors are underreported in the literature.

The 'portfolio paradox'

Some of the data suggests an emerging paradox: where the pursuit of variety and flexibility is increasing recruitment and enriching established careers but may also be adding to the sense of vulnerability or stress, associated with the first five years of practice. We note that the option of a portfolio career has increased recruitment and judging by our students this is likely to continue**.** Portfolios can take many forms – from managed packages combining clinical sessions with special interest, for others it is predominantly locum work at multiple sites. Our data shows that maintaining control over workload is the key motive for working flexibly. However, some younger doctors are reporting high levels of stress, isolation and poor support. It may be that over time, for some, working flexibly will reduce, rather facilitate retention.

One First 5 had come to doubt whether general practitioners served any purpose at all:

> *"… sometimes I find it hard to respect my profession … you know when you're having really bad day... I don't really understand what it is that we do, … if we just weren't here, … people just self-referred to secondary care, and there was better social care …it does change, sometimes you're feeling more comfortable with your role, what you're able to achieve, and put away those things that you weren't able to achieve in a box and say 'That's okay, that's just unrealistic'. But you know because it's so many expectations you don't quite understand what is achievable and what's realistic." (First 5)*

Trans-Generational Themes Affecting General Practice

Developing and sustaining generalist expertise

Our data raised a fundamental question for younger GPs about the impact of flexible working patterns on the development of generalist expertise. Generalism is characterised by the ability to handle broad, unpredictable knowledge demands, managing complexity – (the clinical, human , and social) sorting wheat from the chaff, pattern recognition and problem solving, trusting Intuition, using time and continuity as a clinical and learning tool, and working at speed. What is the impact of working in diverse fields and settings on the acquisition of key generalist capabilities?

> *"Locum, Locum, Locum – can you then become an expert generalist?" (50+)*

> *" Need exposure – to recognise new problems; continuity to ...get the feel for it…and learn about ... What works, acute/chronic, young/old , undefined , undifferentiated, not in the text books, working with what patients want...." (First5)*

What flexible patterns are more likely to increase retention and what interventions might best support new GPs to maximise the synergy between their chosen portfolios and their development as generalists?

Enriching general practice careers- a sense of progression

What is missing for many is a sense of progression. All generations appreciate the benefits of variety, and more flexible working, that distinguishes general practice from most focused hospital-based specialties – the portfolio career option is making general practice a much more attractive option for the younger generation. Nonetheless, portfolios offer an early sense of progress, but it is hard for this sense to continue throughout the modern GP career with limited reward and recognition for increasing expertise within practice, where partnerships do not give a sense of renewal or are perceived as burdensome. Greater capability and responsibility do not shift workload but simply adds to it. Status as a clinician remains relatively flat, even stagnant, which in turn affects motivation and retention. There seemed a desire to have a clearer “careers escalator”.

For younger generations enrichment is achieved through variety predominantly referred to as “special interests”. Some of theserun alongside developing as a clinician such as teaching, quality improvement and research. For some there is a sense that developing special interests is a response to vulnerability and antidote to perceptions of lower status. These working patterns can be seen as strategies that sustain individuals.

For older generations the "Expert Generalist", with deep experience, represents untapped potential to reinvest into general practice. This rich seam of commitment could be identified and nurtured better in midcareer in preparation for a prolonged, productive, appropriate senior period of work.

Intergenerational Workshop

The data summarised above was presented to a mixed group of GPs, educators and managers and then discussed in single generation groups followed by intergenerational conversations to propose solutions.

Verifying Findings

Those present overwhelmingly supported the findings, especially those who had participated in the focus groups. It was striking that many who had not also strongly recognised many of the challenges identified and the value of looking at recruitment and retention along the life course and in the context of the wider system. The groups produced valuable additional insights and stressed the importance of the role of multiple stakeholders taking actions forward.

One key observation after the presentation of data was that:

- The route to expertise (that is confident, independent practice) takes time, exposure and support.

All generations agreed that:

- Clinical medical exposure is key part of training in any setting (eg primary, acute, mental health)

For general practice, developing expertise involves:

- It is not clear how long it takes to reach the "the magical point when you become self-reliant."
- Continuity of following a patient through their journey helps transition - e.g. seeing the care across multiple pathways and settings; include seeing all correspondence concerning a patient so they get to understand the whole pathway and the outcomes (from mid-career group question - How do we provide a sense of career variety and enrichment?)
- First 5s want supervisors when they join their new practice and also need a few years to get the benefit of seeing a wide range of symptoms – they need to ensure they do enough sessions each week to gain this experience rather than jumping straight into a portfolio career

Connections remain important but for some:

- There is a sense that the team spirit and support no longer exists in the practice
- Everyone needs someone to talk to, a safe space and advice

Talking through shared solutions

Using a "world Café" approach intergenerational groups were tasked with considering a specific range of challenges identified from the focus groups. They were asked to brainstorm and then propose solutions which have been turned into the draft action plans presented at the end of this report.

The key solutions suggested:

- To address the fear and challenges faced by new GPs at a fundamental level, it is essential to review GP training e.g. longer training or preceptorships for new GP, especially salaried and sessional newcomers
- Flexibility and the offer of general practice is not completely understood before people decide on general practice
- Demand and complexity are a common challenge - “In the process of balancing patient access against activity, practices must consider ways of working that embody traditional approaches to as well as models that utilise technology. ...and cater for ... different cohorts of patients. "

Overall many participants are keen to be involved with a bigger conversation about generalism in the future NHS:

- If GPs are going to become specialists, then they also need to keep up their skills - for instance diabetes. This was only treated in secondary care then a few years ago it shifted into primary care, for GPs to control diabetic care. Now in primary care they have nurse led clinics, this means the GP does not have to see the patients therefore they may lose the skill

Limitations And Gaps

Two major limitations of this work relate to the sampling: (1) the self-selecting approach may have led to biases and (2) the significant gap in the middle generation of established GPs, who bear the brunt of current clinical demand but whose voice is relatively silent in this report.

Discussion And Recommendations

Our work is deeply rooted in the experiences within the GP community in East London. Much of our findings support what is already known in particular the clinical and bureaucratic workload demands on established GPs, the stress of transitions especially in early career, and the emerging "post-modern" work expectations of so-called generation Z. The impact of the widespread uptake of flexible careers on the development of expertise and confidence, increased digital workload and the potential of the wider workforce is not reported in any detail in the literature.

The most important pull factor across careers is the sense of connectedness with patients, colleagues and communities. In contrast to published data our established GPs do not want to lose contact with patients. Instead, they wish to reinvest their passion and expertise and to gain a sense of progression. They also need to receive support managing the demands of clinical and regulatory bureaucracy.

Major pull factors supporting recruitment are the potential to work flexibly and develop a portfolio as well as the professional and intellectual rewards of clinical generalism. We suggest that certain flexible working patterns may create a paradox of increasing initial recruitment but presenting challenges for retention. The challenge is ensuring new generations of GPs are not only sustained as individuals but are themselves also able to sustain and shape general practice.

Our data also supports existing research and local work on recruitment and retention interventions but also flags up some novel more targeted opportunities. There is now an expectation of a coordinated package targeting different generations. Our workshop participants stressed the importance of ongoing involvement of the GP and broader workforce community across generations and collaboration across primary care organisations, education providers, and other stakeholders, in harmony with wider capacity building initiatives. On-going verification and “sense-checking” workshops are needed to ensure the focus group findings are rooted in reality. Implementing action plans will needs more conversations and commitment locally and nationally, in order to fulfil the common purpose of sustaining a GP service for East London to be proud.

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Appendix 1 - Literature Review

What Is Already Known About The Pipeline
There is a wealth of literature and reports using data up to 2017 but this is not fully synthesised. Overall there was limited research available specifically into GP recruitment and retention in urban areas of high social deprivation in the UK.

Medical Students And Trainees - Joining General Practice
Medical Schools Council and HEE publication *By choice – Not by Chance: supporting medical students towards future careers in general practice* (Wass, 2016) is a pragmatic review which produced 16 recommendations under seven headings. These included addressing the issues before medical school such as selection and work experience. For medical schools recommended in including Expanding the formal curriculum to focus on patient journeys, future healthcare delivery and the breadth, complexity and intellectual challenge of general practice; addressing the informal curriculum by improving quality, focusing on role models and near peer teaching; and challenging the hidden curriculum notably undermining in denigration by others particularly hospital specialist. Finally was stressed the role of a wide range of agencies including the RCGP need for good careers advice and early promotion of pathways after graduation. The Society of academic general practice has been proactive in following up every recommendation with all the UK medical schools on a regular basis.

First5s-The Transition - Becoming A New Generalist
The complex social and educational challenges inherent in the transition from vocational trainee to independent GP are well documented. Empirical work (summarise by Griffin in 2013) shows clinical transitions are associated with stress, significant events in patient care, relative inefficiency and under-performance as well as learning and personal transformation. In the past the necessary iterative steps were rooted in established apprenticeship approaches facilitated by continuity of context: that is new GPs generally worked in one team which provided structure and support underpinned by the hierarchy of partnerships. Employment options for NQGPs changed in the late 1990s, attributed to a lack of partnership opportunities and consequent unstable work and poor conditions often at multiple sites - said to be a subordinate group, doing the 'dirty work' of seeing patients (Lester et al., 2009). The national Higher Professional Education programme (HPE) aimed to provide educational scaffolding for NQGPs, especially after the introduction of appraisal in 2002. There was some evidence of the effectiveness of HPE in supporting the clinical and personal (mentoring) aspects of transition in the first two years practice (Griffin et al., 2010). HPE was discontinued in 2009.

The literature shows that at times of major changes in professional working practice (Fuller and Unwin, 2010) it is the newcomers, working at the workplace periphery, who are most exposed to multiple and novel "transitional trajectories" and need to constantly renegotiate their working practices and boundaries. Those involved are often unaware of the unchartered nature of the wider structural changes that they are practising within. (Griffin, 2014, Wenger, 1998). The evidence regarding the process of becoming an expert, able to participate fully in one's professional community, shows that opportunities for novice, near peers, and experts to interact are critical progression to expert. What is not known is how the multiple work settings NQGP' impact on (1) developing generalist expertise; and (2) managing the stress vulnerabilities and risks of transitions. Now, in 2019, rather than a poor alternative to partnership, portfolio working is the pattern of choice for many NQGPs. A major shift has resulted from demand for GPs outstripping supply - with employers altering hiring practices to meet the contractual demands of a new generation of NQGPs. Research shows, however, that as NQGPs adopt portfolio working they needed to develop clinical expertise at the same time as in managing multiple settings, teams and bureaucracies often without any clear supportive relationships.

The Deep End programme (Blane et al., 2017) is a rare example of a strategy to recruit new GPs in an urban area of high social deprivation: this offers full pay for four days work - three days clinical in a single practice, part of a supported cluster, and one day for professional or service development. Initial recruitment was very competitive, but retention data is not yet available. Limited searching outside healthcare sector has retrieved general management and HR books which discuss talent management. The TeachFirst programme may be of interest as it focuses on drawing talented teachers into areas of high social deprivation. Both the Deep End programme and the Dorset Flex project (The Primary Care Workforce Centre Dorset, 2018) use the term "added value roles" rather than *special interest* to focus on the additional was than possibly superior elements of portfolios.

Established GPs: Going Or Staying?
Two searches were commissioned in 2018 by HEE London. (Deshmukh, 2018 , Deshmukh, 2018). There was no clear search strategy provided and the narratives were brief and entirely pragmatic with no systematic or realistic synthesis of evidence. However, they did include some data from systematic reviews by Peckham et al (2016) for the UK and Kroezen (2015) for Europe. The focus on GPs in urban deprived areas in the UK was also novel.

Push factors (Deshmukh 2018a) adding to GP attrition in urban areas of high social deprivation reflects how both organisational and personal factors interact. There are increasing clinical demands, including more complex patients, early discharges from hospital and increasing expectations and also difficulties recruiting clinical staff.

Overall the key push factors are mainly workload and bureaucratic uncertainties. They comprise:

- Demands: these include increased direct clinical patient paperwork and meeting increased expectations regarding regulation (GMC), requirements of external bodies and standards (CQC). Remuneration-related issues (QOF); rise in cost of professional indemnity insurance.
- Anxieties and fear: these are related to patient complaints investigation, adverse media commentary comment and difficulties with resources in the community including locums.

Trends show that in comparison to data from late 1990s partnership disputes have declined and are no longer cited a major push factor.

Pull Factors (Deshmukh 2018b) reviewed interventions that aid recruitment and GP retention in urban areas revealed a long list of strategies including: financial or contractual incentives (some evidence - see Deep End above)) ; wellbeing or peer support; recognitions for professional development; retainer schemes; re-entry schemes; case managers; delayed partnerships; multi-professional practices. There is mixed evidence of success. A recent systematic review into recruitment and retention of health professionals across Europe (Kroezen 2015), concluded:

> *"Most interventions are not explicitly part of a coherent package of measures but they tend to involve multiple actors from policy and organisational levels, sometimes in complex configurations".*

Bundles of planned interventions including support and supervision are more effective and must be underpinned by political and executive commitment, and strong stake-holders involvement. The *10 Point plan: Building the Workforce – the New Deal for General Practice* (NHS England 2015) which focus on 10 priorities and associated interventions under heading of "Promote, Recruit, Retain and Return" is widely cited. However there has been no systematic evolution of impact reported. An up to date review using a rigorous realistic methodology, supported by good tracking data would be very timely

APPENDIX 2 - Topic Guide - Focus Group Questions

The four key areas were:

1. Why general practice - what attracts/attracted you, and what sustains you and keeps you going?

2. What are the challenges - what might deter you or make you leave?

3. What are the solutions to the challenges faced?

4. What is special about east London?

Bibliography

AJAZ, A., DAVID, R., BROWN, D., SMUK, M. AND KORSZUN, A. (2016). 'BASH: badmouthing, attitudes and stigmatisation in healthcare as experienced by medical students'. *BJPsych bulletin,* 40 (2), 97-102.

BLANE, D. N., SAMBALE, P., WILLIAMSON, A. E. & WATT, G. C. M. 2017. A Change Model for GPs Serving Deprived Areas. *The Annals of Family Medicine,* 15**,** 277.

CLAY, H. & STERN, R. 2015. MAKING TIME IN GENERAL PRACTICE: Freeing GP capacity by reducing bureaucracy and avoidable consultations, managing the interface with hospitals and exploring new ways of working. Primary Foundation & NHS Alliance.

DAVISON, I. & THOMAS, H. 2008. Lessons from the Higher Professional Education Scheme for General Practice Training. *Education for Primary Care,* 19**,** 605-614.

DESHMUKH, A. 2018 Interventions to improve retention of GPs in areas of high social deprivation: Evidence Search Service. REDHILL: http://www.surreyandsussexlibraryservices.nhs.ukSurrey and Sussex Library and Knowledge Services.

DESHMUKH, A. 2018. Factors affecting the decision of trained GPs to leave the profession: Evidence Search Service. REDHILL. http://www.surreyandsussexlibraryservices.nhs.uk : Surrey and Sussex Library and Knowledge Services.

FULLER, A. & UNWIN, L. 2010. Knowledge workers' as the new apprentices: the influence of organisational autonomy, goals and values on the nurturing of expertise. *Vocations and learning,,* 3,**,** 203-222.

GRIFFIN, A. E. 2014. *The transition from training to work of newly qualified general practitioners: exploring participation and community. Unpublished* EdD Thesis, Institute of Education.

GRIFFIN, A., ABOUHARB, T., ETHERINGTON, C. & BANDURA, I. 2010. Transition to independent practice: a national enquiry into the educational support for NQGPs. *Education for Primary Care,* 21**,** 299-307.

HEALTH FOUNDATION 2016. Staffing matters; funding counts – Pressure point: GP recruitment and retention Can the recruitment, retention and distribution of GPs be improved? London: Health Foundation,.

KROEZEN, M., DUSSAULT, G. & ET AL 2015. Recruitment and retention of health professionals across Europe: A literature review and multiple case study research. *Health Policy,* 119**,** 1517-1528.

LESTER, H., CAMPBELL, S. & MCDONALD, R. 2009. The present state and future direction of primary care: a qualitative study of GP's views. *British Journal of General Practice* 59**,** 908-915.

MARCHAND, C. & PECKHAM, S. 2017. Addressing the crisis of GP recruitment and retention: a systematic review. *The British Journal of General Practice,* 2017**,** 657-67.

MARTIN, S., DAVIES, E. & GERSHLICK, B. 2016. Analysis: Under pressure - What the Commonwealth Fund's 2015 international survey of general practitioners means for the UK. London: Health Foundation

NHS ENGLAND 2016. General practice forward view. NHS England www.england.nhs.uk/ourwork/gpfv/ .

NHS ENGLAND, BMA, RCGP & HEALTH EDUCATION ENGLAND 2015. Building the Workforce – the New Deal for General Practice (10 Point Plan) *In:* SNOW-MILLER, R. (ed.). Leeds: NHS England.

THE PRIMARY CARE WORKFORCE CENTRE DORSET. 2018. *Career Flex :* [Online]. https://primarycaredorset.co.uk/career-flex/ . [Accessed 19/1/19].

WASS, V. 2016. By choice not by chance. London: MSC / HEE.

WENGER, E. 1998. *Communities of Practice: Learning, meaning and identity.,* Cambridge, Cambridge University Press.

Proposed Action Plan For Students And Trainees

Area	Theme	Issues To Address	Key Stakeholders	Ownership	Next Step	Review Date
Getting Going	*Flexibility*	• Raise awareness of local GP careers providing breadth of opportunities • Highlight & disseminate information on sustainable, safe career options and supported portfolio opportunities	• Medical School • Faculty of RCGP • Medical Student GP society	RCGP	Dr Anwar Khan to share report and findings with RCGP	May 2019
	Expert Generalism	• Promote Concept of an expert generalist • Challenge BASHIING by specialists & self-denigration by GPs • Show learning about individual systems cannot promote knowledge of complexity of individual patients	• Medical school curriculum leads • Society for Academic General Practice)	Medical school GP lead	Hold a London wide workshop on generalism	May 2019
Keeping Going	*Connectedness*	• Support transition - from ST3 to first-5 with "NE London GP Welcome Pack", taster sessions, improved negotiating skills • Offer mentors/preceptors to all first5s • Maximise opportunities and Improvements between primary and secondary care for learners • Establish self-directed and facilitated learning groups	• GP Specialist Training Programmes • Hospital Programme Directors	GP Specialist Training Progs/CEPN Secondary care programme directors	Joint clinics for Trainees in primary and secondary care	July 2019
	Workload	• Create headspace limited by bureaucratic workload by the volume of work • Explore new professional cadres and non-clinical workforce needs training and/or development of new roles (eg Medical Assistants, PAs etc)	• GP Specialist Training Progs and CEPNS • Local Primary Care QI Programmes	GP Specialist Training Progs/CEPN STP primary care workforce & quality improvement work stream	Audit workload in East London Pilot GP Trainees working with PAs and other staff	April 2019
Sense Of Progress	*Structural Factors*	• Review training for new staff groups (clinical and non-clinical) to understand re-define roles and task share • Better tracking data of doctors leave Specialty Training Schemes	• Increase collaboration on training curriculum, supervision and learner placement activities	STP Primary Care Workforce Group CEPNs and HEIs	Joint learning projects	June 2019

Proposed action plan for early career GPs – First 5's

Area	Theme	Issues to Address	Key Stakeholders	Ownership	Next Step	Review Date
Getting Going	*Flexibility* *Expert Generalism*	• Increase offer of supported portfolios schemes • Consider introduction of a flat form "mechanism" to advertise NEL GP posts & portfolio schemes • Evaluate supported portfolio schemes to increase retention in NEL primary care and enhance generalist identity, capabilities, confidence and commitment • Consider recommendations from partnership review and ensure balance of flexibility with developing expert generalist experience • Offer mentorships/preceptorships with mid/late career GPs	• HEE • CEPNs • Federations/CCGs • HEE • CEPNs • HEIs	STP Via Primary Care Workforce Group STP Via Primary Care Workforce Group	Discuss at London and NEL Primary Care Workforce Meetings	April 2019
Keeping Going	*Connectedness* *Workload*	• Establish 'NEL Primary Care Comms Group' for communicating with early career GPs • Set up "*new to NEL GP scheme"* mailing list/social media presence • Up to date information on local peer groups, social networks, CPD opportunities/schemes/partnerships for new arrivals • Establish self-directed and facilitated learning groups • Guide practices (especially non-training & Super-Practices) for new salaried/sessional GPs • Improve employment & contracting (annualised hours, term time working, additional OOH) • Offer mentoring/preceptorship, handover time, micro teams • Involve First-5's in reviewing practice systems and workload distribution involving other professional and across social care and voluntary sector	• Federations • CCGs • CEPNs • Federations and CCGs • HEE and CEPNs • Federations/local QI teams	Federations Federations/, Networks and Practices	Discuss March 2019 and implement for VTS 'graduates' (August 2019) Develop 'employment models' work-stream in STP and align to quality Improvement working groups	May 2019 June 2019
Sense Of Progress	*Recognition* *Structural Factors*	• Involve First-5's/trainees deliver Action Plan/design recognition • Evaluate new models of care and education • Formal investment in first 2-5 years (Higher Professional Education) including peer learning sets/in-practice mentoring/preceptorship • Reconsider GP training and "probationer" schemes • Commission literature review of recruitment interventions	• GP Specialty Training • HEE • RCGP (juniors) • HEE • NHSE • HEI	HEE HEE HEIs	Discuss in STP primary care work stream National fora/ commission literature review from HEI	June 2019 April 2019

Proposed Action Plan For Established GPs – Established GPs (Mid-Career and Over 50s)

Area	Theme	Issues To Address	Key Stakeholders	Ownership	Next Step	Review Date
Getting Going	*Flexibility*	• Offer taster sessions for new GPs in a range of practices • Develop portfolio careers pathway for this group	• STP • Federations and Practices	Federations	Discuss in March/April workforce fora as part of GP retention plans for 19/20	May 2019
	Expert Generalism	• To use expertise as generalist to support new GPs (become mentors/preceptors)	• Federations			
Keeping Going	*Connectedness*	Sustain collaboration though: • Shared working across health and social care. • Digital peer group supports • Establish supportive micro team in practice • Establish self-directed and facilitated learning groups	• Practices • Federations and Networks • STP	Federations /Networks, supported by STP	Include as part of NEL primary care strategy, and pick up in STP work streams over 19/20	June 2019
	Workload	• Ensure established GPs take on more complex work but only if strategies to reduce intensity are in place • Actively support recruitment of practice-based Pharmacists, PAs & nurse practitioners • Design clear in-practice escalation routes for managing complex cases to increase confidence & alleviate anxiety for newer GPs or MDT • Support adoption of digital processes to help patient access, respond to demand and manage bureaucracy	• Practices • Federations and Networks • STP • HEE • CEPN	Federations/Networks, supported by STP	Include as part of NEL primary care strategy, and pick up in STP work streams over 19/20	July2019
Sense Of Progress	*Recognition*	• Plan clear pathway for pre-retirement GPs and those who wish to return after retirement • Challenge self-denigration and negativity that is detrimental to recruitment &GP self esteem • Recruit and train more undergraduate tutors/Mentors/supervisor/preceptor	• Practices • Federations and Networks • STP	Federations /Networks, supported by STP	Consider including as part of funded GP retention schemes for 19/20	June 2019
	Structural Factors	• Explore MDTs employment and contracting models • Offer Post retirement/pension incentives • Monitor what is "delegated to primary care" and impact MDT workload	• Practices • Federations and Networks • STP & NHSE	STP Via Primary Care Work streams	Develop 'employment models' work stream in STP	May 2019