

Over 40 percent of GPs intend to quit within five years: New survey

February 27 2019

A new survey of GPs has revealed that over 40% intend to leave general practice within the next five years, an increase of nearly a third since 2014.

The survey of 929 GPs conducted by the University of Warwick has revealed that recent national NHS initiatives are failing to address unmanageable workloads for GPs and left them unconvinced that the NHS can respond to the increasing challenges facing general practice.

The survey conducted in the Wessex region follows up a similar survey in the same region in 2014, allowing the researchers to identify changes in attitude over time.

Published today (28 February) in the journal *BMJ Open*, it reveals that 42.1% of GPs intend to leave or retire from NHS general practice within the next five years compared to 31.8% of those surveyed in the same region in 2014, an increase of almost a third.

Workload was identified as the most significant issue with 51% of GPs reporting that they were working longer hours than in 2014. This has been linked to the size of the GP workforce not keeping pace with the growing healthcare needs associated with the changing age profile of the UK population, with more people living with complex long-term conditions such as diabetes, hypertension and stroke. In addition, as community and social care services are being cut back or stretched, more pressure is put on general practice as patients have fewer options to



turn to.

The researchers argue that the survey paints a picture of GPs feeling increasingly demoralised and looking towards either reducing their hours or retiring altogether.

Lead author Professor Jeremy Dale, from Warwick Medical School, said: "GP morale and job satisfaction has been deteriorating for many years, and we have known that this leading to earlier burnout with GPs retiring or leaving the profession early. What this survey indicates is that this is continuing and growing despite a number of NHS measure and initiatives that had been put in place to address this over the last few years. Many GPs clearly feel that this is 'too little, too late' and have failed to experience any benefit from these initiatives and are unable to sustain working in NHS general practice.

"Intensity of workload, and volume of workload were the two issues that were most closely linked to intentions to leave general practice, followed by too much time being spent on unimportant bureaucratic and administrative tasks.

"There's a worsening crisis in general practice. The situation is bad, it is getting worse and GPs are feeling increasingly overworked and increasingly negative about the future."

Their paper highlights a number of national policy initiatives that since 2014 have sought to relieve pressures on general practice through targets such as recruiting large numbers of doctors from overseas, changes to governance such as the Quality and Outcomes Framework, an expanded role for allied health professionals and the streamlining of services through measures such as sustainability and transformation plans (STPs).

The NHS also launched its Long Term Plan in January 2019, with



increased investment and support for primary care, a reduction in bureaucracy, and 22,000 proposed new allied health professionals and support staff working in general practice.

Professor Dale said: "Views from our survey would suggest that many of the changes in the Long Term Plan, such as greater funding for general practice, increasing the GP workforce, and increasing clinical and support staff in general practice, are desperately needed. But in the context of low and worsening morale and job satisfaction, the question is can these be introduced quickly enough now to stem the flow of GPs who are bringing forward their plans to leave the NHS.

"Recent NHS schemes to recruit more GPs haven't paid dividends and the consequence is that GPs are still saying that their workload is getting more intense and increasingly difficult to cope with. It's not perceived that the NHS has taken seriously the crisis facing general practice, and that some policy-led changes in themselves are actually making the workload within general practice less sustainable.

"The point that came through repeatedly in the survey was that GPs felt that we've gone a long way down the road of insufficient investment and insufficient reward. Turning this around will be a mammoth task. The initiatives that were thought most likely to bring benefit included greater investment in practice nursing, closer working with and support from hospital specialists, investment in technology, expansion of the GP workforce, and streamlining CQC practices."

The <u>survey</u> received responses from 929 GPs working in in the Wessex area and is broadly representative of the demographic of GPs working in the NHS, with a slightly larger proportion of responses from older GPs.

Professor Dale added: "A number of recent surveys have shown similar issues to be prevalent across the whole country. Even in an area like



Wessex, which in the past would have been considered an attractive place for GPs to work, we can see the effects of chronic under-investment in general practice, and how this is driving GPs to want to retire or reduce their hours of work."

Professor Helen Stokes-Lampard, Chair of the Royal College of GPs, said: "GPs are under intense strain—our workload has escalated in recent years, both in terms of volume and complexity, but we have fewer GPs than we did two years ago.

"There is some great work ongoing to increase recruitment into general practice, and we now have more GPs in training than ever before—but when more family doctors are leaving the profession than entering it we are fighting a losing battle.

"The NHS long-term plan has aspirations that will be good for patients—but we will need the workforce to deliver it. The forthcoming NHS workforce strategy for England must contain measures to help retain GPs in the workforce for longer—steps to reduce workload to make working in general <u>practice</u> more sustainable and removing incentives to retire early for GPs who might not necessarily want to would both be sensible places to start."

More information: *BMJ Open* (2019). <u>DOI:</u> 10.1136/bmjopen-2018-026048

Provided by University of Warwick

Citation: Over 40 percent of GPs intend to quit within five years: New survey (2019, February 27) retrieved 23 April 2024 from https://medicalxpress.com/news/2019-02-percent-gps-years-survey.html



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