Kernow Health

Recruiting and Retaining Newly Qualified GPs in Cornwall – the Cornwall Transition Pilot Programme

The Nature of the Problem

There is a growing primary care work-force crisis within Cornwall just as there is nationally. Work-force problems are felt particularly acutely in areas of socio-economic deprivation (1) and the issue is complicated further by the remote rural and coastal geography of our county (2).

Whilst some primary care can be delivered by transactional /episodic care there is a need to preserve and augment continuity of care models. Practices tackle this in a variety of different ways, the principal model is via 'list-holding' General Practitioners (GPs) though other models are emerging and there are initiatives that focus on providing continuity for those patients who need it most, usually the elderly and frail. (3) There is clear evidence that continuity of care saves lives and reduces hospital admissions. (4)

The NHS Long term plan to move to more community-based care and reduce unplanned hospital admission, further the argument for investing in training and development of the next generation of list holding GPs.

There are currently several unfilled GP vacancies across Cornwall. A particular concern is the difficulty in recruiting substantive, list-holding GPs to offer continuity of care to increasingly frail population. This is the cornerstone of high-quality primary care and often cited as the aspect of practice from which GPs derive their greatest job satisfaction. However, the current high workloads make this a demanding role and as the number of "list holding GPs" diminishes the load of those remaining further increases leading to an unhelpful downward spiral. Recently qualified GPs found the prospect of taking on these roles especially daunting and those who do struggle to adapt to the demand, particularly in the early months

A proposal for a local solution

Along-side other local and national initiatives such as NHS England's "New to Practice (NTP) Fellowship Programme" we intend to launch a pilot programme to help practices offer additional in-house support for newly qualified GPs during their first year, to develop their skills and confidence in providing continuity of care. Funding for a pilot programme has been secured.

Progress and guiding principles to date:

A small local survey of newly qualified GPs, soon to qualify GPs and their GP trainers has recently been conducted. (See attached) It identified three clear areas that need to be

addressed to support doctors as they transition from training to list holding status. These are:

1. Support to manage workload intensity particularly during the early weeks or months including a phased exposure to the full workload.
2. Access, with protected time to a known, experienced senior GP who can offer support
3. A formal induction to the practice systems and procedures

Discussion and advice from a small group of local GP partners who function as employers of salaried GPs and GP Educators have suggested the following guiding principles for the programme:

1 It should aim to build confidence, so that doctors can hold and manage their own (reduced) patient list in view of the overwhelming evidence for benefits from continuity of care for both patients and doctors.
2 It needs to be flexible enough to allow for variability between practice populations and working patterns.
3 It should be a voluntary standard for Cornish practices but linked to the funding offer for backfill for senior GP time.
4 This is a pilot and needs to incorporate some evaluation which can be fed back to NHSE who are providing funding.
5 The advice of the Local Medical Committee has been incorporated
6 The scheme is open to practices appointing a newly or recently qualified GP into their first substantive post in a Cornish practice from 1 May 2022 onwards

Funding has been obtained via a grant from NHS England. Practices will be funded at the rate of £3,468 per annum to enable them to provide the equivalent of 1 hour per week protected time to support the doctor on this programme. (The sessional rate for GP Mentors suggested within the New to Practice Partnership Programme is £289 for 4 hours) It seems wise to concentrate the available funding on small cohort of new GPs to really assess the principle and to focus on practices with either demonstrable current recruitment difficulties, high deprivation indices or a combination of the two. The programme will fund up to up to 20 GPs and support 4 hours of mentoring per month for one year for each.

Proposed List of Standards for the Programme

For New GPs

1. Participants to be enrolled on the NTP fellowship programme.
2. Each Participant to have a named mentor.
3. Understanding that this programme is focused in attaining skills to continuity of care to patients over the longer term. The focus is not pastoral care or resilience building, as these are already supported within the NTP scheme although there will be a clear method to escalate concerns in these areas. Access to an external GP mentor is

provided within the NTP Scheme and will not be affected by this additional in-house support
4. Participants will be able to direct the content of in-house supervision sessions so that their own needs are met, but a list of suggested topics will be provided. This will focus on topics suggested by our survey participants such as processing results and letters, managing time effectively and "knowing when it is ok to go home". There will also be the opportunity to seek a second opinion about complex or difficult cases.
5. Participants to complete anonymised feedback of their experiences as requested by the Training Hub.

For Supervisors:

1. Supervisors to be experienced GPs who hold their own patient list but can be salaried or partners and need not be GP trainers. (Where the practice does not run a list-based system the support will need to be tailored to the full responsibilities of a salaried GP in that setting)
2. They will be offered some training in coaching and mentoring skills through the Cornwall Training Hub and the opportunity to network with other supervisors.
3. They should offer regular timetabled support sessions to participants which will be prioritised over clinical and other practice commitments in all but the most exceptional circumstances. The content will be led by the participant's needs but will aim to cover a broad suggested list of topics.
4. A programme development plan to be agreed and signed with participants.

For Practices:

It is important to acknowledge that all practices work differently, and workload will vary between different GPs and practices. Whilst this guidance cannot therefore be totally prescriptive the following outline principles should be observed.

1. Practices to provide a formal induction programme tailored to the needs of the new GP and agreed in advance.
2. There will be a formal agreement to provide protected time for mentors and participants of at least four hours per month.
3. The aim is for gradual progress towards full list holding (or equivalent) responsibilities and to feel confident in the transition competencies with a view to long term retention of this GP in the practice.
4. Practices may wish to consider a graded pay scale to full parity to reflect the transition from reduced to full workload over the year
5. Longer appointments/ catch up slots for at least the first month with an agreed cap on total patient numbers.
6. No share of distributed work for doctors away from the practice during the first month and preferably longer.
7. The New GP will have their own patient list (or equivalent responsibility for patients with ongoing needs), but during the first three months this will number no more

than 50 % of the expected list size for an established doctor in the practice. (Pro-rata according to sessional commitment)

8. The patient list size may then gradually rise but will not exceed national average patient numbers per GP by month twelve
9. Worries about attending family commitments and finishing work on time were a common theme in the survey. Practices should document a conversation about this and a plan to support participants at the start of the programme and to be reviewed.
10. Practices to undertake anonymous pre and post programme surveys as requested by the Training Hub.

Summary

In common with the rest of the UK, Cornwall has a problem with retention of GPs in our practice workforce. GPs are needed to provide long term continuity of care to patients which is an essential intrinsic component of high-quality effective healthcare. We are fortunate to have secured funding to support an innovative pilot programme. This will assess the benefits to practices of maximising support for their newest GPs, whilst they acquire skills and confidence in provision of long-term continuity of care for patients.

References

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3.Palmer W, Hemmings N, Rosen R, Keeble E, Williams S, Paddison C and Imison C (2018), Improving access and continuity in general practice. Nuffield Trust.

4. Continuity in general practice as predictor of mortality, acute hospitalisation, and use of out-of-hours care: a registry-based observational study in Norway Hogne Sandvik, Øystein Hetlevik, Jesper Blinkenberg and Steinar Hunskaar. British Journal of General Practice 2022; 72 (715): e84-e90. DOI: https://doi.org/10.3399/BJGP.2021.0340)