



Royal College of  
General Practitioners

## **WORKFORCE AND WELLBEING SURVEY REPORT**

## **BACKGROUND**

The landscape of Scottish general practice has changed significantly in recent years. A new GP contract came into force in April 2018 which has the potential to mark a significant shift in the way general practitioners work in the future. Through this, the way care is delivered will change, and general practice across Scotland is preparing for a significant expansion of the number of other healthcare professionals working in primary care to complement the work of GPs. We have rising numbers of people living longer and with more than one long term condition, and a desire from policy makers to move away from hospital-based care, as outlined in the Scottish Government's 2020 Vision for Healthcare in Scotland.

The Royal College of General Practitioners exists to encourage, foster and maintain the highest possible standards in general medical practice, and in 2018 we surveyed members across Scotland. We wanted to know how they felt about working in general practice, what motivated them and what worried them, what impact working had on their wellbeing, and their views on the future.

## **METHOD**

### **Survey Development**

The workforce and wellbeing survey, issued in May 2018, comprised 19 questions and sought to hear the voice of clinicians. It received **355** responses from practicing GPs and those who had recently left the profession, representing a cross-section of approximately 8% of Scotland's GP workforce. The survey ran until July 2018 and was promoted through various channels, including social media, internal RCGP committees and Primary Care Leads.

### **Collection and Collation of Data**

This survey sought to identify which factors contribute to stress and burnout, the supportive resources to which GPs have access, and interventions GPs would value to inform RCGP Scotland's priorities.

The survey had three main focusses: reviewing the wellbeing of the profession, identifying the greatest challenges GPs face, and using the voice of the profession to define and inform the priorities of RCGP Scotland.

Not all respondents answered all 19 questions. We have therefore presented the data as a percentage of the overall response rate for each question, rounded to the nearest whole percentage point, or as a collation of high level themes identified from responses. We appreciate that the overall numbers are small, representing 8% of the Scottish GP workforce, and there are therefore limitations to how generalisable the findings are. However, there are strong and consistent themes reported which align with the findings of similar surveys.

**QUESTION 1: This survey is aimed at GPs who are currently working in Scotland or have recently worked as a GP in Scotland. Please select which best describes you.**

<b>RESPONSES</b>	<b>% out of 100%</b>
I am a GP working in Scotland	97
I have worked as a GP in Scotland within the past year but do not plan on returning in the future	2
I have worked as a GP in Scotland within the past year and plan on returning in the future	1
None of the above	0
<b>TOTAL</b>	<b>100%</b>

**QUESTION 2: Thinking about the future, how likely is it that you will be working in general practice in each of the following time frames?**

<b>RESPONSES</b>	<b>IN ONE YEAR (% out of 100%)</b>	<b>IN THREE YEARS (% out of 100%)</b>	<b>IN FIVE YEARS (% out of 100%)</b>
Highly likely	76	54	38
Likely	11	20	21
Unsure	3	3	5
Not likely	3	9	9
Highly unlikely	7	14	27
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**QUESTION 3: If you answered that it would be unlikely/highly unlikely for you to be working in general practice for any of the above timescales, what are your main reasons for considering leaving the profession? Tick all that apply.**

<b>RESPONSES</b>	<b>% of respondents</b>
Approaching retirement	23
Unsustainable workload	21
Unmanageable levels of stress in your current role	17
Pension disincentives	13
Other	13
I work too many hours in general practice	12
Appraisal	9
Revalidation	7
Considering pursuing a different clinical speciality	4
I find general practice unrewarding	3

**QUESTION 4: What do you consider to be the bigger challenges facing general practice over the next few years?**

<b>THEMES IDENTIFIED</b>	<b>% of respondents</b>
Workforce: recruitment, retention and contractual issues	62
Attitudes: low value of GP and increasing demands/expectations (patients/politicians/media)	42
Workload and Burnout	34
Patient demographics	17
Loss of role as a GP and challenges around model of care	16
Investment and resources	16
Primary-secondary interface issues	13
Provision of social care and Allied Health Professionals	9
Rural Practice	6
Complaints and litigation	3

**Q5. How often do you feel so overwhelmed by your daily tasks that you cannot cope?**

<b>RESPONSES</b>	<b>% out of 100%</b>
Every day	5
Most days	17
About once or twice per week	20
About once or twice per month	26
Not very often	24
Never	7
Don't know	1
<b>TOTAL</b>	<b>100%</b>

**QUESTION 6: How often are you concerned about the level of stress that you experience in your working day?**

<b>RESPONSES</b>	<b>% out of 100%</b>
Every day	14
Most days	25
About once or twice per week	21
About once or twice per month	25
Less often	12
Never	2
Don't know	1
<b>TOTAL</b>	<b>100%</b>

**QUESTION 7: Can you tell us what impact stress has had on your practice and on you personally?**

<b>RESPONSES</b>	<b>% of respondents</b>
Specific Mental Health Diagnosis: Anxiety, Panic disorder, depression, suicide General psychological distress or symptoms associated with MH disorder but not specified: burnout, stress, overloaded cognitive burden, memory impairment, impaired decision making, irritability	44

Impact on Decision Making and Patient Care: safety, errors, loss of patient centeredness, loss of empathy, defensive medicine Impact on non-clinical function/work: efficiency, complaints, loss of innovation and development Destabilisation of partnership/business/recruitment	39
Effects on Personal life: home/family life, relationships socialisation and hobbies	35
Physical Health effects including maladaptive coping mechanisms e.g. binge eating, drinking to excess. Includes reports of exhaustion/fatigue, Insomnia/difficulties sleeping	29
Working overtime specified	18
Effects on Work Relationships	13
Intention to leave as result of work conditions and effects including early retirement. Change/reduction in work pattern to cope	12

**QUESTION 8: Do you engage in any activities to manage your stress?**

RESPONSES	% out of 100%
Yes	83
No	17
<b>TOTAL</b>	<b>100%</b>

**QUESTION 9: Do you get any peer support to help you to manage your stress?**

RESPONSES	% out of 100%
Yes	47
No	53
<b>TOTAL</b>	<b>100%</b>

**QUESTION 10: There are many different approaches that have been adopted to support wellbeing and reduce stress in the workforce. Which do you feel would be most attractive to you. Please tick all that apply?**

RESPONSES	% of respondents
More opportunity for team building and learning within your practice	49
Facilitated reflective practice groups (similar to old-style Ballint groups)	24
One-to-one coaching or mentoring	21
Residential courses with a focus on wellbeing	8
Other	37

**Question 11: How do you feel you could be better supported to carry out your daily role? Please select all answers that apply**

RESPONSES	% of respondents
Longer consultation time with patients	74

Access to a bolstered extended team	55
Better access to clinical support	35
Better access to investigation	23
Other	33

**QUESTION 12. How able are you to keep up to date with your learning needs?**

Responses	% out of 100%
I am always able to keep up to date	13
I am mostly able to keep up to date	75
I am mostly unable to keep up to date	11
I am never able to keep up to date	1
<b>TOTAL</b>	<b>100%</b>

**QUESTION 13: Annual appraisal requires evidence of 50 learning credits per year. Do you manage to achieve this?**

Responses	% out of 100%
Largely outwith your working hours, in your personal time	43
Completely outwith your working hours	27
Partly within your working hours, and partly in your own time	27
Completely within your working hours	3
<b>TOTAL</b>	<b>100%</b>

**QUESTION 14: Within your work as a GP, how often do you feel stressed about the level of uncertainty and risk that your clinical workload carries?**

Responses	% out of 100%
Every day	14
Most days	25
About once or twice per week	23
About once or twice per month	22
Less often	14
Never	1
Don't know	1
<b>TOTAL</b>	<b>100%</b>

**QUESTION 15: Would you feel able to 'escalate' your concerns if you felt that your working environment was unsafe?**

Responses	% out of 100%
Yes	62
No	38
<b>TOTAL</b>	<b>100%</b>

**QUESTION 16: What would be your top three suggestions for tackling GP workload pressures?**

This question was entirely free text response. A large number of responses were given to this question across a broad range of themes, summarised below.

<b>THEMES IDENTIFIED</b>	<b>Example respondent feedback</b>
IT	<ul style="list-style-type: none"> <li>• Improve IT for remote access</li> <li>• More funding and technological innovation in primary care</li> <li>• IT that supports working from home</li> <li>• Better IT system for appraisal</li> </ul>
Bureaucracy	<ul style="list-style-type: none"> <li>• Adjust the appraisal requirements for those approaching retirement</li> <li>• Reduce the amount of paperwork demanded from outside agencies which are non-medical</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>• Increased Advanced Nurse Practitioners to take up some of the work from GPs and allow longer consultations</li> <li>• Reduce the barriers to those who have worked or trained abroad but are from the UK to return</li> <li>• Pharmacists to take over repeat scripts, acute script requests and medicine reviews</li> </ul>
Workload/Ways of working	<ul style="list-style-type: none"> <li>• More time with patients</li> <li>• Develop culture which protects time for learning, breaks, multidisciplinary teams</li> <li>• Time for reflective practice</li> <li>• Increasing the say GPs have in the local health and social care system and to represent what matters to the local patients and communities</li> </ul>
Interface-secondary care	<ul style="list-style-type: none"> <li>• Improved ways of communicating with secondary care</li> <li>• Improve shared care between primary and secondary care</li> <li>• Improved access to consultant advice</li> </ul>
Government	<ul style="list-style-type: none"> <li>• Recognition of the differing demands of urban and rural GP practice and resourcing for each adequately</li> <li>• Evidence based policy and strategy based on cost benefit and cost effectiveness analyses</li> <li>• Brave and inventive leadership about Realistic Medicine to politicians and public</li> <li>• Improve GP premises</li> </ul>
Patients	<ul style="list-style-type: none"> <li>• Improve public awareness of alternative services available</li> <li>• Education around appropriate use of services at national level</li> <li>• Improved support for patients with long term health conditions</li> </ul>

**QUESTION 17: What, if any of the following, do you feel would help improve the retention of GPs in the profession? Please select all that apply**

<b>RESPONSES</b>	<b>% of respondents</b>
More GPs working in the profession	83
More investment in general practice	81
The option of longer appointment times	78

Improving public education re self-care	66
More protected time for CPD activities within the working week	62
More time spent with patients	59
Improved working relationship with secondary care colleagues	58
Less bureaucracy	56
Improved infrastructure (eg premises, IT)	50
Less burdensome appraisal process	49
Better use of technology	41
Support and guidance around demand for non-NHS work	41
More money and time to engage in preventative care	36
Reducing the cost of indemnity	23
Other	16

**QUESTION 18: Which of the above options do you feel would be the single most important change to improve the retention of GPs in the profession?**

<b>THEME</b>	<b>% out of 100%</b>
More GPs	32
Investment	22
Less Demand	17
More Time (more GPs)	16
Financial	5
Public Education	4
Feeling valued/interface working	4
<b>TOTAL</b>	<b>100%</b>

**QUESTION 19: Do you have suggestions for improving recruitment into general practice?**

This question was entirely free text response. A large number of responses were given to this question across a broad range of themes, summarised by high level theme below:

<b>THEMES IDENTIFIED</b>	<b>Example respondent feedback</b>
Exposure and Experience	<ul style="list-style-type: none"> <li>• Increase the exposure to general practice at undergraduate and foundation level</li> <li>• Allow the postgraduate training system to be more flexible: about placements not programme. Adequate funding for training placements</li> <li>• Dismantle the culture of negativism against general practice within universities and secondary care</li> <li>• GP posts for all doctors including secondary care in order to practice more informedly</li> </ul>



	<ul style="list-style-type: none"> <li>• Have consultants in training sit in a few GP surgeries for experience and insight</li> </ul>
Employment conditions	<ul style="list-style-type: none"> <li>• Equity of pay for GPs versus secondary care consultants</li> <li>• Eliminate financial disincentives such as tax and pension penalties</li> <li>• Financial prioritisation for partnership over locum work</li> <li>• Protected learning time and support at transition periods</li> <li>• Need fit for purpose premises</li> <li>• Facilitate flexible working options</li> </ul>
Investment	<ul style="list-style-type: none"> <li>• Allow for longer consultations: increased time with patients</li> <li>• IT systems that make finding job information easier</li> <li>• More resource to support the business side of general practice to allow doctors to be doctors and not developers, diplomats, accountants or administrators</li> <li>• Support academic general practice</li> <li>• Direct investment away from secondary to primary care</li> </ul>
Culture	<ul style="list-style-type: none"> <li>• Stop the denigration of general practice: target the tribalism in secondary care</li> <li>• Promote GPs as the 'wise other' rather than symptom sorter or gatekeeper profile</li> <li>• Get GPs represented at high levels: universities, health boards, government committees in order to inform and create role models</li> <li>• Promote the clinical rewards of general practice: cradle to grave, variety – and spread the news from early stages in careers</li> </ul>
Wellbeing	<ul style="list-style-type: none"> <li>• Prioritise change that address work load</li> <li>• Improve the work day with protected rest/breaks/reduced hours</li> <li>• Promote realistic expectations</li> <li>• Promote wide ranging career opportunities</li> </ul>

Feedback from respondents on this broad topic has been quoted within the RCGP Scotland [From the Frontline report](#).