Whole-system evaluation research of a scheme to support inner city recruitment and retention of GPs

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Background. The GP Assistant/Research Associate scheme developed in the Guy’s, King’s and St Thomas’ School of Medicine, London, aims to attract and recruit young GPs (GP Assistants) and develop their commitment to work in local inner city practices. Continuing professional development for both young and established GPs is a key feature of the scheme.

Objectives. The objectives of the whole-system evaluation research were to explore the perspectives of 34 stakeholders in the academic department, the practices and the PCGs, and to investigate the experiences of 19 GP Assistants who have participated in the scheme.

Methods. Qualitative methods included semi-structured interviews, non-participant observations in the practices, audio-taped meetings and personal journals. Data collection also included reviewing documentation of the scheme, i.e. the previous quantitative evaluation report, publications and e-mails. The multi-method approach enabled individual, group and team perspectives of the scheme and triangulation of the data through comparing dialogue with observations and documentary evidence. Thematic analysis was undertaken to elicit the complex experiences of the GP Assistants.

Results. Wide-ranging findings included enthusiastic support for the continuation of the scheme. The GP Assistants’ personal and professional development was clearly evident from the themes ‘eye opener’, new knowledge, managing multiple roles, feeling vulnerable, time constraints and empowering processes. Seven of the GP Assistants have become partners and ten chose to remain working in local practices. Significant challenges for managing and leading the scheme were apparent. Greater co-operation and collaborative working between the academic department and the practices is required.

Conclusion. The scheme provides a highly valued visible means of support for GPs and could act as a model for a career pathway aimed at enhancing recruitment and retention of GPs. The scheme is also at the forefront of national initiatives aimed at supporting single-handed practices and helping GPs with their continuing professional development. An integrated approach to change, education, research and development is advocated to enable recruitment and retention of GPs, their academic development, and to underpin the evolution of PCTs as learning organizations.

Keywords. Evaluation, professional development, recruitment, retention.

Introduction

Recruiting GPs, particularly to inner city areas, is a long-standing national problem. Reasons for the shortage of GPs include the few opportunities provided by inner city practices for continuing education, particularly in organizational management, research and teaching. Personal safety is a key issue. The GP Committee/BMA report highlights changing attitudes to work, including portfolio and more flexible ways of working, and the perception of many GP Registrars who do not want in their late 40s and 50s to become worn out, burnt out, with little job satisfaction.

The GP Assistant/Research Associate scheme, developed in the Department of General Practice and Primary Care at the Guy’s, King’s and St Thomas’ School of Medicine, aims to attract, recruit and retain young GPs (GP Assistants) to south-east London inner
City practices. The scheme also supports both young and established GPs in their continuing professional development. The scheme sits at the difficult interface between an academic research and teaching department and local general practices, some of which are situated within the poorest inner city areas of London.

The GP Assistants’ (GPA) time is spent working in two or more practices, undertaking a research or teaching project, and participating in an externally facilitated peer support group in the academic department. In the practices, the GPAs replace an existing partner to enable them to fulfil their Primary Care Group (PCG)/Primary Care Trust (PCT) role. Primary Care Trusts are organizations which are being established as part of the UK national modernization agenda. They bring together health and social care services and are responsible for:

- Improving the health of the population;
- Commissioning and developing services; and
- Providing services.

The GPAs also provide support for practices with a known difficulty (e.g. death of a partner, poor premises, large list size) enabling the established GPs ‘time out’ and the opportunity to participate in an action learning set within the academic department, or receive one to one externally facilitated support in the practice.

Methods

The study explored the perspectives of 34 stakeholders, and investigated the experiences of the 14 GPAs (aged 29–42) who participated in the nine month scheme, and 5 GPAs’ perspectives from a previous year’s scheme. Stakeholders for the practices were PCG/PCT locality manager, PCG/PCT consultant manager, 9 GP Principals, 5 practice managers, and 2 external facilitators (for one to one GP support). In the academic department the stakeholders were the Head of Division, Head of Department and the Senior Lecturer/Scheme Manager, 5 GPA Research Supervisors, 2 GPA Teaching Supervisors, 2 external Peer Support Group Facilitators, 2 GP Action Learning Set Facilitators, the Department Manager and the Scheme Administrator. A Steering Group, representative of all stakeholders, reviewed and contributed to the evolving evaluation process. The Local Ethics Research Committee approved the study.

Data collection, during the nine month evaluation, included:

- Review of documentation of the scheme, including the previous quantitative evaluation report, publications and e-mails;
- audio-taped Steering Group and GPA meetings;
- audio-taped semi-structured interviews with the stakeholders and the GPAs;
- non-participant observations of GPAs in the consulting room; and
- GPAs’ personal journals.

The multi-method approach to data collection enabled individual, group and team perspectives of the scheme and their ongoing contribution to the scheme’s development. The methods enabled triangulation of the data. For example, comparing and contrasting narratives (at interviews, meetings) with observation and documentary evidence. Thematic analysis was also undertaken to explore the complex experiences of the GPAs.

Results

The study revealed many interesting perspectives and outcomes (some controversial) regarding the GPAs’ experiences, as well as future reflections on the scheme and the needs of young GPs. The key findings overall were:

- enthusiastic support for the continuation of the scheme;
- GPAs’ continuing personal and professional development;
- challenges for managing and leading the scheme;
- the need for greater co-operation/collaborative working (within and between the academic department and the practices);
- the need for recognition of the scheme within a career pathway for general practice; and
- recruitment and retention of competent, flexible GPAs who can initiate change.

Enthusiastic support for the continuation of the scheme

The scheme is acknowledged by the majority of stakeholders as very worthwhile particularly when compared with similar schemes:

“I did a year on a similar scheme but there wasn’t the same teaching and research.” (GPA)

“Enjoyed two out of three practices. One of them was a really struggling practice in a very deprived area, it turned out really well. I was quite dreading it and wondered what I’d walked into. I never expected it to be as pleasant as it has been. I certainly thrived on it.”

The PCG/PCT managers were equally enthusiastic:

“We want to ensure the scheme continues and that people are committed to it. It’s valued in attracting a higher calibre GP to areas which wouldn’t normally do that . . .”

In the practices, as well as providing clinical support and continuity of service, GPAs also contributed to the established GPs’ personal, professional, practice development (Box 1).
In the academic setting, there was much enthusiastic support for the externally facilitated GPA peer support group. The weekly meeting, held in the academic department, reduced feelings of isolation and was highly valued by the majority of the GPAs:

“It’s one of the highlights of the scheme because work can be so stressful.”

GPAs’ personal, professional and practice development

The GPAs’ experiences on the scheme encompassed the following themes:

- ‘eye opener’;
- new knowledge;
- managing multiple roles;
- feeling vulnerable;
- time constraints; and
- empowering processes.

‘Eye opener’ refers to the enhanced personal awareness that developed for the GPAs regarding perception of self, critical thinking, peer support, practice challenges, academic working, PCG/PCT function. The theme ‘new knowledge’ reflects the significant experiential and theoretical learning that took place in the academic and practice settings. It also reflects the negative learning experiences (Box 2).

There were multiple roles which needed to be managed. The GPAs were perceived as valued medical practitioners, teachers/facilitators of learning, novice researchers, initiators and implementers of change, pairs of hands and anonymous practitioners.

There were a number of situations where the GPAs appeared to be vulnerable and potentially disempowered. One key example was regard for their personal safety in the practices.

“When I first went into a practice it [safety] was uppermost in my mind. I actually got a panic button put in, but it was a difficult thing to approach the GPs about because they were saying well it’s never been a problem for us . . .”

“I asked for an alarm to be fitted on my desk when I first went there, eight months later it still hasn’t happened . . .”

Time is always an issue in which to meet service, academic and personal needs. For some of the GPAs who undertook a teaching project, good will was evident regarding using personal time for teaching preparation and marking. The difficulty of undertaking a research project in nine months was often highlighted.

In the practices, surgeries could finish late or GPAs were late leaving as they stayed to complete patient records etc. For a female GPA there was an additional constraint on her time:

“Female patients tend to gravitate towards you, they’ve never seen a woman doctor in the practice before. The main problem is it’s a ‘walk-in’ practice, there’re no appointments at all so as the patients heard on the grapevine there’s a woman doctor here, my hours became very, very long.”

Undertaking the scheme is also an empowering process for the GPAs. It has enhanced their knowledge and professional development as it provides expertise in research, teaching, facilitation and peer support. The diversity of experiences has further enhanced the knowledge and
confidence of the GPAs. Some of the GPAs have also challenged the status quo and initiated change (Box 3).

**Challenges for managing and leading the scheme**

Some of the challenges within the academic department have included negotiating management support for the senior lecturer/scheme manager, 'fire-fighting' on behalf of GPAs, and establishing recognition and support for the continuation of the scheme. Communicating with the many personnel who service the scheme (in academia, the practices, externally), and supporting them and the GPAs, is a complex management process.

Diverse political agendas challenge and compete for resources:

“I felt hugely energized by the PCGs this year saying we’ll give you the money to do it and the evaluation . . . but [in the department] it was seen as a bit of a nuisance really as none of that money would be returnable in terms of the RAE [Research Assessment Exercise] . . . it was for all these peoples’ salaries . . . how was the department going to support all these people? I remember thinking why have I done all this? . . . It’s all about recognizing and valuing development work.” (Senior Lecturer/Scheme Manager)

The research challenges of the scheme included the nine month timescale. Difficulties with supervision also emerged for two research supervisors:

“I felt undervalued and they undermined my confidence because I wasn’t a medical doctor.”

“There may well have been a personality issue here and I’m sure there was a gender issue, may well have been a cultural issue too . . . lots of issues . . . there was certainly an issue about me not being a medical doctor.”

The action learning set (ALS) facilitators were also not medical practitioners. However, the established GPs clearly benefited from the ALS:

“One of the difficulties in their working life is that they find it difficult to be self-reflective, so what this group does is provide the opportunity for them to stand back and reflect . . . GPs get a GP Assistant and that’s a most powerful experience for them, someone bringing in new ideas and that’s great.” (ALS facilitator)

However, bringing in new ideas to the practices did not always lead to change/practice development (Box 4).

**Need for greater co-operation/collaboration (within and between the academic department and the practices)**

The support, commitment and enthusiasm of the many stakeholders has enabled the scheme to develop for the benefit of the GPAs, the established GPs, the practice team, the academic setting, and ultimately for the benefit of patients/users. Co-operation and collaborative working within the academic setting and the practices has significantly contributed to this. For example:

“… she [GPA] asked me where to send psychiatric patients for referral, I thought I knew but I didn’t know! She said we needed a more direct link . . . so now we send our patients to . . . ” (established GP)

“… They didn’t have a policy in place with regard to repeat prescriptions, how to deal with emergencies. I did complain about them and actually got things moving.”

“The worst situation I came across . . . a patient who had been on six times the highest dose of beta blockers for hypertension for three years . . . and for anxiety . . . prescribed by a psychiatrist . . . the patient wouldn’t believe me . . . I said well look I’m not going to stop it that’ll be just as dangerous, we’ll have to do it slowly . . . I phoned up drug information . . .”

The whole system has been lacking in so many things. Even the patients appear not to have a very high expectation of the health care that they receive. No matter how many times they talked about changes and asked me about changing things they just didn’t happen.” (GPA)

“Mine was a basic, simple practical idea, but they always seemed to find a reason not to do it which may be an overburdened kind of burn-out type of response.” (GPA)

“Went to all the action learning sets. It gave me some time away from the practice, good to meet the other GPs, it made me realize that we’re not that different here, the problems that we’ve got are not much different. It does make you think about things you have been doing routinely for years and years. We need to meet each other on a regular basis to discuss developments and update on current issues.” (GP Principal)
When comparing practices the GPAs identified influencing factors which contributed to, or hindered, their development and future plans (Box 5).

There is a need to confront issues regarding cooperative and collaborative working in all the settings. One example in a practice:

“I had a word with [senior partner] about things before I left and I certainly mentioned communication with the staff . . . it’s a huge problem . . . I was more reluctant to mention communication between the partners because it is a very sensitive issue . . . a very sensitive issue . . . lots of things going on there which I don’t know about. I’ve made lots of assumptions but I don’t know if they’re correct . . . but the politics were such that it made it very difficult to communicate.” (GPA)

Service projects were identified as a worthwhile approach to cooperative and collaborative working between the academic setting and the practices.

“A research project in the practice. I’d really support that. We have lots we want to look at, it would be fantastic. A GP Assistant with a research hat on . . . interesting to see what can be done.” (established GP)

“I think it would be a lovely way of running the scheme with the practices involved.” (research supervisor)

This approach could enhance cooperation and collaborative working, particularly as being academic in general practice is now a priority; it is no longer a paradox.11

The need for recognition of the scheme within a career pathway for general practice

Embedding the scheme locally will be significant for the future recruitment and retention of young GPs, and for the continuing professional development and support of established GPs. The scheme was also perceived by a key stakeholder as making an important national contribution to a GP’s career pathway.

“My hope is that the scheme will become more integrated into the career pathway of young GPs . . . the main thing that has to be formalized is that it’s properly supported by the NHS.”

Conclusions

All the GPAs agreed that the scheme should continue:

“It would be sad if the scheme didn’t continue because it has definitely been a great opportunity . . . very few schemes are available like this and I really don’t know what I would have done. I probably would have just been locuming and friends of mine who have done that at the same level as me are kind of lost . . . have had no direction or any formal or informal support . . . the scheme needs to be made more general, at least across London.”

For many of the GPAs the scheme has definitely been a successful transitional process towards a partnership or more permanent post in general practice (Table 1). For others, the scheme may be less of a transient process for career planning and more a part of a flexible career pathway, a new way of working.

The aims of the scheme are being realized and clearly contribute to the Clinical Governance agenda of continuous professional development and quality improvement in practice.12 It also reflects key strategies within the NHS Plan13, identifying the relative isolation of single-handed practices, and helping GPs with their continuing professional development through earmarked funds. The scheme is at the forefront of these initiatives and represents, for the academic department and the locality, an innovative approach to recruitment, retention, change and development in general practice.

However, it is acknowledged that young, new entrant GPs who enter partnerships in inner London are more likely to leave their initial practice within two years.14 Consequently there is an urgent need to both sustain and

### Table 1  GPAs’ whereabouts on leaving the scheme

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number</th>
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<tbody>
<tr>
<td>Partnership</td>
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<tr>
<td>Locum</td>
<td>3</td>
</tr>
<tr>
<td>Retainer</td>
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</tr>
<tr>
<td>Fellowship</td>
<td>1</td>
</tr>
<tr>
<td>GP Assistant</td>
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<tr>
<td>Relocated</td>
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advance the initiative. Collaborative working between
the PCT and academic department should be a priority.
In particular there is a need to explore how to continu-
ously support and develop GPs in inner city practices
and create an enabling and empowering culture for per-
sonal, team, organizational change and development in
general practice.
An integrated approach to change, education,
research and development is advocated.15 This approach
encompasses recommendations for the recruitment
and retention of GPs,16 their academic development, and
also underpins the evolution of PCTs as learning
organizations.17

References
1 Woodward R. Drawing Young Blood. Health Service Journal
2 Munro K, Gibbs T. Time Out. Health Service Journal 1 May 1997;
3 Harris B. Do we need to improve inner-city training for London?
Education for General Practice 1999; 10: 40–44.
4 Young R, Leese B. Recruitment & retention of general practitioners
in the UK: what are the problems & solutions? Br J Gen Pract
5 Beardow R, Cheung K, Styles W. Factors influencing the career
choices of general practitioner trainees in North West Thames
6 General Practitioners’ Committee/British Medical Association.
Shaping tomorrow: issues facing general practice in the new
7 Shipman M. The Limitations of Social Research, 3rd edn. London:
8 Collaborative Action Research Network/South Thames Department
of Postgraduate Medical and Dental Education, University of
London. Reinterpreting Evidence-Based Practice: A Narrative
Approach. Centre for Applied Research in Education, Norwich,
University of East Anglia, 2001.
9 Boyatzis RE. Transforming Qualitative Information: thematic
10 Wolcott HF. Transforming Qualitative data: description analysis and
11 Howie J. Patient-Centredness and the Politics of Change: a day in the
12 NHS Executive. A First Class Service. London: Department of
13 Department of Health. The NHS Plan—a plan for investment—a
14 Taylor Jnr DH, Quale J, Roberts C. Retention of young general
15 Iles V, Sutherland K. Organizational Change. A Review for Health
Care Managers, Professionals and Researchers. London: National
Co-ordinating Centre for NHS Service Delivery and
16 Hogg C. Recruitment and retention of general practitioners in
Lambeth, Southwark and Lewisham, report of a rapid appraisal.
London: Lambeth, Southwark and Lewisham Health
Authority, 2001; 40–41.
17 Chambers R, Dixon M, James C, Young L, Bloor R. Primary Care
(www.nhsalliance.org/docs/OtherDoc/PCT-Learn.htm)