

**Y Pwyllgor Iechyd a Gofal Cymdeithasol  
Health and Social Care Committee**

Cynulliad  
Cenedlaethol  
Cymru  
National  
Assembly for  
Wales



**Mark Drakeford AM  
Minister for Health and Social Services**

20 February 2015

Dear Mark,

**Health and Social Care Committee: inquiry into the GP workforce in Wales**

I am writing to provide details of the outcomes arising from the Committee's short inquiry on the above topic. The Committee's aim is to help inform the development of your primary care workforce plan.

As a Committee, we recognise the pivotal, but changing, role played by GPs in the Welsh NHS. This role now involves being a leading member of a primary care team offering services to the community as well as the assessment and management of complexity. We welcome your recent [announcement](#) of further investment in 2015–16 for primary care, and your intention to reform the performers list to provide greater opportunities for doctors to come to work in Wales. We also look forward to the publication of the health professional education investment review. However, we have identified concerns regarding the long-term sustainability of the GP workforce. Therefore we set out, through this inquiry, to consider issues in urban and rural Wales relating to:

- barriers to GP recruitment and retention;
- whether the commissioning and delivery of medical training currently supports a sustainable GP workforce; and
- the actions to be taken to ensure the sustainability of the GP workforce.

Bae Caerdydd  
Cardiff Bay  
CF99 1NA

Ffôn / Tel: 0300 200 6354

E-bost / Email: [SeneddIechyd@Cynulliad.Cymru](mailto:SeneddIechyd@Cynulliad.Cymru)/  
[SeneddHealth@Assembly.Wales](mailto:SeneddHealth@Assembly.Wales)

Trydar / Twitter: [@seneddiechyd](https://twitter.com/seneddiechyd) / [@seneddhealth](https://twitter.com/seneddhealth)

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg / We welcome correspondence in both English and Welsh

We understand from the Welsh Government's recently published [plan for a primary care service in Wales up to March 2018](#) that you intend to publish a primary care workforce development plan by March 2015 and we hope that the outcome of our inquiry will inform that plan.

We sought, and received, [written evidence](#) for this inquiry from BMA Cymru Wales, the Royal College of General Practitioners (RCGP), and the Wales Deanery. We then heard [oral evidence](#) from representatives of all three organisations on 29 January, and the Deanery provided further information [in a letter of 6 February](#). We are very grateful to these organisations for their participation in our inquiry.

There was a good deal of consensus among witnesses about the key challenges ahead for creating a more sustainable GP workforce, and on the potential solutions.

In summary, the Committee would bring to your attention the following recommendations for consideration in the development of the primary care workforce plan:

**Training:** Witnesses indicated that insufficient training places have been commissioned to meet increasing demand for GP services across Wales. However, it was recognised that currently not all places have been filled and thus vacancies exist for GP training. Additionally, training provision needs to keep up with the increasing complexities of the job which could require extending the period for GP training to ensure appropriate knowledge and experience is gained. Our recommendations to the Welsh Government in this field for further consideration are:

1. Consideration should be given to whether the number of training places on offer should be increased to address concerns expressed to the Committee about an anticipated shortfall of qualified GPs.
2. Formal mechanisms should be established to annually review the number of post graduate training places.
3. The Committee would welcome further information about what consideration has been given to extending GP training from three to four years, and what discussions have taken place with counterparts across the UK on this issue.

**Recruitment and Retention:** The Committee was informed that not enough trainee doctors are applying for training in the post graduate GP specialty. Additionally, those who do train as GPs are less likely to accept jobs in more rural and deprived parts of Wales. Our recommendations to the Welsh Government for further consideration in this field are:

4. The Deanery and Welsh medical schools should be encouraged to collaborate in the development of a programme that will increase exposure to general practice during undergraduate and foundation training.
5. As part of the wider offer for GPs, consideration should be given to providing incentives to attract trainees, targeted at areas where recruitment problems are most acute, and conditional upon a reasonable length of service in the target area.
6. An analysis of the likely impact on Wales of the recent announcement of financial and training incentives for trainee GPs in England should be undertaken.
7. Working with the medical schools, a strategy to encourage more Welsh-domiciled students to train and work in Wales should be established.

The Committee also identified that no formal mechanism was in place to identify why medical students did not choose to follow the GP training pathway. The Committee believes that it would be beneficial for the Welsh Government to work with the Wales Deanery to establish a means by which this data can be collected.

A significant proportion of the GP workforce is approaching retirement age. We also note that increasing numbers of GPs are choosing to retire early, emigrate or change specialty which could cumulatively reduce the number of practising GPs in Wales. Our recommendations to the Welsh Government for further consideration in this field are:

8. Pre-exit interviews should be introduced to ensure that GPs approaching retirement are aware of options for continuing to work in the Welsh NHS on a more flexible basis.

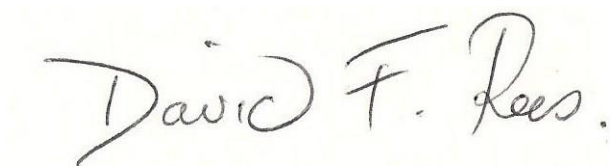
9. Consideration should be given to what support the Welsh Government can offer to GPs who are approaching retirement that could enable more to retain their licence to practise and continue to be an active member of the primary care workforce.

The analysis underpinning this summary can be found in the annex to this letter.

Following the publication of the primary care workforce plan I would be grateful if you could provide details of how the plan has addressed the challenges identified and the Committee's recommended actions.

I am copying this letter to the Chair of the Petitions Committee, who asked to be kept informed in the context of his Committee's consideration of the "Petition to Save General Practice" (reference [P-04-600](#)).

Yours sincerely,

A handwritten signature in black ink that reads "David F. Rees." The signature is written in a cursive style with a small dot above the 'i' in David and a period at the end.

**David Rees AM**  
Chair, Health and Social Care Committee

## Annex

### Training

Witnesses provided evidence indicating that insufficient training places have been commissioned to meet the expanding demand for GP services. As demand for GP services is increasing and greater emphasis is placed upon care in the community, we expect an increase in the workload of GPs, both in terms of the number of consultations and the complexity of patients' needs. In the future it is likely that GPs will need to focus on the assessment and management of that complexity, as well as leading an ever wider team of other specialists to deliver appropriate care. The ageing population has more long-term conditions and multi-morbidity, as well as higher expectations. However, spending on general practice as a proportion of the total NHS budget has reduced over the past decade.

The Wales Deanery reported that the recruitment target for Wales of 136 GP training places was set by the Welsh Government ten years ago and has remained static ever since. BMA Cymru Wales and the RGCP agreed with the Deanery's assessment that the number of training places commissioned was inadequate to address long term sustainability of the workforce. This was partly due to the tendency for older full-time GPs to be replaced by younger GPs whose preferred option was to work part-time. Furthermore, it was reported that the current ratio of GP places to population is much lower than in other parts of the UK. The Deanery commented that they have been raising this issue with the Welsh Government with "increasing frequency", although they could not confirm whether there was a formal review mechanism.

The BMA estimated that "Wales needs at least 200 GP specialty trainees each year". The Deanery quoted a similar number: they considered 50 extra places as being enough to bring Wales broadly into line with Scotland. Although the BMA cited evidence from Powys that GP practices wanting to offer training did not have space to accommodate trainees, the Deanery were confident, based on their own survey data, that there was capacity.

**Recommendation 1: Consideration should be given to whether the number of training places on offer should be increased to address concerns expressed to the Committee about an anticipated shortfall of GPs.**

**Recommendation 2: Formal mechanisms should be established to annually review the number of postgraduate training places.**

Training of the medical workforce needs to keep pace with the increasing complexities of the job. The RCGP stated that “three years to be a highly trained professional in primary care practice is inadequate”, because although the current training offer is of a high quality, it does not prepare trainees to “meet the needs of the patients and the expectations of the service from them”. The RCGP argued that an extra year would allow for more time on mental health, child health, safe prescribing and quality improvement methodology. The Deanery supported a four-year proposition, and mentioned rural healthcare, specialisms and leadership as topics for inclusion. The BMA highlighted the impact on the availability of newly-qualified GPs during the transition from three to four years, and the RCGP acknowledged that this would need to be carefully managed.

**Recommendation 3: The Committee would welcome further information about what consideration has been given to extending GP training from three to four years, and what discussions have taken place with counterparts across the UK on this issue.**

### **Recruitment and Retention**

It was reported that not enough trainee doctors are applying for the GP specialty, and an increasing number of GPs are choosing to retire early, emigrate or change specialty. Reasons provided by witnesses for this included the following:

- Negative perceptions held by prospective trainees: The RCGP gave a typical example of attitudes in secondary care to general practice as being: “You’re far too clever to go into general practice”. This contrasted starkly with the RCGP’s description of the role as “very intellectually satisfying” and “the best job in the world”: “the opportunity to share with people over a period of time, their life journey through their health, through their ups and downs is just wonderful”.
- High demand for services creating high workload and causing increased stress amongst GPs: It was claimed that this had been exacerbated by pressures being experienced in secondary care, with GPs feeling under

pressure not to refer their patients or to follow-up referrals for patients on waiting lists.

- The partnership model: The BMA said that although this model offers “great value”, the demands on partners have “increased exponentially” with “paperwork coming at us from all angles”. The RCGP expressed a view that the partnership model was not appropriate for every community or indeed every GP. The consensus was that GPs needed flexible and innovative career options, with a variety of contracting models, to include hybrid arrangements which could combine general practice with out of hours and hospital specialties.
- Lack of facilities and support: The BMA emphasised the importance of decent accommodation for consulting, and called for a robust premises strategy for primary care. The BMA, the Deanery and the RCGP were supportive of GP clusters. These were considered as having the potential – with more autonomy – to deliver the kind of broad support package which would enable GPs to delegate non-core work and make general practice a more attractive career option. Clusters could, for example, take on population health, budget management, oversight of community teams, back-office functions and care co-ordination. The RCGP noted that it was possible for a community model to co-exist with independent contracted GPs, for example in Bromley-by-Bow.

Exposure to general practice appears to be a key factor in addressing some of these points. The BMA highlighted that Wales has the lowest number of foundation year 2 GP posts. The Deanery reported by way of comparison that in the North West of England, 95% of students are exposed to general practice in their second year of foundation training. They believe that this had led to an increase in the number pursuing the GP speciality and thereby increasing the supply.

**Recommendation 4: The Deanery and Welsh medical schools should be encouraged to collaborate in the development of a programme that will increase exposure to general practice during undergraduate and foundation training.**

It was reported that those who do train as GPs are less likely to accept jobs in more rural and deprived parts of Wales. Again, perceptions were cited as an

important factor, including what the BMA called “myths around mandatory use of the Welsh language”. The RCGP confirmed that, as the inverse care law postulates, it is often harder to find support services in more deprived areas and this was another factor. The BMA advocated financial incentives, which could be targeted at areas of low recruitment. It was noted that these should be conditional upon a reasonable length of service in the area. The Deanery and the RCGP argued that a wider package of inducements needed to be in place, including job satisfaction, high quality of life and good schools to encourage families into those areas.

**Recommendation 5: As part of the wider offer for GPs, consideration should be given to providing incentives to attract trainees and practising GPs, targeted at areas where recruitment problems are most acute, and conditional upon a reasonable length of service in the target area.**

The Committee fully understands that Wales is competing to retain heavily indebted graduates not just with other parts of the UK (in particular England, where new incentives have recently been announced), but also with other countries such as Australia and New Zealand. We believe that such incentives will have an impact upon recruitment for the Welsh NHS and it is important that the Welsh Government should be able to assess this impact.

**Recommendation 6: An analysis of the likely impact on Wales of the recent announcement of financial and training incentives for trainee GPs in England should be undertaken.**

The Deanery also suggested that because Welsh-domiciled students were arguably more likely to stay in Wales after qualification, it was important to encourage more Welsh-domiciled students to pursue a future in medicine, preferably in Welsh medical schools. The BMA joined the Deanery in promoting quotas for those who have proof of residence, like those used in Australia.

**Recommendation 7: Working with the medical schools, a strategy to encourage more Welsh-domiciled students to train and work in Wales should be established.**

A significant proportion of the GP workforce is approaching retirement age. . The RCGP identified a major reason as exhaustion of GPs. However, no apparent process exists to meet with those GPs who decide to take this option



in order to both discover reasons and discuss viable options to remain in the workforce. The BMA reported that “at no point does an exit discussion or interview happen with those GPs who indicate a want to retire”, and that “a lot of GPs aren’t aware of the options available to them to enable them to continue contributing to the NHS”. The Deanery argued for one possible solution by allowing GPs approaching retirement age to continue to practise without being partners in a practice. This would enable GPs to “get back to the job that they saw themselves entering into, which was seeing patients in the first instance”.

**Recommendation 8: Pre-exit interviews should be introduced to ensure that GPs approaching retirement are aware of options for continuing to work in the Welsh NHS on a more flexible basis.**

Revalidation was cited as another barrier to GPs’ continuing to practise. At no point did the witnesses advocate a removal of revalidation process. However, they indicated that they would welcome a more streamlined process to support GPs to continue to practise. Witnesses noted that the loss of practising GPs through their decision not to renew their licences has added to the reduced numbers available to serve the Welsh NHS. The BMA highlighted the missed opportunity to help tackle pandemic flu by using “an enormous swathe of people who were quite happy to come in and help” but who couldn’t do so “because of the challenges of reintroducing them to the workforce”. The RCGP reported that “a lot of GPs are handing back their licence to practice and can no longer pick up the odd session”. The RCGP works with GPs intending to come off the performers list by offering them support to remain licensed and encourage them to do some out-of-hours sessions. The RCGP commented that more administrative and ICT support from local health boards to help GPs through the revalidation process would be beneficial.

**Recommendation 9: Consideration should be given to what support the Welsh Government can offer to GPs who are approaching retirement that could enable more to retain their licence to practise and continue to be an active member of the primary care workforce.**