

MR 09

Ymchwiliad i recriwtio meddygol

Inquiry into medical recruitment

Ymateb gan: Coleg Brenhinol yr Ymarferwyr Cyffredinol

Response from: Royal College of General Practitioners

Royal College of GPs Wales:

Response to the Welsh National Assembly's Inquiry into Medical Recruitment

RCGP Wales represents GPs and GPs in training from across Wales. We welcome the opportunity to respond to the current consultation regarding the sustainability of the health and social care workforce focusing on medical recruitment being undertaken by the Health, Social Care and Sports Committee. Our response will be limited to general practice.

1. Currently there are severe problems in relation to retention and recruitment of GPs to all types of posts (partnered, salaried GPs and locums) across Wales. This applies to work within practices in and out of hours' services. The problems are more severe in more rural areas and in areas in north and west Wales. New models of practice are developing and although expanding the general practice workforce to include other professionals is welcome, this means that the work of the GP is changing and becoming more complex, including managing a multidisciplinary team. GPs can then be left dealing with more complex cases and spending longer working at the top of the license and knowledge which can lead to increased stress and burn out. Some GPs are already choosing to leave the profession due to stress and increasing workload. The skill set for managing a broad team is different and there are additional indemnity costs which can be high related to supervising a wider multidisciplinary team. Again, this may have implications for retention and recruitment both of new trainees and for GPs who wish to come to Wales for the rest of the UK and other parts of the world where the GP model exists.

2. Brexit will have implications for health and social care service. Many of the professionals currently come from the EU. Uncertainty about their future

employment as well as the potential effects for their families whether those are in the UK or not, will make new applicants less likely. Those currently in post may leave the UK. The terms of Brexit may prevent this but the current uncertainty will have its affect. Brexit may enable professionals from other countries to come here more easily but again we need to see how this develops and there is likely to be a negative impact on recruitment and retention in the next few years.

3. Several models are currently being tried to bridge the gaps in services. These models need to be assessed fully, including the cost implications. Lessons learnt need to be spread across Wales and potential benefits implemented more widely.

4. The future demographics of society with the increasing age of the population plus the urbanisation preferred by young people mean that the rural areas are being left with older more complex patients without family support. This has great implications for both health and social care models of delivery and the workforce as often younger doctors wish to work in more urban environments, where there is a broader range of opportunity for their partners and family including choice of schools, colleges and employment as well as social opportunities and travel.

5. In addition to ensuring recruitment of a strong GP workforce we have a major problem with practice nurse recruitment. Prior to the 80s there were few practice nurses as some of these functions were performed by district nurses and health visitors who were linked to GP surgeries. With time the roles of those professions have altered, which we welcome and practice nurses gradually developed to support their current indispensable role particularly in supporting the care of the chronically ill, the elderly and vaccinations. Their expertise has been developed often in house with support from GPs and is very different from the role of a hospital nurse and even an experienced district nurse or hospital nurse needs specialised training to provide the rounded services offered in practices to both adults and children.

Many of the practice nurses are reaching retirement and it is difficult for practices to get appropriate staff to fill the gaps. There needs to be dedicated training for these nurses with potential support for practices to enable them to receive the training. Training for practice nurses is being

developed and nurses need supported exposure to general practice as part of their undergraduate training.

6. There are similar issues for the broader healthcare professionals who are now having placements in primary care. The way that they work in secondary care is often very different from primary care. There needs to be supported undergraduate exposure and post graduate courses to ensure that these new and expanding roles are fit for purpose and meet the needs of the population as well as the practices of the future. As primary care employs more of these health professions there may be implications for secondary care. In some areas, this is already occurring.

7. There are currently difficulties for GPs, even among those who have been trained in the UK and have had a gap in service to return and there is an urgent need to ensure that these problems are tackled as a matter of urgency. This requires work with the Westminster Government and the GMC to look at recognition of training and also appraisal processes and revalidation. The issues around this are complex but need to be addressed.

8. We welcome the Welsh Government's recent offer for medical students choosing to train in Wales but this does little to help and support the current workforce. We do hope that the single point of access is supportive of all specialities as we recognise that GPs do need the support of secondary care. As this was recently launched its impact still needs to be assessed.