



¹ University of California, San Francisco

² University of California, Berkeley

³ Cardiff University

Twitter: @becksfisher

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The battle to retain GPs: why practice culture is critical

Primary care needs to create a culture where the job satisfaction and wellbeing of staff is prioritised, say Rebecca Fisher and Aoife M McDermott

Rebecca Fisher,¹ Aoife M McDermott^{2,3}

In September 2022, the Royal College of General Practitioners (RCGP) published a paper on retaining the GP workforce.¹ This is a sensible priority. Recent workforce projections by the Health Foundation highlight major concerns about ongoing GP shortfalls.² In the best case scenario, we can expect a shortage of around one out of 10 GP posts by 2030/31 (currently around one out of eight posts are vacant). In a pessimistic scenario, half of GP posts may be vacant by the end of the decade. Retaining current GPs—and increasing the time they spend providing direct clinical care—will be a key determinant of which outcome transpires.

The policy recommendations set out by the RCGP are rational and challenging. National problems—like enormous and increasing workload, staff shortages, and negative press—require national responses. Accordingly, the RCGP calls upon the government to act. But alongside this sits the suggestion that local initiatives should be developed to “improve the work environment and encourage a positive workplace culture.”

Culture is often described as “the way we do things around here.”³ It is informed by values, passed on through socialisation and brought to life in the decisions, actions, and behaviours of organisational members. Importantly, culture change is not a goal in itself, but a tool for supporting key organisational goals.⁴ In primary care, practice cultures need to prioritise retention as a shared and valued outcome, encouraging and enabling staff to have this at the forefront of their day to day thinking and actions.

How can we change culture to prioritise retaining GPs?

Evidence strongly supports the RCGP’s focus on work environment and workplace culture. Key factors shaping staff turnover include satisfaction with work itself, with supervisors, and with coworkers. A common thread that underpins all this is the importance of enabling relationships and connection at work.⁵

Relationships with patients

An important source of dissatisfaction for GPs is the lack of time they have to spend with patients.⁶ Trusting relationships between patients and their doctors are associated with a range of benefits, including better health outcomes, better patient experience, lower mortality rates, and higher clinician satisfaction.^{7–10} Offering a greater volume of shorter appointments may seem reasonable in the context of soaring demand and pressure to improve access, but risks undermining job satisfaction and GP

retention. Prioritising retention therefore requires practices to act in ways that enhance the provision of relationship based care.

Relationships with peers

Coworkers and collegiality count. Relationships with colleagues are particularly important in primary care; doctors can feel isolated and lonely, and finding time to tackle this in the face of workload pressures can be hard.¹¹ However, high quality relationships have been associated with productivity, including of healthcare teams, and so may themselves reduce the adverse effects of time pressures.¹² Relationships with colleagues can be facilitated by creating shared spaces,¹³ time for teambuilding, team meetings, and training,¹¹ and huddles with structured agendas.¹³

Relationships with practice management

Day to day management matters. Two key predictors of turnover across sectors are the extent to which employees think that their organisations and managers value their contributions and care about their wellbeing.¹⁴ So, while it is especially worrying that GPs often feel underappreciated and under-supported, local interventions can help.¹⁵ In healthcare, effective management has been linked to increased job satisfaction and employee retention.¹⁶ However, GP appraisals are often confined to national processes and it is rare to have practice-based line management.¹¹ This may be a missed opportunity for GPs to receive feedback and recognition for their unique contributions. It raises questions of who might undertake this kind of line management and support in primary care, how time can be generated for this, and what kinds of training and support those undertaking it might need.

What support is required from the wider system?

Good leadership and management in surgeries is key to making them attractive places to work and stay working. For some surgeries this is already in place. For others, help—including with developing a more positive workplace culture—is needed. This poses challenges for a system that has historically undervalued and underinvested in leadership and management support for general practice.¹⁷ It is even more challenging at a time of considerable system flux in the NHS, when organisations that might previously have provided necessary support—such as clinical commissioning groups and Health Education England—are being disbanded or merged. Calling for “cultural change” without providing the necessary infrastructure and support risks setting practices up to fail.

Wider NHS culture must also positively reinforce practices in prioritising GP retention. Introducing targets around access that drive up workload, or “naming and shaming” practices for perceived poor performance (for example, on face-to-face appointments),¹⁸ undermines attempts to reduce workload and centre practice culture around retaining staff.

Ultimately, many factors driving poor job satisfaction for GPs lie outside the direct control of individual practices. Challenges are magnified in socioeconomically deprived areas, where workload pressures and GP turnover are highest.^{19,20} Making general practice an attractive place to work requires national action to increase investment, reduce workload, and change rhetoric to reflect greater appreciation for the role of general practice in the NHS. Yet local action is needed too. For practices, delivering sustainable patient care means creating cultures where the job satisfaction and wellbeing of staff is prioritised—with decisions taken through this lens. Local NHS bodies should support practices in these goals.

Therapeutic relationships have long been at the heart of general practice. Their importance—and the importance of practice culture in GP retention—should not be underestimated.

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- 1 RCGP. Fit for the Future: Retaining the GP workforce. Royal College of General Practitioners. 2022 September (<https://www.rcgp.org.uk/getmedia/155e72a9-47b9-4fdd-a322-efc7d2c1deb4/retaining-gp-workforce-report.pdf>)
- 2 Shembavnekar N, Buchan J, Bazeer N, et al. Projections: General practice workforce in England. The Health Foundation. 2022 June (<https://www.health.org.uk/publications/reports/projections-general-practice-workforce-in-england>)
- 3 Deal TE, Kennedy AA. Culture: A new look through old lenses. *J Appl Behav Sci* 1983;19:505doi: 10.1177/002188638301900411.
- 4 Kotter J, Akhtar V, Gupta G. Overcoming obstacles to successful culture change. *MIT Sloan Manag Rev* 2021;62:3.
- 5 Zimmerman RD, Swider BW, Boswell WR. Synthesizing content models of employee turnover. *Hum Resour Manage* 2019;58:114doi: 10.1002/hrm.21938.
- 6 Fisher R, Alderwick H, Thorlby R. Feeling the strain: What the Commonwealth Fund's 2019 international survey of general practitioners means for the UK. The Health Foundation, 2020 March. <https://www.health.org.uk/publications/reports/feeling-the-strain>
- 7 Atlas SJ, Grant RW, Ferris TG, Chang Y, Barry MJ. Patient-physician connectedness and quality of primary care. *Ann Intern Med* 2009;150:35. doi: 10.7326/0003-4819-150-5-200903030-00008 pmid: 19258560
- 8 Baker R, Streatfield J. What type of general practice do patients prefer? Exploration of practice characteristics influencing patient satisfaction. *Br J Gen Pract* 1995;45:9.pmid: 8745863
- 9 Pereira Gray DJ, Sidaway-Lee K, White E, Thorne A, Evans PH. Continuity of care with doctors—a matter of life and death? A systematic review of continuity of care and mortality. *BMJ Open* 2018;8:e021161. doi: 10.1136/bmjopen-2017-021161 pmid: 29959146
- 10 Ridd M, Shaw A, Salisbury C. ‘Two sides of the coin’—the value of personal continuity to GPs: a qualitative interview study. *Fam Pract* 2006;23:8. doi: 10.1093/fampra/cml010 pmid: 16595543
- 11 West M, Coia D. *Caring for doctors, caring for patients*. General Medical Council, 2019.
- 12 Bolton R, Logan C, Gittell JH. Revisiting relational coordination: A systematic review. *J Appl Behav Sci* 2021;57:322doi: 10.1177/0021886321991597.
- 13 Crompton D, Hsu C, Coleman K, et al. Barriers and facilitators to team-based care in the context of primary care transformation. *J Ambul Care Manage* 2015;38:33. doi: 10.1097/JAC.000000000000056 pmid: 25748261
- 14 Maertz CP, JrGriffeth RW, Campbell NS, Allen DG. The effects of perceived organizational support and perceived supervisor support on employee turnover. *J Organ Behav* 2007;(8):75doi: 10.1002/job.472.
- 15 Doran N, Fox F, Rodham K, Taylor G, Harris M. Lost to the NHS—Why GPs leave practice early: a mixed methods study[BJGP]. *Br J Gen Pract* 2016;66:35. doi: 10.3399/bjgp16X683425 pmid: 26740606
- 16 Gunnarsdóttir S, Clarke SP, Rafferty AM, Nutbeam D. Front-line management, staffing and nurse-doctor relationships as predictors of nurse and patient outcomes. a survey of Icelandic hospital nurses. *Int J Nurs Stud* 2009;46:7. doi: 10.1016/j.ijnurstu.2006.11.007 pmid: 17229425

- 17 Fisher B, Smith J. The Messenger Review: a missed opportunity for primary care. *BMJ* 2022;377. doi: 10.1136/bmj.o1427 pmid: 35680164
- 18 NHS England and Improvement. *Our plan for improving access for patients and supporting general practice*. NHS England and NHS Improvement, 2021.
- 19 Gershlick B, Fisher R. A worrying cycle of pressure for GPs in deprived areas. The Health Foundation. 2019 May. <https://www.health.org.uk/news-and-comment/blogs/a-worrying-cycle-of-pressure-for-gps-in-deprived-areas>
- 20 Parisi R, Lau YS, Bower P, et al. Rates of turnover among general practitioners: a retrospective study of all English general practices between 2007 and 2019. *BMJ Open* 2021;11:e049827. doi: 10.1136/bmjopen-2021-049827 pmid: 34420932