Irish College of General Practitioners

The Future of Irish General Practice:

ICGP Member Survey 2015

Claire Collins and Margaret O'Riordan
Irish College of General Practitioners
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Acknowledgements

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Summary

The Irish College of General Practitioners (ICGP) undertook a survey of its members in order to be able to contribute, in an evidence based manner, to the debate about the kind of general practice which is required now and in the future, about the challenges which GPs are facing to continue to deliver care to the standard expected by the general public and on the support required to make general practice viable.

In October 2015, an online survey was undertaken with ICGP members. A total of 815 GPs completed the survey, resulting in a 30.4% response rate. The key findings from this survey are:

- 90% of GPs feel that communication between the Government and GPs has failed both doctors and patients
- 47.3% of GPs describe their morale as poor or very poor and for 77.6% their morale has worsened over the past five years
- 74% of GPs rated their current stress levels as high or very high
- 55.3% of GPs who tried to recruit a sessional doctor/assistant in the past year were unable to do so
- Only 44% of GPs who tried to recruit a locum in the past year were able to do so on more than half of the occasions that they tried
- Rural GPs were less successful in terms of recruiting sessional/assistants or locum cover
- The majority of GPs consider that free GP care to the under 6s and over 70s will impact on waiting times in general practice
- Just over one third consider that free care to the over 70s will result in improved monitoring of health needs
- Almost two-thirds of GPs support the principle of primary care teams (PCT) although only 13% consider they are currently working in a well-functioning PCT
- Less than one quarter of GPs indicated a preference for co-location with a PCT
- Over two-thirds of GPs welcome chronic care management models of care and the majority (86.8%) agreed that moving care from secondary to primary care will benefit patients. However, this was contingent on appropriate supports and resources being put in place.
- GPs highlighted the importance of preserving factors such as continuity of care, the doctor patient relationship and person centre care.

This survey highlights a high degree of stress and low morale in Irish General Practice. Based on the prevalence of risk factors among respondents, unless

proactive measures are taken, professional burnout among a large number of GPs is anticipated. Cuts in resources and supports in recent years have contributed significantly to the current situation; compounded by workload issues with the lack of availability of locum cover and the inability to recruit both doctors and support staff seen as a major issue. Yet despite these limitations, GPs are supportive of new developments in general practice including chronic disease management, prevention related activities and working with Primary Care Teams. This can only be translated into reality if adequate supports and resources are put into general practice. Manpower issues are a particular challenge with recruitment of both locum and new doctors at crisis level. The current GP workforce cannot continue to function unless this situation is addressed as a priority by Government.

Introduction

General practitioners (GPs) have an integral role in assessing the needs of their local populations and providing services to meet these needs[1]. They are responsible for assessing the majority of acutely ill patients with up to two-thirds of primary care contacts for acute problems[2]. Most of the care of chronic disease in Ireland also takes place in primary care[3]. Overall, 90-95% of patients are managed in the GP setting[4] and while estimates vary and are related to GMS eligibility and age, they point to over 20 million visits to GPs in Ireland annually[5-7] and an additional one million consultations to the out-of-hours co-ops[8]. Furthermore, a strong primary care system (at which general practice is at the core) is crucial to the overall health system in terms of controlling patient flows and the provision of continuity and coordination of care[9-16]. With expanding co-morbidities and an ageing population, the demand for GP services in Ireland is expected to continue to increase[17] while issues, such as access to diagnostics, continue to hamper the ability of the GP to deliver a comprehensive service[18]. Furthermore, figures show that already the number of GPs per capita in Ireland[19-20] is lower than the European average.

The health services in Ireland are undergoing a transformation with universal health care and chronic disease management in the community being integral to these changes[21-22]. The workforce in general practice is a major concern for the Government as they seek to move additional services into general practice and the community[21-22]. Irish Government policy in recent years has the expectation of Irish general practice performing at the same level as much higher ranked healthcare systems, such as those in France and Canada, with the ratio of GPs to population and percentage of total registered physicians being lower in Ireland in comparison[23-24]. Under investment in general practice in Ireland has made the speciality less attractive for qualifying GPs with viability and financial issues to the fore for trainees and recent graduates[25-27]. However such issues are not unique to Ireland and are also reported in other countries such as the UK[28-29]. Despite this underinvestment, primary care internationally is seen as "the preferred setting for most health care to meet demands of increasing need, stabilize health-care costs, and accommodate patient preference for care close to home"[30] and in the context of high patient satisfaction levels[31] and trust[32].

The Irish College of General Practitioners (ICGP) undertook a survey of its members in order to be able to contribute, in an evidence based manner, to the debate about the kind of general practice which is required now and in the future, about the challenges which GPs are facing to continue to deliver care to the standard expected by the general public and on the support required to make general practice viable.

Methods

In October 2015, an online survey was emailed to 2,701 ICGP members for whom email addresses were available. Twenty four bounce backs were received and 815 completed questionnaires returned resulting in a 30.4% response rate.

This response rate, which may be considered marginally low by some standards, is in fact relatively high for online surveys to Irish general practitioners. Low response rates raise concerns about bias and certainly it could be the case in this situation those most concerned with the survey topic might respond. However, the concern of bias is somewhat negated by the demographic distribution of respondents which is representative of the full Irish general practice population when compared with available statistics in relation to gender, full/part-time status and practice location.

Results

The profile of respondents is shown in Table 1, which is in line with the overall population of GPs.

Respondents were provided with a list of attributes of Irish general practice and asked to rate how important it was to preserve each (Figure 1). With respect to mean scores, continuity of care was most important with a mean score of 6.27 followed by doctor-patient relationship (6.24) and patient centred care (6.17). No significant differences were noted in mean scores between males and females, principals and non-principals or based on practice location. The doctor patient relationship was considered significantly (p=0.024) more important by GPs from group compared (mean 6.28) to single handed practices (mean 6.22). Principals rated continuity of care significantly higher (p=0.005) than non-principals (6.35 compared to 6.12) whereas non-principals rated the doctor patient relationship as more important than principals (6.32 compared to 6.09; p=0.03). Mean scores were significantly related to the GP's age for all aspects, except same day appointments, showing a linear relationship with importance score increasing with age. The doctor patient relationship was the only aspect showing a significant difference with years in practice; mean importance score increases with more years in practice.

Table 1: Profile of respondents

	%	N
Years working in GP		
<5	15.1%	113
5-<15	28.4%	213
15-<30	36.8%	276
30+	19.7%	148
Age group		
<40	25.5%	191
40-49	30.8%	231
50-59	27.0%	203
60+	16.7%	126
Gender		
Female	49.1%	369
Male	50.9%	382
Principal		
Yes	74.5%	558
No	25.5%	191
Full/Part time		
Full time	76.2%	569
Part time	23.8%	178
Practice type		
Single-handed	24.8%	185
Group practice	75.2%	561
Principle practice location		
City	39.2%	293
Town	43.2%	323
Village	17.5%	131

Figure 1: Rating of importance of aspects of Irish General Practice

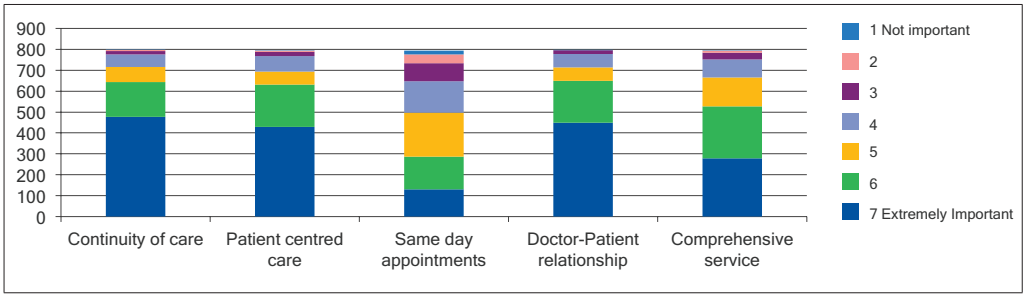
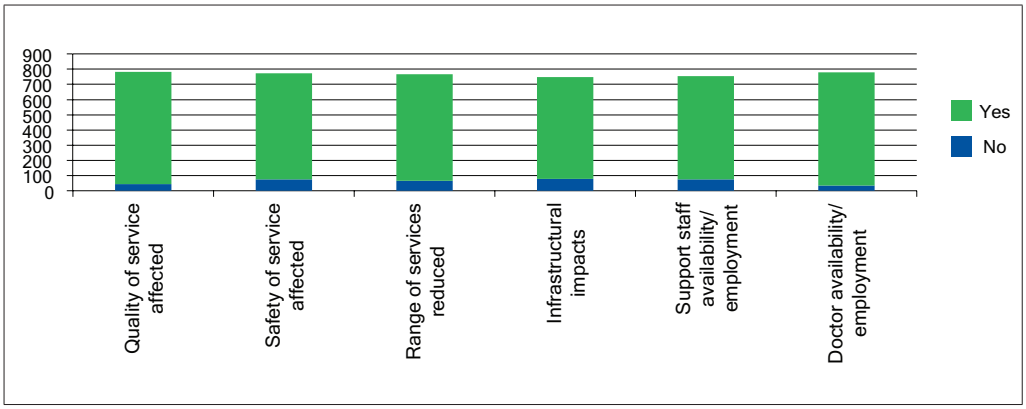


Figure 2: Main negative impacts of the de-resourcing of general practice



When presented with a list of negative impacts resulting from the de-resourcing of general practice, those most often selected by GPs were doctor availability/ employment (95.5%) and quality of service affected (94.3%) (Figure 2).

Almost two-thirds (61.9%) of respondents support the principle of primary care teams. While this was not related to practice location, we observed a significant relationship with all other variables. The principle of primary care teams was significantly more likely to be supported by females, those in group practice, those working part-time, non-principals, younger GPs, and those with fewer years in general practice. In a multiple logistic regression of all significantly related variables, group/single handed practice and part/full-time practice remained independent predictors of support for primary care teams.

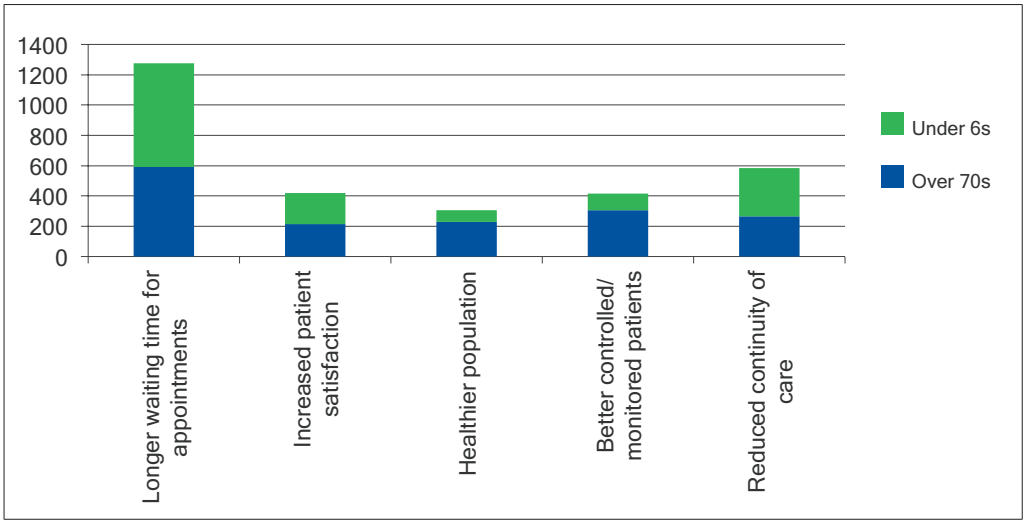
In terms of working location, 41.8% would prefer bi-location with the GP in their own premises, 24.2% would prefer to be co-located with a primary care team in a primary care centre, 18.1% have no preference and 15.9% are undecided.

Almost half (47.5%) of the respondents are not currently involved in a primary care team (PCT), 39.3% are in a poorly functioning PCT and only 13.3% are currently involved in a well-functioning PCT.

Less than one in ten respondents (9.7%) consider that free care to the under 6s will result in a healthier population and only 13.6% think it will mean better monitored patients (Figure 3). Only one quarter believe it will result in increased patient satisfaction while just over one-third believe it will lead to reduced continuity of care. The majority (84.7%) consider it will impact on waiting times for appointments.

In contrast, 28.3% consider that free GP care for the over 70s will mean a healthier population and 37.7% to better controlled/monitored patients (Figure 3). However, fewer but still a majority, point to longer waiting times (73%). Similar proportions consider the impact will be reduced continuity of care (33.0%) and increased patient satisfaction (26.5%).

Figure 3: Impacts likely from free GP care to under 6s and over 70s



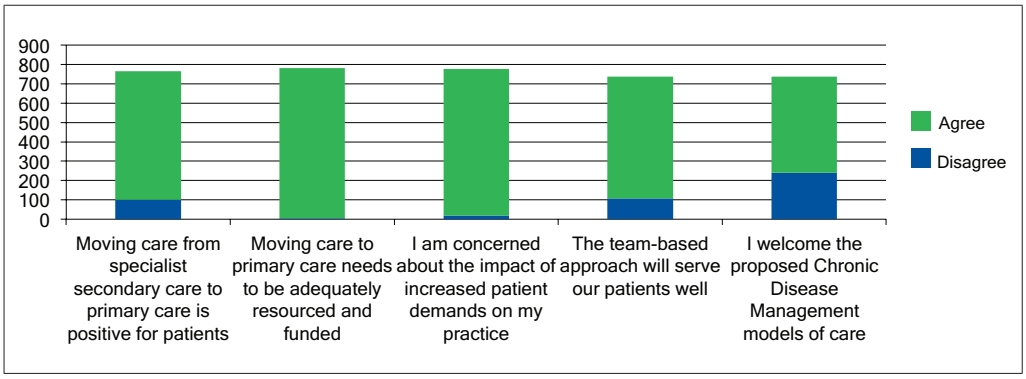
When asked to indicate their level of agreement with a provided list of statements, the majority (over 85%) agree that chronic disease management should be moved largely into general practice (so long as resources, funding and services are provided to general practice) and that if resourced, they would like to provide chronic disease management services (Table 2). Almost two-thirds agree that GPs should be supported to become more involved in evidence based primary prevention. Over 90% of respondents agreed that the process of communication between Government and the medical profession has largely failed patients and GPs.

Overall 86.8% of GP respondents agreed that moving care from secondary to primary care is positive for patients but all agreed that this needs to be resourced and funded (Figure 4). The majority (85.6%) agree that the team based approach will serve patients well while fewer, but still a majority, 67.3%, welcome the chronic disease management models of care. Almost all, 97.4%, are concerned about the impact of increased patient demands on the practice.

Table 2: Views on the clinical and non-clinical aspects of and changes in general practice

	STRONGLY AGREE %	AGREE %	NEUTRAL %	DISAGREE %	STRONGLY DISAGREE %
Chronic disease management should be moved largely into general practice, so long as resources, funding and services are provided to general practice	46.2	39.2	7.9	2.8	3.8
If resourced, I would like to provide chronic disease management services	48.1	37.8	7.0	4.2	2.9
The process of communication between government and the medical profession has largely failed patients and GPs	74.6	15.1	4.8	1.5	3.9
In the next 5 years, I believe my practice should be supported to become more involved in evidence based primary prevention	39.5	32.6	18.2	5.4	4.3

Figure 4: GP opinion on service developments and changes



Overall 17.2% of GPs rated their morale as good or very good, 35.5% rated it as average, 29.4% as poor and 17.9% as very poor (Figure 5). Rating of morale was significantly related (p=0.012) to full/part-time status with part-time GPs less likely to rate their morale as very poor (9.1%) compared to their full-time colleagues (21%). Morale was also significnatly related to location with 21.4% of respondents based in village practices rating their morale as good or very good compared to 18.8% in city practices and 13.4% in town based practices. Personal morale has worsened in the past five years for over three-quarters of respondents (77.6%) (Figure 6).

Figure 5: GP self-rated morale

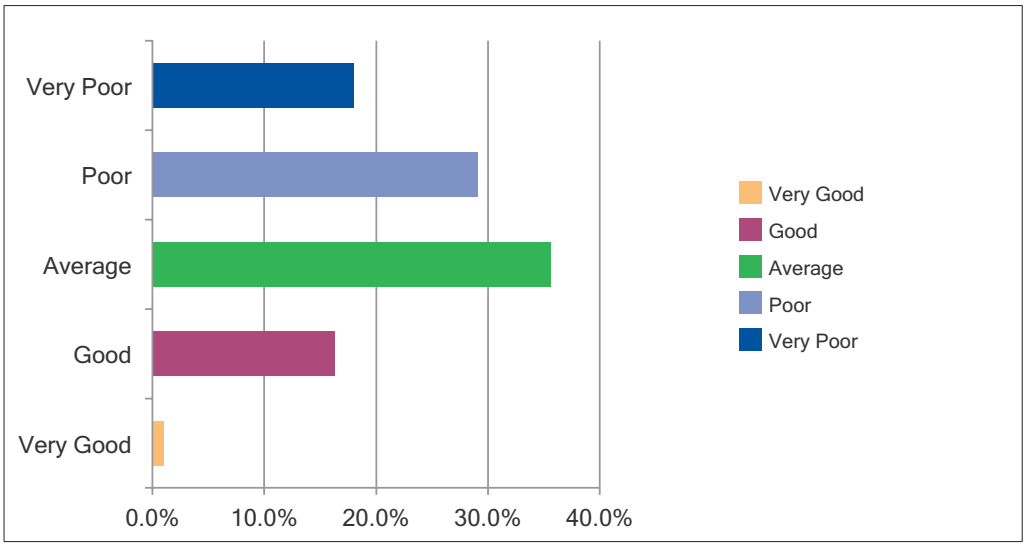
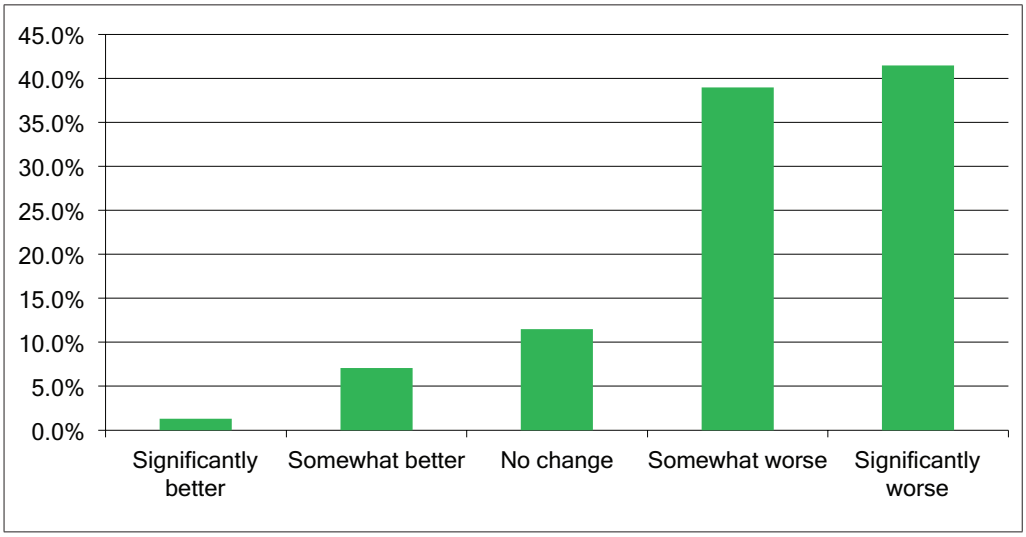


Figure 6: Current morale compared to five years ago



Almost three-quarters of respondents (74%) rated their current stress level as high or very high (Figure 7). Stress was significantly related to gender, full/part-time status, principal/non-principal status and number of years in practice. Males, full-time GPs and principals were more likely to report high or very high stress levels. While years in practice was related to stress, the relationship was not linear with those in practice 5-15 and 15-30 years more likely to report high/very high stress levels compared to those in practice ≥30 years or <5 years. Higher stress levels compared to five years ago were reported by over three-quarters of respondents (76.6%) (Figure 8).

Figure 7: GP self-rated stress [Perceived inability to cope with demands]

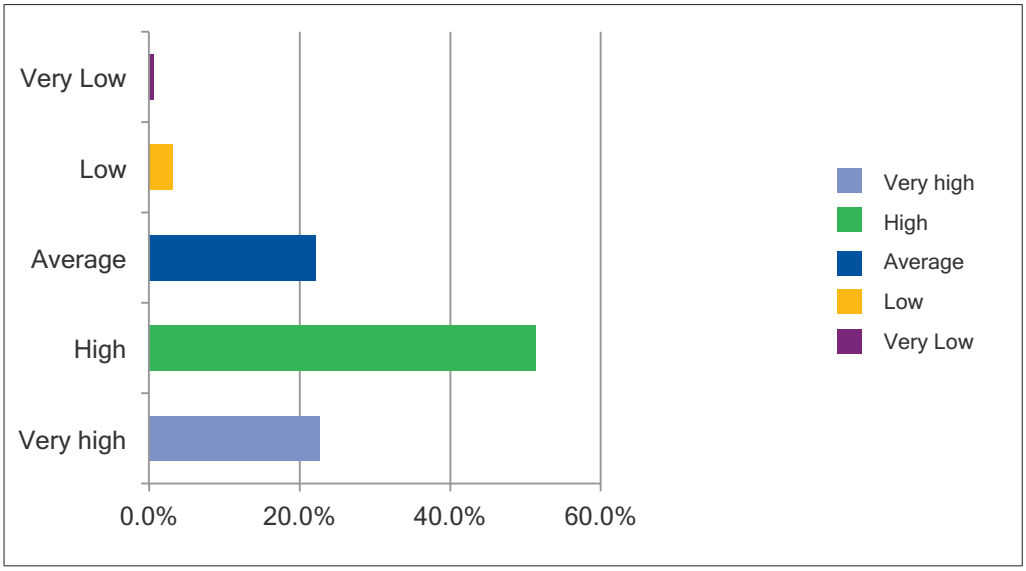
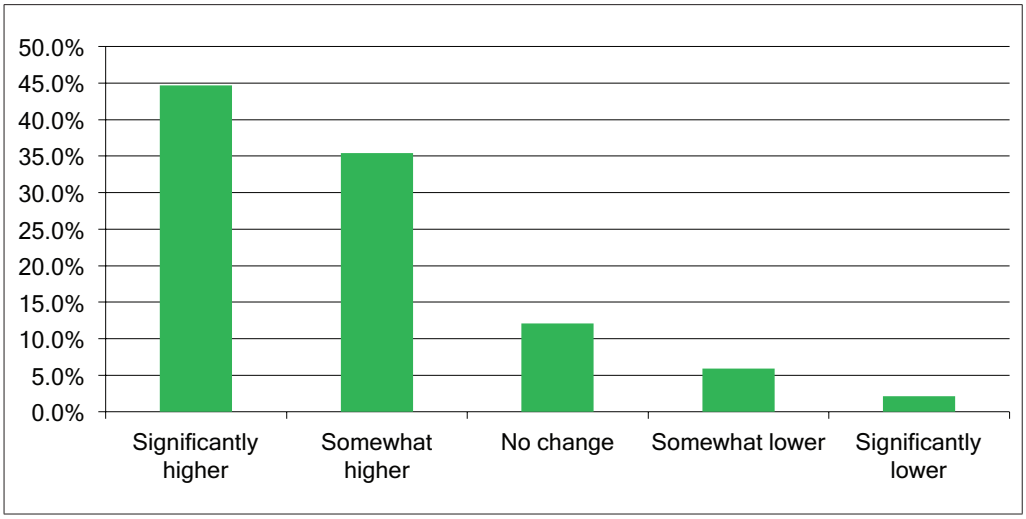


Figure 8: Current stress levels compared to five years ago



Not surprisingly, GPs' morale and stress ratings were significantly related ($p<0.01$) with those who reported higher stress levels rating their morale as low.

Table 3 shows the strategies GPs report they engage in to ensure a work life balance with contact with family and friends and continuing education meetings being reported by most GPs while limitation of working hours, engaging in leisure activities and personal reflection were less often reported.

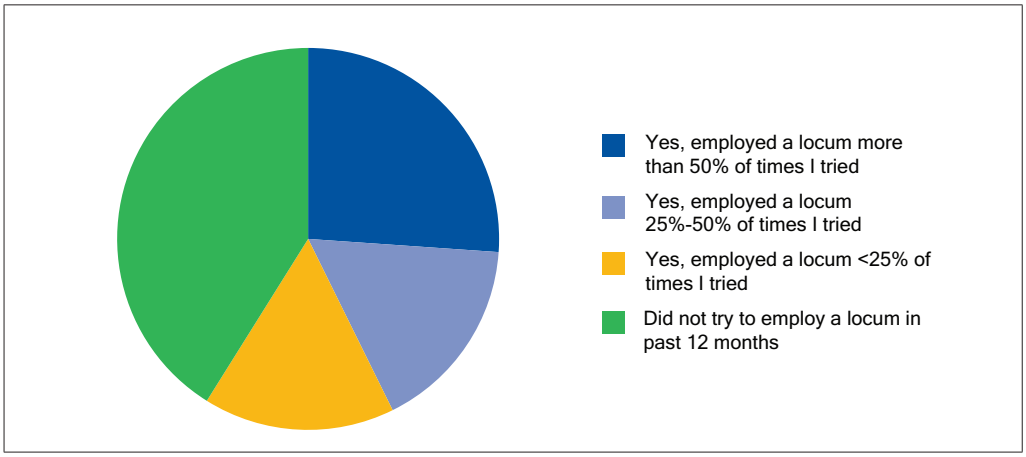
Table 3: Strategies/Activities GPs engage in to ensure work life balance

	N	%
Contact with family/friends	717	95.2
Continuing education meetings/reading	673	91.6
Physical Activity	651	85.4
Maintaining boundaries in the doctor-patient relationship	620	85.4
Exchange of views and experience with colleagues	617	84.2
Addressing professional challenges realistically	553	78.7
Self-awareness - awareness of impact of life experience on personal schemas	540	76.3
Acceptance of external realities	529	75.9
Delegation of activities to other practice staff	529	74.1
Maintaining time boundaries between work and personal life	490	67.1
Limitation of working hours	420	58.3
Other leisure time activities such as art/music	394	57.0
Personal reflection - consciously taking time out to reflect on one's personal situation in its entirety	313	44.5

Just under half (45.5%) had attempted to employ a sessional doctor, assistant or assistant with a view to partnership in the past year; of these, 55.3% were unable to recruit someone for the position. While single-handed practices were more likely to attempt to recruit, group practices were significantly more likely to be successful. Practices in village locations who tried to recruit were less likely (15.7%) to be successful compared to those in towns (52.2%) and cities (32.1%), although this did not reach the level of statistical significance.

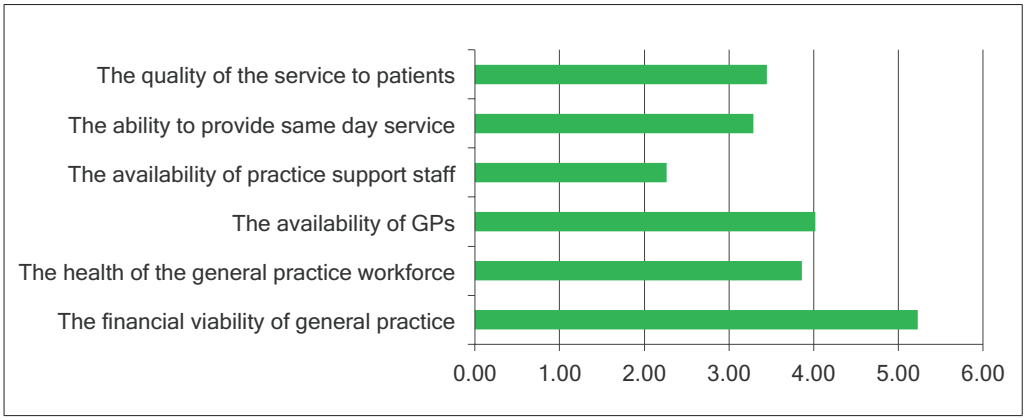
In the past twelve months, 58.8% of respondents tried to employ a locum; of these, only 44% did so successfully on more than 50% of attempts (Figure 9). While practice location was not related to attempting to recruit a locum, success (defined as being able to recruit a locum more than 50% of times tried) was; 18.6% of village based practices were successful compared to 43.4% of those in towns and 38.1% in cities.

Figure 9: GP attempts in the past 12 months to employ a locum for short-term cover



A large majority (95%) of respondents consider that there is currently a crisis in Irish general practice. When GPs were asked to rate how affected certain aspects of general practice were as a result of this, the area with the highest average rating overall was the financial viability of general practice, followed by the availability of GPs and the health of the workforce (Figure 10).

Figure 10: GP ratings of areas affected by crisis in general practice



Discussion

The results of this ICGP Membership survey clearly demonstrate that virtually all respondents believe there is a crisis in Irish general practice. Serious concern was expressed in relation to the impact of cuts in recent years to general practice resources and income. It is a striking finding that 90% of respondents feel that communication between the Government and GPs in recent times has failed both doctors and patients.

Respondents believe that the cuts have affected the financial viability of general practice, doctor and support staff availability and the health of the workforce. Also highlighted were patient safety, infrastructural impacts and reduction in the range of services provided. Almost all were concerned about the impact of increased patient demands on the practice.

The vast majority of respondents expressed concern over increased waiting times for appointments following the introduction of free GP care for the under 6s. One third of respondents expressed concern regarding a reduction in continuity of care while only a minority consider the new system will enhance the quality of care provided for this cohort of patients.

Respondents expressed similar concerns about the introduction of free care for the over 70s but were more positive in relation to improved monitoring of patients.

A worrying finding is that less than one in five GPs rated their morale as good or very good with almost 50% describing it as poor or very poor. More than three quarters of GPs indicated that their morale had worsened over the past five years. Fulltime GPs were more likely to have lower morale than their part time colleagues which may reflect workload issues. Fulltime GPs are also more likely to carry the responsibilty of practice management related issues including maintaining practice viability.

Another worrying finding is that almost three-quarters of respondents rated their current stress level as high or very high, substantially more than did so in a recent survey of GPs in the UK[33]. A similar proportion reported their stress levels were higher in the last five years. Male, full-time GPs and principals were more likely to report high or very high stress levels. As one would expect, respondents' morale and stress ratings were significantly related; with those who reported higher stress levels rating their morale as low.

The importance of family and friends in helping GPs to ensure a work life balance is highlighted as one of the mainstays in coping with stress. Continuing education meetings are also highlighted in this regard. Limitation of working hours and engaging in leisure activities were less often reported – this may be due to the realities of obtaining or paying for locum relief to allow this to happen. Personal reflection is regarded as essential to support professional development and offset stress yet this was also lower down on the list – again time related issues are most likely to be the reason for this.

It is not surprising that GPs are stressed and concerned regarding work related issues with the striking response that although almost half of the respondents had attempted to employ a sessional doctor, assistant or assistant with a view to partnership in the past year, only half of them succeeded in doing so. This held true for all locations but particularly for single handed rural practices.

Further problems arise at attempts to secure locum cover. While a problem for all GPs, the rural situation is particularly stark; while only one in three attempts to recruit a locum are successful in city areas, this drops to one in five attempts for rural based GPs.

On a more positive note, the core elements of general practice namely, continuity of care, the doctor patient relationship and person centred care remain at the forefront of Irish General Practice and respondents highlighted the importance of preserving these attributes, which is further supported by recent findings on the importance of such in factors such as reducing emergency department visits[34].

Interestingly almost two thirds of respondents supported the principle of primary care teams. This support was higher among female GPs, those in group practices, those working part-time, non-principals, younger GPs, and those with fewer years in general practice. However, when it came to experience of involvement on a daily basis, in primary care teams only 13% indicated that they were working in a team which was functioning well – a depressingly low figure considering it has been government policy for the past 14 years[4]. Despite the lack of well-functioning teams, which is not a new finding[35], a majority of respondents support the principle of team involvement as having the potential to enhance patient care, which again is in line with previous literature and findings[36-37]. This indicates that there is clearly a piece of work to be done here to engage GPs in a more positive manner; this is similar to findings from elsewhere in relation to PCTs[38].

Another key area for government policy is the development of large primary care centres, yet only 24% of respondents to this survey indicated a preference to be co-located with a primary care team in such a centre. This finding is similar to the proportion of trainees and recent graduates who reported such a preference[26]. There is obviously a need to address alternative models in addition to the primary care centres which work well for large centres of population, and to consider the inherent infrastructural support[26,35].

The vast majority of respondents supported the movement of care from secondary to primary care as it would have a positive impact on patient care for patients; but all agreed that this needs to be resourced and funded.

Despite the difficult circumstances that GPs have worked under in recent years, there was strong support for moving chronic disease management into general practice subject to appropriate resources and supports being put in place. Prevention was also viewed in a positive light once again with the proviso that resources and supports were available to support it. Both findings are in line with the findings from other ICGP research[26,37] and conclusions that, the main barriers to delivering chronic care in the general practice setting are an increased workload and a lack of appropriate funding for chronic disease management[39].

Conclusion

This survey highlights a high degree of stress and low morale in Irish General Practice. Cuts in resources and supports in recent years have contributed significantly to this situation. This is compounded by workload issues with the lack of availability of locum cover and the inability to recruit both doctors and support staff seen as a major issue. Research shows that factors, such as work overload, lack of control over work demands and insufficient reward for work volume and complexity[40] are risks for professional burnout and the high prevalence of these factors among Irish GPs shown here would suggest that without intervention this is a real risk for the current workforce. Promoting job satisfaction and morale, in addition to addressing issues such as administrative demands, will help to retain the current workforce[29].

Despite the limitations outlined, GPs are supportive of new developments in general practice including chronic disease management, prevention related activities and working with Primary Care Teams. This can only be translated into reality if adequate supports and resources are put into general practice. Manpower issues are a particular challenge with recruitment of both locum and new doctors at crisis level. The current GP workforce cannot continue to function unless this situation is addressed as a priority by Government. Mechanisms suggested elsewhere, such are new organisational arrangements[29], advancing the planned reversal of financial cuts[5] and implementing workforce improvement strategies[5], are critical to this recovery.

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The Irish College of General Practitioners (ICGP) is the professional body for general practice in Ireland. The College was founded in 1984 and is based in Lincoln Place, Dublin 2. The College's primary aim is to serve the patient and the general practitioner by encouraging and maintaining the highest standards of general medical practice. It is the representative organisation on education, training and standards in general practice.

The Irish College of General Practitioners, 4/5 Lincoln Place, Dublin 2
Tel: 01-676 3705, Fax: 01-676 5850, Email: info@icgp.ie, Web: www.icgp.ie