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| Host department:Manchester |
| Project Title: |
| An in-depth qualitative exploration of factors that influence GP workforce stability |
| Proposed supervisory team: Names and areas of expertise to be included |
| Dr Sharon Spooner – GP Clinical Lecturer with extensive experience of leading workforce research and of engaging with relevant stakeholders and policy makers  Professor Deborah Swinglehurst – GP and Professor of Primary Care at Queen Mary’s University of London, with expertise in primary care organisation and ethnography  *Other supervisors and project advisors may include:*  Dr Evan Kontopantelis – Professor of Health Data Sciences, PI on a recent quantitative project exploring GP turnover  Dr Rosa Parisi – Research Fellow with expertise in quantitative analysis of GP turnover  Professor Kath Checkland – GP and Professor of Health Policy and Primary Care, with extensive experience of qualitative research to inform national policy, including strong links with DHSC |
| Potential for cross consortium networking and educational opportunities: |
| The project would sit within a team working on a number of workforce-related projects in primary care, including a cross-school project exploring the impact of ‘hidden work’ on GPs’ experiences of their working lives. This project is a collaboration between the University of Manchester, Exeter and Queen Mary University of London, and the successful PhD student would be able to work across these three departments, building collaborative links and ensuring a broad understanding of the wider context of general practice. The student would also work alongside members of the Policy Research Unit in Health and Care Systems and Commissioning, with the opportunity to build links with those responsible for primary care policy. |
| Project description: |
| There is generally agreed to be an ongoing workforce crisis in primary care in the UK, with recruitment and retention failing to keep pace with the needs of the system (1). Quantitative research has provided useful evidence about the extent and factors associated with GP turnover (2), but if current trends are to be reversed we need a more detailed understanding of why people leave practice, reduce their working hours or move between practices. Turnover matters for a number of reasons. Firstly, high turnover threatens continuity of care, which is an important element in ensuring quality of care (3). Secondly, there is a danger that practices experiencing high turnover become destabilised, as additional pressures fall on those left behind. Finally, experience of working in a struggling practice may accelerate exit from the profession. There has been very little qualitative research on this topic, and none which explores the impact of new approaches to GP careers such as the introduction of early career fellowship positions.  Aim: to understand the factors driving GP turnover, with a particular focus on factors operating at different career stages and in different contexts.  Objectives:   * To understand the day-to-day realities of GP careers in the UK, using a lifecycle approach and considering expectations and desires around early, mid and late careers * To explore the factors supporting and inhibiting stable employment providing continuity of care to patients at each life stage * To consider how careers at each stage might be made more rewarding * To engage with policy makers and training bodies to consider how policy might support these changes   Methods:  The project will use a range of qualitative and survey methods. The successful student will be supported by the supervisory team to develop the project and choose a specific focus depending upon their own interests. The student will have the opportunity to engage with our existing networks including DHSC policy makers, Health Education England and the Royal College of GPs in designing the project and in developing recommendations based upon the findings. The student will be encouraged to convene a stakeholder group to support the project, including GPs, members of the public and representatives from wider groups.  Outcomes  Evidence to inform workforce strategy/health policy around measures to strengthen and stabilise the GP workforce |

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| Training and development provision by host: |
| *Formal training:*  The student will receive formal training on relevant methods depending on existing experience and qualifications. This might for example, include qualitative methods training, or survey methods. In addition the student would have access to a comprehensive training programme organised by the University Doctoral Academy, including sessions addressing such topics as: research design; presentation skills; review methods; career development etc |
| *Informal training:*  The student will have access to a wide range of training through the School for Primary Care research, as well as having access to a vibrant seminar programme within the department and the opportunity to work alongside and learn from interdisciplinary experts |
| *PPIE: The student will work with our in house PPIE group, PRIMER to develop the project and ensure strong engagement with the public.* |

1. Buchan J, Charlesworth A, Gershlick B, Seccombe I. A critical moment: NHS staffing trends, retention and attrition. London: Health Foundation. 2019.

2. Parisi R, Lau Y-S, Bower P, Checkland K, Rubery J, Sutton M, et al. Rates of turnover among general practitioners: a retrospective study of all English general practices between 2007 and 2019. BMJ open. 2021;11(8):e049827.

3. Sandvik H, Hetlevik Ø, Blinkenberg J, Hunskaar S. Continuity in general practice as predictor of mortality, acute hospitalisation, and use of out-of-hours care: a registry-based observational study in Norway. British Journal of General Practice. 2021:BJGP.2021.0340.