

Kent and Medway GP Attraction Project

1.0 Introduction

This paper provides an update on the GP Attraction Project that aimed to increase the number of GPs working within Kent and Medway through a comprehensive recruitment campaign and support package.

At the time of commissioning the project, Kent and Medway had 4.6 FTE GPs per 10,000 weighted population compared to a national average of 5.64 and a SE Regional average of 5.42. This placed Kent and Medway 42/42 nationally across ICBs for the number of GPs per 10,000 weighted population, with 52 FTE more GPs needed to move up to 41/42.

The GP Attraction Project was commissioned to explore and evaluate methods of attracting a larger number of GPs to Kent and Medway recognising that the existing workforce pipeline would not address the gap.

2.0 Project Summary

2.1 The Attraction Offer

- The GP Attraction offer was developed in collaboration with the Kent and Medway (KAM) CCG (now KAM ICB), local authorities, the Primary Care Training Hub, and the Local Medical Council (LMC) to support recruitment of GPs to areas most in need across the County.
- The offer included a financial, housing, and developmental support package for 15 practices that qualified for inclusion in areas of high social and economic deprivation (5 in Medway, 5 in Swale, and 5 in Thanet).
- An additional 5 practices qualified for the Coastal Fellowship offer which enabled them to offer GPs access to a fully funded academic fellowship in coastal medicine aligned to the Coastal Faculty at Kent and Medway Medical School (KMMS).
- All recruited GPs were also to take a lead role in a Quality Improvement initiative within their practice. They also received funded time and support to become an educator to increase our educator capacity.

2.2 The Attraction Approach

- A budget was allocated for both welcome payments for the GP (£15k) and recruiting practice (£10k), alongside a budget for HR support and a dedicated recruitment campaign.
- The recruitment campaign, 'Be Here', was designed using insight from local GPs to understand what attracted them to KAM, and why they have stayed.
- The website was launched in Dec 2022 alongside several extensive social media campaigns that included paid for adverts within the BMJ, pulse, google and wider social media platforms. Links were also shared directly with practices, the GP Deanery and NHS England, and coverage was also achieved with Radio Four.

2.3 Results

- The project launched in December 2022 and, following an extension, ran until Mar 2024.
- The campaign generated 24k clicks to the website.
- Over the course of the programme, 9 GPs, and 1 Coastal Fellows were recruited.
- It cost more than £350k to run the project including £250k for welcome payments (to the GP and their practice), £17.5k for HR support, and £81k in media campaign costs. This

does not include the cost of support provided by the Primary Care Training Hub team during the project.

3.0 Evaluation Results

The University of Kent were commissioned to undertake an evaluation of the project to determine which aspects of the package led to successful recruitment, and to draw out lessons learned to take forwards into future initiatives.

Of the 10 GPs recruited as part of the project, 5 GPs completed the online questionnaire as part of the evaluation approach, and 6 were interviewed. The evaluation was limited as it was planned to gather feedback at two points in time, however due to maternity leave, withdrawals, and some GPs joining later than others this was not possible.

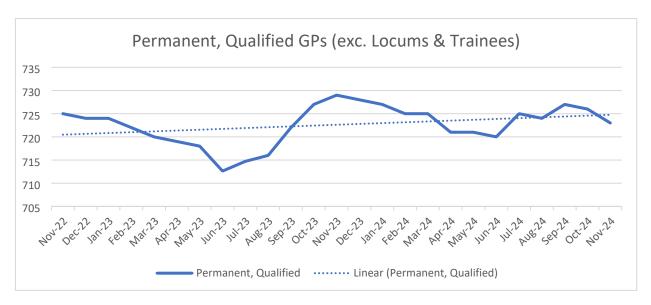
Key outcomes from those who took part in the evaluation include:

- The largest motivator for joining the scheme was the financial incentive (n=3), followed by the opportunity to work within a deprived area (n=2). However, it was not clear from the evaluation whether the GPs would have taken up roles within KAM if the financial incentive had not been made available.
- It is promising that some GPs were motivated by the opportunity to work within a deprived area, as this is a motivator that we can continue to tap into.
- From the point of view of the wider aspects of the scheme, the New to Practice Programme, GP Mentoring, and access to CPD were rated as highly useful.
- None of the GPs who took part in the evaluation felt that they needed the support of the welcome navigator, and at the time of being interviewed, none had enrolled on the Academic Fellowship programme to become future educators.
- Overall, there were mixed feelings about the Attraction Offer, mainly due to a lack of understanding of what it entailed and how and where it differed from the usual expectations of a salaried GP.

4.0 Next Steps

Whilst aspects of the scheme were highly related, overall, the GP Attraction package has not proved to be a cost-effective means of growing the number of GPs working within Kent and Medway.

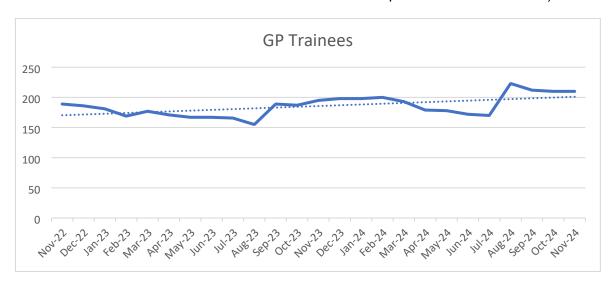
Despite a high volume of traffic in response to the recruitment campaign, this did not result in a high number of new GP starters within Kent and Medway. In fact, the number of permanent, qualified, FTE GPs working within Kent and Medway has remained relatively static over time with 725 FTE in Nov 22 and 723 FTE in Nov 24.



Moving forwards our approach to growing the workforce is focussed on understanding the right size and skilled workforce required to meet the needs of the local population, and where there are shortfalls in number or skill growing the workforce by increasing the number and retention of GP Trainees, addressing the cultural and improvement barriers to attracting and retaining the primary care workforce, and developing the multi-disciplinary workforce model.

4.1 Retaining GP Trainees

Increasing both the learning capacity within Kent and Medway and the retention rates of GP trainees is a key area of focus for growing the GP workforce. Supported by several initiatives, the number of GP Trainees working within Kent and Medway is growing over time (with a 44% increase in the number of trainees in the 2024 intake compared to the 2023 intake).



4.1.1. Expanding the Educational Infrastructure

As part of the work to expand the learning capacity, the Primary Care Training Hub is leading primary care transformation in collaboration with our system workforce colleagues, through the development of education and training governance and infrastructure at all levels. This includes the successful development of Primary Care Education Teams who are now embedded as a network of community education facilitators (CEF) across 100% of our PCNs (a model that is has recently been showcased nationally). They have successfully supported the increase in learning capacity through quality assured PCN Level Clinical Learning Environments (CLE), with 100% of our PCNs now approved as CLEs.

These PCN based multiprofessional education leadership teams will continue to proactively support the development of safe learning cultures, and inter-disciplinary education and placement opportunities to meet the needs of the future population. This includes primary care leading the way with developing innovative placement models including the successful trial of live streaming from a GP practice of suitable GP interventions meaning a much higher number of students can participate in the learning whilst also overcoming placement capacity constraints such as estate.

4.1.2 Kent and Medway Medical School

The work to expand the Clinical Learning Environment capacity is being undertaken working closely with the Kent and Medway Medical School (KMMS) to ensure a pipeline of local trainees. With the first cohort of trainees coming to the end of their training and securing roles, the KMMS is a key element of the infrastructure to expand GPs within Kent and Medway.

4.1.3. Supporting Tier 2 Sponsored Practices

Kent and Medway have a higher proportion of international students (60%) than both the Southeast region, and the national average of 40%. Therefore, Kent and Medway have a higher dependence on practices holding a Tier 2 licence to retain GP trainees once qualified.

As such, the team have been working with practices to support them through the process to obtain a license with the Home Office. 61 practices (35% of total practices), and 3 GP Federations now hold the license, and a further 14 are going through the process. Though full recruitment data is not available, the team are aware of practices recruiting 20 international GPs in the past 18 months along with several other professionals. At a cost of £536 per practice, this has proven a much more cost-effective way of enabling the growth of the GP workforce.

4.1.4. Growing the New to Practice Programme

Key to retaining GP trainees is also the New to Practice Programme which aims to give newly qualified GPs a sense of belonging and ownership of the system in which they work and complements the local practices' induction by providing a comprehensive introduction to Primary Care and peer support.

The programme has successfully grown from 18 delegates in cohort 1 to 69 GPs in cohort 4 and is rated highly from those who attend. Work is underway to follow the journeys of the alumni, including their retention and their engagement in areas such as becoming future educators.

4.2 A New Joint Approach to Attraction

Whilst the desired level of recruitment was not achieved, the learning from the GP Attraction Project is positive in that it has helped to demonstrate the key motivators to consider within our future attraction efforts. As such, moving forwards, alongside our work to expand and retain our learners, our resourcing approach has been re-focussed on working to tackle the cultural and improvement barriers many practices face in attracting and retaining the required workforce.

There is evidence that there are similar groupings of practices with greater health inequalities and learner inequalities, and it is also these practices that struggle to attract and retain the workforce they need to meet the needs of the local population. A joined-up approach across our teams focussed on identifying and addressing local barriers will therefore provide a greater opportunity to improve outcomes across a range of domains to help recruit and retain the GP and wider workforce.

4.3 A New Workforce Model

The workforce model for primary care is also changing. The number of GPs per 10,000 weighted population is no longer being a priority metric within the national NHS Strategic Oversight Framework which has provided an opportunity to incorporate a wider view of the clinical workforce within general practice to include GPs, practice nurses and direct patient care staff.

This also reflects feedback from practices received as part of the development of the 2024 KAM Primary Care Strategy where practices indicated their recruitment priority being the expansion and development of a broader multi-disciplinary primary care team. With financial and estates constraints, many practices are also choosing to utilise their resources on recruiting roles covered within the Additional Roles Reimbursement Scheme (ARRS) rather than GPs.

Since March 2021, we have seen an increase of 31% in the number of Direct Patient Contact (DPC) Practitioners employed within practices (486 FTE to 1,546 FTE).

4.4 Workforce Planning

Work has been commissioned to assess whether we have the right sized and right skilled workforce within primary care to meet the needs of our local population.

Available primary care workforce data is limited in its breadth (e.g. it mainly captures numbers of FTE and is missing key data such as vacancy data), and reliability, which makes workforce planning at system level on an ongoing basis difficult. However, work is underway to complete an initial baseline of the workforce across practices and primary care networks (PCNs), and to compare this to local needs using population health data. This review will also consider the new roles recruited under the Additional Roles Reimbursement Scheme (ARRS) and whether the right

roles and skills have been embedded. Whilst no one size fits all workforce model exists for primary care, suggested workforce models for coastal, urban and rural settings will be proposed, with recommendations made to address gaps in key areas.

The outcomes of this work will also provide a clearer picture of the GP workforce, whether a shortfall remains (when considering the wider multi-disciplinary model), the size of the shortfall, and support the development of further work to address it.