

# Outstanding GP Programme

Betsi Cadwaladr University Health  
Board

**The North Wales Outstanding GP  
Development Programme**



Ogwen Valley, Snowdonia (c) Kris Williams <https://www.flickr.com/photos/ixxr/12028798036/>

[www.outstanding-gp-programme.co.uk](http://www.outstanding-gp-programme.co.uk)

The North Wales  
**Outstanding GP**  
Development Programme



*Unlocking the potential of  
GPs aspiring for excellence*



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Summary of the Project

- Salaried GP scheme aimed at attracting new GPs into North Wales
- Combines salaried GP work with mentorship and an opportunity for special interest / academic development
- Matches interested salaried GPs with practices requiring additional GPs
- The recognition that some 'new GPs' are looking for something that is different – do not want to commit to a partnership; seeking for new skills; need to have a mentor; looking for part time/portfolio careers
- The cost of indemnity/medical defense costs – the scheme pays for this
- Protected learning time – CPD portfolio

# Why was it chosen

- How to attract new GPs from outside the area into N Wales?
- Create a more attractive post and career
- Develop a specialty interest that can be developed within the GP practice and cluster
- Support struggling practices – those with particular workforce issues

# What would **Success** look like?

- Healthy number of applicants for interview
- Interest from good quality applicants – enthusiastic doctors who would enjoy and benefit the scheme
- Acquisition of new skills – target specialties that are challenging; develop skills in General Practice
- Stay in the area at the end of the scheme
- Join a practice – supporting a struggling practice

# What are your **Process** Measures?

- Job satisfaction metrics
- Practice satisfaction metrics
- Specialty satisfaction metrics
- Patient satisfaction metrics with new pathways
- Increase in specialty appointments within the cluster

# What will be your **Outcome** Measures?

- % Retention of outstanding GP within the area post-programme
- Completion of special interest knowledge acquisition
- Evidence of use of special interest knowledge within cluster, resulting in provision of care closer to home, and reduction of 2y care OPD use

# Will you have any **Balancing** measures?

- Risk of attracting GPs who would otherwise have come into other local posts
- Confusion – since we launched this there have been a number of similar schemes launched

# Data on the new GPs recruited:

4+1 numbers of GPs recruited in 1<sup>st</sup> cohort

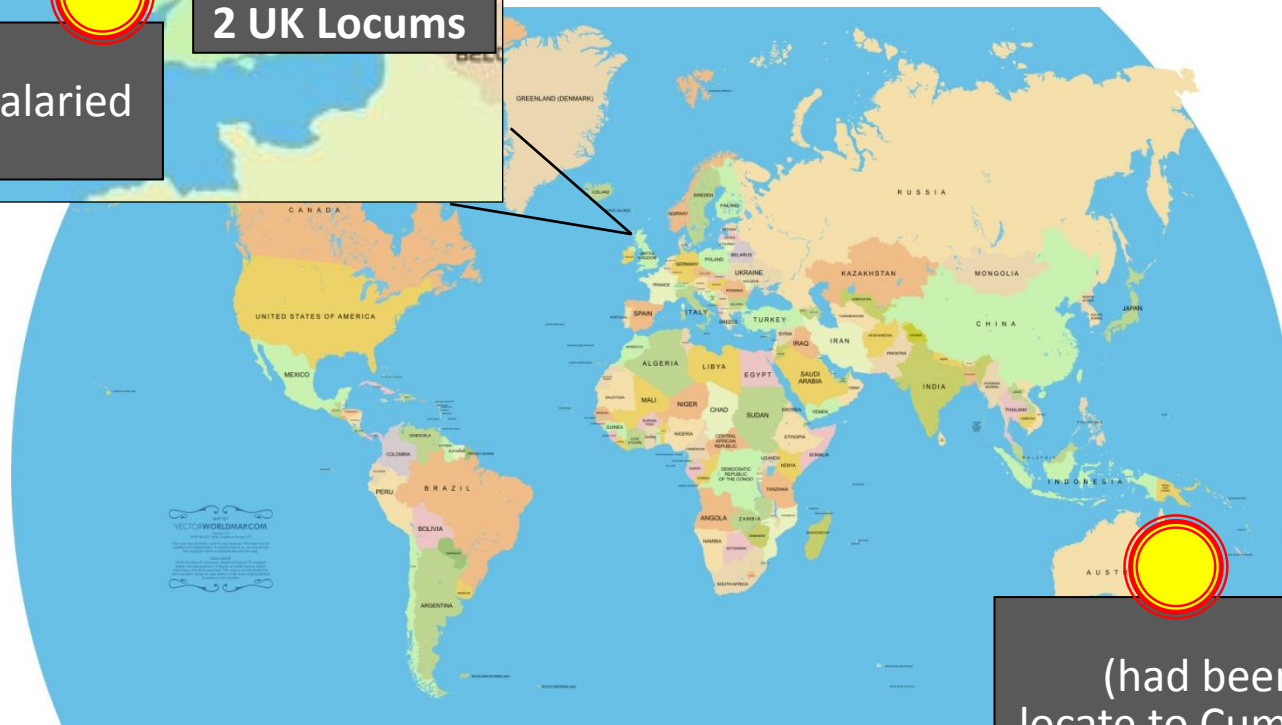
Recruits moved to work in North Wales from

The Wirral  
(Previous GP  
Partner there)

x2

2 UK Locums

Cardiff  
(Previous salaried  
GP there)

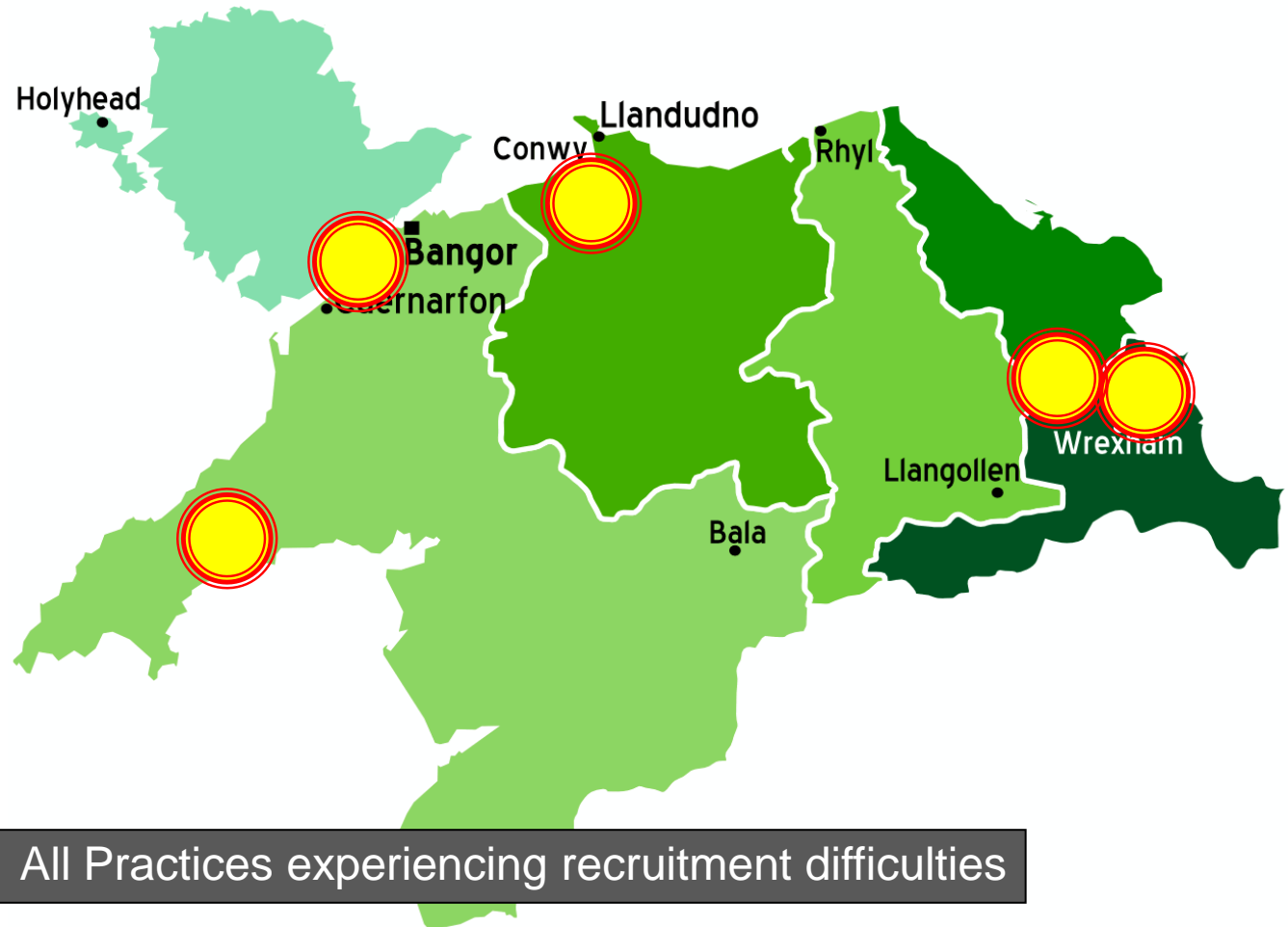


Australia  
(had been planning to  
locate to Cumbria instead)



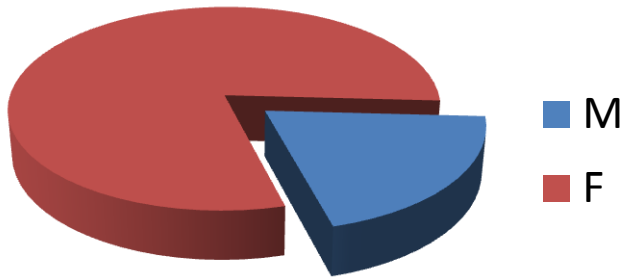
# Data on the new GPs recruited:

## North Wales Placements:



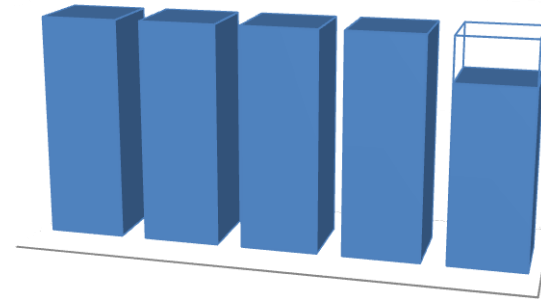
# Data on the new GPs recruited:

4 female, 1 male



4 x working full-time

1 x working 30 hrs/week



0-3 yrs experience



3-6 yrs experience



6 yrs+ experience



# Data on the new GPs recruited:

## Areas of clinical interest selected:

Pain Management

Sexual Health

Dermatology

Dermatology

Rheumatology

All have active clinical placements and supervisors

All enrolled on Diploma or Masters programmes


GP with interest in Pain Management on brink of launching community GPWSI service in her area

# Data on the new GPs recruited:

## Leavers from the programme:

**1** GP from the 1<sup>st</sup> cohort has left the programme.

This was to take up a **permanent post as a North Wales GP**



..... along with her GP husband who relocated with her to work in North Wales.

# What did you **Learn** (so far)?

- Strong interest for initial cohort
- All GPs have so far stayed locally
- GPs are looking for new and exciting challenges – provides a new sense of purpose; develop an expertise; avoids the challenge of a partnership
- Stimulates ‘seeing and doing things differently’ – supports service improvement and change
- Indemnity challenges – although employed by BCU their GP work is not covered by WRP if they are placed in a GMS practice
- Administration remains a challenge – funding the scheme is complex, with elements charged back to the GMS practice - but cheaper than a locum

# Ministerial Priorities

## **Achieving service sustainability**

- Supports struggling General Practices
- Attracts new GPs into the area

## **Improving access**

- Increase in activity within General Practice and nearer the patient's homes
- Strengthen the links between primary and secondary care particularly in a specialty

## **Moving services out of hospitals into community settings**

- Increase in activity within General Practice and nearer the patient's homes
- Strengthen the links between primary and secondary care particularly in a specialty

# Next Steps

- Relatively early to see definite outcome measures – cohort 1 just completing first year – though none have left the area, more time is needed to see whether they stay longer term
- Need to have further discussions regarding WRP cover – the current arrangement, based upon historic configuration of primary care is becoming increasingly problematic
- Further support to post-holders to plan local services which make best use of their acquired skills

## *Discussion – 21<sup>st</sup> Sept 2016*

- Trying to increase number of new GPs into area
- 5 new GPs matched to the practices that needed them – tailored to interests and environment
- Choose area of special clinical interest and support through diplomas
- Importance of developing clinical leadership