



# Kent Academic Repository

**Marchand, Catherine and Peckham, Stephen (2017) *Addressing the crisis of GP recruitment and retention: a systematic review*. *British Journal of General Practice*, 67 (657). pp. 227-237. ISSN 0960-1643.**

## Downloaded from

<https://kar.kent.ac.uk/61913/> The University of Kent's Academic Repository KAR

## The version of record is available from

<https://doi.org/10.3399/bjgp17X689929>

## This document version

Author's Accepted Manuscript

## DOI for this version

## Licence for this version

UNSPECIFIED

## Additional information

## Versions of research works

### Versions of Record

If this version is the version of record, it is the same as the published version available on the publisher's web site. Cite as the published version.

### Author Accepted Manuscripts

If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding. Cite as Surname, Initial. (Year) 'Title of article'. To be published in *Title of Journal*, Volume and issue numbers [peer-reviewed accepted version]. Available at: DOI or URL (Accessed: date).

## Enquiries

If you have questions about this document contact [ResearchSupport@kent.ac.uk](mailto:ResearchSupport@kent.ac.uk). Please include the URL of the record in KAR. If you believe that your, or a third party's rights have been compromised through this document please see our [Take Down policy](https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies) (available from <https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies>).

TITLE: Addressing the crisis of GP recruitment and retention: A qualitative review

Dr Catherine Marchand PhD  
Centre for Health Services Studies, University of Kent  
[C.Marchand@kent.ac.uk](mailto:C.Marchand@kent.ac.uk)

Professor Stephen Peckham BSc (Hons), MA (Econ), HMFPH  
Centre for Health Services Studies, University of Kent

TITLE: Addressing the crisis of GP recruitment and retention: A qualitative review

## Abstract

**Background** The number of general practitioners (GPs) and training places in general practice are declining and an increasing problem to retain GPs in their practices.

**Aim** To identify evidence on different approaches to retention and recruitment of GP such as intrinsic vs extrinsic motivational determinants.

**Design and Setting** Synthesis of qualitative and quantitative research using seven electronic databases from 1990 onwards (Medline, Embase, Cochrane Library, HMIC, Cinahl, Psych Info and the TRIP database).

**Method** Databases were searched from 1990 onwards. We used a qualitative approach to review the literature on recruitment and retention of the GP. Studies included were English-language studies from OECD countries. The title and abstracts of 98 articles were reviewed and analysed by the research team.

**Results** Some of the most important determinants to increase recruitment in primary care were early exposure to primary care practice, role models, the medical environment, the fit between skills and attributes and intellectual content and a significant experience in a primary care setting. Factors which seemed to influence retention were subspecialisation and portfolio careers where doctors might gain skills in a range of specialities and practices and job satisfaction. The most important determinants of recruitment and retention were intrinsic and idiosyncratic factors such as recognition rather than extrinsic factors such as income.

**Conclusion** While the published evidence related to GP recruitment and retention is limited and most focused on attracting GPs to rural areas, we found that there are clear overlaps between strategies to increase recruitment and retention. Indeed, the most influential factors are idiosyncratic and intrinsic to the individuals in nature.

## Keywords

General practice, recruitment, retention, intrinsic motivation, job satisfaction

### *Section: How this fits in*

In order to support the work of NHS England and Health Education England on the development of The Five Year Forward view, the Department of Health commissioned a review of the evidence of the 10 Point Plan from the Policy Research Unit in Commissioning and the Healthcare System. The review examined the evidence on general practitioner recruitment and retention determinants. The review found that intrinsic and idiosyncratic factors such as job satisfaction were more important than extrinsic factors such as financial incentives.

TITLE: Addressing the crisis of GP recruitment and retention: A qualitative review

## **INTRODUCTION**

The UK government and professional bodies have become increasingly concerned about declining numbers of GPs. The reasons for this are thought to be related to problems in training, lowering GP morale, increasing workload pressures on practices, challenges of changing roles, and reductions in pay<sup>1-4</sup>.

The number of GPs per 100,000 head of population across England declined from 62 in 2009 to 59.5 in 2012<sup>5</sup>. Despite Department of Health policy to increase GP training numbers in England to 3,250 per annum, GP recruitment has remained persistently below this target, at around 2,700 per annum and there has been a gradual decline in the percentage of students choosing general practice as a first choice since 2005<sup>6</sup>. Despite a recruitment record of 2,989 in 2015-2016, Health Education England (HEE) missed their recruitment goal of 3,250 new GP trainees<sup>7</sup>. While applications for GP post-qualifying have substantially increased in 2016, the problem remains in some areas such as the North East, North West and Midlands<sup>7,8</sup>. This reduction is set against an increasing GP workload due to changing health needs and policies designed to develop more primary and community based health care<sup>9-12</sup>. Additional pressure arises from an increase in numbers of GPs leaving practice including an increase in those considering practising abroad<sup>13,14</sup>.

Together the under recruitment and increased propensity to leave are key factors leading to the current GP shortage. In order to address this, in 2015 NHS England – working with HEE, The Royal College of General Practitioners and the British Medical Association - published the 10-point plan<sup>15</sup> and then in 2016, the General Practice Forward View<sup>16</sup>, both proposing strategies to increase recruitment and reduce turnover in general practice through specific initiatives and further investment in general practice.

As part of the development work for reviewing the 10 Point Plan and NHS England's strategy the Policy Research Unit in Commissioning and the Healthcare System was asked to review the existing evidence on GP recruitment and retention<sup>17</sup>. The review explored the main dimensions related to recruitment and retention of GPs to identify the intrinsic and extrinsic motivational factors related to career choices and retention. This paper reports on the main findings of the review.

## **METHOD**

In order to identify relevant evidence, we undertook a structured review (See table 1 for search terms) that synthesised the evidence from reviews on primary care physician recruitment and retention from countries with similar health systems to the UK (e.g. Canada, Australia) and UK studies specifically examining GP recruitment and retention and GP training. We included articles published in English or French from 1990 onwards.

Following an initial review, the terms were searched as keywords (appearing in title, abstract, subject and keyword heading fields) and also mapped against Mesh subject headings where applicable to ensure comprehensive coverage. The databases searched for our study were Medline, Embase, Cochrane Library, Health Management Information Consortium (HMIC), Cumulative Index to Nursing and Allied Health Literature (Cinahl), Psych Info and the Turning Research Into Practice (TRIP) database (Internet-based source of evidence-based research). The literature search included all journal articles, systematic

reviews, meta-analyses, review articles, reports and grey literature (See table 2 for search results). We have also expanded our data collection to undertake more in depth searching of the grey literature and conduct hand searches of key journals to provide a more comprehensive analysis and evidence base for policy development. The search was restricted to Organisation for Economic Co-operation and Development (OECD) countries and selected articles generally come from countries with similar healthcare system such as Canada and Australia.

From results, duplicates were deleted and a basic initial weeding process was undertaken to exclude irrelevant papers. The research team reviewed the titles and abstracts of identified papers to select relevant studies for inclusion in the review. We reviewed original research papers and empirical studies (see Figure 1 Flow chart diagram) both from the UK and from other countries where relevant.

## **RESULTS**

This paper reports the findings of the review and draws on evidence from international reviews of the evidence relevant to primary care physician recruitment and retention and findings from primary studies on GP recruitment and retention from the UK. There was a degree of overlap between studies that examined retention and which also studied recruitment. However, in order to set the evidence on recruitment and retention determinants these are presented separately.

### **Recruitment in general practice**

Studies that examine specific recruitment strategies for the GP workforce are scarce<sup>18</sup>. Our review suggests that most studies on primary care physician (e.g. GP, family doctor, etc) recruitment have predominantly focused on remote rural locations. However, we identified a number of studies that examined the determinants influencing recruitment that would be relevant to general practice. These can be characterised in terms of how they relate to the individual, institutional and professional contexts of recruitment.

In a study of career choices Shadbolt and Bunker<sup>19</sup> presented determinants that are mainly intrinsic to the individual. These Intrinsic factors include physician's self-awareness of their skills and the factors associated with career orientations or choices. These are influenced by demographic variables, lifestyle orientation and the opportunities for learning and educational development<sup>19-22</sup>, suggesting that medical graduates primarily look for a career that is stimulating and interesting. One study found that medical students were more attracted toward 'biomedical' or technical forms of medical practice as oppose to a more holistic form of medicine<sup>20</sup>.

Medical students exposure to, and experience of general practice has an important effect on preferences for a general practice career. We identified a number of studies that highlighted the important influence on recruitment of the workplace experience stressing the need for a positive experience from interactions with members of the profession, the length of time spent in general practice, the quality of the practice and the dedication of generalists' faculty<sup>18-20, 23-28</sup>. In particular, positive experiences were linked to an increased likelihood to choose general practice – especially when the experience occurred at the pre-clinical or early stage<sup>24, 28</sup>.

Similarly, Campos-Outcalt et al<sup>29</sup> found that the best strategies to enlarge the proportion of medical students choosing generalist careers included reform of the medical school curricula with emphasize on generalist training, increasing the size of generalist faculty, and requiring

clinical training in family practice. There is some evidence to show that implementing effective medical school curricula in primary care and establishing primary care “honours” tracks, developing or expanding primary care fast-track programmes, and curricula proposing portfolio careers and profile of new skills<sup>19, 27, 29, 30</sup> influences students’ career choices. Currently, medical training delivered in general practice and the proportion of medical school budget made available for its teaching is lower than the time dedicated to, and resources available for teaching related to secondary care<sup>2</sup>.

Two studies focused on the effect of the modification of admission criteria to identify potential students who are more likely to choose primary care specialisation as part of student selection. They proposed integrating assessing the community of origin and previous experience or interest in people and social concerns and discussing future speciality choices into the admission process<sup>31, 32</sup>. Providing financial support to students choosing poorly recruiting areas of practice has been shown to have a negative impact on retaining those students when in practice<sup>33</sup>. However, increasing student debt may make such schemes more attractive but further research is required<sup>19, 26</sup>.

Factors influencing recruitment are related to the clinical content, perceived lifestyle, and work context. The clinical content of the role is one of the most important factors influencing career choices<sup>22</sup>. Given this dominance, the negative view of general practice – that it is less intellectually stimulating – held by medical students may explain the lack of interest in this career choice<sup>19, 22</sup>. However, Chellappah and Garnham<sup>20</sup> concluded that students at the end of their training have a positive image of general practice suggesting that student views change during medical training. However, choices regarding eventual speciality are taken earlier in medical school before these more positive views are formed.

Work climate and work context, such as the support from colleagues, autonomy, flexibility and independence, proximity with patients, the continuity of care and health promotion are also key factors affecting recruitment<sup>19, 20, 22, 34, 35</sup>. Compatibility with family life and the medical breadth of the discipline also positively influence choosing general practice<sup>35</sup>. Shadbolt and Bunker<sup>19</sup> have suggested that more attention should be paid to the fit between skills and attributes with intellectual content and demands of primary medical care by emphasising the lifestyle issues (flexibility, work-life balance), social orientation (patient focused, community-based) and the opportunity to gain significant and varied clinical experience in the primary care setting.

### **Retention of General Practitioners**

Few studies explicitly examined how to retain primary care physicians in practice. In the UK, the numbers of GPs registering to work abroad has significantly increased in the past three years and GPs intention to quit practice has been increasing - from 8.9% in 2012 to 13.1% in 2015 amongst GPs under 50 years-old and from 54.1% in 2012 to 60.9% in 2015 amongst GPs aged 50 years and over<sup>14</sup>. Retention can be influenced by a variety of intrinsic and extrinsic factors including remuneration, income and salary retention scheme, job satisfaction, and career pathway and portfolio<sup>15, 16, 36</sup>.

While remuneration and retention schemes such as increases in salary or lump sum payments, are used by government to retain doctors, there is little evidence of the positive and effective impact of these schemes. While low pay might be a source of dissatisfaction toward the job<sup>26</sup>, the evidence suggests that increases in income would not compensate for other sources of job dissatisfaction such as workload<sup>36</sup>.

Job satisfaction and job dissatisfaction are significant predictors of GP retention and turnover<sup>37, 38</sup>, reflecting the findings of research in the wider management and organisational behaviour literature<sup>39, 40</sup>. Job satisfaction varies from time to time within individual's career stages. Therefore, it is important to understand both the determinants influencing job satisfaction and dissatisfaction but also the factors that increase strain in the workplace and in general practice. Job satisfaction and dissatisfaction are related to three factors: job stressors (e.g. workload), job characteristics and attributes (e.g. job autonomy), and other conditions (e.g. practice geographical location).

Job dissatisfaction is most influenced by work related variables. In particular, these include increased workload intensity and volume to meet the requirements of external agencies, having insufficient time to do the job justice, increased administration and bureaucracy, increased demand and expectation from patients, increasing work complexity, lack of support from colleagues, lack of professional recognition and long working hours<sup>14, 38, 39, 41</sup>. More recently adverse publicity by the media, changes imposed from local primary care organisations, and insufficient resources within the practice have all increased job dissatisfaction<sup>13</sup>. There is evidence to show that increased work stress and work intensity leads "high strain" GPs reporting higher levels of anxiety, depression and dissatisfaction than "low strain" GPs and that the health impacts of stress remained outside of work, which in turn, could increase job dissatisfaction and intention to quit the profession<sup>42, 43</sup>.

Job satisfaction is also influenced by expectations about future events<sup>44</sup>. If doctors perceive that their workload will not reduce, and that demands will always increase, it is likely that they will feel more overwhelmed and less satisfied with their job and thus, more likely to quit. Therefore, feeling more stressed, disillusioned, and overwhelmed amplifies the negative portrayal of GPs in the media and by government, further negatively affecting GP's spirit and professional identity<sup>45</sup>.

There is some evidence that job autonomy, the variety of work, feeling of doing an important job, social support, and a good practice environment positively affect job satisfaction<sup>14, 38, 46</sup>. However, GP surveys suggest that a number of these attributes have changed -- autonomy in deciding how to do their job and what work to do, variety of work and flexibility of working between 2012 and 2015<sup>14</sup>.

Changes to general practice over the last 10-15 years have been substantial and job dissatisfaction could be a result of the changing roles necessitated by professional and organisational changes<sup>37, 46</sup>. However, job satisfaction is also influenced by a number of other factors such as the local practice context, work-life flexibility, personal development and the emotional impact of working as a GP<sup>41, 46</sup>. Wordsworth et al suggested that enhancing the patient care aspects of GPs work is more likely to act as a key for retention while lack of consultation on changes can lead to dissatisfaction<sup>47, 48</sup>. Flexibility and part-time working have always been seen as factors that make general practice a more attractive working environment although this is increasingly seen to be less relevant<sup>47, 49-51</sup>.

Mentorship schemes and opportunities to develop portfolio careers would be welcome at every stage of the GP career, not just for senior doctors or towards the end of working lives<sup>19, 25, 28</sup>. Two papers suggest that a wider choice of long-term career paths such as subspecialisation and portfolio careers (e.g. dermatology, paediatrics) are important for both the recruitment and retention of GPs. It is also suggested that increasing their satisfaction of intellectual and altruistic needs and functional flexibility within their practice could improve satisfaction and fulfilment and consequently GPs retention<sup>19, 28</sup>. Providing learning and

development activities such as developing management skills could support GP recruitment and retention providing an opportunity for students to map out development pathways and provide variety within a physician's role.

## **DISCUSSION**

### *Summary*

Three elements are relevant to GP recruitment: individual, institutional, and professional factors. In addition providing students with appropriate opportunities for contact with, and positive exposure to, general practice and general practitioners is critical as well as widening opportunities for students and GPs so that junior doctors' specialisation choices can reflect more individual student characteristics. The main determinants of retention are job satisfaction (vs dissatisfaction), the influence of job stress, job attributes and characteristics and other conditions such as the geographical location of the practice. All seem related to career pathways and portfolio.

### *Strengths and Limitations*

Overall the published evidence in relation to GP recruitment and retention is limited and mostly focuses on attracting GPs to rural areas – particularly in Australia. The review shows an overlap in the determinants of recruitment and retention<sup>46</sup>. Despite this, the evidence does suggest that there are some potential factors that may usefully support the development of specific strategies for supporting the recruitment and retention of GPs. These are summarised in table 3 and 4. While most strategies proposed by the 10-Point plan and the General Practice Forward View are not based on strong evidence, some determinants might help with the GP workforce crisis<sup>15, 16</sup>.

### *Implications for Research and or Practice*

Newton et al found that retirement at 60 years old was a goal for both happy GPs in order to do other things or because they feel they have “done their bit”, as well as those GPs who no longer had the resilience to cope with work stress<sup>49</sup>. In their study, Roos and colleagues showed that while 83.7% of GP trainees and newly qualified GPs would choose to be a physician again, only 78.4% would choose general practice as a specialisation<sup>35</sup>. One clear message from the literature is that expectations about the future – whether as a new GP or future developments in general practice, affect both recruitment and retention<sup>44, 52</sup>.

One area not fully explored in the literature identified for this review was the recruitment policy of medical schools given that there are career choice determinants influencing the recruitment of GPs in medical school. It would be interesting in the future to explore the role of health policy on specific recruitment policy of medical schools and this is likely to be influenced by the findings of the joint HEE and Medical Schools Council review chaired by Professor Val Wass<sup>53, 54</sup>. One area suggested by the General Practice Forward View is recruitment at the international level. International recruitment was out of the scope of this review. A post-hoc analysis shows a lack of evidence of the long-term beneficial effects of such recruitment strategy<sup>55-59</sup>. While short term policy such as international recruitment and financial bonus and other incentive package respond to immediate needs they are not long-term solutions.

## **CONCLUSION**

Based on our review of the evidence we would support strategies that provide long-term investment in general practice. Current proposals to increase the proportion of NHS funding in primary care are therefore welcome. The evidence suggests that providing the right environment and opportunity for GPs to focus on supporting patients as medical



professionals is crucial, requiring strategies that reduce workload while retaining the core attributes of general practice. However, strategies should also include opportunities for GPs to develop wider interests and skills. From this review there appear to be three key lessons that should underpin national and local policies: Develop strategies to develop both recruitment and retention simultaneously.

1. Review the curricula in medical schools and emphasise the importance of exposure to general practice
2. Job satisfaction is the main predictor of retention and is influenced by workload stress and future anticipation and thus strategies that reduce workload
3. Financial inducements (golden handcuffs) are not necessarily effective

#### **ADDITIONAL INFORMATION**

Funding: The review was commissioned by the Department of Health from the Policy Research Unit in Commissioning and the Healthcare System.

Ethical approval: Not applicable

Competing interests: None

Acknowledgement: We thank Ms Anna Peckham, consultant librarian, for her assistance in the literature search.

**Disclaimer:** This research is funded by the Department of Health. The views expressed are those of the researchers and not necessarily those of the Department of Health.

## REFERENCES

1. Gillam S, Siriwardena AN. Evidence-based healthcare and quality improvement. *Qual Prim Care*. 2014;**22(3)**:125-32.
2. Harding A, Rosenthal J, Al-Seaidy M, et al. Provision of medical student teaching in UK general practices: a cross-sectional questionnaire study. *Br J Gen Pract*. 2015;**65(635)**:409-17.
3. Hobbs FD, Bankhead C, Mukhtar T, et al. Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007-14. *Lancet*. 2016;**387**:2323-30.
4. Jones D. GP recruitment and retention. *Br J Gen Pract*. 2015;**65(634)**:230-.
5. HSCIC. NHS Staff 2002-2012. The Health and Social Care Information Centre, 2012.
6. Svirko E, Goldacre MJ, Lambert T. Career choices of the United Kingdom medical graduates of 2005, 2008 and 2009: Questionnaire surveys. *Med Teach*. 2013;**35(5)**:365-75.
7. Thomas R. HEE misses GP training target despite record recruitment. *Health Serv J*. 2016.
8. Millet D. Health education chiefs identify 5,000-GP recruitment target as 'greatest risk' 2016 [Available from: <http://www.gponline.com/health-education-chiefs-identify-5000-gp-recruitment-target-greatest-risk/article/1403071>].
9. DOH DoH. Primary Care Delivering the Future. In: Health Do, editor. 1996.
10. DOH DoH. The new NHS: Modern, dependable. 1997.
11. DOH DoH. The NHS plan: A plan for investment, A plan for reform. 2000.
12. DOH DoH. Our health, our care, our say: a new direction for community services. 2006.
13. Davis J. 800 GPs applying for permit to work abroad every year. *Pulse Today*. 2015.
14. Gibson J, Checkland K, Coleman A, et al. Eighth national GP worklife survey. University of Manchester, 2015.
15. NHS England NHS. 10 Point Plan. 2015.
16. NHS England NHS. General Practice Forward View. 2016.
17. Peckham S, Marchand C, Peckham A. General practitioner recruitment and retention: An evidence synthesis. Final report. London: PRUComm, 2016.
18. Verma P, Ford JA, Stuart A, et al. A systematic review of strategies to recruit and retain primary care doctors. *BMC Health Serv Res*. 2016;**16(1)**:1.
19. Shadbolt N, Bunker J. Choosing general practice: A review of career choice determinants. *Aust Fam Physician*. 2009;**38(1-2)**:53-5.
20. Chellappah M, Garnham L. Medical students' attitudes towards general practice and factors affecting career choice: A questionnaire study. *London J Prim Care*. 2014;**6(6)**:117-23.
21. Crampton PES, McLachlan JC, Illing JC. A systematic literature review of undergraduate clinical placements in underserved areas. *Med Educ*. 2013;**47(10)**:969-78.
22. Petchey R, Williams J, Baker M. "Ending up a GP": A qualitative study of junior doctors' perceptions of general practice as a career. *Fam Pract*. 1997;**14(3)**:194-8.

23. Halaas GW, Zink T, Finstad D, et al. Recruitment and retention of rural physicians: outcomes from the rural physician associate program of Minnesota. *J Rural Health*. 2008;**24(4)**:345-52.
24. Illing J, Van Zwanenberg T, Cunningham WF, et al. Preregistration house officers in general practice: review of evidence. *BMJ*. 2003;**326(7397)**:1019-22.
25. Landry M, Schofield A, Bordage R, Belanger M. Improving the recruitment and retention of doctors by training medical students locally. *Med Educ*. 2011;**45**:1121-9.
26. Lee DM, Nichols T. Physician recruitment and retention in rural and underserved areas. *Int J Health Care Qual Assur*. 2014;**27(7)**:642-52.
27. Schwartz MD, Basco WT, Jr., Grey MR, et al. Rekindling student interest in generalist careers. *Ann Intern Med*. 2005;**142(8)**:715-24.
28. Young R, Leese B. Recruitment and retention of general practitioners in the UK: what are the problems and solutions? *Br J Gen Pract*. 1999;**49(447)**:829-33.
29. Campos-Outcalt D, Senf J, Watkins AJ, Bastacky S. The effects of medical school curricula, faculty role models, and biomedical research support on choice of generalist physician careers: a review and quality assessment of the literature. *Acad Med*. 1995;**70(7)**:611-9.
30. Williamson JW, Walters K, Cordes DL. Primary care, quality improvement, and health systems change. *Am J Med Qual*. 1993;**8(2)**:37-44.
31. Rosenthal TC. Outcomes of rural training tracks: a review. *J Rural Health*. 2000;**16(3)**:213-6.
32. Geyman JP, Hart LG, Norris TE, et al. Educating generalist physicians for rural practice: how are we doing? *J Rural Health*. 2000;**16(1)**:56-80.
33. Bustinza R, Gagnon S, Burigusa G. [The decentralized training program and the retention of general practitioners in Quebec's Lower St. Lawrence Region]. *Can Fam Physician*. 2009;**55(9)**:e29-34.
34. Hemphill E, Kulik CT. Segmenting a general practitioner market to improve recruitment outcomes. *Aust Health Rev*. 2011;**35(2)**:117-23.
35. Roos M, Watson J, Wensing M, Peters-Klimm F. Motivation for career choice and job satisfaction of GP trainees and newly qualified GPs across Europe: a seven countries cross-sectional survey. *Educ Prim Care*. 2014;**25(4)**:202-10.
36. Dayan M, Arora S, Rosen R, Curry N. Is general practice in crisis? London: Nuffield Trust, 2014.
37. Sibbald B, Enzer I, Cooper C, et al. GP job satisfaction in 1987, 1990 and 1998: lessons for the future? *Fam Pract*. 2000;**17(5)**:364-71.
38. Sibbald B, Bojke C, Gravelle H. National survey of job satisfaction and retirement intentions among general practitioners in England. *BMJ*. 2003;**326(7379)**:22.
39. Van Ham I, Verhoeven AAH, Groenier KH, et al. Job satisfaction among general practitioners: a systematic literature review. *Eur J Gen Pract*. 2006;**12(4)**:174-80.
40. Griffeth RW, Hom PW, Gaertner S. A meta-analysis of antecedents and correlates of employee turnover: Update, moderator tests, and research implications for the next millennium. *J Manag*. 2000;**26(3)**:463-88.
41. Buciuniene I, Blazeviciene A, Bliudziute E. Health care reform and job satisfaction of primary health care physicians in Lithuania. *BMC Fam Pract*. 2005;**6(1)**:10.

42. Dale J, Potter R, Owen K, et al. Retaining the general practitioner workforce in England: what matters to GPs? A cross-sectional study. *BMC Fam Pract*. 2015;**16**:140.
43. Groenewegen PP, Hutten JB. Workload and job satisfaction among general practitioners: A review of the literature. *Soc Sci Med*. 1991;**32(10)**:1111-9.
44. O'Connor DB, O'Connor R, White B, Bundred P. Job strain and ambulatory blood pressure in British general practitioners: A preliminary study. *Psychol Health Med*. 2000;**5(3)**:241-50.
45. Buchbinder SB, Wilson M, Melick CF, Powe NR. Primary care physician job satisfaction and turnover. *Am J Manag Care*. 2001;**7(7)**:701-13.
46. Doran N, Fox F, Rodham K, et al. Lost to the NHS: a mixed methods study of why GPs leave practice early in England. *Br J Gen Pract*. 2016;**bjgpfeb-2016**.
47. Wordsworth S, Skåtun D, Scott A, French F. Preferences for general practice jobs: a survey of principals and sessional GPs. *Br J Gen Pract*. 2004;**54(507)**:740-6.
48. Humphreys J, Jones J, Jones M, et al. A critical review of rural medical workforce retention in Australia. *Aust Health Rev*. 2001;**24(4)**:91-102.
49. Newton J, Luce A, Van Zwanenberg T, Firth-Cozens J. Job dissatisfaction and early retirement: a qualitative study of general practitioners in the Northern Deanery. *Prim Health Care Res Dev*. 2004;**5(1)**:68-76.
50. CFWI CfWI. In-depth review of the general practitioner workforce. Centre for Workforce Intelligence (CFWI), 2014.
51. Evans J, Goldacre MJ, Lambert TW. Views of UK medical graduates about flexible and part-time working in medicine: a qualitative study. *Med Educ*. 2000;**34(5)**:355-62.
52. Feeley TH. Using the theory of reasoned action to model retention in rural primary care physicians. *J Rural Health*. 2003;**19(3)**:245-51.
53. Matthews-King A. Education bosses launch landmark review into GP attitude in medical schools 2016 [Available from: <http://www.pulsetoday.co.uk/your-practice/practice-topics/education/education-bosses-launch-landmark-review-into-gp-attitude-in-medical-schools/20031274.fullarticle>].
54. Wass V, Gregory S, Petty-Saphon K. By choice – not by chance: Supporting medical students towards future careers in general practice. NHS England - Health Education England, 2016.
55. Bradby H. International medical migration: A critical conceptual review of the global movements of doctors and nurses. *Health Policy*. 2014;**18(6)**:580-96.
56. Buchan J, Dovlo D. International recruitment of health workers to the UK: A report for DFID: Final report. London: DFID Health Systems Resource Centre, 2004.
57. Legido-Quigley H, Saliba V, McKee M. Exploring the experiences of EU qualified doctors working in the United Kingdom: A qualitative study. *Health Policy*. 2015;**119(4)**:494-502.
58. Lozano M, Meardi G, Martín-Artiles A. International Recruitment of Health Workers British Lessons for Europe? Emerging Concerns and Future Research Recommendations. *Int J Health Serv*. 2015;**45(2)**:306-19.
59. Young R, Noble J, Mahon A, et al. Evaluation of international recruitment of health professionals in England. *J Health Serv Res Policy*. 2010; **15(4)**:195-203.
60. Hemphill E, Dunn S, Barich H, Infante R. Recruitment and retention of rural general practitioners: a marketing approach reveals new possibilities. *Aust J Rural Health*. 2007;**15(6)**:360-7.

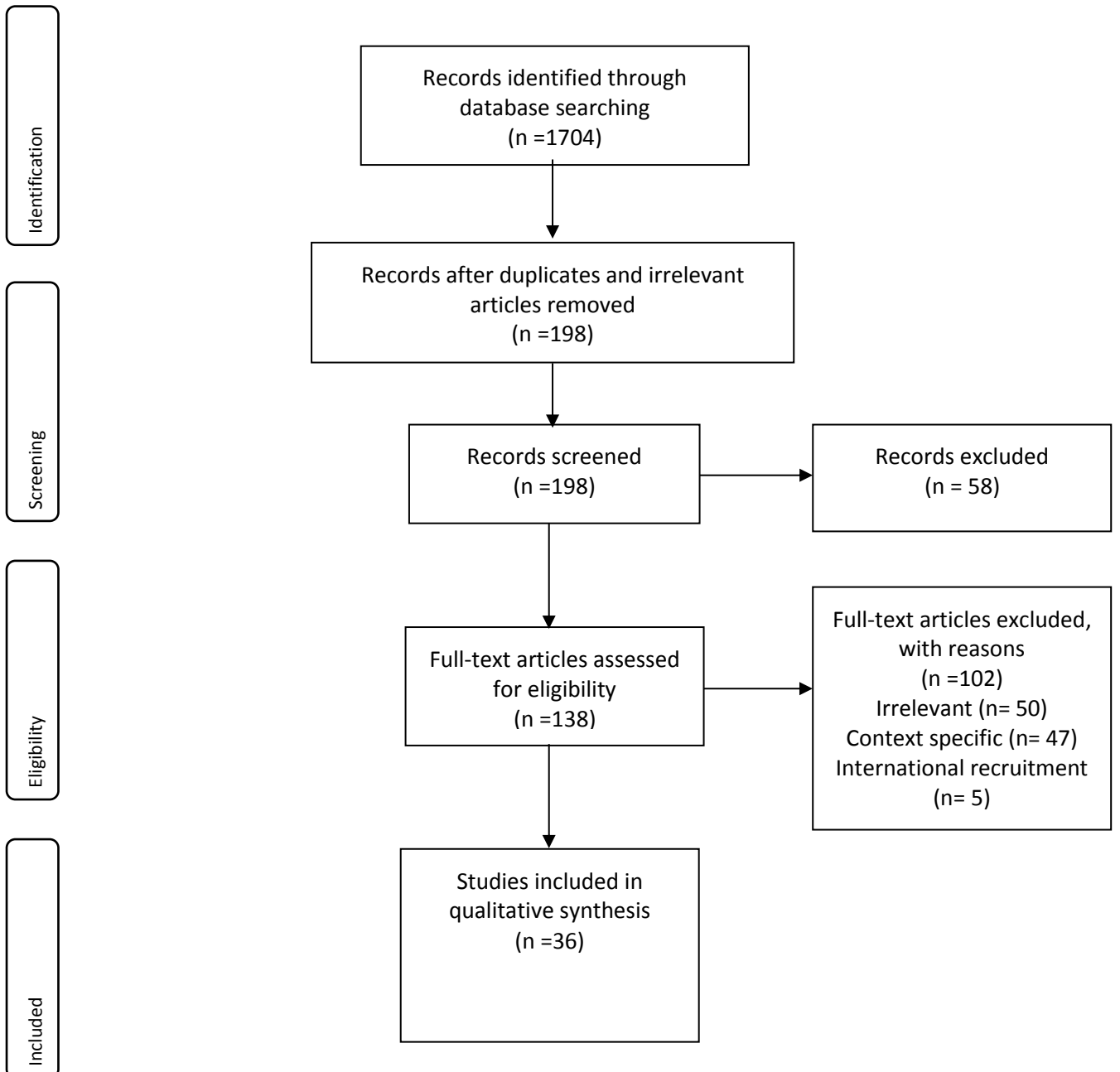
61. Stapleton G, Schroder-Back P, Brand H, Townend D. Health inequalities and regional specific scarcity in primary care physicians: ethical issues and criteria. *Int J Public Health*. 2014;**59(3)**:449-55.

FIGURE

Figure 1 Flow Chart



### PRISMA 2009 Flow Diagram



## TABLES

**Table 1 Search terms**

<b>Key terms</b>	<b>Combined with:</b>
General practitioner	Recruitment
GPs	Recruitment strategy*
General practice	Personnel recruitment
Family practitioner*	Employment
Family practice	Career choice
Family physician*	Personnel turnover
Family doctor*	Motivation
Primary care physician*	Retention
Primary care doctor*	GP retention
Primary care practitioner*	Retirement
	Early retirement
<b>The * means truncation.</b>	

**Table 2 Search results**

<b>Database</b>	
Medline, Embase & Cochrane (reviews, meta-analyses)	129 refs
HMIC (reports, policy documents and grey literature)	270 refs
Medline, Embase & Cochrane (journal articles)	879 refs
Psych Info	351 ref
Cinahl	43 refs
TRIP	30 refs

**Table 3 Summary of evidence**

	10 Point Plan	Evidence GP literature	
Recruitment	<b>1. Promoting general practice</b>	No clear evidence	<ul style="list-style-type: none"> <li>- Enhancing the status, contribution, career advancement and rewards of Primary Care Practitioners</li> <li>- Role models</li> <li>- Medical environment important</li> </ul>
	<b>2. Improving the breadth of training</b> <i>(for candidates seeking to work in geographies, where it is hard to recruit trainees)</i>	Some evidence for both candidates seeking to work in geographies, where it is hard to recruit trainees and for GP trainees seeking to work everywhere.	<p><i>Exposure to general practice:</i></p> <ul style="list-style-type: none"> <li>- Early exposure / preregistration house officers scheme</li> <li>- Workplace experience and interaction with members of the profession</li> <li>- Length of time spent in general practice rotation</li> <li>- Ensuring that the rotations are of high quality with dedicated generalists faculty</li> </ul> <p><i>Curricula modifications:</i></p> <ul style="list-style-type: none"> <li>- Effective medical school curricula in primary care</li> <li>- Establish primary care ‘honours’ or ‘scholars’ tracks</li> <li>- Develop or expand primary care fast-track programs</li> <li>- Subspecialisation, portfolio careers and profile of new skills</li> </ul> <p><i>Recruitment / admission:</i></p> <ul style="list-style-type: none"> <li>- Modification of selection criteria</li> </ul>
	<b>3. Training hubs</b>	Some evidence in the rural training and context literature	<p><i>Rural training, rural context literature:</i></p> <ul style="list-style-type: none"> <li>- Familiarity with community health resources, sociocultural awareness in patient care, community participation and assimilation, and identifying and intervening in the community’s health problems</li> </ul>
	<b>4. Targeted support</b>	Some evidence in the rural training and context literature but no clear evidence in general practice	<ul style="list-style-type: none"> <li>- Link choice of career in primary care to loan forgiveness</li> <li>- Funding in primary care research</li> <li>- Increase and assure funding for fellowship training in primary care</li> <li>- Direct training funds to schools with track records of producing graduates in primary care</li> </ul>
	Other		<p><i>Determinant factors in specialisation choice:</i></p> <ul style="list-style-type: none"> <li>- Fit between skills and attributes w. intellectual content and demands of the specialisation</li> <li>- Stimulating and interesting</li> <li>- Lifestyle factors (flexibility, work-life balance, quality of life)</li> <li>- Social orientation and desire a varied scope of practice</li> <li>- Significant experience in the primary care setting</li> </ul>



	10 Point Plan	Evidence GP literature	
Retention	<b>5. Investment in retainer schemes</b>	No clear evidence	<p><i>Widening the scope of remuneration and contract conditions:</i></p> <ul style="list-style-type: none"> <li>- Reduce the income differential between general practice and hospital work</li> <li>- Remove the disincentives for less than full-time employment widening of the employment mechanisms open to GPs such as authority-organised salaried schemes</li> </ul>
	<b>6. Improving the training capacity in general practice</b>	No clear evidence	Subspecialisation and portfolio careers where doctors might gain skills in a range of specialities and practices some or all of them at any one time.
	<b>7. Incentives to remain in practice</b>	No clear evidence	
	<b>8. New ways of working</b>	No clear evidence	<p><i>Varying time commitment across the working day and week:</i></p> <ul style="list-style-type: none"> <li>- Part-time, job share; temporary, and short-time available, whatever a GP's employment status and career stage.</li> </ul> <p><i>Offering a wider choice of long-term career paths:</i></p> <ul style="list-style-type: none"> <li>- Locum and associate positions equal to full-time principal posts</li> <li>- Activities such as research and training in management skills</li> <li>- A part-time educational post, or hospital attachment</li> <li>- Job mobility as a way to progress (a more positive vision of mobility).</li> </ul>
	Other	Evidence	<p><i>Increased satisfaction (factors):</i></p> <ul style="list-style-type: none"> <li>- Job autonomy / Diversity / Variety</li> <li>- Social support, relationship and collaboration with colleagues/patients</li> <li>- Academic hospital and centres / teaching medical students and advanced students</li> </ul> <p><i>Decreased satisfaction (factors):</i></p> <ul style="list-style-type: none"> <li>- Too many working hours, low income / compensation / workload / not enough time / high demands / lot of paperwork / little free time</li> <li>- Lack of support / lack of colleagues</li> <li>- Lack of recognition</li> <li>- Bureaucracy / practice administration</li> </ul>

**Table 4 Characteristics of included reviews on determinant of recruitment and retention of GPs**

<b>Authors</b>	<b>Year</b>	<b>Countries</b>	<b>Article type</b>	<b>Topic</b>	<b>Method</b>	<b>Relevance</b>	<b>Quality</b>
<b>Buchbinder SB, et al.<sup>45</sup></b>	2001	USA	Cohort study	Primary care physician, job satisfaction and turnover	Questionnaire survey	WEAK: Cohort from the USA and data from 1987 to 1991	GOOD
<b>Buciuniene I, et al.<sup>41</sup></b>	2005	Lithuania	Original research	Healthcare reform and job satisfaction	Self-administrated anonymous questionnaires	WEAK: GPs from and policy from Lithuania	AVERAGE/WEAK: Cross-sectional and statistical analyses simplistic (e.g. no regression only correlations)
<b>Bustinza R, et al.<sup>33</sup></b>	2009	Canada	Cohort study	Training programme, GP retention in rural area	Used of secondary data and questionnaires	AVERAGE: Canada has a similar primary care context but the study was in a rural context.	GOOD
<b>Campos-Outcalt D, et al.<sup>29</sup></b>	1995	USA	Review / Quality assessment	Curricula, role models, research support career choice	Literature search : MEDLINE, PsychInfo, Current contents, Expanded academic Index	AVERAGE, since the article present three element influencing career choice but the article is quite old.	AVERAGE: The methods are very detailed. Very few articles were included in the results section due to the lack of quality articles fitting their 70 criteria.
<b>CFW<sup>150</sup></b>	2014	UK	Review / Report	GP workforce	N/A	HIGH	GOOD: because it gives an overview of the GP workforce in the UK
<b>Chellappah M, Garnham L.<sup>20</sup></b>	2014	UK	Original research	Medical student attitude towards general practice	Questionnaire design	HIGH	WEAK: Not generalizable (specific to one college). Measurement scale not used.
<b>Crampton PES, et al.<sup>21</sup></b>	2013	AU, USA, CA, NZ, South Africa, Japan	Systematic literature review	Undergraduate clinical placements, underserved areas	Databases searches, inclusion and exclusion criteria, data extraction etc.	WEAK	HIGH
<b>Dale J, et al.<sup>42</sup></b>	2015	UK (West Midlands)	Cross-sectional study	Retention GP	Online questionnaire with free text section	HIGH	GOOD: because it questioned the

Authors	Year	Countries	Article type	Topic	Method	Relevance	Quality proposition that general practice is in crisis.
Dayan M, et al. <sup>36</sup>	2014	UK	Report	GP workforce crisis	N/A	GOOD	AVERAGE:
Doran N, et al. <sup>46</sup>	2016	UK	Mixed-methods research.	Why GPs leave the NHS	Online questionnaire with qualitative interviews	HIGH	GOOD
Evans J, et al. <sup>51</sup>	2000	UK	Cohort study	Medical graduates and flexible /part-time working in medicine	Survey with free-text comment. Reported mainly the qualitative data.	WEAK: medical graduate in general not only future GPs, also the data come from 1977, 1988, and 1993.	AVERAGE: Used mainly qualitative data coming from the free-text comment. The percentage of comment flexible and part-time is less than 9% for the three cohorts.
Feeley TH. <sup>52</sup>	2003	N/A	Narrative literature review	Retention in rural primary care physicians	N/A	WEAK	WEAK
Geyman JP, et al. <sup>32</sup>	2000	USA	Study	Educating GPs for rural practice	Comprehensive literature search: Medline, Health STAR databases	WEAK but the recommendations are interesting.	AVERAGE/WEAK: Little analysis, only look at programmes
Gibson J, et al. <sup>14</sup>	2015	UK	Report, survey	GP Work/life survey	Questionnaire	GOOD	AVERAGE since it is a report.
Groenewegen PP, et al. <sup>43</sup>	1991	USA	Review of the literature	GP, effective workload, Job satisfaction	N/A	GOOD	AVERAGE: No method but definition and theorisation is interesting
Halaas GW, et al. <sup>23</sup>	2008	USA	Study	Recruitment and retention of rural physicians	Analysed data from a recruitment program	GOOD but the results are link to the rural context	AVERAGE: since no hypothesis, nor hypothesis testing but 37 years trend
Harding A, et al. <sup>2</sup>	2015	UK	Cross-sectional study	Teaching and GP	Review of past national survey and questionnaire survey	GOOD	GOOD
Hemphill E, et al. <sup>60</sup>	2007	AU	Mixed design	GP rural recruitment	Three sources of data collection: GP survey, data collected from a convenient sample of student, and interviews with recruiting agencies	WEAK	AVERAGE

Authors	Year	Countries	Article type	Topic	Method	Relevance	Quality
Humphreys J, et al. <sup>48</sup>	2001	AU	Critical review	Rural medical workforce retention	Australian and international database: ATSI Health, Consumer service, AusportMed, Family & Society, etc.	GOOD	AVERAGE: Issues w. method inclusion / exclusion criteria.
Illing J, et al. <sup>24</sup>	2003	UK	Review of evidence	Learning in practice (preregistration house officers) and general practice	Literature search: Embrase, Medline, ERIC, FirstSearch, PsycInfo, <a href="http://www.timelit.org.uk">www.timelit.org.uk</a> , <a href="http://www.educationgp.com">www.educationgp.com</a> .	GOOD	AVERAGE: methods inclusion and exclusion criteria not presented.
Landry M, et al. <sup>25</sup>	2011	CA	Original study	Recruitment and retention of doctors and local training (Rural)	Short survey	GOOD but the results are link to the rural context	GOOD: Methods well presented, the analyses are adequate.
Lee DM, Nichols T. <sup>26</sup>	2014	USA, CA	Case study, review	Physician recruitment & retention rural and underserved areas	Literature review	WEAK: but suggestions for different factors influencing recruitment and retention	AVERAGE: The review method is described but the case study choice is not explained.
Newton J, et al. <sup>49</sup>	2004	UK (Northern Deanery)	Original study	Job dissatisfaction and early retirement	Qualitative study: Interviews, using a purposefully drawn from seven sub-groups of respondents.	GOOD	AVERAGE: small number of interviewees.
O'Connor DB, et al. <sup>44</sup>	2000	UK (Liverpool)	Preliminary study	Job strain and blood pressure in general practice	Questionnaire and ambulatory blood pressure procedure,	HIGH: relationship between job strain on blood pressure	GOOD
Petchey R, et al. <sup>22</sup>	1997	UK	Original study	Junior doctors' perceptions of general practice as a career	Qualitative study: Interviews, using an heterogeneous sample	HIGH	WEAK: Little theoretical development.
Roos M, et al. <sup>35</sup>	2014	Czech Republic, Denmark, Germany, Italy, Norway,	Original cross-sectional study	Motivation for career choice and job satisfaction: GP trainees and newly qualifies GPS	Questionnaire / Survey	HIGH	GOOD

Authors	Year	Countries Portugal, UK	Article type	Topic	Method	Relevance	Quality
Rosenthal TC. <sup>31</sup>	2000	USA	Review	Rural training tracts	N/A	WEAK: but interesting insight	WEAK
Schwartz MD, et al. <sup>27</sup>	2005	USA	Reflexion	Student interest in Generalist career	N/A	HIGH	WEAK: Recommendations without original study nor based on evidence from various articles
Shadbolt N, Bunker J. <sup>19</sup>	2009	Australia	Review	Career choice determinants	N/A	HIGH	WEAK: No method
Sibbald B, et al. <sup>38</sup>	2003	England	National survey	Job satisfaction and retirement	Survey	HIGH	GOOD
Stapleton G, et al. <sup>61</sup>	2014	English speaking countries	Review, ethical criteria	Primary care physicians	Database: web of knowledge	WEAK	AVERAGE: presentation of methods
Van Ham I, et al. <sup>39</sup>	2006	UK, USA, AU	Systematic review	GPs and Job satisfaction	2 strategies: database + snowball methods	HIGH	HIGH
Verma P, et al. <sup>18</sup>	2016	UK, USA, CA, AU, Japan, NZ, Norway, Chile	Systematic review	Strategies to recruit and retain	Literature search: MEDLINE, EMBASE, and CENTRAL; 1974-2013.	HIGH	HIGH
Williamson JW, et al. <sup>30</sup>	1993	USA	Comparative studies	Primary care, Health systems change	N/A	WEAK	WEAK: No method
Wordsworth S, et al. <sup>47</sup>	2004	UK	Original study	Preferences for general practice jobs	Discrete choice experiment	GOOD	GOOD
Young R, Leese, B. <sup>28</sup>	1999	UK	Discussion paper / review	Recruitment and retention of GP in the UK	Literature search: MED-INE, BIDS-EMBASE, ISS, HELMIS, survey of articles in recent issues of relevant professional journals.	HIGH	AVERAGE: little theoretical development and evidence