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Job satisfaction and stability in general practice

INVITERT KOMMENTAR

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The measures implemented to recruit new general practitioners appear to have worked. The next priority must now be to ensure that these new doctors remain in the system.

In 2015, the median duration of general practitioners' (GPs) contracts was 9.5 years; by 2024, it had dropped to just 6.7 years (1, 2). However, more GPs now report that they are likely to remain in the role (3). The increased base funding has likely contributed to this renewed optimism, but it is not all about the money.

Peer support is an important factor in ensuring job satisfaction for GPs. This issue of the Journal of the Norwegian Medical Association includes a study by Torunn Bjerve Eide et al. on experiences with continuing medical education small group learning (CME-SGL) for specialists in general practice (4). Although the representativeness of the study is uncertain, it is clear that the respondents place a high value on SGL. This is reflected in, for example, the average participation time of 11.8 years, which is considerably longer than the typical GP contract. Some respondents also stated that SGL played a role in their decision to remain in general practice.

Stability in the GP scheme is the result of many different factors. Crucially, there is a mutual dependency between stability and continuity. Building the doctor–patient relationship takes time. For patients, the personal relationship

with their GP is extremely important. Continuity plays a significant role in health outcomes and the use of healthcare services (5).

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Doctors also value continuity in the doctor–patient relationship. GPs in England report that their job satisfaction is directly linked to the quality of this relationship (6), and experiences among GPs in Norway are similar (7). Continuity in the doctor–patient relationship is important – for doctors as well as patients.

The most common patient complaint in relation to GPs is the long waiting times. However, this is seldom important enough to make patients give up their personal relationship with their GP in favour of one with greater accessibility. In a study conducted in England when its GP scheme was still functioning effectively, patients with long-term illnesses valued seeing their own GP seven times higher than short waiting times (8).

Nevertheless, the authorities have responded to the demand for better accessibility. One outcome has been the introduction of online consultations with primary care doctors. These doctors are not the patient's regular GP but another primary care doctor with no prior knowledge of the patient. From a professional perspective, this online service is comparable to fully private, commercial providers, and not far removed from services like Dr Dropin, which aim to ease the burden on GPs by efficiently managing straightforward medical issues (9).

Continuity is built over time as GPs see their patients repeatedly, for both simple and complex problems. This is the broad and varied nature of general practice. If others start taking over the simple cases, continuity suffers, the GP role becomes less fulfilling, and the stability of the system is compromised.

Larger practices with numerous GPs can also offer better access. In a large medical centre, there will usually be at least one doctor with available appointments at any given time. England, the birthplace of the GP scheme, has taken this development so far that continuity in the doctor–patient relationship is now little more than an illusion. The GPs are unhappy with this system, and now it is England that is looking to Norway for inspiration on how to return to the original GP model (10).

When the GP scheme was introduced in Norway in 2001, one of its key features was that doctors could regulate their own workload by adjusting the number of patients. However, this has never been fully achieved, as doctor shortages have meant that the authorities have not always been able to accommodate requests to reduce the number of patients on a GP's list.

Out-of-hours clinic work is often the last straw for GPs. This is currently a mandatory duty performed outside of contracted working hours and is the most frequently cited reason for GPs leaving the role (11). It is therefore time that this work is included in their regular working hours.

It is absolutely essential that GPs are able to manage their own workload. Expecting a GP to deliver a high standard of care and enjoy their work while constantly overwhelmed is a recipe for burnout.

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