

From the front line: A GP perspective

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GP, and Researcher - Scottish Doctors' Wellbeing
Study



My background

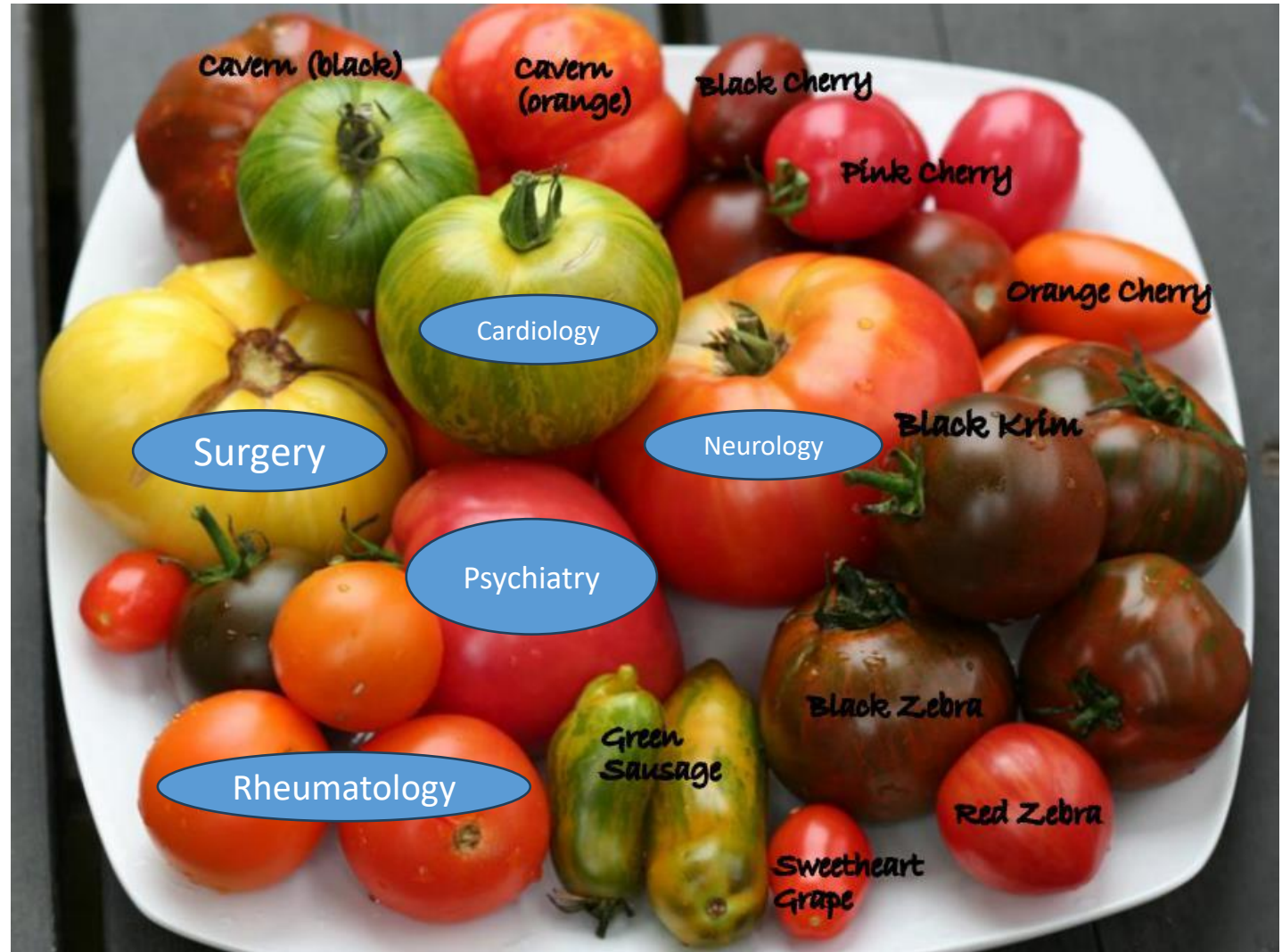
- Deep End GP 20 years – 10 years as a partner
- Academic GP – educator, workforce research
- Policy input
- International perspective



building is 'past its due date'.



How we
often teach
and assess
medicine

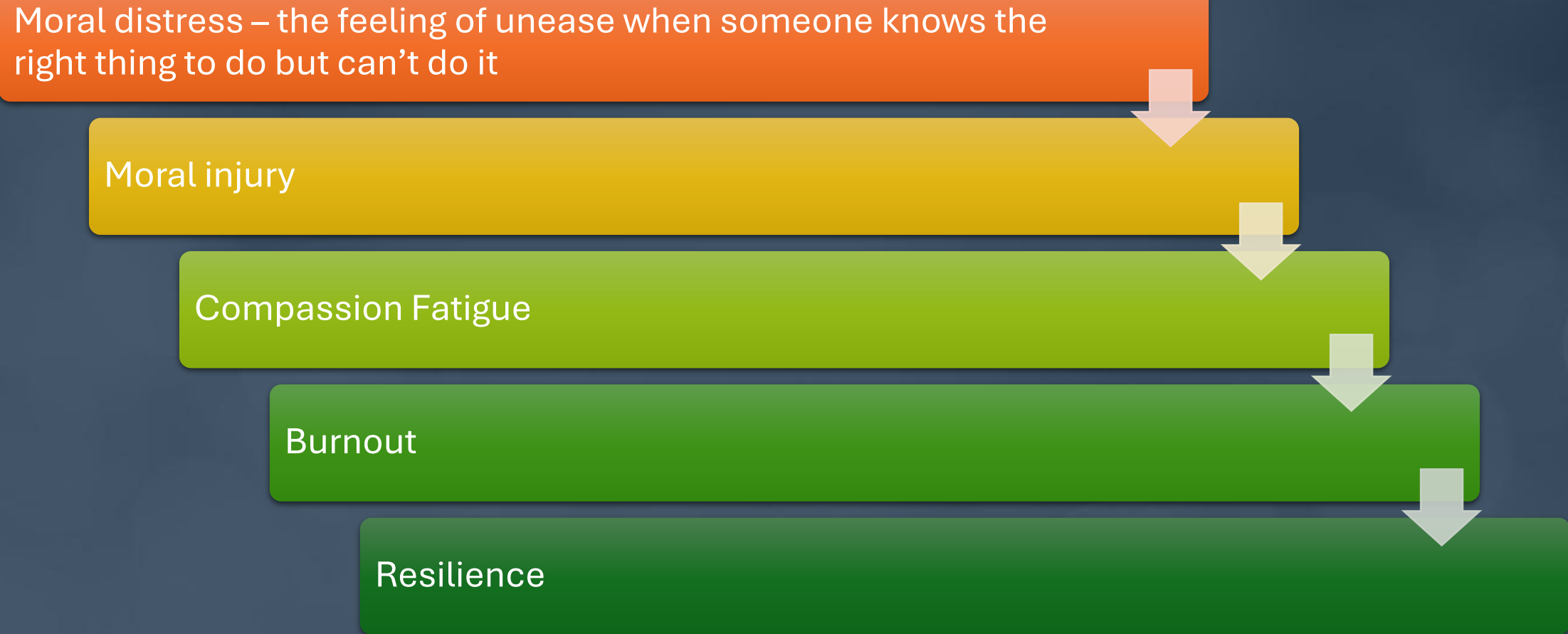


The real
world



Wellbeing Terminology

Moral distress – the feeling of unease when someone knows the right thing to do but can't do it



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graph TD; A[Moral distress – the feeling of unease when someone knows the right thing to do but can't do it] --> B[Moral injury]; B --> C[Compassion Fatigue]; C --> D[Burnout]; D --> E[Resilience];
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Moral injury

Compassion Fatigue

Burnout

Resilience



45% of GPs have considered leaving the profession as a result of the moral distress they experience in their work



Workforce retention data



72% of GPs have experienced compassion fatigue as a result of their working conditions



Impact:

Doctors' wellbeing

Doctor-patient relationship

Quality of care and health outcomes



So how does
this feel?





Continuity of care can be
a double-edged sword





89% of GPs

report experiencing verbal abuse
from patients in the last 12 months

Receiving a
compliant?





Where do we go from here?

Evidence-informed approach to workforce wellbeing

Safe work limits

Use data captured on rota gaps to hold 'people' accountable

Educate workforce in reality and how to access necessary support and look after their wellbeing

Create sense of belonging for students and juniors

Value quality of care as much as quantity of care

Thoughtfully and critically utilise technology – evidence-informed integration



The way forward?

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