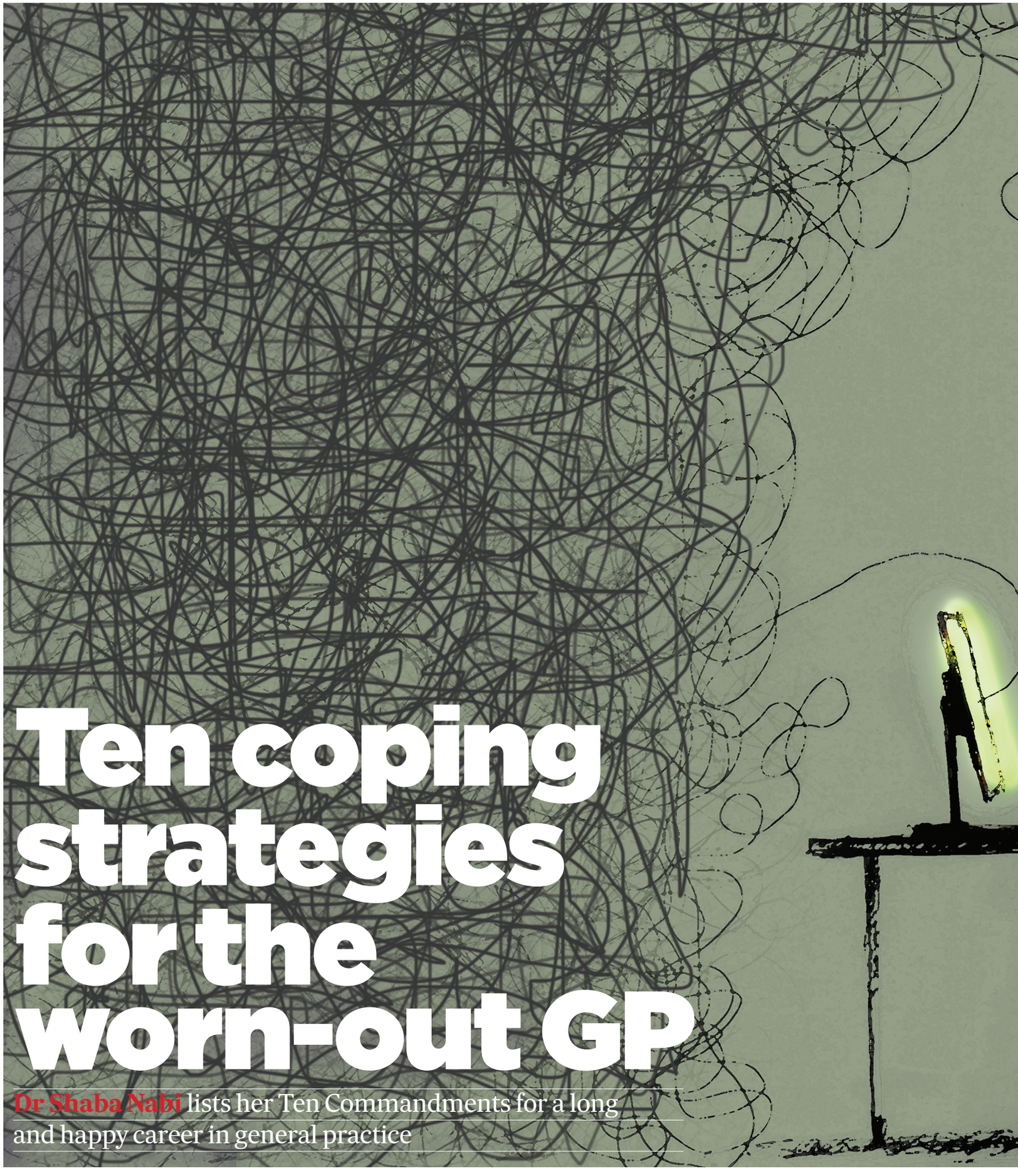

Ten coping strategies for the worn-out GP

Dr Shaba Nabi lists her Ten Commandments for a long and happy career in general practice

I'm fascinated by shows such as *The Island* with Bear Grylls, where ordinary men and women who normally work as car mechanics or hairdressers are abandoned on a Pacific island and have to fend for themselves. Some of them, of course, thrive. Others are on the first boat back for a beer and pizza.

UK general practice is currently littered with analogies to military-style 'resilience', which is unsurprising considering the huge pressures we are facing. But what can we really do to help ourselves in these difficult times? How can we ensure survival?

I asked colleagues in Bristol and the Resilient GP Facebook group for their ideas, and I would like to offer you the Ten Commandments for general practice survival, based on a survey of 100 GPs' coping strategies.

Get peer support

1 There's something comforting about strength in numbers and the knowledge that others can also experience days from hell.

Whether we chat to our colleagues in the practice, or join a First5 or Balint group, we all need somewhere to vent our frustrations. Sites such as Resilient GP, Doctors.net and Tiko's GP Group offer much-needed support in the virtual world.[1]

I know a GP who had a weekly lunch with a GP friend for many years, which had to end when she was asked to work an extra session due to staff shortages. The combined effects of the increased workload and losing her peer support pushed her to the point where she was signed off work with stress. She had underestimated how vital these lunches were to her professional survival.

Learn to say 'no'

2 Why do we have so much difficulty uttering those two little letters? The answer lies is a complex blend of psychological and behavioural factors, but it is possible for assertiveness skills to be taught.

When workload is mushrooming, we have a choice of either working all hours or saying 'no' to some of it. For many GPs this will seem like an unrealistic aspiration. But here's how you do it.

Say 'no' to patients

There are many things we do within consultations that reinforce a patient's attendance, from issuing a script to writing a letter for housing. If we prescribe lots of antibiotics and other placebos for self-limiting illnesses, we send out a message that the patient needs to see us again for these ailments.

Similarly, if we write the numerous letters that are requested of us, rubber-stamping anything from parachuting to TV appearances, not only are we taking clinical and legal responsibility for it, we are also sending out the message that we are the fall-back position for anyone in a spot of bother.

> Do you practise what you preach when it comes to your health?

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You can adopt policies as an individual, but it is far easier and less confusing for patients if they are adopted by the whole practice.

Say 'no' to other healthcare professionals

When I was working in hospitals, I would always be amused by the number of times 'Dr informed' would be recorded in patient notes, as if that would magically absolve nurses of responsibility for a patient. Now I'm in a GP practice, I know it's not just nurses that do this, but physiotherapists, psychologists, social workers, health visitors and paramedics.

I have enormous respect for all these professionals, who know far more about their specialist area than I do – which is why it is sometimes frustrating to be asked to take responsibility for their roles.

We have recently seen a huge shift of work from secondary to primary care, without the resources to match it. We can either passively do it all, under the pretext that it is easier for the patients, or we can return the work whence it came.

Many practices have standard letters to manage some of these secondary care requests. The GPC and Londonwide LMCs have produced excellent template letters to assist with this.[2]

Say 'no' to colleagues

Whether we are a GP partner, salaried or a locum, we all need to identify when we are being shafted and do something about it. The perception that we are working harder than anyone else may or may not be true, but without discussing the issues, we will never know.

I needed to reduce my management workload, so I discussed it with my partners and reduced the number of sessions I worked, and arranged for some of it to be redistributed. Likewise, if salaried GPs feel they are doing a disproportionate amount of on-call work or visits then this needs to be questioned.

Take breaks

3 To quote Glasgow GP Dr Margaret McCartney: 'Coffee time is about much more than coffee'.[3] It is a time when we can interact with colleagues and discuss anything from the latest NICE guidelines to who will be the winner of the next reality TV show.

My day is punctuated with short 'time-outs', which involve snack breaks, reading Pulse or going on Facebook (don't tell my practice manager). I know many GPs who will go for regular short walks or enjoy a few minutes of mindfulness in between patients. It is a false economy to forge full steam ahead without ever stopping.

Likewise, annual leave should not be used as a chance to catch up with work, but really to switch off, ideally in a remote area with no wi-fi or mobile signal. If you can't manage to be marooned on a deserted island, it is still possible to cut yourself off, but you have to be organised enough to clear the ▶

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GP SURVIVAL SKILLS

decks before you leave and disciplined enough to maintain the distance.

At least one career break is also essential for survival. Although I was sleep deprived and hormonal, my three maternity leaves have still been breaks from work. The last one was nearly five years ago now, so I am starting to think about a sabbatical.

Develop a portfolio career

4 Many GPs have found that working fewer practice sessions helps them to stave off burnout. But the irony is that, with six practice sessions, I am considered to be part time, when I am easily clocking up 37.5 hours per week. I would recommend anything that takes you away from long days at the coalface, if you can afford it, as it is likely to keep you sane.

What sets general practice apart from other specialties is its versatility. You can combine practice work with education, appraisal, CCG duties, GPSI work, medicolegal work or sports medicine, to name a few. Admittedly, if all GPs had a portfolio career, this would worsen the GP shortage, but your primary responsibility is to yourself. If you burn out, you are no use to anybody.

Go home on time

5 My three children attend a lovely primary school where emotional and social development is valued as highly as academic achievement. They are taught that everyone has an invisible bucket: if you are mean to people, you empty their bucket and if you are kind, you fill it. When I come home from work feeling frazzled, the children often ask me if my bucket is empty and offer to fill it with hugs.

We all know patients that can drain our buckets in the space of 10 minutes. Whether it's through emotional connections or hobbies, we all need our buckets filled at the end of a long day.

We all need to create deadlines for ourselves. This could be leaving work on time to do the school run, attending a language or dance class or, like me, getting home to eat dinner with my kids.

Join a great team

6 As a newly qualified salaried GP in London, I worked in a practice where I was earning less than the average salary, but had an excellent work-life balance and a fantastic team of GPs, nurses and receptionists. Similarly, my current partnership role in the inner city is not in the highest-earning practice, but I am working with partners I like, respect and trust.

In order for everyone to work together there needs to be a shared practice vision. It requires dedicated time, good communication and a certain amount of compromise. There is nothing worse than having your decision-making undermined by another clinician. With written practice policies in place, patients are far less likely to make unreasonable complaints, and if they do, you will have the full support of your team behind you.

As a partnership, we have an annual away weekend when we discuss vision and strategic policy. After all, as US entrepreneur Jim Rohn said, it is the set of the sails, not the direction of the wind that determines which way we will go.

Take care of yourself

7 Do we practise what we preach when it comes to our health? Do we exercise and drink less than the recommended limit for alcohol? Do we seek help when we are stressed or depressed? Or do we soldier on? One of the biggest causes of psychiatric morbidity and suicide among doctors is that we fail to seek help when we need it. There are now many more LMCs offering free support and counselling for GPs. I personally found Dovedale counselling (now defunct) invaluable following a relationship breakdown many years ago.

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4 BMA. Doctors' well-being. Tel: 08459 200169. tinyurl.com/docs4docs

5 Pulse. Battling Burnout survey. Pulsetoday.co.uk/burnout

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Read more good sense from Dr Nabi
pulsetoday.co.uk/nabi

You can find your local counselling service via the BMA's Doctors for Doctors service.[4] To find out whether you're at risk of burnout, take Pulse's survey.[5]

Improve your time-management skills

8 Which other profession has to assess, formulate a shared management plan and explain it within just 10 minutes? Without effective time-management skills, both in the consultation and generically, we cannot survive. The irony is that by adding breaks to our surgery or offering longer appointments, we are likely to finish earlier. If we keep a patient waiting, our guilt makes us feel we 'owe' them time in return, even for simple problems. Every GP needs strategies to cope with the 'shopping list' patient, the rambling patient, the demanding patient and the complex patient. Time management can be learned and is about being able to plan, prioritise, delegate and avoid procrastination.[6] Learning how to touch-type helps too.

Log off your email after work

9 Most GPs hate remote working but I have to confess, I love that it allows me to get home in time to have dinner with my kids and put them to bed. The downside is that I often log in remotely at 9pm. Although this allows you flexibility, it means you don't leave work behind. This permanently 'switched on' state of mind is thought to be unhealthy, so unless you have very young children, it's probably best to avoid it.

I have been impressed by GPs who set clear boundaries between weekdays and weekends. Some have multiple leadership roles and huge workloads, but they keep their weekends totally free.

Avoid over-servicing your patients

10 Have you ever wondered why some GPs breeze through the day with minimal effort, while others are constantly busy? The latter group is likely to be 'over-servicing' their patients. This involves an inability to manage risk and uncertainty (with the resulting increase in investigations), excessive 'hand-holding' of patients and a reluctance to signpost them to non-GP services. We all have patients who come to us with huge baggage, which they place on our laps to deal with. The skill is subtly to place it back on theirs, while offering support, for instance by encouraging them to chase their own appointments or self-refer if allowed. It is important to foster personal responsibility in patients, even if it seems easier just to take over.

It is important to remember we are physicians and not counsellors, social workers, life coaches or priests. In the words of *Star Trek*'s Dr McCoy: 'I'm a doctor, not a magician.'

Dr Shaba Nabi is a GP in Bristol, director of the GP training programme at the Severn Deanery and an appraiser in south Gloucestershire

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How to manage rising workload

Struggling to keep up? Six GPs share their advice

Workload, our looming CQC inspection, patient complaints and GP-bashing in the media have cast an air of gloom over the whole team and created a siege mentality, particularly at reception. How can we foster a more upbeat, 'can-do' attitude in our staff, without coming over as too corporate or unrealistic?

When aiming to improve staff morale it is important, if possible, to organise time out for the whole team without the distraction of the telephones constantly ringing.

Then each team member, including GPs and clinical staff, should be asked to explain what they see as their role in the practice team and to list the barriers that they face to delivering a quality service. Everyone should be asked to suggest how a team approach can be developed to address those barriers.

A member of the patient participation group could also be invited to give a view that might identify issues staff are not aware of. In my experience, this can result in positive feedback rather than concentrating on all that is 'bad' about the practice. Teambuilding in this scenario is vital, and there are a number of ways of doing this – including getting in an outside facilitator. But this can be stressful for some and simply organising a social event can be as effective as it allows team members to see each other in a relaxed environment.

Some practices have used customer service training for their staff and this can be useful. But it's important to get a trainer who understands the general practice environment rather than one who provides generic training that may not be appropriate.

It's important to remember why we became GPs in the first place, and what role we are there to fill for our patients. It's likely that practice staff across the country regularly hear GPs moaning about their patients and their jobs, which is likely to result in them viewing their own roles in a different light. Many receptionists see themselves as the barrier to protect their GPs from rising demand, and treat patients accordingly.

However you decide to approach the problem, it's important that GPs are seen to lead from the front and set the tone. If you are constantly in a negative state of mind how can you expect anything different from your staff?

Dr Dean Marshall is a GPC executive team member and a GP in Midlothian

While it can be difficult to take time to think about why your systems are not working, doing so is vital if the situation is going to change positively.

First, review demand in your practice: all calls (appointments, home visits, scripts, results), paperwork (hospital letters, discharges and pathology results, requests from the area team and CCG/health board, enhanced service requirements, forms and court orders), teaching and training requirements, and GPs' external roles. Review your appointments systems – do they still suit your needs? Look at the services you offer and check they are still worth doing. The BMA's new guidance *Quality First* provides a list of GPs' contractual obligations in chapters 10 and 11.[1] Second, discuss the outcomes with your team. Set up 'quick win' solutions such as online appointment booking or script ordering, booking kiosks, or flexibility in rotas to ensure sufficient numbers of staff are on at peak times. Is there work you can stop doing? You will probably need a locum to cover the time this will take.

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Third, focus on longer-term projects to manage demand, and keep your staff involved – they often have great ideas. Try brainstorming solutions at teambuilding sessions or outings.

Fourth, ask neighbouring practices if there are ways you can support each other – for instance, sharing information and resources to prepare for CQC inspections, adopting efficient working processes or strategic co-working (the GPC has specific resources on this). Ask your LMC and area team if they offer any practice management advice. Lastly, keep your patients informed and involved – they are a valuable resource.

Dr Charlotte Jones is a GP in Swansea and chair of GPC Wales

Our admin staff are overwhelmed and we GPs are drowning in paperwork. How can we reduce the workload?

Our practice – list size 6,900 – noticed that the burden of paperwork had risen over recent years and we have managed this by reviewing the administrative pathways that generate this day to day. We evaluated what is actually necessary, delegating each task to a named administrator so they can act quickly, empowering all staff to pass work to the delegated person or decline it if inappropriate. We have three administrators, including a customer services co-ordinator and an administrator co-ordinator. We have also ensured that the pathways involved have as few steps as possible.

We have also set up our own work-saving actions in Docman and EMIS, to ensure the correct person gets each task. For example, when a letter informs us of a patient's non-attendance at a hospital appointment, we have a template letter on EMIS advising the patient about the action they should take.

Not every incoming letter needs to be seen by a GP. For example, copies of letters to patients informing them of their appointment time can just be scanned into the records, not sent for a doctor review.

Finally, we refer to PALS any query from a patient about a hospital attendance or admission that does not involve an immediate response (for example a query about what medicines to take) rather than answering it ourselves. Start with the recently released *Quality First* BMA guidance to find what work you can and should pass back or on to other organisations.[1] Have a process to facilitate this.

Dr Nicola Waldman is a GP in Merton, south London

This requires a solid management team with clearly defined roles. It helps to specify these roles in each staff member's job description (particularly for managerial and admin staff) and for everyone to understand that nursing and reception staff should take on board some responsibility for running the practice.

For instance, at our practice, one member of reception staff has agreed to undertake smear test recall, Read coding and review, all of which is overseen but – importantly – not done by a partner. One nurse chases the smoking indicators in the QOF and ensures we are meeting thresholds. Another member of reception staff undertakes Read coding for safeguarding, and arranges the fortnightly meeting and agenda. Each person has a 'second in command' to cover illness, plus a GP supervising. Having a specialised coding and scanning team can also help, with different areas of the QOF delegated among staff.

Once you've decided to make these kinds of changes, let the nursing, clinical and managerial line managers tell their own teams about new workload initiatives, and explain the rationale behind them. For example, if patients start demanding appointments for NHS Health Checks, it helps if the staff know what health checks are, why patients want them and which patients are being targeted for them. Going forward, stand up and question any new initiatives and, if necessary, use your LMC for support. And don't forget to cost all your private paperwork appropriately, because this may disincentivise some companies from requesting unnecessary, cumbersome reports.[2]

While you wait for these changes to deliver some relief, support one another and identify colleagues who are struggling and who may need additional help, and perhaps share some of their roles with other team members.

Dr Susie Bayley is GP in Derby

I'm getting home later and later every night and my home life is suffering. How can I manage my time better?

Sit down and write out a typical day, listing how many sessions you work. Try to establish whether your 'pressure point' arrives when you open your inbox in the morning to a huge mountain of results that need to be processed or whether you feel stressed if you run late in the evening. Then write a 'wish list' of things that would help you finish on time.

Sometimes, individual measures can help – putting a 20-minute break in the middle of your surgery might stop you running behind. Although it extends your surgery by the same period, if you finish on time it may be worth it.

If your IT system allows remote access, sometimes it can give you a better balance to leave work on time, see your family, then spend an hour in the evening catching up remotely rather than staying at work.

The current trend to reduce sessions until you can deal with the workload is always a possibility, but may not be financially feasible, or the practice may not have capacity to do this.

> Try to identify when the pressure point occurs in your day
> *Dr Zoe Norris*

Are you at risk of burnout?

- Take Pulse's survey, based on the Maslach score, to find out
- Use our resources to find books, counselling services and our stress symptoms checker

pulsetoday.co.uk/burnout

If there is one single area that seems to generate a lot of work, such as high numbers of home visit requests or filing lots of blood results, look at whether better triage or reallocation could deal with this.

Talk to the other doctors to establish if they are all feeling the same. Consider encouraging the other partners to write their own list of pressure points so you can work together to improve things. For example, it may be more effective to allow allocated time for one partner to deal with urgent admin each day rather than you all running behind. Involve your practice manager if this is a logistical workload issue and consider looking at formal programmes such as Productive Primary Care.[3]

It may also be that your home life has stresses that are affecting your performance at work. If you feel you are already suffering from burnout or showing symptoms of depression, speak to your own GP.

Dr Zoe Norris is a GP in Hull

Adopting simple techniques can speed up your admin work. Only process a task once – but complete it the first time, rather than putting it in a stack to be done later.

When processing results, look at and action all the abnormal ones first. Then rattle through the list of normal results at a faster rate.

Ask your practice manager to be as selective as possible with emails sent to all GPs – for example by filtering out circulars and alerts from other organisations that do not usually need to be read.

Ask your receptionists to decline calls from pharmaceutical companies and any unnecessary callers.

Get a voice recognition dictation system, and once you are slick with it, you will be able to complete your letters quickly (preferably at the end of the relevant consultation).

When you are off duty, ensure that colleagues do not telephone you unless it is really impossible for them to wait until you are back at work. You must be able to concentrate fully on your family without work worries intruding in to your personal life.

Taking the work computer home is not a simple solution, as work simply spills into every moment. If you choose to do this, make sure that you switch it off once the vital jobs are done.

I am not convinced that taking training courses in time management is a good option, as most of us have already worked out how to get through the patients, the paperwork and the telephone calls as efficiently as possible.

Dr Fiona Cornish is a GP in Cambridge

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GP SURVIVAL SKILLS

‘I had to find a way to survive in general practice’

Dr Stephanie de Giorgio nearly quit after being a partner for just eight months. But she took control of her working life and now runs a group to help others do the same

In late 2013 I very nearly quit general practice. I had been in a partnership for just eight months, and I was exhausted and fed up. I was facing my first threat of legal action for an alleged late diagnosis, two other complaints, a falling income, and the pressures of my job as a programme director for the VTS.

I was starting to resent going to work and when I burst into tears on the phone during an unpleasant encounter I knew enough was enough. I decided I had to find ways of surviving in general practice.

My first realisation was that I had become quite isolated. I could go a whole day without seeing any of the other doctors. So I joined Tiko’s GP Group on Facebook.[1] The friends I made there genuinely made me smile every day and it was like being back in the doctors’ mess. The value of talking to people regularly who don’t want something from you cannot be underestimated.

Professional judgment

The second thing I did was change how I practised. I needed to take back the control in my working life rather than practising in a way that would set me on a one-way path to burnout. The RCGP training model does not prepare you for work as a real GP, but I realised I could start to say ‘no’ and get over my fear of complaints. This subtle power shift during my consultations made a massive difference.

I learned which services are core NHS services and what we can refuse to do. This was empowering, as so much time is spent writing letters to schools or about housing or travel. I also learned to have faith in my professional judgment. If someone didn’t need a treatment, I learned to say that with confidence. For example, I had always given in and prescribed antibiotics and painkillers to people with dental infections – a classic example of covering for others’ failures and potentially harming the patient.

I could practise good medicine, have an adult conversation with the patient to make a joint decision, but ultimately, if good clinical practice did not fit with what they wanted, I now had the confidence to stick to my guns. It was revolutionary. As someone very wise put it once: ‘I shed the cardie and donned the Teflon’. Yes, I hear more remarks such as ‘well that was a waste of time’ and ‘thanks anyway’. But I haven’t had any increase in complaints and I still get thank-you cards.

JULIAN CLAXTON

> “As someone else put it: ‘I shed the cardie and donned the Teflon’

The final thing I did was to give up my role in the VTS – a hard decision, because I enjoyed training. That gave me the time to set up the support group Resilient GP, with a contact I met online.[2] I wanted to be part of something that could be a voice for UK GPs, providing peer support and teaching. We set up the site and social media accounts and now run courses for GPs to help them practise in a way that will enable them to avoid burnout.

A year and a half later, as anyone who follows me on Twitter knows, I am still a tired and frustrated GP, but I am back in control of my job. I can spend my time with the patients who need my medical care and get professional satisfaction. I am no longer scared of confrontation or complaints and I am willing to risk both those things to practise good medicine.

The skills I learned over the six years of the VTS job and my postgraduate qualifications in education have transferred into Resilient GP.

It gives me immense pleasure to provide peer support and education that puts people back in control of their professional lives.

As one person told us after a recent session: ‘I now feel enthusiastic about general practice for the first time ever in my career’.

There is no better feeling than knowing you have been a part of that.

References

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2 Resilient GP. resilientGP.org

Dr Stephanie de Giorgio is a GP in Kent and a co-founder of Resilient GP