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Research Article

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Diversifying the GP Workforce: Opportunities, Challenges, and Lessons from Practice

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ABSTRACT

Background: General Practice (GP) in the UK is undergoing rapid transformation through workforce diversification, particularly via the Additional Roles Reimbursement Scheme (ARRS) introduced in 2019. This study compares workforce and appointment data from 2019 to 2024, highlighting the impact of ARRS on service delivery.

Methods: We conducted a retrospective observational study comparing two four-week periods (November 2019 and November 2024) at a single UK practice serving ~12,000 patients. Metrics included appointment volumes by clinician type, re-presentation rates within 28 days, and patient satisfaction.

Results: Total appointments increased by 44%, with GP appointments falling by 39% and Advanced Nurse Practitioner (ANP) and ARRS role appointments increasing significantly. Re-presentation rates were lower in ANP and ARRS consultations (8%) compared to GP consultations (14%). Patient satisfaction rose from 88% to 93%.

Conclusion: Diversification improved appointment capacity and maintained patient satisfaction, but raises questions around sustainability, supervision, clinical outcomes, and workforce integration. Ongoing policy review and research are needed to guide safe and effective role development in primary care.

Introduction

The traditional model of General Practice in the UK has relied on GPs as the primary providers of patient care. However, due to rising demand, workforce shortages, and system pressures, Primary Care Networks (PCNs) have adopted a more multidisciplinary approach through ARRS roles including Advanced Nurse Practitioners, Paramedics, Pharmacists, Physician Associates, Physiotherapists, and others. While this has improved access, its effects on continuity, supervision, cost, and outcomes remain debated.

This study evaluates a five-year evolution in workforce composition and its impact on service metrics at a single urban practice.

Methods

This study was conducted at a single urban general practice in the United Kingdom, serving a registered patient population of approximately 12,000 individuals. Over the study period, the practice evolved into a multidisciplinary team comprising seven General Practitioners (GPs), three Advanced Nurse Practitioners (ANPs), and a range of professionals employed through the Additional Roles Reimbursement Scheme (ARRS), including a paramedic, pharmacist, pharmacy technician, physician associate, mental health practitioner, and physiotherapist.

A retrospective observational design was used to compare workforce composition, appointment data, and service outcomes across two defined four-week periods: November 2019 and November 2024. These time points were selected to represent the baseline (pre-expansion of ARRS roles) and the most current operational model, respectively.

Data were extracted from internal electronic appointment booking systems and included the number of appointments delivered by each clinician group during each time period. In addition to appointment volume, the proportion of appointments conducted by GPs versus other roles was analysed. Re-

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presentation rates were calculated by reviewing the number of patients who re-attended the practice within 28 days for the same complaint, with stratification by clinician type.

Patient satisfaction was assessed using Friends and Family Test data collected anonymously at the point of care, with a consistent sample size of 60 patients in both 2019 and 2024. Satisfaction was measured as the proportion of patients rating their experience as "very good" or "good."

Throughout the five-year period, the practice also introduced a number of role-specific clinics designed to optimise service delivery, including clinics for hypertension management, cervical screening, musculoskeletal assessments, medicines reconciliation, and chronic disease reviews in areas such as respiratory, cardiovascular, and learning disability care.

The study did not assess clinical outcomes, clinician satisfaction, or long-term patient health indicators. As a single-site, short-period observational analysis, the findings are not intended to be generalisable but serve to illustrate the potential implications of workforce diversification in general practice.

Results

Role	2024 Appointments	2024 Appointments	% Change
General Practitioners	Baseline	-39%	↓
ANPs	+54% (2023), +127% (2024)	+127%	↑
Clinical Pharmacists	N/A (new)	+553	New role
Physician Associates	N/A	+330	New role
Paramedics	N/A	+315	New role
Physiotherapy	N/A	+106	New role
Mental Health	N/A	+188	New role
Total Appointments	Baseline	+44%	↑

Clinician Type	Re-presentation Rate
GP	14%
ANP & ARRS	8%

Potential reasons for lower re-presentation in ARRS:
- Differing case complexity
- More investigations ordered by non-GP clinicians
- Watchful waiting approaches

Patient Feedback

Year	"Very good or good" rating (%)
2019	88%
2023	95%
2024	93%

Discussion

Our findings demonstrate a significant shift in how care is delivered in UK general practice, reflecting broader national trends. The ARRS framework has enabled practices to improve access by creating multidisciplinary teams, reduce GP workload, and maintain patient satisfaction.

However, Challenges Include

Supervision requirements and vicarious liability for GPs
Variability in training and oversight of ARRS roles
Concerns raised in the Leng Review into Physician Associates, including limiting unsupervised contact with new patients and requiring prior hospital experience
Unclear metrics for defining "appropriate care"—appointments vs outcomes
We found increased first-contact resolution and role-specific clinics (e.g., hypertension, smear, respiratory reviews) improved efficiency. Still, continuity of care and long-term outcomes remain unknown.

There is a growing tension between innovation, cost containment, supervision burden, and maintaining GP leadership in care coordination [1,2].

Conclusion

Workforce diversification under ARRS has delivered expanded capacity, enhanced access, and sustained patient satisfaction in primary care. However, it introduces new risks and governance challenges that require structured training pathways, policy clarity, and long-term evaluation. The future of general practice lies in finding a sustainable balance between workforce innovation and clinical oversight.

References

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