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Fit for the Future
Workforce roadmap



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Royal College of
General Practitioners

#FutureVisionGP

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Workforce roadmap

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December 2019



Royal College of
General Practitioners

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Introduction

In May 2019, the Royal College of General Practitioners (RCGP) published *Fit for the Future: A vision for general practice*.¹ Drawing on research and engagement with over 3,000 GPs, healthcare professionals and patients, *Fit for the Future* describes a revitalised general practice, which is able to meet the challenges and opportunities of the next decade and beyond.

By 2030, we want to ensure that general practice has the staff it needs, equipped with the right resources and skills to continue to deliver excellent care for patients with increasingly complex needs. We want GPs and multidisciplinary practice teams across all four nations of the UK to be able to harness the benefits of new technology, while retaining the relationship-based care approach that patients highly value. We want general practice to take the lead in supporting people to live healthier lives and to help build resilient communities. We want the expert generalist skills of the GP to be fully recognised; we want being a GP to be seen as an attractive, high-status and rewarding profession; and we want to attract other professionals including nurses, physiotherapists, pharmacists, paramedics and a range of others, to have fulfilling careers in general practice.

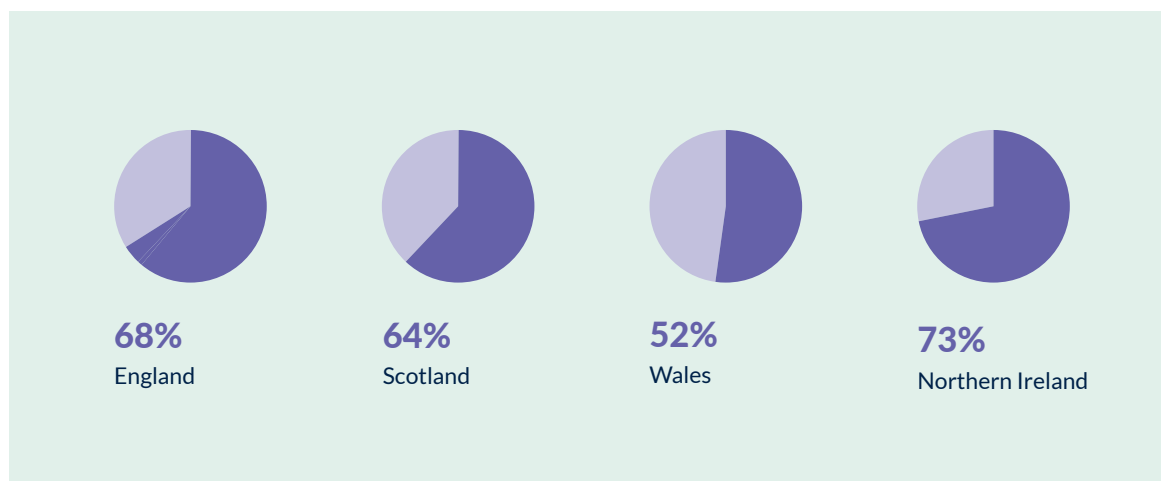
Achieving our vision will require transformation of primary care and an important part of this is expanding and developing tomorrow's workforce.

Since 2009, the number of full-time equivalent GPs per 100,000 people has fallen year on year.² At the same time, demands for healthcare are rising and will continue to do so, as more people live longer, with multiple complex conditions.³

GPs are acutely aware of these pressures. The *ComRes RCGP Tracking Survey 2019* found that the majority of GPs have struggled to recruit new doctors to their practices across the UK (Figure 1).⁴ Unless effective measures are put in place, more GPs will leave the profession, creating a vicious circle.



Figure 1: No. of GPs involved in recruitment in the last year who say it has been difficult to recruit a GP



Notes: Based on surveys of GPs in each nation of the UK in 2019. In field August–October 2019 (England survey, sample of 1569 GPs; Scotland 326 GPs; Wales 145 GPs; Northern Ireland 151 GPs). Data representative of GPs who said they were involved in recruitment, excluding “don’t knows”.

In order to meet growing patient demand and improve the health outcomes of local communities, more GPs are urgently needed. Alongside this, the multidisciplinary team needs to be expanded to ease workload pressures and widen the range of services delivered in general practice. This will also be positive for the wellbeing of GPs, enabling them to refocus their time to where their skills are most needed – managing complex cases, multimorbidity and undifferentiated illness. Many of the GPs, practice staff and patients with whom we consulted when developing *Fit for the Future*, highlighted the benefits which multi-professional teams can bring.

Policy makers must take radical steps to attract more people to work in general practice, equip them with the skills they need to deliver complex, person-centred care, and keep them in rewarding careers.

There are no quick fixes to the challenges facing general practice. We need long-term investment in the general practice workforce, more money to educate and train the future workforce, and comprehensive, properly-funded workforce plans to deliver sustainable change. This roadmap sets out clear actions, both short and long-term, to achieve these goals. These include ambitious, deliverable workforce plans; enhanced education and training; effective measures to recruit new doctors and encourage former GPs to return to practice; and bold action to improve career development and enrich the working lives of GPs and multidisciplinary teams in general practice. Improving the experience of those providing care is a core component of the so-called ‘quadruple aim’ as it recognises that

engaged, productive and contented staff are an essential part of an effective healthcare system, and as such workforce plans should aim to ensure general practice staff find meaning in their work.⁵

The objectives we have identified to achieve these goals, each of which require a set of actions, are set out in this roadmap and summarised in our separate [RCGP Workforce Roadmap Summary](#).

Investing in our workforce is just one of the enablers required to realise our vision. We also need increased investment in digital technology and innovation, to make better use of data and evidence, and to modernise GP premises. All of this must be underpinned by a sustained increased investment in core general practice funding of at least 11% of NHS budgets across the UK (see *cross-cutting enablers*).

If these building blocks are put in place, we can ensure that general practice in the UK provides a world class service for patients and is a great place to work for GPs and multidisciplinary practice teams.



Our vision for the general practice workforce: *Fit for the Future*

A revitalised profession:

General practice will be the career of choice for growing numbers of ambitious and talented medical students and foundation doctors. The skills of the GP as an expert medical generalist will be more highly valued than ever before. There will be more time and better support for training and professional development, and more GPs will be able to take on extended roles and develop additional areas of expertise.

An expanded team:

Care will be delivered by expanded multidisciplinary practice teams, offering a wider range of services and working together to provide enhanced care. New roles will complement the skills of the GP, enabling practices to better support patients to manage their conditions and to remain in good health. GPs will provide leadership, advice, training and mentoring to their practice teams and will retain ultimate responsibility for the care of their patients. General practice will be the career destination of choice for growing numbers of NHS professionals.

Developing a workforce roadmap

To realise this future vision, we have identified a range of goals or 'intermediate outcomes' encompassed in four broad themes. These are the key stepping stones to revitalising the general practice workforce.

The roadmap sets out the actions required of policy makers, NHS bodies – local and national – and workforce planners, to achieve those goals.

This roadmap is not an exhaustive list of every single activity that is needed to develop and transform the workforce. Instead, it is intended to be a framework for developing workforce strategies and for facilitating discussions with key stakeholders on how this can be delivered.

Tinkering around the edges is not an option. We need bold, comprehensive action to ensure that the general practice workforce is fit for purpose to meet the health challenges we face over the next decade and beyond.

Intermediate outcomes



Workforce planning

- The general practice workforce has sufficient numbers to meet the health needs of the public.
- There are effective plans, resources and delivery mechanisms in place for both short and long-term workforce planning, supported by accurate and accessible data. This includes clear responsibilities across national, regional and local levels.
- Effective strategies are developed to recruit and retain GPs in under-doctored areas.



Education and training

- GPs and the range of professionals in general practice feel fully supported and equipped to educate, train and develop the workforce.
- GPs and members of an expanded practice team are equipped with the breadth of skills they need throughout their education and training to meet the changing health needs of the public.
- A diverse and wider population is able to train in general practice, broadening the pool from which the workforce of the future is drawn.



Recruitment and returners

- Greater numbers of doctors are attracted to training and working as GPs, including returning and from overseas.

- A bigger and wider range of other NHS professionals are attracted to careers in general practice.
- People want to train and work in general practice across all areas of the UK.



Quality of working life and career opportunities

- GP workloads are manageable.
- General practice is seen as a great place to work across the UK, by GPs and practice staff.
- The mental health and wellbeing of GPs and practice teams are effectively supported.
- GPs and their practice teams enjoy fulfilling, flexible and rewarding careers, and are supported to be system leaders.
- Professional development is effectively supported, so GPs and practice teams can keep their knowledge and skills up to date, take on new roles, and deliver the best possible care for patients.



Summary of priority actions

Throughout this roadmap, specific high-impact priority actions are highlighted, as summarised below. For a full, high-level summary of all the actions see the [RCGP Workforce Roadmap Summary](#).



Workforce planning

- By the end of 2020, there should be clear, realistic short-to-medium term government targets for the expansion of GP workforce in each country of the UK, *as well as* for expansion of the whole general practice team.
- By 2023, data should be significantly improved to allow accurate and comprehensive tracking and projections of the GP workforce.
- Governments should urgently invest in local organisations to support and expand education and training in general practice.



Education and training

- Governments should urgently fund and ensure expansion of GP training places across the UK.
- Over the next three years, governments should invest in incentivising expansion of educator and trainer roles in general practice.
- By 2021, governments should bring funding for general practice undergraduate teaching up to adequate levels.
- By 2021, governments should adequately fund non-medical undergraduate (or equivalent) clinical placements in general practice.
- By 2022, the proportion of time spent in general practice during GP training programmes should be increased to at least 24 months.
- By 2023, innovative teaching and training placements should be funded and rolled out in all areas that are understaffed by GPs.



Recruitment and returners

- In 2020, government reviews should be undertaken of Returner and Refresher programmes across the UK, with the aim of boosting current initiatives.
- By 2021, a professionally-led promotional campaign on the GP role should be launched across the UK.



Quality of working life, career opportunities and retention

- Over the next two years, governments should further pump prime investments in targeted actions to improve the workload of GPs.
- Governments should substantially increase investment in locally-led GP retention initiatives.
- By 2021 government should reform the NHS pensions system.
- By 2022, programmes should be developed, funded and rolled out to support GPs (and others) in supervising members of the multidisciplinary team.



Workforce planning

🔍 Intermediate outcomes:

- The general practice workforce has sufficient numbers to meet the health needs of the public;
- There are effective plans, resources and delivery mechanisms in place for both short and long-term workforce planning, supported by accurate and accessible data. This includes clear responsibilities across national, regional and local levels;
- Effective strategies are developed to recruit and retain GPs in under-doctored areas.

The first steps to developing the future general practice workforce must be to understand both what the current workforce and pipeline of staff in training look like, as well as projecting current and future patient needs. Currently, high-quality data for this is not

widely available for general practice, and often practices do not have sufficient information to make strategic workforce decisions. Improved data on staff and their skills and effective methods and tools for projecting demand for primary care are needed to enable effective local workforce planning.

Some local areas have already managed to develop effective mechanisms to gather workforce data and to understand their local population needs.⁶ However, this is not the case across the UK, and these initiatives are not supported in a joined-up way. All too often, accountabilities and mechanisms for national-level workforce planning are weak, and this is hampered by a lack of high-quality data.

There is currently no detailed understanding of workload in general practice. Clinical workload can be derived through databases of clinical activity collected from general practice clinical computer systems, though these data are not designed for workload monitoring purposes and so there are some data quality issues. Non-clinical workload data is not currently well-defined or measured.

Even with limited data available, it is widely understood that the UK requires a sustained expansion in GPs to address current shortages and to meet future demand. In 2016, the GP Forward View laid out a commitment to recruiting 5,000 FTE additional GPs in England by 2020,⁷ and a target expansion of 800 (headcount) was set for the Scottish GP workforce in 2017.⁸ Yet, to date, there has been negligible progress towards these goals, and other parts of the UK have experienced similar trends.⁹

While general practice faces pressures across the whole country, these are not evenly distributed. More disadvantaged areas, which typically have higher burdens of ill health, also typically have fewer GPs, exacerbating existing health inequalities.¹⁰ Specific initiatives are therefore needed to address inequalities in care provision.

There are also clear government goals to expand the multidisciplinary team in varying degrees across the UK. In England, the latest GP contract framework promises funding to be available for employment of 20,000 additional staff in general practice, staggered across six different roles.¹¹ In Northern Ireland, a multi-disciplinary team initiative has recently been expanded to cover all five health trust areas,¹² and a recent programme means there is now a clinical pharmacist working in every practice. The latest Scottish GP contract emphasised the role of GPs within multi-disciplinary community teams, with the aim of moving their employment under health boards,¹³ and strategic planning in Wales emphasises the importance of the multidisciplinary team.¹⁴

Ahead of the December 2019 general election, the government pledged a number of new workforce commitments, including 6000 additional FTE GPs and 6000 other

staff such as physiotherapists and pharmacists working in general practice in England by 2024/25. Bold action and significant additional investment will be needed to deliver on these commitments.

✓ Actions

1. **Improve the understanding of general practice workforce trends and pipeline, and population health needs for access to primary care**

Priority action: By 2023, data should be significantly improved to allow accurate and comprehensive tracking and projections of the GP workforce

- General practice workforce datasets should be improved across the UK to inform a comprehensive understanding of current workforce supply for GPs, the multidisciplinary team and non-clinical staff, regardless of their employment status. This should include regular, robust measures of headcount and full-time equivalent staff, tracking of those joining and leaving the workforce overtime, and key demographic information. It should enable an understanding of conversion rates from training into the workforce, career pathways, and retention rates, and as such, support detailed workforce forecasts overtime.
 - Workforce data capture and definitions should be standardised across all UK nations, to ensure it is meaningful and comparable. This includes capturing Full Time Equivalent (FTE) workforce data, alongside headcount in each nation of the UK. Data collection needs to be implemented in a way that does not negatively impact workload for current practice staff.
 - Governments should carry out and publish comprehensive workforce data analysis using these improved datasets and building on existing work such as the Scottish National Primary Care Workforce Survey, and NHS Digital's Primary Care Workforce dataset.¹⁵ These datasets should be published in a timely manner for transparency and further analytical use.
- A range of actions should be taken to develop a detailed understanding of workload in general practice. Governments should work with the RCGP and other key stakeholders to move this agenda forwards across the UK – developing and agreeing a conceptual framework for GP workload (and other multi-disciplinary team members), improving clinical data collection and analysis and setting up systems to establish an understanding of non-clinical workload.
 - Governments should work with providers of general practice clinical computer systems to ensure that their products collect high-quality workload data efficiently that is consistent across systems, and linkable to clinical activity.

- Governments should ensure resources are available to support existing database owners to develop and provide clinical workload data and analyses from practice level to system-wide across the UK, bringing four-nation data together.
 - In addition, governments should fund regular collection and analysis of non-clinical workload data to build a full and detailed picture of workload pressures and potential solutions to these pressures. The clinical and non-clinical workload datasets should support the monitoring of workload trends over time to support identification of workforce skills mix needs and understanding of key levers to managing workload that can be shared with local, regional and national planners and decision-makers.
 - Alongside better workload data, practices should be supported to access other available data sources that can build understanding of population health needs, which can help to inform health initiatives in general practice, as well as workforce development.
 - To support these actions, governments should also consider funding the deployment of data information officers and analysts to support general practice.
- Over the next three years, all staff in general practice should be included in relevant annual NHS staff surveys, to ensure that their experiences inform NHS strategic planning. This will need to avoid duplication with other staff surveys already carried out, to avoid survey fatigue for practice staff, and therefore may take several years to put in place.
 - Workforce planning insights should be factored into government decisions on investment in infrastructure for general practice – including ensuring practice premises have sufficient space for expanded teams to carry out consultations, as well as for training. This is a necessary enabler for a number of aspects of this roadmap (see *cross-cutting inputs* in the final section).



Priority action: By the end of 2020, there should be clear, realistic short-to-medium term government targets for the expansion of GPs in each country of the UK

2. Effective government targets for workforce expansion should be set

- Short-to-medium term GP workforce targets should be confirmed in 2020. In England, clear milestones for making progress towards the 5,000 FTE GPs target should be established to ensure this goal is achieved as soon as possible, as well as clarifying its new commitments, action plan and timeframe for achieving at least 6,000 FTE GPs in the workforce by 24/25. Scottish government should review its current 800 additional GP target, on an FTE basis. Comparable government FTE targets should be established urgently in Wales and Northern Ireland, with clear steps for how these targets will be achieved.
- As soon as the requisite workload and workforce modelling has been undertaken, longer-term GP workforce targets should also be set that will take us to 2030 and beyond. Training a GP from entering medical school takes at least 10 years, so planning ahead is essential. Workforce planning should take account of predicted future demand and healthcare needs, as well as different roles and capabilities, and supervision requirements. Planning must also allow for protected time for teaching, learning and management activity (see [action 16](#)).

Priority action: By the end of 2020, governments across the UK should set clear short-to-medium term targets for further expansion of the whole general practice team

- Given growing population health needs, and the need to expand care delivered in the community, including greater prevention activity, the further expansion of the wider practice team is urgently required alongside the expansion of GP numbers. Targets to this end are needed across the UK.

In England, there is a funding commitment for an additional 20,000 practice staff, as part of the new five-year GP contract framework, covering five roles: social prescribing link workers, clinical pharmacists, first contact physiotherapists, paramedics and physician associates. This should be made more flexible to ensure that all practices can benefit, regardless of which staff are ready and available for them to recruit in order to meet their workforce needs, or which roles they already employ in their practices.

Where Primary Care Networks are unable to recruit staff under the criteria specified by the contract, funding should be redistributed by NHS England for networks to use

for alternative or additional roles. Expanded targets and appropriate funding should also be provided to secure other vital members of the practice team, including nurses, who were not included in the 20,000. There also needs to be sufficient funding for business support roles (see *action 16*) and to meet the costs of training and developing this workforce (see *action 10*).

Ambitions for expanded multidisciplinary teams in Scotland, Northern Ireland and Wales should be clarified and properly supported, with appropriate urgency to meet demand. There also needs to be an effective plan for training this expanded pipeline of staff (see *action 10*).

3. Improve workforce planning and development mechanisms

- Effective structures need to be put in place to oversee general practice workforce planning and development at national, regional and local levels, with clear responsibilities defined. A key part of this needs to be through improved collaboration and clearer division of responsibilities between NHS arm's-length bodies, regulators, government departments, Higher Education Institutions and Royal Colleges.

Priority action: Government should urgently invest in local organisations to support and expand education and training in general practice

- There should be increased investment in local organisations that can support general practice education and training. These organisations should help to foster collaboration with local education bodies and existing governance structures, including signposting staff to available and funded programmes, as well as having the right resources to support practices and staff in workforce development. They should be able to support the educational and development needs of GPs and the practice workforce, right from the start of training to ongoing professional development throughout their careers.

In England, Training Hubs are in varying stages of development across the country, and there has been insufficient funding in the education and training budget to enable them

to take on a substantial role in supporting education and training in general practice. Channelling funding into Training Hubs to develop education and training in general practice should be a priority for government and arm's-length bodies.

- 'Place based training', whereby training is delivered collaboratively within a particular locality and adapted by training providers to local contexts, should be supported. This should enable the flexibility for local areas to tailor education and training to the locality (within legislation and widely agreed frameworks) which may also help to encourage people to work in the areas they have trained. This could be facilitated by the creation or development of local 'hubs', as described above, through which funding is channelled.

4. Implement effective strategies for under-doctored areas and overseas recruitment

- Governments across the UK should consider developing a 'wrap around' package of incentives and support, to facilitate recruitment of new and returning GPs to under-doctored areas, drawing on the example of the Welsh government's Train, Work, Live programme.¹⁶
- See *recruitment and returners* section.



Education and training

🔍 Intermediate outcomes:

- GPs and the range of professionals in general practice feel fully supported and equipped to educate, train and develop the workforce;
- GPs and members of an expanded practice team are equipped with the breadth of skills they need throughout their education and training to meet the changing health needs of the public;
- A diverse and wider population is able to train in general practice, broadening the workforce of the future.

High-quality education and training, which gives GPs and multidisciplinary teams the skills they need, is crucial to building a future-proof workforce in general practice. As outlined above, we also need more GPs and members of the wider team working in general practice, both now and in the future. Comprehensive, joined up, and long-term plans to educate and train more staff in the skills and values of general practice care will therefore be needed.

General practice cannot succeed without the expert skills of GPs, who understand how to take a holistic approach to managing the care of each individual, no matter how complex their needs. Given growing population health needs, and clear benefits to delivering more care in community settings, the practice team must also continue to expand.¹⁷

To achieve this, there needs to be a sustained increase in numbers of GPs in training. In recent years, a growing number of GP Speciality Training places have been funded and successfully filled in some areas in the UK, particularly within England and Scotland, and Wales experienced a significant expansion in 2019 (places filled increased by 38% on the previous year).¹⁸ However, other parts of the UK continue to struggle to attract GP registrars, particularly in Northern Ireland.¹⁹ There is also no guarantee that positive trends will continue without specific interventions and sustained recruitment activity (see also *recruitment and returners*).

These recruitment challenges are most often found in places with the worst overall health outcomes, exacerbating existing health inequalities.²⁰ Specific interventions are therefore needed to improve access to healthcare in disadvantaged areas, supporting GPs to train in areas of greater need, and to make it more likely GPs will choose to remain in those areas in the longer-term.

Currently, education and training pathways for other members of the clinical team in general practice are often disjointed and only funded at a fraction of medical undergraduate teaching in general practice, (which itself is already severely underfunded in many areas).²¹ Targets to expand the multidisciplinary team in general practice will only succeed if they are underpinned with joined-up, well-resourced plans to train these staff.

If more GPs are to be recruited and trained in the future to meet population needs, there will need to be a sustained pipeline of medical students and foundation doctors choosing GP training. Positive experiences of general practice during early medical training significantly increase the likelihood that a student will go on to pursue a career in general practice.²² High-quality placements in general practice are also important for improving understanding of the role of primary care among all future doctors.

There also needs to be enough doctors across the NHS, and other specialities have already argued that this will not be the case without bold action to expand the entire training pipeline.²³ For example, in England, if 50% of the current undergraduate intake go into GP training, this would equate to just 3,695 GP trainees in 2026/27. Given that there is already a desperate need for more GPs and growing demand, it is highly unlikely that this number will be sufficient to meet primary care needs when these GPs qualify in 2029 at the earliest. Although recruiting more international doctors can help, high numbers are not guaranteed, and this is unlikely to create a sufficient pipeline of GPs overall. Therefore, the total number of doctors going into training needs to be increased, and this will ensure the expansion of GPs complements, rather than competes with, the workforce needs of other areas of the health service. Action is also needed to increase the number of doctors moving from abroad to train as GPs and contribute to primary care.

UK GPs are highly trained expert generalists, who can deliver high-quality, person-centred care. As healthcare increasingly evolves and becomes more complex, GP education and training needs to be extended and enhanced. The future workforce will face a range of challenges, from leading and supporting multi-professional practice teams to utilising new diagnostic tools, as well as managing growing complex health needs for our population. As well as ensuring GPs can continue to deliver high-quality care, enhancing training will also help prevent burnout by providing a proper foundation for a successful and rewarding career in general practice.

Ensuring the general practice workforce is able to effectively support mental health needs, alongside physical health, must also be a clear focus in future workforce planning. This includes the need to expand the multi-disciplinary workforce in primary care to assist patients early on with mental health challenges, such as through talking therapies, as well as better supporting GPs to develop their own skills and knowledge in this area – in particular, through extending GP training.

All of this requires an expansion of training resources and capacity in general practice. Health education and training budgets have been substantially underfunded for some time, with a decreasing proportion of NHS resources invested here compared to investment in service delivery.²⁴

Although the number of GP trainers has been increasing, it is not keeping pace with expansions in GP training, and many trainers are already reporting significant pressures and strains.²⁵ In order to expand training for GPs and the multidisciplinary practice teams, a greater pool of educators and trainers is needed, as well as a range of resources, such as sufficient space for teaching.

✓ Actions

5. Increase the number of GPs in training

Priority action: Government should fund and ensure urgent expansion of GP training places across the UK

- There needs to be a sustained increase in the number of GPs entering training, and this should be pump-primed within the next few years, in order to turn the tide on recent workforce trends. This is happening more effectively in some areas of the UK than others, but further progress is still needed across the board.²⁶ Funded and filled GP training places should accordingly be expanded significantly in the short-to-medium term across the UK. This must sit alongside the expansion of training infrastructure, such as investment in premises for appropriate teaching spaces.

Funding should be provided for at least 4,000 GP training places in England for 2020–21 and expanded to 5,000 as soon as possible. This will also require an expanded undergraduate medical pipeline in the future and actions to increase recruitment of international medical graduates into GP training (see [action 9](#)).

Devolved governments should significantly expand the number of GPs in training over the next few years, to boost the expansion of the workforce.

- Routes into GP training (as well as the workforce) need to be more flexible, and better promoted and supported. Pathways into GP training should be improved so that doctors who are training or have trained in other specialities are able to easily and meaningfully transfer prior experience, and this should be better tailored to the individual. For example, trainees should not have to repeat placements in their area of previous speciality training.

6. Increase trainer and training capacity

Priority action: Government should invest in incentivising the expansion of educator and trainer roles in general practice over the next three years

- GPs and other healthcare professionals need to be better resourced and supported to become educators and trainers. For example, in England, whilst trainee numbers have risen by 14.5% since 2015, the number of trainers has risen by only 10%.²⁷ To support and sustain the expansion of the GP workforce, there will need to be an increase in the current number of trainers over the next two to three years.
- Access to training and development therefore needs to be made more widely available to GPs and other health professionals who are considering becoming trainers (for postgraduate and foundation doctors) and tutors (of undergraduate students).
- Governments should invest in and implement strategies to increase special support to training practices in areas of deprivation, ensuring it is attractive to be a trainer in these areas, to stimulate an effective training culture and encourage GP trainees to stay in these areas post-qualification. This could include an incentivised financial scheme for trainers in return for several years of service in that area, based on learnings from other schemes (such as the Targeted Enhanced Recruitment Schemes in England, Wales and Scotland).²⁸
- As part of their training, GPs should be supported to acquire teaching skills. One way in which this could be achieved, is by supporting and expanding opportunities for GP trainees to mentor their peers and facilitating 'near-peer' teaching.²⁹
- Future GP contract negotiations should strongly consider education and training as part of the range of activities of the core GP role for a high proportion of the workforce. This important role needs to be appropriately valued and remunerated to ensure it is attractive and that trainers want to continue developing the next generation of GPs.
- Increased investment in premises is required, including the expansion of consulting rooms for GP trainees, other professional staff, as well as improvements in facilities for group consultations, and one-to-one sessions for a range of staff learning in general practice (also see *cross-cutting inputs* in the final section).

7. Increase resources for, and expand, undergraduate medical teaching in general practice

- By 2030, all medical students should have the opportunity to experience substantial high-quality educational placements in general practice, which has been shown to help attract students into the profession.³⁰ By 2025, as a step towards this, at least 25% of undergraduate medical teaching in total, across the length of the degree, should be in general practice (research indicates the current average is around 10%).³¹

Priority action: By 2021, governments should bring funding for general practice undergraduate teaching up to adequate levels

- To sustain even the current levels of placements, as well as expand in the future, adequate funding must be allocated to general practice for undergraduate teaching. This is needed to ensure high-quality placements for all medical students. This must be equitably spread across local areas and therefore requires the creation of fairly-funded national tariffs which adequately reflect the costs to practices of hosting placements.

In England, it is estimated that teaching is over 40% underfunded on average. This must be urgently addressed by significantly increasing government funding allocated through a national tariff. Action on this issue over the last few years has been slow, despite successive government-led reviews. This issue will need to be resolved prior to any expansion in undergraduate numbers overall (see [action 9](#)).

In November 2019, the Scottish Government announced a significant increase in funding for undergraduate teaching in general practice,³² following a review into increasing undergraduate education in general practice. Similar action should be replicated across the UK.

- Medical schools should ensure that the RCGP and the Society of Academic General Practice's *Guiding principles for undergraduate general practice curricula in UK medical schools* (and any future additions) is a core aspect of their medical courses.³³
 - Schools should also ensure that their medical teaching programmes reflect the Faculty of Medical Leadership and Management's guidance, *Medical Leadership and Management – an indicative undergraduate curriculum*, as this is an essential basis for future training in general practice.³⁴
 - The General Medical Council's *Outcomes for Graduates* also needs to reflect these two core aspects of medical undergraduate teaching and be delivered in course programmes.³⁵
- As part of the expansion of high-quality placements early on in medical training, innovative methods of teaching in general practice should be developed and supported to enable group teaching. For example, simulated surgeries can allow early year medical students to watch GP consultations moments after they take place through live streaming technology.

8. Expand foundation training in general practice

- By 2025, 100% of foundation doctors should carry out a general practice placement, of no less than four months in length, or a longitudinal placement (for example one day a week) throughout the duration of their foundation programme.³⁶ Given that this is a crucial stage in their career decision making process, it is essential that all foundation doctors have the chance to experience the diverse opportunities in general practice. The standards for these placements must also be maintained and improved. This will require additional funding across the UK in education and training budgets for placement provider and salary costs.

Around 58% of foundation doctors completed a general practice rotation in 2018/19 in England,³⁷ and exposure rates to general practice in other areas of the UK, including Wales and Scotland, appear to be even lower.

9. Expand the future medical pipeline overall

- Short-term solutions must be replaced with longer-term planning, and this must include training more doctors overall. Further expansion of undergraduate places at medical school and foundation doctor places should be implemented in the medium-term. Additional funding will need to be provided for expansion of teaching and training in general practice, to ensure a significant proportion then go on to enter GP training (linking to [action 7](#)). This action should include three targets:
 - Increase the intake of undergraduate medical student places by at least 20% from 2021/22.
 - Subsequently, increase the intake of foundation doctor places by at least 20% from 2026/27.
 - Ensure at least 50% of UK graduate doctors consistently go into GP specialty training across the UK (currently this is around 40% in England).
- Greater efforts should be taken to sustain and increase recruitment of international doctors into GP training in the UK. Governments should increase focus within international recruitment schemes on this group of doctors, as well as ensuring they have appropriate support to enter into GP training.

10. Improve and expand training in general practice for the multidisciplinary team

Priority action: By 2021, governments should adequately fund non-medical undergraduate (or equivalent) clinical placements in general practice

- It is widely accepted that there are not enough healthcare professionals in the wider system, such as nurses, paramedics and first contact physiotherapists, so this means that training programmes for these roles need to be expanded, and strategies implemented to encourage more people onto them (see [action 13](#)). Figure 2 outlines the range of roles that are likely to be working in general practice in 2030.
 - Training for advanced roles also needs to be expanded, to enable staff to take on more advanced roles within their scope of practice (also see [action 18](#)). This is acutely needed to meet certain aspects of current workforce plans.

An example is the roll out of first contact physiotherapists (who are advanced clinical practitioners) as part of the GP five-year contract framework to support the NHS Long Term Plan in England. As outlined in the workforce planning section above, better data and analysis is needed to estimate future needs within local areas to inform these advanced training programmes.

- Substantial and high-quality placements for the range of professionals who may work in general practice in the future should be incorporated into their early training (including undergraduate courses or equivalent training). There are already examples of best practice around the UK, but these need to be rolled out more widely.³⁸
 - To sustain and expand non-medical placements in general practice, adequate funding must be allocated. These placements must be properly funded so providers can ensure high-quality experiences in general practice to attract them into a related career. This must be equitably spread across local areas.

In England, this could be addressed through a substantial increase to the current non-medical tariff, which is just £3,500 per FTE in England in 2019 (which would be around £95 per week across a 37-week programme). This must be urgently increased.

- Training pathways for all staff working in general practice need to be clearly defined. Clear national competency frameworks and standards need to be developed for the range of staff

working in general practice. These need to be general practice specific, as well as aligning with existing professional frameworks. This work is already underway in some areas of the UK and for some roles, but needs to be properly funded, joined up and effectively communicated to everyone working in general practice.

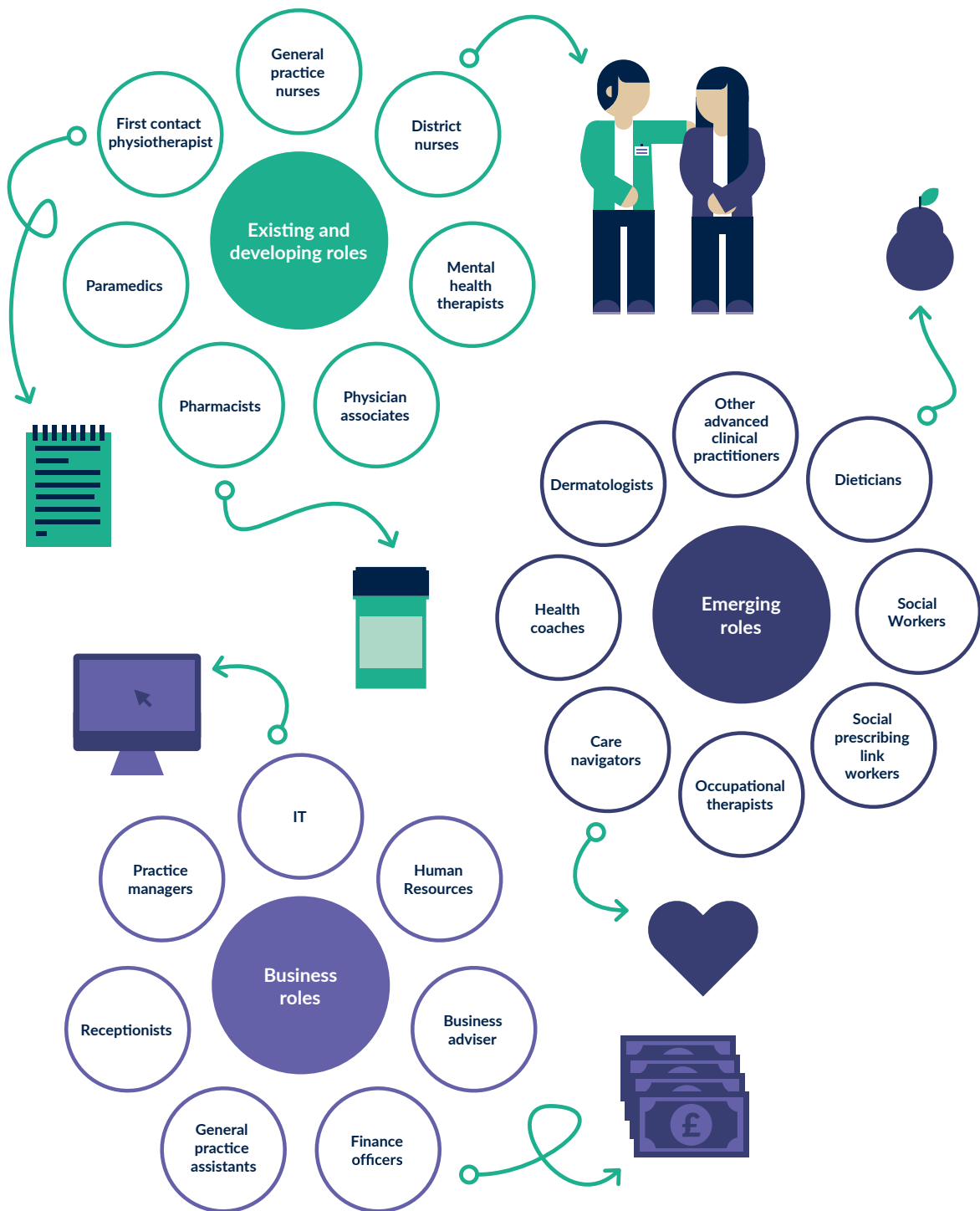
- Training for the range of potential professionals to work in general practice needs to be expanded. For qualified professionals whose prior training has not included substantial exposure to general practice, comprehensive induction and training courses should be developed. This should help professionals to gain contextual support for their work in general practice, as well as addressing any additional learning needs. These programmes must be properly funded and supported by local NHS organisations, and through collaboration with the RCGP and other professional bodies.

A successful example of such an initiative is the Clinical Pharmacist in General Practice programme in England.³⁹ This programme included funded induction support for the practice, an educational offer for clinical pharmacists joining the practice, and independent prescribing courses where appropriate.

- The training of mental health therapists to work closely within primary care should be part of any future workforce plan. These individuals should also be integrated as part of the team in general practice to enable better collaboration between mental and physical care, ensuring it is personalised.



Figure 2: Tomorrow's practice teams



11. Enhance GP training

Priority action: By 2022, the proportion of time spent in general practice during GP training programmes should be increased to at least 24 months

- By 2022, the time spent in general practice posts within the current three-year GP training programme, should be at least 24 months as an absolute minimum, across the UK. This is already being piloted in some areas of the country, and should be rolled out, with appropriate resources and support attached.⁴⁰
- The remaining 12 months of GP training (based within specialities relating to general practice) should be better tailored to primary care settings, with trainees only being placed outside of community settings when their individual learning needs dictate this, following appropriate individual skills assessments. Programmes should recognise prior experience wherever appropriate.
- All GP registrars should have sufficient training in out of hours, urgent and unscheduled and community care settings. This may be delivered through dedicated placements, or hybrid in/out of hours models, and should include specific training in the additional skills and competencies needed to practice in these different settings.⁴¹ Trainees should also have more opportunities to learn about Quality Improvement methodologies.
- To facilitate these actions, place based training (as outlined in [action 3](#)), should be supported to enable GP training programmes the flexibility within funding and decision structures, to allow trainees to undertake a greater proportion of their training in general practice, above 24 months. This should also help local areas to ensure the proportion of time spent in other settings is more tailored to the individual's learning needs. It should also enable localities to define what is most relevant for the individual GP trainees in that area, according to local population characteristics.
- By 2028, implementation of GP Speciality Training extended over four years must be complete, to ensure future GPs have the time to develop the breadth of skills, clinical knowledge and contextual experience to confidently deliver care that meets the increasingly complex needs of patients. GPs must be adequately trained and supported to integrate, lead and supervise multi-disciplinary teams to provide effective generalist care. Funding and resources to expand training capacity must be increased to facilitate this, and innovative models of training should be developed.
- GP training programmes should also prepare future doctors effectively for the use of technology. This should also be applied for training of the whole practice team. See the [RCGP Digital Technology Roadmap](#) for further discussion of this.

12. Implement strategies to boost GP training in understaffed areas

Priority action: By 2023, innovative teaching and training placements should be funded and rolled out in all areas that are understaffed by GPs

- To facilitate recruitment to practice in under-staffed areas, a greater number of training placements should be delivered in a range of urban, rural and semi-rural settings, through innovative, hybrid or collaborative models. This could include exchanges between practices, or joint hosting of a single trainee.⁴² Further research and/or piloting will be needed to identify the efficacy and attractiveness of such models, and additional funding would be required to deliver this.



Recruitment and returners

🔍 Intermediate outcomes:

- Greater numbers of aspiring doctors are attracted to training and working as GPs, including returning and from overseas;
- A bigger and wider range of other NHS professionals are attracted to careers in general practice;
- People want to train and work in general practice across all areas of the UK.

Meeting the healthcare needs of the future, and providing the care envisaged in *Fit for the Future*, means improved and sustained efforts to expand the workforce. This will rely on attracting more trainee doctors, nurses and other staff to careers in general practice – as well as retaining them (see the next section for the latter).

The first step to attracting more people to careers in general practice, is to provide information on the career options available, training and qualification processes, and job opportunities. Although there is currently information available, there is no obvious digital ‘home’ or port of call for this across the UK. Similarly, there is considerable promotional activity underway, for example through the establishment of GP Societies, but a professionally-led, joined-up campaign could add significant value. This should include clear messages from government, including in legislation, that GPs are specialists in their field.

As outlined in **education and training**, giving more people the opportunity to experience high-quality placements in general practice is known to help attract students to a career in the same setting. In addition, action needs to be taken to better promote general practice as a stimulating and rewarding work environment, showcasing the role of the GP as a high-status, expert profession, as well as the career opportunities for a wide range of staff.

As well as attracting new people to careers in general practice, there is a pool of people who have already qualified in a professional role and could rapidly contribute to the general practice workforce, given the right additional training and / or support. This includes the significant numbers of GPs and other staff who have left their profession, for example, because of caring responsibilities, to pursue other interests, or to take early retirement. These staff could easily be supported to return to the workforce. There are also staff working in other parts of the healthcare sector who may wish to move into general practice as it may better suit their personal or professional needs, such as flexible hours.

Overseas doctors who are appropriately trained and recruited in line with ethical principles, also have an important contribution to make in ensuring we have the general practice workforce that we need. While there are already some international recruitment efforts underway in the UK, these could be better targeted, and there are current and potential barriers within the visa system that could be removed to attract more people from abroad.

Actions

13. Improve guidance and communications for careers in general practice, to sustain and support future recruitment

- As outlined under **actions 7 and 8**, giving more people the opportunity to experience high-quality placements in general practice is proven to help attract students to a career in the same setting.
- Better coordination is needed in promoting the career of a GP, as well as other roles in general practice. This should include the development of streamlined and cohesive information and career guidance for future doctors, as well as enabling easy access to information about job opportunities.
- By 2022, a 'home' for careers information in general practice should be established. This should provide a central streamlined digital port of call for careers information and guidance, where those interested can engage with relevant content and receive tailored and timely communications, as well as being directed to appropriate organisations for advice.

Priority action: By 2021, a professionally-led promotional campaign on the GP role should be launched across the UK

- Given the need to sustain and further expand the number of GPs and practice staff, current general practice career and recruitment marketing and engagement activity should be reviewed and boosted, including the creation of professionally-led promotional campaigns.
- This would bring together successful elements of current campaigns, to celebrate general practice and recognise the value of the GP role. This should also include raising public awareness and understanding of the role and responsibilities of a GP, alongside the wider practice team (also see [action 15](#)).
- All relevant organisations should collectively and proactively produce clear and consistent messaging that GPs are specialists in their field. This should include clarification across all local areas that GP training is no longer 'Vocational Training' and is instead 'General Practitioner Specialty Training' (GPST).
- Formal recognition of GPs as specialists should be implemented through amending the Medical Act 1983. This would also help to ensure GPs currently in the profession feel valued for their expert skills and important role in the delivery of care, alongside secondary care colleagues (see [quality of working life and career opportunities](#)).

14. Implement initiatives to better support those returning and transferring into the general practice workforce

Priority action: In 2020, government reviews should be undertaken of Returner and Refresher programmes across the UK, with the aim of boosting current initiatives

- GP 'returner' or 'refresher' programmes across the UK should be better supported. Greater financial incentives and support for practices to implement measures like flexible working arrangements, should be provided to attract more people to these programmes. A review of the relevant returner schemes across the UK should be undertaken in partnership with the RCGP and British Medical Association, and further investment targeted here from government.

For example, in England the Induction and Refresher programme has undergone noteworthy improvements and streamlining since 2016. However, RCGP regularly receives anecdotal feedback that the process still feels too cumbersome and there is a lack of support more widely upon returning to the workforce.

- Investment in return to nursing programmes for general practice, including incentives to both nurses and practice placement providers, should be significantly increased.

For example, in England, practices currently receive £500 per nurse on a Return to Nursing programme, which could be for up to a three-month placement. This should be increased to at least £1,000 per month of placement for both the nurse and practice. There should also be a more significant incentive over a longer-term for nurses to return to work in general practice in under-nursed areas.

- The ability for doctors who have trained and worked in other specialities to gain recognition of relevant experience through the CEGPR (Combined Programme) pathway of entry to the profession, also needs to be better publicised, with appropriate information disseminated so that it is better understood.
- There also needs to be improved and better targeted promotion of the Portfolio Route, which is for UK trained GPs overseas, to provide them with a simplified pathway through which they can return to UK practice. NHS bodies should create targeted campaigns to support these aims, and the information should be in all relevant organisation's communications.

15. Improve efforts to recruit GPs and other professionals from abroad to work in primary care

- Greater efforts should be made to increase recruitment of international doctors into the workforce, particularly into GP training in the UK (also see [action 9](#)).
- The Home Office should work with the Department of Health and Social Care to liberalise visa requirements to make it easier for any overseas healthcare professional to work in UK general practice. This should involve keeping GPs and nurses on the Shortage Occupation List (or any equivalent replacement of this system) and including other relevant professional roles in primary care.

- As a broader step, the visa system should be reformed to facilitate such immigration, including by preventing any minimum salary threshold being imposed on those applying to move to the UK to work in primary care (as well as potentially working in other areas of the NHS).
- The Home Office should take forward the creation of a dedicated casework team, working in partnership with the Department of Health and Social Care, focusing on applications from individuals coming to the UK to work and potentially remain in the NHS. It is important that this unit is given sufficient powers and resources to really make a difference to those wishing to come to the UK and contribute to general practice and our NHS.
- Actions should be taken to reduce the burden on practices sponsoring staff from overseas, as small practices do not have the same resources as Trusts or other large organisations to undertake this role. This should include streamlining sponsoring processes. Additional support and financial resources should also be provided to general practice employers acting as visa sponsors, building on and replicating aspects of NHS England's international GP recruitment programme, across the UK.⁴³





Quality of working life and career opportunities

Intermediate outcomes:

- GP workloads are manageable;
- General practice is seen as a great place to work across the UK, by GPs and practice staff;
- The mental health and wellbeing of GPs and practice teams are effectively supported;
- GPs and their practice teams enjoy fulfilling, flexible and rewarding careers, and are supported to be system leaders;
- Professional development is effectively supported, so GPs and practice teams can keep their knowledge and skills up to date, take on new roles, and deliver the best possible care for patients.

Being a GP is an inherently varied and diverse career, encompassing a wide range of clinical activity within relationship-based care, as well as education and training, research, and system management and leadership. Yet at present, workload pressures are preventing many GPs from enjoying this diversity and are leading to increasing burnout.

In England, fewer than half of GPs surveyed by the RCGP reported taking breaks of over ten minutes most days, and figures are only marginally better in Wales. Over 30% of GPs in England and Scotland reported that they were unlikely to still be working in general practice in five years. Workload related pressures are arguably the biggest cause. Of the GPs in England who are expecting to leave the profession within five years, 32% cite stress as a reason, and 21% cite working too many hours.⁴⁴ As more GPs quit the profession, these pressures will only worsen.

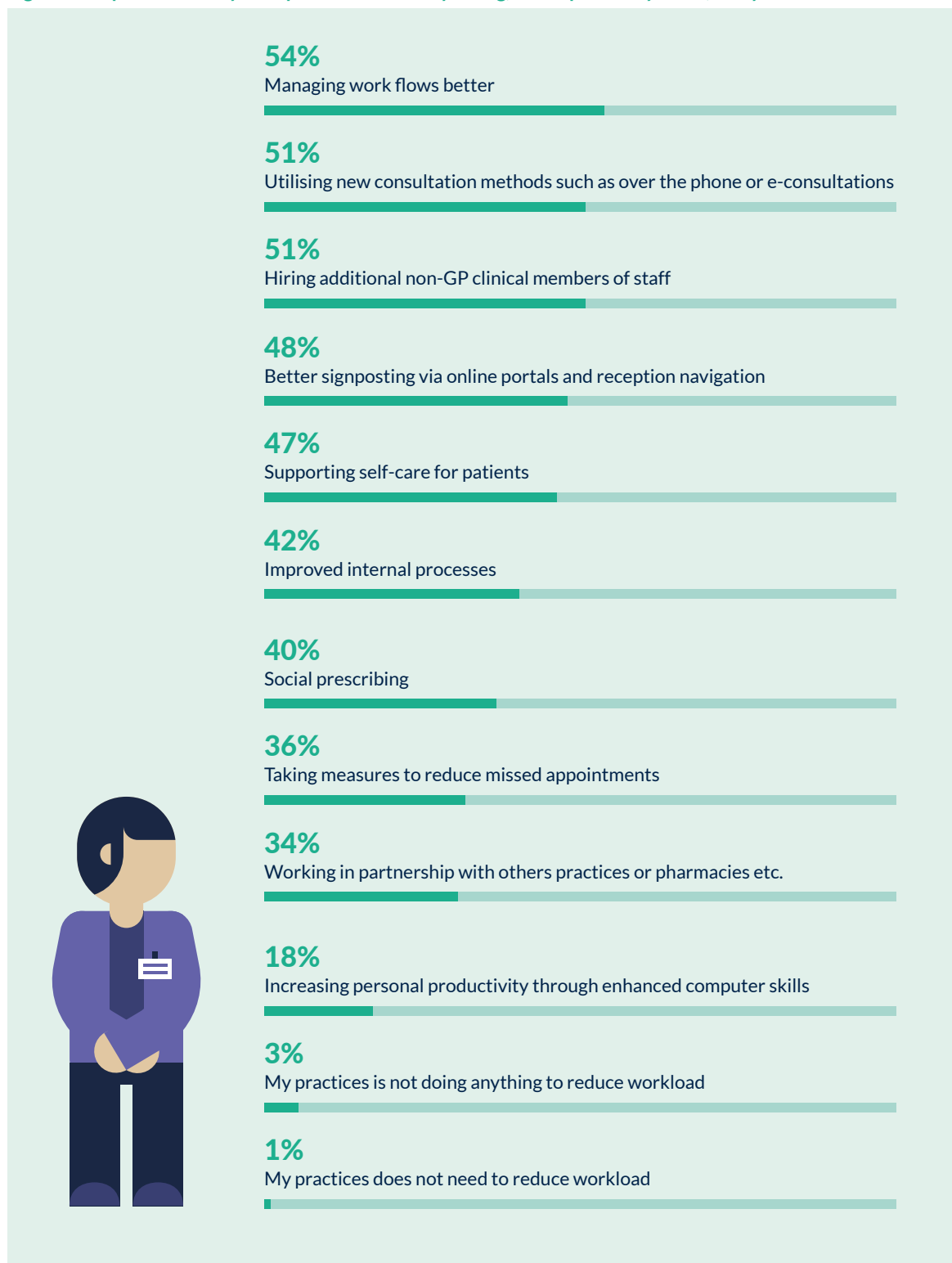
GPs are currently facing unprecedented pressures, working long hours and seeing more patients with increasingly complex needs. As set out in *Fit for the Future*, we need to extend the length of the standard consultation to at least 15 minutes, and in order to properly care for people, especially those with complex needs. Currently only 16% of GPs say they work to 15-minute appointments, while 54% say they work to 10-minutes.⁴⁵ There is no silver bullet to solve workload challenges. Instead, action is required on a number of fronts. This includes tackling systematic issues which create barriers to reducing unnecessary burdens on GPs, as well as concerted efforts to avoid enforcing the implementation of inappropriate clinical requirements.

If unaddressed, workload issues will undermine attempts to build a sustainable, future-ready workforce, as new staff recruited through expanded training will simply replace experienced staff leaving the profession, and in turn, recruitment may become more challenging. Urgent steps should therefore be taken to improve retention in the short term, so that expanded recruitment can reduce pressures over the medium-to-long term.

Attracting talented, motivated administrative and business professionals to careers in general practice (as well as clinical staff) is also important. Administrative work places a significant burden on many GPs practising today. For example, the *Ninth National GP Worklife Survey*, conducted by the NIHR Policy Research Unit in Health and Social Care Systems and Commissioning, found that paperwork and 'changes to meet requirements from external bodies' were seen as the third and fourth highest job stressors for GPs.⁴⁶

Practices are already implementing a range of strategies to try to reduce GP workload. For example, over half of GPs surveyed by RCGP in England said their practices have been taking steps to managing work flows better, utilise new consultation methods and improve internal processes to reduce GP workload (see Figure 3). This indicates that while many practices are already implementing practical steps to reduce workload, more could be done to support all practices to do so. Feedback in relation to programmes to reduce workload, is often that some practices simply don't have the time and resources to implement the changes, and some initiatives are more favourable (and easily deliverable) than others.⁴⁷

Figure 3: Steps that GPs say their practice is currently taking, or has previously taken, to try to reduce GP workload



Notes: Based on sample of 1,569 of GPs in England. Survey in field August–October 2019. Data representative of GPs who said they do not work only in out of hours. Excludes those who responded “other” and “don’t know” to the question. Social prescribing was defined as ‘linking patients with sources of support within the community’.

Experienced GPs and a range of multidisciplinary practice staff have a wealth of skills and talents, which are vital to ensuring that general practice can successfully return to a more stable situation. An evaluation of pilots of local retention schemes in 2016 in England demonstrated that with investment, together with a mixture of centralised and regional support, GPs and local systems are able to create successful retention schemes, with over 60% of participants reporting schemes had improved their job satisfaction.⁴⁸

As well as specific retention schemes, wider actions to support the overall attractiveness of careers in general practice are also important, and in turn will help to boost recruitment and create a virtuous circle. This includes enhancing opportunities for ongoing training and professional development, so that all staff, at all levels, can reach their potential. GPs and their teams need to be able to keep pace with the latest clinical techniques, research and quality improvement methods, to ensure that they can provide the best care to patients. Ongoing training will also help staff to develop diverse careers, furthering their own personal interests and strengths. This will also allow the flexibility for staff to tailor their skills to the health needs of their local population.

The shift to multidisciplinary team working and collaboration at scale requires a strong cohort of GPs with transformational leadership capabilities. GP leadership is needed at a range of levels, including leading multidisciplinary teams, management of a practice, and leadership at a regional or system level, as well as in roles within national medical leadership. Further opportunities for leadership training, that is specific to the broad aspects of the GP role, could help GPs to feel more confident in leading teams and practices, as well as giving them more career opportunities to take on leadership roles at system and national levels, should they wish to. While leadership programmes for NHS staff are widely available, there appears to be a gap in programmes that are tailored to GPs and their specific needs.

A specific challenge, as general practice continues to become more multidisciplinary, is the need for extra support for GPs (and other relevant professionals) in supervising other members of these teams. RCGP has received anecdotal feedback that GPs are feeling stressed and burnout from supervision burdens. Support and relevant training programmes do not currently exist in a comprehensive, widely-available format.

✓ Actions

16. Improve GP workloads

Priority action: Over the next two years, government should further pump prime investments in targeted actions to improve the workload of GPs

- Specific strategies should be implemented to ensure improved workloads for GPs and the multidisciplinary team, alongside the range of efforts to expand the workforce already outlined. While some areas fall outside the scope of this roadmap, there are a number of strategies that should be implemented in relation to workforce support. This includes tackling systematic issues, which create barriers to reducing unnecessary burdens on GPs, such as, for example, making the necessary legislative changes that will enable other appropriate clinicians to sign off fit notes.
- Recommendations from relevant national reviews looking at workload and wellbeing issues in primary care should be implemented by governments. This includes reducing unnecessary administrative burdens, by ensuring that application and reporting processes for commissioning are simple and streamlined, as recommended by the *GP Partnership Review* in England.⁴⁹
- The General Medical Council's (GMC) report on *Caring for doctors Caring for patients* is another key report, which recommends a range of actions including for regulators and improvement bodies to take steps to ensure that programmes to address the fundamental problems of excessive workload are in place.⁵⁰ It is important that the resources and systematic support are provided to enable delivery of these recommendations.
- Greater efforts should be made by relevant government bodies to avoid the implementation of inappropriate clinical requirements which can demoralise the profession. GPs and other clinicians must be included throughout the development of clinical requirements that will impact GPs and their teams, and ultimately their patients.
- GPs and practice staff should be supported to use protected time in the normal working week for non-clinical activity, including professional development, education and training, team-based learning and discussions, and mentoring. Resources should be provided at a sufficient level nationally to allow for this, including funding for backfill, and therefore protected time should be included within national planning assumptions.
- These actions should be implemented in tandem with the roll out of programmes which have proved successful in improving the workload of GPs, for example aspects of Time to Care in England. This needs to include greater resources to practices in the short term, including external support, in order to afford practices the time and space to implement change.

- Greater efforts are needed on a national scale via NHS arm's-length bodies to improve patient education on the role of the multi-disciplinary workforce in general practice, and to ensure that patients are directed to the most appropriate staff member in general practice. This should draw on the ongoing work in Scotland on the 'national conversation', and practical tips and support for practices.
- Improving the basic functionality of digital technology, as well as implementing new innovations that have been proved to help with workload, can significantly improve workloads in general practice. This requires substantial investment and support. See the [RCGP Digital Technology Roadmap](#) for discussion of this.
- In order to understand workload issues and create effective solutions in general practice, better data and analytics are needed (see [workforce planning](#) section). Better data can both improve workforce planning and support the implementation of programmes to improve workload. Governments should support and expand current initiatives to collect and analyse workload data.⁵¹

17. Expand administrative and support roles

- Additional funding and resources should be provided for the training and recruitment of support roles in general practice, such as general practice assistants (GPAs). These roles can help reduce administrative burdens on GPs, by taking on specific administrative duties that are otherwise difficult to delegate to other members of the team, freeing up more clinician time for patient facing care.⁵²

For example, Health Education England commissioned a review of the pilots of the role of GPAs as part of the General Practice Forward View in England.⁵³ The pilots have been successful and shown a positive impact on the workload of GPs, but the next step must be to ensure that practices and systems have the appropriate support, guidance and funding they need for the development of these staff, so they can be effectively rolled out.

18. Improve and build on support and retention initiatives for general practice and efforts to foster wellbeing

Priority action: Government should substantially increase investment in locally-led GP retention initiatives to enable real change

- Practices and networks should be supported to develop flexible support programmes for GPs at all stages of their careers which facilitate their personal development and ultimately their retention in the workforce. These programmes must be GP-led and fully supported by commissioners and relevant national organisations including NHS arms-length bodies. This should build on the range of work underway to understand and provide guidance to systems on retention efforts.⁵⁴ In the past, while there has been investment in retention efforts, it has not been sufficient to really make a difference in a comprehensive joined up way across the UK. These initiatives need to be properly supported, with sufficient funding allocated in order to make a real difference to the working lives of GPs.
- Specific induction support programmes should be developed across the UK, and supported nationally, for GPs who have recently qualified, as well as any member of the wider team who is new to working in general practice. Support for GP programmes should build on learning from the RCGP's First5 strategy and research,⁵⁵ alongside examples of effective programmes in place across the country. Opportunities identified by the GMC in *Caring for Doctors Caring for Patients* show how existing programmes, including RCGP's First5 support, could be expanded and extended to support ongoing development and training.⁵⁶
 - These programmes should ensure that GPs in the early stages of their careers have additional support to develop contextual confidence in their work, to give them space and time to consider the career options within general practice, and therefore help to ensure they have fulfilling long-term careers. These need to be properly funded and rolled out.
 - Programmes should include opportunities for GPs to gain experience and knowledge about partnership working, leadership development (including within teams, and at practice and system levels), finance, and work-life balance – as well as potential for developing extended clinical roles, research, and other areas, for those who wish to pursue specific interests.
 - For the wider team, programmes should facilitate effective, confident working in a multi-disciplinary primary care setting, and identify key skills which may need to be enhanced, subject to local needs.

For example, NHS England committed to developing a newly qualified support programme in England for newly qualified GPs and nurses in 2019/20 as part of the *NHS Long Term Plan*. £20 million was committed for 2019/20 (for both GPs and nurses), but it is unlikely that this will be enough for local areas to establish impactful programmes, and future funding has not yet been secured. A fully resourced programme must be delivered in the near future, with similar commitments for equivalent support programmes needed across the devolved nations.

- GPs in their mid and late careers and GPs with additional needs, such as caring responsibilities, should have access to tailored retention schemes, that are both nationally and locally supported. These are successfully in place in some areas of the UK, but anecdotal feedback suggests that, in some of these areas, applicants are facing barriers to getting onto the scheme due to a lack of support from some commissioners, who have cited financial challenges in implementing the scheme. It is important that retention schemes are funded appropriately and supported across the UK.
- Opportunities for experienced GPs to become mentors and coaches should be developed and funded, and there should be a more standardised offer available across the UK. This has the dual effect of supporting those who are new to general practice, or perhaps looking for support to develop their career, and offering opportunities to more experienced GPs to diversify their roles and pass on their expertise.
- Targeted incentives (as outlined in [action 14](#)), should increase the number of GPs returning to the workforce. These must link to programmes of support to stay working once they've returned. For example, GPs returning from maternity leave or from overseas may need additional support and flexibility in their roles upon returning, and there should be systematic ways nationally and regionally of supporting this across practices.
- The mental health of both patients and staff should be a priority for support programmes. All practice staff should be enabled, through protected time and appropriate resources including access to relevant courses, to develop the skills to support people with their mental wellbeing and health challenges, including themselves and their colleagues, as well as patients.
- The GP health service has had an important positive impact since it was implemented in 2016, and similar initiatives and programmes should be developed for the whole practice team in general practice, to ensure they have the right support for their mental and physical health.

Priority action: By 2021 government should reform the NHS pensions system

- Urgent solutions should be implemented to stop the current trend of experienced GPs leaving the workforce early, which in turn worsens the workload of others in general practice. The pensions system should be fully reviewed to ensure it does not disadvantage GPs and incentivises them to stay working in the NHS for longer.
- A permanent national indemnity scheme should be delivered for Northern Ireland, which parallels the newly established arrangements in other parts of the UK, in order to retain GPs who are facing increasing costs.

19. Implement improved support for career and professional development for GPs and their teams, in order to maintain standards and delivery of high-quality care

- An important part of RCGP's role is developing pathways and resources for GPs to maintain core standards, in order to deliver the best care to their patients, as well as recognition for their roles. Further opportunities for the College to support CPD will be explored, alongside production of further clear guidance and pathways to meet the standards. Further resources should also be provided to GPs for continuing professional development, which includes the need for protected time to be accessible (see [action 15](#)).
 - Professional development programmes should also support GPs in using digital technology. See the [RCGP Digital Technology Roadmap](#).
- All GPs should have access to general practice-relevant leadership programmes to support them to develop and lead multidisciplinary teams, manage change and improvement at a practice and local level, as well as system change and national leadership for those that wish to pursue these opportunities. Leadership development should enable GPs to feel confident across these various leadership roles, and to broaden their career options. Therefore, dedicated funding should be provided for the development of leadership programmes that support them across the broad leadership roles they may hold. These should also be linked to newly qualified programmes (see [action 17](#)). RCGP will continue to develop its guidance for GPs on leadership programmes available, while also identifying gaps in these. Increased support should also be given to other appropriate members of the multidisciplinary team on leadership.

Priority action: By 2022, programmes should be developed, funded and rolled out to support GPs (and others) in supervising members of the multi-disciplinary team

- Appropriate support and programmes should be developed for GPs (and other relevant professionals) in supervising other members of these teams. Research should be undertaken to identify appropriate ways to make the workforce involved in this more manageable. This is likely to include the need for training programmes for GPs, but also to understand which, and how, other suitable members of the clinical team working in practice can (and in some cases may already) share supervision demands as the multi-disciplinary team grows. Other roles in general practice already take on certain supervision duties within the competencies of their role (such as advanced clinical nurses and clinical pharmacists), but further guidance for practices and appropriate training needs to be put in place.
- Linked to [action 18](#), career frameworks, job descriptions, competencies and capabilities need to be developed and effectively communicated for all professionals working in general practice, across the UK, in order to clarify the various roles and careers (also see [action 10](#)). This will help with supervision and management of these roles, and to ensure high standards of care from the team as a whole.
 - Although some work is underway to this end for a number of roles, there remains a lack of clear, collated information for the range of staff working in general practice. This contributes to a lack of clarity around roles and responsibilities, which can act as a barrier to recruitment. It is also a barrier for employers and supervisors in understanding effective expansion and management of multi-disciplinary teams. RCGP published guidance in October 2019 to signpost GPs to relevant information about the multi-disciplinary team roles and developing their teams,⁵⁷ and the College will continue to work with other professional bodies and NHS arm's length bodies to build on this information.
- GPs are expert medical generalists, and as such, do not need formal accreditation in enhanced roles for which they have been trained, and extended roles have been part of a GP role for some time. However, where formal accreditation is desired by a GP for special interests or extended clinical roles, programmes that offer accreditation should be made available. These programmes can help support GPs to develop additional specialist treatment clinics, led by a GP, within a network of practices. These need to be properly funded.
- GPs should receive greater support and recognition for teaching and training roles (as outlined in [action 6](#)). Not only does this expand capacity for training, as outlined above, but further opportunities for experienced GPs to teach and train others will make the career more diverse and attractive, helping to ensure that valuable experience is not lost. Opportunities for teaching roles should also be expanded within the wide multidisciplinary team.

- The introduction of regulatory accreditation for advanced clinical practice (ACP) for staff in general practice should be urgently progressed. This should include a way of registering advanced qualifications and provide clarity to employers that these are still within the core competencies of the professional's original qualifications.
- Access to appropriate training for advanced practice roles, where desired, needs to be expanded and better resourced (see [action 10](#)).
- General practice specific continuing professional development (CPD) needs to be better developed for the wider multidisciplinary team, and this should be more easily accessible. While a range of relevant CPD exists, it is not usually general practice specific and can be hard to find, as there is no national organisational 'home' for the whole team working in general practice (see [action 13](#)).



Cross-cutting enablers

The range of actions outlined above are underpinned by the need for a number of key cross-cutting enablers which relate to significant action areas that are external to this roadmap. These are highlighted below, and are explored further by RCGP in other streams of work:

Core funding

As outlined above, there are a range of additional resources required for general practice to develop and retain the workforce it needs. The education and training budget(s), as well as capital spend on infrastructure, must be reviewed and increased for general practice to meet these needs. There must be an aim to provide this as recurrent funding, that looks to the longer term needs of 2030 and beyond and resolve disparities across the UK. Funding for current and ongoing workforce initiatives (such as the *General Practice Forward View* in England) also need to be delivered in full. In addition, general practice must receive 11% of the separate NHS budget, across the UK, to ensure the core service is effectively funded and able to function to a high-standard.

Clear accountabilities

Governance and responsibilities across planning and delivery of these actions, across national, regional and local levels need to be clarified. Clear responsibilities need to be allocated in any future action plan from UK governments and/or relevant organisations.

Research and innovation

Gaps in understanding of workforce issues and solutions, particularly around challenges for under doctored areas, need to be better researched and information better disseminated. There also needs to be improved mechanisms for general practice to share best practice and innovation. This is being explored in a separate stream of work by the RCGP.

Premises and technology

As mentioned in various parts of this roadmap, there are clear interdependencies with improving premises and technology development support in general practice, to enable to the expansion of the workforce and to meet the needs of 2030 general practice. These are not outlined extensively in this roadmap but are being explored further in other streams of work. For example, see the [RCGP Digital Technology Roadmap](#).

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