Royal College of General Practitioners

Retention

Looking after the GPs of today to safeguard the workforce of tomorrow

October 2024

Contents

1. Executive Summary

There is a critical shortage of General Practitioners (GPs) in England, with over 40% of RCGP members considering leaving the profession within five years. GP shortages have a significant impact on patient care and workforce wellbeing, leading to poor patient experiences including lack of continuity of care, longer waiting times and reduced access to services - particularly in areas of high socio-economic deprivation. The process of fully training a GP takes a minimum of 10 years, and costs nearly £500,000.[1,2] Investing in training GPs only to lose them from the workforce due to lack of adequate support makes poor economic sense, for our patients, the NHS, the future of the profession, and for the taxpayer.

In September 2024, the NHS in England had the equivalent of 1,557 fewer full-time fully qualified GPs than in September 2015 - although the GP headcount has been gradually increasing, the number of Full-Time Equivalent (FTE) fully qualified GPs has declined.[3] It is illogical to accept the NHS England target to restore the fully qualified GP-to-patient ratio to the level observed in September 2015, considering that GP demand even then was widely viewed to be unsustainable, with an acknowledged need to increase the size of the GP workforce by an additional 5,000 to cope with 'unprecedented pressures'.[4]

NHS England projects only 4% more fully qualified GPs than there were in 2021. In contrast, the number of consultants is expected to grow by 49%. - National Audit Office (NAO)[5]

The RCGP is calling for a comprehensive review of the 2023 NHS Long Term Workforce Plan (LTWP) with a focus on GP retention to significantly increase the projected growth of the GP workforce and commit to substantial retention targets. This report recommends the establishment of an independent workforce projection statutory body and National GP Retention Strategy, with increased and ringfenced funding for GP retention efforts, at both national and Integrated Care Board (ICB) levels. Further key recommendations include re-establishing the national New to General Practice Fellowship programme, incorporating Protected Learning Time in the GP Contract, simplifying visa processes for International Medical Graduates (IMGs), and reinstating the NHS England practice matching service for IMG GPs.

[i] Whilst this report focuses on England only, recruitment, training and retention of the GP workforce are key priorities and concerns shared across the UK. RCGP Devolved Nations are working to develop retention strategies specific to their environment, publications currently available can be accessed here:

Retaining our GP workforce in Scotland - RCGP Scotland

A Workforce Fit for the Future - RCGP Northern Ireland

Recommendations:

Recommendation 1:
Review the NHS Long Term Workforce Plan

NHS England should undertake a comprehensive review of the Long Term Workforce Plan with a focus on GP retention, and the Government should establish an independent workforce projection statutory body.

Recommendation 2:
Develop a National GP Retention Strategy

NHS England should develop a National Retention Strategy for general practice that ensures national consistency via ring-fenced national funding, oversight, and guidance.

Recommendation 3:
Prioritise Support & Wellbeing

Protected Learning Time should be written into a future GP Contract, and NHS England should guarantee ongoing funding for Practitioner Health services for all health and care professionals employed in the NHS.

Recommendation 4:
Tackle Visa Issues

The Home Office should grant IMGs across the UK the right to apply for Indefinite Leave to Remain upon Completion of Training in General Practice (CCT),[ii] and NHS England should reinstate the IMG practice matching service.

This report serves as a call to action. Implementing the recommendations outlined will help secure the future of patient care in England, ensuring that GPs are supported, valued, and retained within the NHS. The RCGP welcomes further engagement with MPs and stakeholders to discuss tailored solutions and rebuild the GP workforce for healthy communities and a sustainable NHS.

[ii] The General Medical Council (GMC) Certificate of Completion of Training (CCT) confirms satisfactory completion of a UK programme of training and is one of the certificates allowing entry to the GMC GP Register, a legal requirement to work in NHS general practice.

2. Background

Introduction:

General practice is facing a crisis. The current state of the General Practitioner (GP) workforce in England is characterised by growing demand pressures that outweigh limited supply, leading to significant gaps and shortages in our GP workforce. As the Darzi report has found, the UK has almost 16% fewer fully qualified GPs relative to the population, when compared with other high-income countries.[6]

Over 40% of GPs across the UK said it **was unlikely that they would be working in general practice in the next five years** - this figure has grown from 31% in 2019.
- RCGP GP Voice Survey 2024[17]

This report delves into the context of these challenges, highlighting the importance of greater GP retention as fundamental for the stability and effectiveness of healthcare services in England. It underscores the necessity of addressing this issue promptly to prevent further strain on the NHS and maintain the highest possible standards of patient care in general practice.

To address the challenges outlined, this report advocates for a National GP Retention Strategy with increased and ringfenced funding for GP retention efforts, at both national and Integrated Care Board (ICB) levels. Specific recommendations include the re-establishment of the national New to General Practice Fellowship programme, a call for Protected Learning Time to be written into the GP Contract, changes to visa rules, and the reinstatement of a practice matching service supporting the 56% of GP registrars[iii] (trainees) who are International Medical Graduates (IMG) into employment by linking them with sponsorship licensed practices.[7]

GP workforce challenges:

GP shortages profoundly impact the quality and safe delivery of patient care, leading to a decline in continuity of care, longer waiting times and reduced access to services.[8] Furthermore, workforce constraints compound the pressures experienced by those GPs working above and beyond to deliver comprehensive and equitable care at the heart of their communities.[9] These challenges disproportionately affect areas of high deprivation and can perpetuate health inequalities.[10,11]

Over three quarters of GP members (79%) are concerned about the risk of having fewer GPs at their practice and the impact of this on the quality of patient care their practice can deliver.
- RCGP GP Voice Survey 2024[17]

Demand for GP services is increasing.[12] Three key drivers are the increasing level of complexity involved in treating England's growing and ageing population, the movement of services out of secondary (hospital) settings into the community, and a focus on improving access and performance.[13] However, these demand increases have not been matched with sufficient funding or workforce supply to meet the needs of our population. The Long Term Workforce Plan (LTWP) uses the 2015 fully qualified GP-to-patient ratio as a target to assess demand - 'assuming we need to restore the qualified GP-to-patient ratio observed in September 2015'. Concerningly, this level was agreed at the time to be unsustainable, as highlighted by the publication of the 2016 **General Practice Forward View** (GPFV), which set out a goal to tackle 'unprecedented pressure' on general practice and the struggle to keep pace with relentlessly rising demand by expanding the workforce by 5,000 GPs.[14]

In September 2024, the NHS in England had the equivalent of 1,557 fewer full-time fully qualified GPs than in September 2015. - NHS England[15]

[iii] GP registrars are registrars in general practice speciality training. They are qualified doctors, training to become independent practising GPs. GP registrars were formerly termed Associates in Training/AiT, and are currently referred to as GP trainees by the GMC.

Although the GP headcount has been gradually increasing in England, the number of Full-Time Equivalent (FTE) fully qualified GPs has declined since 2015, meaning that we have more individuals in the system but fewer clinical hours being delivered. As of July 2024, there were 37,677 individual (headcount) fully qualified GPs working in the NHS in England. However, this only equates to 27,662 full-time fully qualified GPs.[iv] Commentors are often quick to highlight the proportion of GPs working less than full-time; however, research suggests that GPs will often work far longer than their contracted hours. Concerningly, we are seeing GPs take action to reduce their contracted hours in response to workload pressures.[16]

Over 40% of GPs feel so stressed they can't cope at least once a week. - RCGP GP Voice Survey 2024[17]

Growing Demand: NHS England GP appointment and workforce data (August 2024)

General practice is delivering more care than ever. Despite falling fully qualified FTE numbers since 2015, GPs work hard for their communities, delivering 14% more appointments in 2023 compared to five years ago in England. In August 2024, 27.6 million consultations were delivered in England. This equates to over one million patient consultations delivered each working day in general practice, which constitutes over 90% of NHS consultation activity (NHS) – **despite primary care receiving approximately 8.4% of the NHS England budget** (UK Parliament, December 2023). When adjusted for population need and inflation, spending has grown only half as fast as the hospital sector (10% as opposed to 21%) from 2016/17 to 2022/23 (Nuffield).

The number of GPs relative to the size of the population has been falling across the UK for the first sustained period since the 1960s, and GP shortages are acute in deprived areas (Nuffield, IPPR, Parisi et al.). In September 2015, there were 1,938 patients per fully qualified FTE GP on average in England - increasing to 2,293 by September 2024 (+18%). The Darzi report (2024) emphasises the stark variation in the number of patients per GP both within and across ICBs, reiterating that lower patient-to-GP ratios are associated with higher patient satisfaction (Figure II.3.7).

Value for money

'Losing experienced staff members unnecessarily, even where they are replaced with newly recruited workers, is clearly inefficient. It substitutes inexperience for experience and harms the institutional memory of health and care services.' - Institute for Public Policy Research (IPPR)[18]

Government investment into GP retention through mixed approaches is a cost-effective solution to safeguarding the NHS.[19] In England, the financial cost to the public purse for losing and replacing a single experienced NHS GP has been estimated at a minimum of £295,000.[20] Furthermore, the full cost of training a doctor from the beginning of medical school through to the end of GP training, a process that takes a minimum of ten years, is calculated at nearly £500,000.[21,22]

The national New to General Practice Fellowship programme, launched in December 2019, supported over 2,400 GPs and 450 GP nurses as of 28 February 2023, with approximately 80% of respondents agreeing that the two-year scheme supported them to remain in their role.[23] Over the 2022/23 financial period, a minimum of £43 million was made available to fund the scheme, dropping to £35.7 million for 2023/24, and most recently £44.3million was provided nationally to fund the final cohorts of both the national New to General Practice Fellowship programme and Supporting Mentors Scheme.[2425,26]

[iv] Full-time equivalent (FTE) is a standardised measure of the workload of an employed person. NHS England define full-time working hours as 37.5 hours per week (NHS England, 2023).

Using available sources and an average of £82 million of public funds provided over the two-year course, we can conservatively assume that if 300 GPs who undertook this scheme were prevented from leaving the workforce and encouraged to remain working as a GP, the annual public cost of investment in the scheme would be repaid - proving significant value for money.

Beyond the high direct financial and time costs for individual students, losing a single GP from the workforce is a major loss of government investment of taxpayer funds, and investing in retaining GPs will offer a high rate of return. Increasing funding for retention has been predicted to have favourable results in efficiency, patient outcomes, and public expenditure.[27,28]

The newly elected Labour government in England is proposing the major themes of shifting services from secondary to primary care, an increased focus on the prevention of illness and promotion of good health, and 'bringing back the family doctor'. However, the longstanding decline in the FTE GP workforce, and the increased demand for GP services, resulting in a crushing workload, is causing burnout and loss of experienced GPs from the NHS. A thriving and well-staffed general practice service will be a vital component for the fulfilment of the Government's ambitious and important plans for the future health of the nation, and thereby an increase in national productivity and economic prosperity.

Something radical needs to be done to tackle this crisis, and it needs to be done quickly.

3. Recommendations

Recommendation 1: Review the NHS Long Term Workforce Plan

1.1 NHS England should undertake a comprehensive review of the Long Term Workforce Plan with a focus on GP retention.

1.2 The Government should establish an independent workforce projection statutory body.

In July 2024, the RCGP delivered an open letter to the newly appointed Secretary of State for Health and Social Care, signed by almost 10,000 GPs, GP registrars and retired GPs across England. The letter outlined unsustainable workload and workforce challenges experienced by the profession and called for a comprehensive review of the NHS Long Term Workforce Plan (LTWP) to provide sufficient capacity to train more GPs and increase efforts to retain existing GPs, alongside increased capital investment in infrastructure and resources.

The 2023 LTWP projects only a 4% increase in fully qualified FTE GPs (27,800 to 28,900 FTE) in England between 2021 and 2036, compared to a 49% growth in consultants (54,800 to 81,600 FTE).[29] The National Audit Office (NAO) reports that the total supply of doctors in primary care is projected to increase substantially over the modelled period but the total number of fully qualified GPs is not.[30] This is largely due to the projected growth relying heavily on GP trainees (accounting for 93% of the growth) as well as 'making increased use of specialist and associate specialist (SAS) doctors in primary care from 2026-27'. Trainees and non-GP doctors must not be viewed as substitutes for fully qualified GPs.

There is a severe lack of focus in the Plan on retaining the existing GP workforce, with the additional retention efforts outlined in the plan projected to retain only 0-700 GPs. This exacerbates the modest increase to FTE GP numbers projected by 2036 The LTWP aims to have expanded GP speciality training places to an intake of 4,500 by 2025; as of September 2024, there are approximately 4100 posts available for the first year of GP speciality training.[31] Given that GP speciality training takes three years, we should be aspiring to see a noticeable rise in the number of fully qualified GPs by 2030 at the latest, yet the LTWP does not show this. Training GPs without putting in place systems to support them to remain in the workforce post-qualification is a costly and unsustainable use of public money.

Whilst the RCGP appreciates the ambitious goals set by NHS England to increase the number of GP training places by 50% to 6,000 by 2031, the reality is that GP training is currently at capacity with trainers facing high levels of stress, and practices struggling to find the physical space, trainer capacity and other resources to support trainees.[32,33] Furthermore, the lag time between training and entering the workforce simply does not address the current crisis fast enough. **GPs need rapid support now – NHS England must support and retain the skilled and valuable workforce now to safeguard the next cohorts coming through training.**

To support both broader workforce planning and GP retention specifically, the Institute for Public Policy Research (IPPR) recommendation to establish an independent workforce projection body with statutory footing should be implemented.[34] The role of establishing such a body would be to conduct ongoing and objective modelling of the NHS workforce informed by data and insight across the wider health and care environment. NHS England would retain responsibility for financing and operational decisions to implement plans across national and local levels. The essential requirement for transparent assessment and monitoring of the models themselves, measures for implementation, and the impact of such measures would be facilitated by the new statutory body alongside the NAO.

Currently, the NAO is limited in its ability to assess the LTWP modelling, focusing largely on the technical element of projections, and does not assess the value for money of the funding decisions accompanying the LTWP. This new body would hold the Government and NHS England to account and facilitate robust and comprehensive evaluation to promote transparency, efficiency, and assure confidence in clinically appropriate workforce planning, to deliver a more sustainable and effective long-term health and social care workforce.

The RCGP understands that the next iteration of the LTWP revision will be published in summer 2025 and strongly recommends that NHS England should, as part of this review process:

1. Significantly increase the projected growth of FTE GP workforce by 2036, beyond the inadequate 4% currently projected.
2. Commit to an ambitious retention target to ensure that significantly more GPs are supported to remain in the workforce.
3. Outline the measures that it will put in place to achieve this through a specifically designed National GP Retention Strategy (see Recommendation 2).

Alongside these steps, the Government should establish an independent workforce projection statutory body to oversee ongoing workforce projections and evaluation.

Recommendation 2:
Develop a National GP Retention Strategy

2.1 NHS England should develop a National Retention Strategy for general practice that ensures national consistency via national funding, oversight, and guidance - this strategy could ultimately be owned by an independent workforce body.

2.2 NHS England should ensure that there is a local GP retention lead appointed for each ICB and build on existing networks to link them together across England.

2.3 NHS England should develop a platform for sharing information and best practice and promote access to retention support - this may build upon the existing NHS Futures Platform.

2.4 NHS England should ensure funding to enable the People Promise to be rolled out for all of general practice.

Recent NHS England decisions to devolve commissioning and oversight of retention initiatives to the ICB level, where the budgets are not ring-fenced, have resulted in a fragmented and piecemeal approach. Local autonomy offers some strengths, including the ability to tailor and prioritise the initiatives offered based on the specific needs of local areas.[35] However, given the financial constraints ICBs currently face and the absence of protected funding and national oversight, devolved funds are often being allocated elsewhere, leading to an unacceptable level of variation in the GP retention offers provided across ICBs. Just as it is important that patients receive a high standard of care regardless of their location, it is critical that hard pressed GPs do not face a postcode lottery when seeking support to remain in the profession.

National strategy

The retention of GPs is a critical issue that requires a cohesive and equitable national strategy, accessible for GPs across all career stages and geographic areas. A new independent and statutory workforce projection body could be well-placed to oversee a National GP Retention Strategy. However, in the short term, NHS England must urgently develop such a strategy themselves. A National GP Retention Strategy would help to deliver national oversight and guidance frameworks for implementation, (e.g., detailed financial and operational planning), ensuring insight-driven and consistent retention support is accessible for all GPs and retention providers across England. Existing learning and resources from NHS Shared Business Services (SBS) Workforce Analytics should be drawn upon and tailored to provide GP-specific analysis and solutions to GP retention.

Funding devolved to ICBs from previously NHS England-delivered retention schemes must remain ringfenced for GP-specific retention activities. Ideally, this funding should support the re-implementation of nationally led programmes, such as the national *New to General Practice Fellowship programme* and *Supporting Mentors Scheme*, which have been devolved and, in many cases, terminated or severely reduced in offer. Initiatives such as the GP *Phoenix Programme* and *Wise GP* have been demonstrated to deliver tangible improvements to GP experiences and retention, yet face financial uncertainty, and require long-term funding to be sustainable and need inclusion as part of best-practice informed approaches. NHS England needs to ensure that funding for these programmes continues.

Local retention leads

As part of a national strategy, NHS England should ensure that there is a dedicated local 'GP Retention Lead' position appointed for each ICB, as has already been done in some areas. Building on existing structures, these leads should be connected through a national network to share best practices and maintain a cohesive approach. Such a network would ensure that local actions are aligned with national standards, providing quality control and insight-driven improvements. It is positive to see pilots of the *NHS England People Promise* in general practice, and we hope to see this rolled out across the board soon. Insights from the *People Promise* work can be applied and shared to influence local initiatives, ensuring they remain efficient, effective, and economical.

Sharing best practice

Complementing retention leads, a centralised system for sharing information and best practice and promoting access to retention support is essential. This system should be accessible to all GPs and those involved in retention efforts, providing consistent information and support. This platform would support the timely distribution of information and promote communication across all levels. Existing resources, such as the existing NHS Futures platform can be built upon to make it easier for GPs to know about and access various schemes. Continuous promotion and updates would be necessary to keep the platform relevant and responsive, especially given the increasingly devolved nature of ICBs. To support the best value for public investment in retention, and promote the uptake of retention support and services, GPs need access to a dynamic, readily available, and engaging informational platform.

A National Retention Strategy for general practice is essential to address the current workforce crisis while ensuring consistency across regions and career stages. By improving national support, establishing formal GP retention leads, ringfencing funding, and integrating initiatives like the *Phoenix Programme* and *People Promise*, we can work collectively to create a sustainable and supportive environment for GPs now, and in the future. This strategy will not only retain GPs and safeguard those to come, but it will also serve to enhance the quality of care provided to patients within our communities across England.

Recommendation 3:
Prioritise Support & Wellbeing

3.1 As part of negotiations between the Government and the BMA, appropriate protected learning time for GPs should be written into a future iteration of the GP contract.

3.2 NHS England should guarantee ongoing funding for Practitioner Health services for all health and care professionals employed in the NHS.

As outlined above, the demand for GP services is increasing without sufficient supply of resources to meet patient need. Consequently, GPs are experiencing significant burnout and are more likely to report high levels of stress and overload than other doctor groups, and in comparison to GPs in other countries.[36,37,38] We face a negative cycle, with these workload pressures prompting some GPs to take steps to reduce their clinical hours, feeling as though this is their only option to remain in the workforce whilst protecting patient safety, and their own wellbeing.[39] In turn, this leads to fewer full-time equivalent GPs and greater pressures for those in practice, continuing the cycle.

60% of RCGP members reported their mental health had declined while working as a GP over the past 12 months. - RCGP GP Voice Survey 2024[40]

Almost half (48%) of all GPs reported struggling with their workload pressure in 2023

The GMC 2023 Barometer survey found that GPs were more likely to have taken actions in response to pressures on workload - three in ten reduced their contracted hours (29%) while 18% switched to locum work and 16% moved to a role with less clinical practice.[41]

According to National Workforce Reporting Services (NWRS) data on reasons for GPs leaving the workforce in England from July 2021 to June 2023, an average of over 15% of leavers reported 'Voluntary Resignation - Work Life Balance' as their reason for leaving.[42] The average age of this group was 42, indicating a significant loss of mid-career stage GPs. At this stage, GPs in this cohort have typically accumulated substantial and valuable experience in primary care, with many productive years ahead. These GPs play a crucial role in training and mentoring younger doctors and other members of the practice team. When an established GP leaves the workforce, continuity of care declines and both the incoming and remaining workforce suffer. Working conditions must be addressed for our GPs of today, and for the generations of tomorrow.

The recent announcement that the new Government will legislate to combine the GMC Specialist Register with the GP Register is to be welcomed, as a morale boost to the profession, helping to reduce ongoing 'parity' issues and show that GPs are valued for their role in the NHS.[43] The RCGP is committed to supporting the progression of this announcement through to implementation. The Red Tape challenge also announced by the new Government has the potential to reduce the bureaucracy GPs currently have to work through as part of their daily practice and contribute to GP wellbeing and retention.

Continuous professional development

57% of RCGP members don't have enough time to undertake training or Continuing Professional Development (CPD) alongside their practice work. - RCGP GP Voice Survey 2024[44]

Continuous learning leads to continuous improvements in patient safety, as well as improving job satisfaction for GPs and allowing diversification of careers and skill sets.[45] It is essential that GPs have sufficient time, resourcing, and access to appropriate GP-specific support for both career development and wellbeing. This must entail being provided with consistent contracted time to prioritise professional learning and improvement.

Currently, there is no standardised approach to protected learning time or CPD content. Provisions vary significantly across and within ICBs and may not be tailored specifically to GPs. While GP-specific time provisions and tailored content are essential, GPs mustn't be excluded from multidisciplinary training sessions, as was concerningly proposed in Lancashire and South Cumbria ICB.[46] Ensuring health providers access to a range of learning content and delivery methods can drive quality improvement and advancement of care for patients through sharing best practice, and strengthen relationships between GPs and multi-disciplinary primary care teams.[47]

Services are being increasingly moved into the community from secondary care, and the range of roles and teams that GPs are working with across primary care is expanding. To adapt successfully, GPs must be allocated sufficient time to keep up with these changes, reflect on learning and share best practice to provide patients with the highest standards of care. **As part of negotiations between the Government and the BMA, appropriate protected learning time for GPs should be written into a future iteration of the GP contract.**

Practitioner Health

Across England, NHS Practitioner Health (PH) provides a confidential service for doctors and dentists with mental illness and addiction problems, who are working or looking to return to clinical practice. GPs make up around half of all those seen at PH, with approximately 2,400 GPs on their caseload (around 5% of GPs in England). On top of providing life-changing mental health and addiction care, PH has supported approximately 5,000 professionals to return to the NHS workforce over a fifteen-year period across the UK. Approximately 25% of practitioners are not working when they present to PH. Of those, around two thirds return to work or training roles by the point of discharge from the service, more than 1,000 health and care staff each year.[48]

'The wellbeing of doctors is vital because it is linked to a significant problem with retaining doctors.' - GMC[49]

Despite the success of this programme, it has been reported as being under threat and currently is only guaranteed an extension of funding for one year to continue providing treatment to healthcare professionals who are mentally unwell – across both primary and secondary care – until March 2026.[50] **It is critical that NHS England guarantees the funding needed for PH to provide access and services for all health and care professionals employed in the NHS indefinitely.**

Recommendation 4:
Tackle Visa Issues

4.1 The Home Office should grant IMGs across the UK the right to apply for Indefinite Leave to Remain upon Completion of Training in General Practice (CCT).

4.2 NHS England should reinstate the IMG practice matching service.

Streamlining and simplifying visa processes for International Medical Graduates (IMGs) is crucial to support their integration and retention within the UK healthcare system. IMG GPs often face significant challenges, including inequitable treatment and barriers to career progression.[51] Notably ethnic minority individuals constitute a substantial proportion of the IMG GP workforce and are more likely to experience inadequate professional recognition, marginalisation, more frequent quality/safety investigations with harsher outcomes, and culturally insensitive comments.[52,53,54] Visa challenges serve to add to a sense that IMGs are unwelcome and unsupported in the UK, despite having been specifically recruited into the NHS, as their skills and commitment are desperately needed within general practice.

IMGs represent **56% of all GP trainees** (GMC) and we rely heavily on IMGs joining the GP Register to bolster the workforce (NAO, NHS). In 2022, **IMGs made up 28.4% of the doctors joining the GP Register** in 2022 - this has almost tripled (+192%) from 2018 to 2022.

Unlike other medical specialities with five-year training schemes, international doctors are not able to apply for Indefinite Leave to Remain (ILR) after they finish their three-year GP training course in the UK, and instead, they must find employment through a practice that holds a sponsorship licence. In August 2023, Home Office introduced a four-month visa 'grace period' for newly qualified GPs after they finish training to allow more time. Although this extension was welcomed, our research shows this does not go far enough in the current context of GP employment issues, with many GP trainees still reporting difficulties finding roles with practices that can sponsor their visa (see below).

The Home Office must grant IMGs the right to apply for ILR upon the completion of their Certificate of Completion of Training in General Practice (CCT)[v] and ensure this right is consistently implemented across the four nations. This measure would provide IMGs with greater stability and security, encouraging them to continue their careers in the UK.

In the interim, NHS England should prioritise efforts to simplify visa processes and employment for IMGs. This includes reinstating the practice matching service, which previously supported the linking of newly or soon-to-be-qualified IMG GPs with employing GP practices that hold a Sponsorship Licence, or those willing to obtain one. This service is vital for the recruitment of IMGs and aligns with recent findings from our survey of GP registrars approaching completion of training.[55]

29% of surveyed GP registrar members in their final year of GP specialty training who were struggling to find an appropriate role coming up to, or post qualification, said they could not find a practice that could sponsor them for their visa - RCGP Survey, 2024[56]

[v] The GMC Certificate of Completion of Training (CCT) confirms satisfactory completion of a UK programme of training and is one of the certificates allowing entry to the GMC GP Register, a legal requirement to qualify and work as a GP in the NHS.

Even if GPs are not ultimately forced to leave the UK, the undue stress and burden faced by IMG GP registrars having to navigate visa processes and uncertainly of employment is unacceptable and may lead to GPs feeling less committed to remaining in the UK in the longer term.[57] The additional stress during the final year of GP training can negatively impact exam results and, consequently, patient care.

Looking abroad, the Straight to Residence Visa pathway in New Zealand allows GPs under the age of 55 to apply for indefinite leave to remain and bring their families, given they meet conditional requirements and have current employment, or a job offer, from an accredited employer.[58] Similarly, Australia and Canada present appealing visa opportunities for both GPs and their dependents. The NHS in England risks losing valuable IMG GPs, as registrars may seek employment overseas if they are unable to gain sponsorship to remain in the UK under current visa requirements. Simplifying visa processes will help mitigate these issues and support the wellbeing of IMGs.

The RCGP remains committed to supporting IMGs and providing signposting to relevant support, resources and events. By maintaining a strong support network, the RCGP aims to alleviate some of the pressures faced by IMGs and ensure they feel valued and supported within the UK healthcare system.

A streamlined and simplified visa process for IMGs is essential for their retention and integration into the UK healthcare system. By granting ILR, reinstating the practice matching service, and addressing the stress and burden faced by GP registrars, we can create a more supportive environment for IMGs that will make them more likely to remain in the workforce. We otherwise risk making working as a GP in the UK a less attractive option and losing the benefit of the public investment that has been put into their training.

Royal College of General Practitioners

4. Conclusion

The report serves as a call to action for policymakers, healthcare leaders, and stakeholders to collaborate in addressing the GP retention crisis and securing the future of patient care in England. GPs have consistently demonstrated their flexibility and ability to embrace extraordinary innovation, it's time for their dynamic resilience to be recognised.[59]

Putting in place an active and bold plan to improve GP retention is one of the single biggest steps that the NHS can take to deliver rapid improvements in the ability of general practice to meet growing patient need, and the requirements of the new Government for the health service. The Government and NHS England must show that they truly value the work and role of our critical GP workforce as consultants in general practice. Implementing these recommendations and translating this acknowledgement into tangible action is the first step to achieving this.

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