



Royal College of
General Practitioners

Retention

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

BRIEFING

October 2024



Breaking the vicious cycle

Demand for GP services is increasing, but as of September 2024, NHS England (NHSE) has the equivalent of 1,557 fewer FTE GPs than September 2015.¹ It is vital that action is taken to retain the GPs we have today to ensure we safeguard the workforce of tomorrow, and reverse this exodus.

The GP workforce is stuck in a vicious cycle: unsustainable workload drives GPs to leave the profession, which further increases the pressure on remaining staff. This added strain accelerates burnout, further exacerbating the workforce crisis. As a result, 42% of GPs who responded to our survey are considering leaving the profession within the next five years.² Crucially, these GP shortages harm patient care, cause longer waiting times, reduce access to services and leads to overall poorer patient experiences.

While the Government plans to double medical school places and train up more GPs, not enough is being done to retain the GPs we already have. Training a doctor from medical school through to becoming a GP costs nearly £500,000.^{3,4} But without the proper retention initiatives in place to ensure we retain new GPs, the Government runs the risk of losing their investment. 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 £295,000.⁵

Losing a single GP from the workforce is a major loss, and a waste of taxpayer funds. The current lack of action on retention makes no sense, for the NHS, the future of the profession, or for the taxpayer. Investing in retaining GPs would ensure GPs get the support they need to remain in the profession, offer a better return on public investment and enhance patient outcomes.

You can read the full report here:

[‘Looking after the GPs of today to safeguard the workforce of tomorrow’](#)



To help safeguard the GP workforce, and their patients, the Government must prioritise the following:

- 1 Review the NHS Long Term Workforce Plan**

NHSE 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.
- 2 Develop a National GP Retention Strategy**

NHSE should develop a National Retention Strategy for general practice that ensures national consistency via ring-fenced national funding, oversight, and guidance.
- 3 Prioritise Support & Wellbeing**

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, and NHSE should guarantee ongoing funding for Practitioner Health services for all health & care professionals employed in the NHS.
- 4 Tackle Visa Issues**

The Home Office should grant IMGs across the UK the right to apply for Indefinite Leave to Remain once they qualify, and NHSE should reinstate the IMG practice matching service.

1. Review the NHS Long Term Workforce Plan (LTWP)

Despite the Government's commitment to transfer care from hospitals to the community the NHS LTWP aims to increase hospital doctors by 49%, but projects just a 4% increase in GPs - with 93% of this growth reliant on GP trainees.⁷ There is also 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 2036.⁸ This does not set out sufficient aims or steps to retain the existing GP workforce needed to provide patients with the highest standards of care, let alone support incoming trainees and other members of the MDT. Ultimately, this plan sets the path to train droves of GPs without putting in place sufficient support to help them remain in the workforce post-qualification. GPs need rapid support now - NHSE must support and retain the skilled and valuable workforce now to safeguard the next cohorts coming through training.

42%

of GPs are considering leaving the profession in the next 5 years.⁶

Failing to prioritise retention is an unsustainable use of public money, and that is why we are calling on the Government to review the NHS LTWP, and ensure the next iteration of the plan sets out much needed retention efforts.

2. Develop a National GP Retention Strategy

48%

of GPs are struggling with their workload pressure.⁹

Demand for GP services has soared, but GPs haven't received the sufficient resources required to meet this demand. Consequently, GPs are experiencing significant burnout and are more likely to report high levels of stress and overload than any other doctor group.

Yet NHSE's decision to cut national GP retention initiatives and devolve responsibility to Integrated Care Boards (ICBs) without ring-fenced budgets has led to inconsistent support across regions. While local autonomy allows tailored approaches, financial constraints and a lack of national oversight often result in funds being diverted elsewhere, creating a "postcode lottery" for GP retention.

That is why the College is calling for a cohesive national GP Retention Strategy, to provide consistent support across all regions and GPs at all career stages. Funding for GP-specific initiatives should be ring-fenced to prevent reallocation, and successful programmes should receive long-term funding.

3. Prioritise Support & Wellbeing

The growing demand for GP services, without sufficient resources, has led to high levels of stress and burnout among GPs. 60% of respondents to the RCGPs survey experienced a decline in their mental health over the past year¹¹, with experienced mid-career GPs leaving due to work-life balance issues.¹² This exodus not only impacts patient care, but the incoming workforce suffers too.

Working conditions for GPs must improve, and continuous learning time is proven to enhance both patient safety and job satisfaction. However, 57% of GPs report insufficient time for Continuing Professional Development (CPD).¹³

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past year.¹⁰

Protected learning time must be prioritised in future GP contracts and NHSE must guarantee continued funding for Practitioner Health services to support health and care professionals.

4. Tackle Visa Issues

IMGs represent 56% of all GP trainees and play a vital role in bolstering the GP workforce.¹⁵ Many IMGs are ethnic minorities in the UK, and often face inequitable treatment, career barriers, and visa challenges, which add to feelings of being unwelcome despite their vital contributions to general practice.¹⁶

Unlike other specialties with longer training, IMG GPs cannot apply for Indefinite Leave to Remain (ILR) after completing their three-year training, requiring sponsorship from a GP practice instead. Although a four-month visa grace period was introduced in 2023, many IMG GPs still struggle to find sponsoring practices.¹⁷

29%
of surveyed GP who
were struggling to find an
appropriate role nearing or
just following qualification
couldn't find a practice to
sponsor their visa.¹⁴

The College continues to call on the Home Office to grant IMGs the right to apply for ILR upon completion of GP training, providing them with stability and encouraging them to continue working in the UK. In the meantime, NHSE should simplify visa processes, including reinstating the practice matching service, which helped link newly qualified IMG GPs with practices able to sponsor their visa.

References

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The Royal College of General Practitioners is a network of over 54,000 family doctors working to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on education, training, research and clinical standards.



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