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Cite this as: *BMJ* 2025;390:r1886
http://doi.org/10.1136/bmj.r1886

GP working patterns in England

Trends threaten government plans for the NHS

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Problems with recruitment and retention of general practitioners (GPs) in England are longstanding. Some causes are well understood: unsustainable workloads, increasing demands from patients, insufficient time to do justice to the job, and high administrative burden are cited by GPs as reasons to leave general practice or reduce working hours.[1] Poor methods for recording their working patterns mean that full time equivalent hours reported in national data likely underestimate GPs' true working hours.[2]

A new study (doi:10.1136/bmj-2024-083978) by Pettigrew and colleagues—the first to link three national sources of GP workforce data—found that the proportion of qualified GPs working in NHS general practice is falling.[3] A particularly stark finding was that one in three GPs with a licence to practise in England was not working in NHS general practice. The study further suggested that most newly qualified GPs were not entering the NHS GP workforce or left soon after joining, and that the number of patients per NHS GP had risen by 15% between 2015 and 2024.

Previous studies suggested that cutting back working hours helps GPs manage workload intensity, stress, and their mental health,[4] but the linked paper highlights that some qualified GPs are working very minimally in NHS general practice, and many are not working in it at all. Recently, the ability of GPs to have "portfolio careers" (working part time in other roles alongside clinical general practice) has been seen as an appealing aspect of the job, and used to attract doctors to careers in general practice. GPs have been encouraged to diversify their clinical practice by developing specialist skills to work alongside hospital consultants as so-called GPs with extended roles. Leadership positions, firstly in clinical commissioning groups and more recently in primary care networks, have created opportunities outside clinical care. Many GPs will work outside the NHS, for example, in academia, industry, or medical education; some work in private general practice, on a part time basis, or not at all.

Falling GP participation is a major problem for patients and for politicians. Poor access to general practice often tops the list of public concerns with the NHS, and the Secretary of State for Health and Social Care has promised improvement.[5 6] The previous UK government hoped that increasing recruitment for other roles involving direct patient care in general practice would offset the decline in GP participation and tackle problems with access to care. However, despite more than 40 000 staff being recruited to these roles in England since 2019 (including pharmacists, physiotherapists, paramedics, and link workers) patients are adamant that it is GPs they want to see.[7 8]

A flagship of the UK government's new 10 year health plan is the creation of a neighbourhood health service, bringing care out of hospitals and into communities, underpinned by a revitalised general practice.[9] Delivering this plan and improving public satisfaction requires boosting the number of GPs working in NHS general practice—and increasing participation rates is key to that aim. But by drawing GPs out of consulting rooms to lead multidisciplinary teams and spearhead neighbourhood health, the plan could undermine the need to have more GPs delivering clinical care.

Pettigrew and colleagues highlight that better data would help to define the problem and identify solutions. No system is currently in place to track what qualified GPs are doing for work other than NHS general practice. While plenty of studies have identified factors pushing GPs out of general practice, few studies have explored factors attracting them to other roles. Competing narratives also need to be unpicked: dissatisfaction with pay has been identified as a factor pushing GPs out of NHS practice, but it is also possible that increasing GP income might allow more doctors to reduce their working hours.[10] Gaining a better understanding of the factors shaping GP's decisions would reduce the chances of future policies backfiring.

Patients and politicians do have reason to be hopeful. After years of decline, the number of full time equivalent fully qualified GPs has been rising since January 2025, driven by an increase in the number of GPs completing training.[11] The data are not as nuanced as the analysis by Pettigrew and colleagues, but offers hope that the tide may be turning. Recruiting newly qualified GPs into NHS general practice and keeping them there should be a priority for the UK government, but this is not a straightforward task. On top of existing concerns, the massive expansion of non-GP clinicians, funded directly by government (ie, at no cost to GP practices) has changed the labour market. The BMA has warned that up to 1000 newly qualified GPs may be left without a job this summer, as cash limited general practices restrict recruitment and choose to use other clinical staff instead.[12]

While policy makers may argue that little can be done to control competing job options for GPs outside the NHS, ending the paradox of GPs being unable to get NHS work when more GPs are desperately needed must be prioritised. Ensuring that jobs exist for newly trained GPs is only part of the solution; the complex mix of factors driving one in three qualified GPs out of NHS general practice must be addressed together.

The UK government has promised a long term workforce plan in the autumn, and Pettigrew and colleagues' research describes a problem that plan must solve.

Competing interests: *The BMJ* has judged that there are no disqualifying financial ties to commercial companies. The authors declare the following other interests: The author is a part-time salaried GP.

Further details of *The BMJ* policy on financial interests is here: https://www.bmj.com/sites/default/files/attachments/resources/2016/03/16-current-bmj-education-coi-form.pdf

Provenance and peer review: Commissioned; not externally peer reviewed.

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