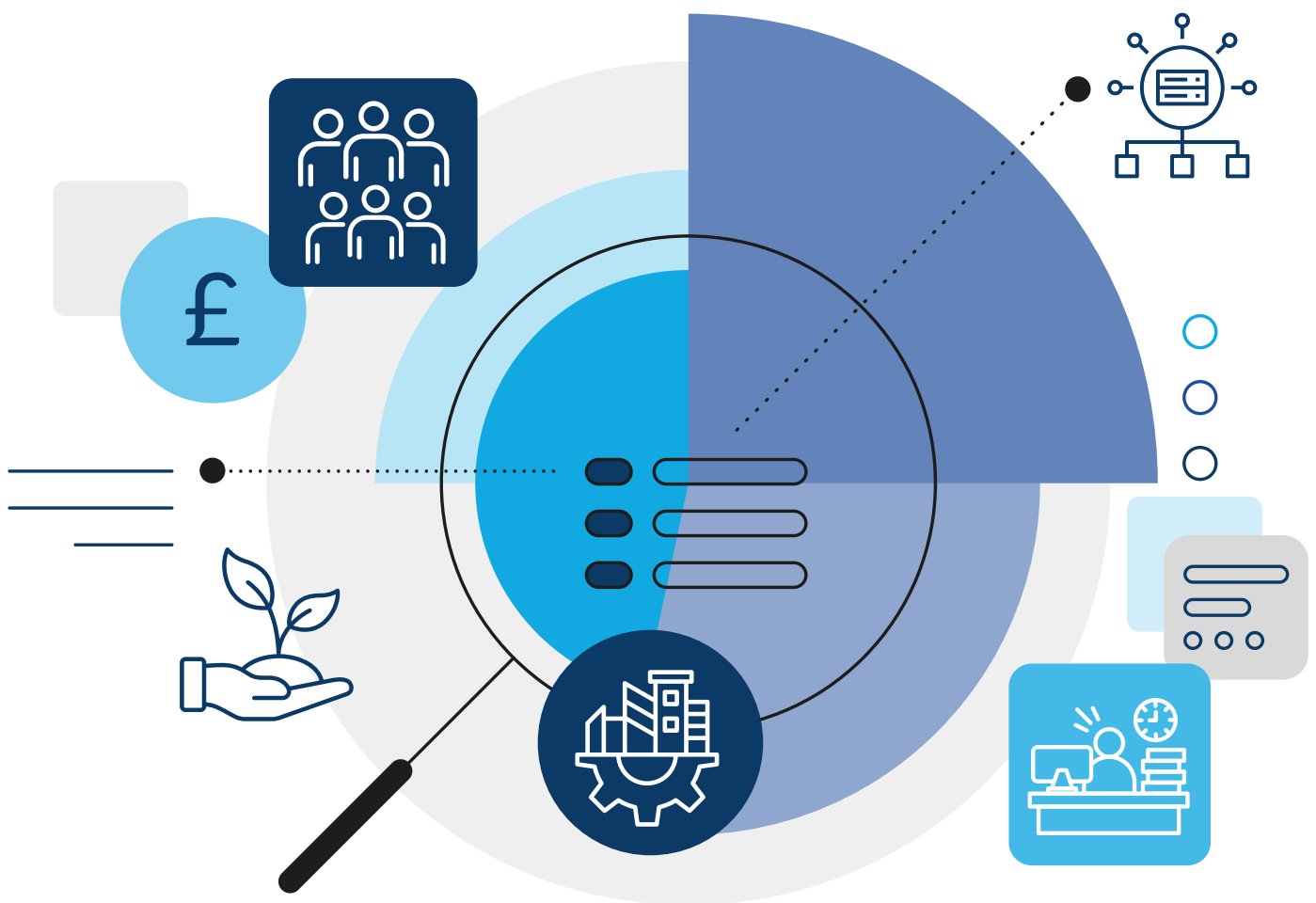




Royal College of
General Practitioners

The State of General Practice 2026



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Foreword

General practice is the foundation of the NHS. Every day, GPs and their teams care for millions of people, often at the earliest and most uncertain point in their illness, supporting them throughout their lives and coordinating care across an increasingly complex health and care system.

This inaugural State of General Practice report establishes a baseline for assessing whether general practice across the UK has the workforce, resources and conditions needed to deliver high-quality patient care, and for tracking progress in future years.

General practice is too often understood through the lens of activity and access alone. Access is essential, but we must also ask: access to what? At its heart is expert medical generalism: the ability to provide first-contact, comprehensive care; manage undifferentiated illness, risk and clinical uncertainty; bring together the needs of people living with multiple conditions; and provide continuity over time. These capabilities are increasingly important as our population ages, multimorbidity increases and health inequalities persist.

This first report shows a profession continuing to deliver extraordinary volumes of care, but under sustained pressure. The gap between what general practice is being asked to deliver and the workforce, resources and infrastructure available to deliver it is becoming increasingly apparent. These pressures are not experienced equally. Communities with the greatest health needs too often have the fewest resources to meet them. A sustainable future for general practice must therefore also be a fairer one.

But this report is not simply an account of pressures. There is a significant opportunity ahead. Across the UK, governments want more care to be delivered closer to people's homes. Better integration, new technologies and stronger continuity of care could improve patient outcomes, experience and system efficiency. Our recommendations build on our previous work and identify the policy changes needed to improve people's experience of general practice.

Change built on the distinctive strengths of general practice can improve the quality, safety and accessibility of patient care, while strengthening the wider NHS and supporting the transformation of healthcare.

Our ambition must be greater than enabling general practice simply to cope. It must be to create the conditions in which GPs and their teams can thrive, and every patient can benefit from the high-quality, equitable and relationship-based care GPs are trained to deliver.



**Professor Victoria
Tzortziou Brown OBE**
President, Royal College
of General Practitioners

Executive Summary

This report assesses whether general practice across the UK has the workforce, resources and infrastructure needed to deliver high-quality patient care. Drawing on the RCGP's 2026 GP Voice Survey of over 1,500 GPs and a range of other sources, it paints a vivid picture of UK general practice today and establishes a baseline for measuring future progress.

General practice provides the foundations for the NHS, delivering comprehensive, first – contact and continuing care, managing complexity and clinical uncertainty and coordinating care and support across the wider health system. This report finds these foundations are under significant and growing pressure.

Patient satisfaction with general practice is generally high with overall satisfaction rates in England, Wales and Scotland all at over 70%. But the report findings demonstrate the strain placed on GPs and their teams as they strive to deliver high-quality care for all.



The number of GPs in the workforce has not kept pace with the growth in population size and needs

- In England, there are just 36 more full-time equivalent fully qualified GPs than in 2015, while the number of patients per GP has increased by approximately 11%.
- Similarly, GPs numbers in Wales have seen a modest increase (by 1.5%) since comparable records began in 2021. In Scotland there are fewer whole-time equivalent fully qualified GPs than in September 2015.



Workload pressures are impacting GPs' wellbeing and their ability to consistently provide high-quality care

- Only 36% of GPs surveyed say they have sufficient time to assess and treat patients adequately, with pressure to see patients quickly the most commonly reported barrier to relational continuity.
- More than one in five GPs surveyed report feeling so stressed that they cannot cope most or every day.
- Fewer than half (46%) of GPs now expect to still be working in UK general practice in five years' time, down from 53% last year – a fall of 7%.



Ambitions to develop neighbourhood and community-based care are not reflected in the allocation of resources to general practice nor investment in local clinical leadership

- General practice receives 8.3% of NHS spending in England, its lowest share in a decade, while this figure sits at 7.6% in Wales, 6.5% in Scotland, and 5.4% in Northern Ireland, relative to each nation's overall spend.
- Only 36% of GPs surveyed in England agreed that GPs in their area currently play a key role in designing neighbourhood health services.



Inadequate IT and digital systems are adding to general practice workload pressures

- 36% of surveyed GPs report that their practice's Wi-Fi is not fit for purpose and 33% report inadequate computer software.
- Almost half of GPs say IT systems are not fit for purpose when exchanging information with secondary care. More than six in ten report the same problems when sharing information with mental health trusts and social care services.



GPs face significant constraints in delivering equitable, sustainable and preventative care

- Research by the Health Foundation found that practices serving the most deprived communities have 14.4% more patients per fully qualified GP but receive 7% less funding after adjusting for need.
- 70% of surveyed GPs report insufficient time to offer preventive health advice.
- 58% of GPs say their practice requires additional works to its premises to meet the needs of the practice and its patients.

These findings highlight the gap between governments' ambitions across the UK and the current capacity of general practice to prioritise prevention, shift more care into community settings and harness digital technology to improve patient experience and outcomes.

The report calls for action across the UK to address this by:

Strengthening the role of general practice, recognising the value of expert medical generalism and the benefits of relational continuity – enabling GP leadership in neighbourhood and community care, and ensuring investment follows ambition;

Expanding and retaining the GP workforce through tackling severe workload pressures and removing barriers to rewarding careers, and by supporting international medical graduates and academic career pathways;

Improving digital infrastructure, including the interoperability of digital systems, and ensuring safe, evidence-based adoption of new tools;

Supporting fair and sustainable general practice, by distributing resources equitably, incentivising prevention and investing in modern, fit-for-purpose premises.

The state of general practice must be judged not simply by the number of appointments delivered, but by the quality and value of care patients receive and the contribution made to the health and care system as a whole.

Context across the UK

General practice across the UK is facing significant and sustained pressure, navigating long-term rising service demands and GP workforce shortages alongside major system-wide change.

Governments in all four nations have set out aspirations to change the way in which healthcare is delivered, with a focus on providing more proactive, joined up, patient-centred care closer to home, shifting care out of hospitals into the community. But investment has not kept pace with government ambitions and evolving patient needs. General practice in England currently receives its lowest share of the NHS budget in a decade, and similarly low levels of investment are seen across the UK.¹

New funding arrangements introduced in 2026/27 included a modest real-terms increase through the GP contract in England, alongside the redirection of existing funding towards increasing GP capacity. In Scotland, a new multi-year funding agreement provided additional investment specifically to expand the general practice workforce. The 2025/26 contract funding settlement in Wales was welcomed by the BMA's General Practice Committee as a "credible" and much needed uplift.² However, significant workforce and workload pressures remain across the UK, and a much greater 'left shift' of funding is needed to tackle the long-term resources gaps facing UK general practice. After multiple years of political instability in Northern Ireland, an imposed 2025/26 GP contract lacked any significant investment, and the details of the 2026/27 contract remain uncertain at the time of writing.

Rising demand, increasing complexity of patients' health needs, digital and technological advances, and changing expectations of both the public and the workforce are reshaping not just how care is delivered, but also the role of the GP.

Despite these challenges, GPs are delivering life-altering care for millions of patients across the UK every year. But the current situation is unsustainable. What we hear from our members tells us that urgent action is still needed from governments across the UK to ensure general practice continues to offer patients the care they deserve and that GPs are trained to deliver, and to enable the 'left-shifts' needed to transform the health and care system as a whole.



1. The role and value of general practice and GPs

Acting as the cornerstone of the NHS in each UK nation, general practice provides the vast majority of patient contacts across our health services.³ From preventing ill health and providing the ‘front door’ to the health service when people become unwell, to complex long-term disease management and end-of-life support, GPs deliver comprehensive, coordinated, and cost-effective care within our communities.

“GPs are the last generalists and this is what saves the NHS money – they manage uncertainty and take responsibility for things other health professionals are not trained to do”

(GP working in out of hours services, >14 years since qualifying)

General practice also provides vital support for the rest of the health system. When patients have a sustained relationship with a GP this can lead to improved health outcomes and reduced visits to emergency departments.⁴ So when general practice is facing severe pressures, other areas of the NHS feel it too.

Despite the challenges facing the workforce described in this report, public satisfaction with their GP practice is generally high. In England, around three quarters of patients (77%) reported that their overall experience of their GP practice was good.⁵ This represents a rise since 2024 (74%). In Wales, 86% of people who had an appointment with a GP in the prior 12 months said they were satisfied with care they received during their most recent visit in 2024–25.⁶ And in Scotland, 71% rated the overall experience of their practice as “good” or “excellent”.⁷ Similar overall satisfaction figures are not currently available for Northern Ireland. Polls also consistently show that access to general practice is one of the public’s top priorities for improving the NHS.⁸

The distinct value of a GP and continuity of care

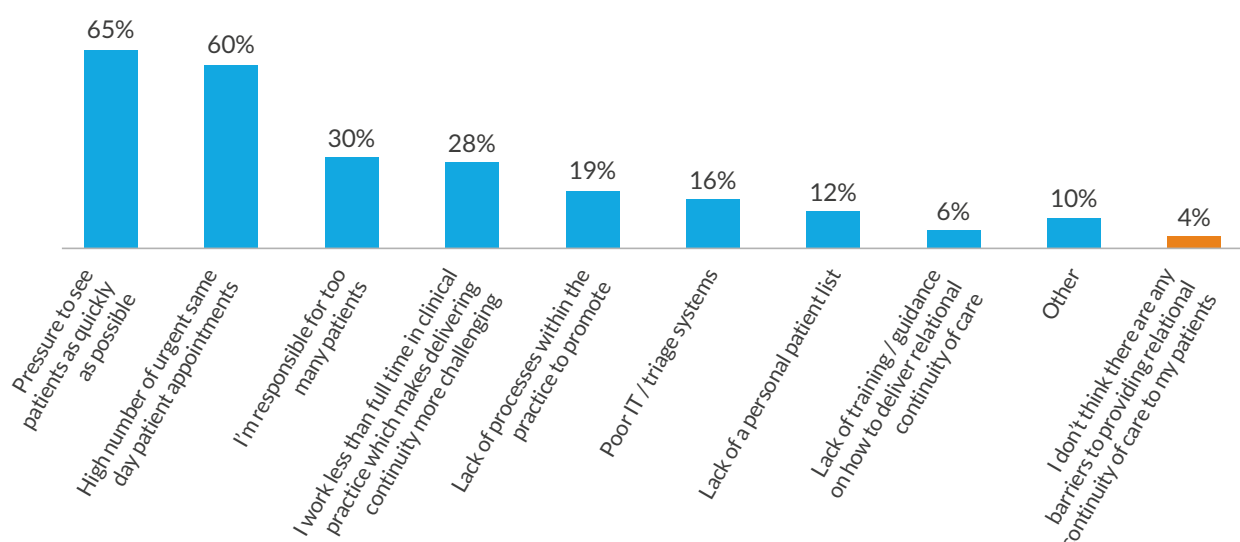
GPs are expert medical generalists. They provide first-contact and continuing care, assessing patients presenting with undifferentiated symptoms, managing risk and clinical uncertainty, diagnosing and treating disease, and caring for patients living with multiple health conditions. The value of the GP lies not simply in undertaking individual clinical tasks, but in using clinical judgement to synthesise information, prioritise competing needs and support patients to make decisions about their care. Through their knowledge of patients and communities, GPs can understand health needs in their wider personal context and coordinate care across an increasingly complex health and care system.

The relationship between a patient and a GP who knows them over time, also known as relational continuity of care, remains one of the most valuable yet overlooked strengths of general practice. Decades of evidence link continuity of care to better health outcomes, increased patient satisfaction, and more efficient use of resources.⁹ Research has also suggested that GPs across the UK find continuity of care to be one of the most rewarding elements of their careers.¹⁰

However, despite these well-documented benefits, continuity has often been deprioritised, amid a strong policy focus on speed of access and shifting organisational structures.¹¹ Our survey reflected this trend. Only 36% (554) of GPs agreed that they have enough time to adequately assess and treat patients during appointments, and pressure to see patients as quickly as possible was reported as the biggest barrier to providing greater continuity for patients (Figure 1).

1 These patient satisfaction figures come from different national surveys with different methodologies in each nation, so are not directly comparable.

Figure 1: Main barriers to continuity of care for patients



Source: RCGP GP Voice Survey 2026 (n=1524). “What are the main barriers, if any, to providing relational continuity of care to your patients? Please select up to 3.”

Access and continuity are often framed as competing priorities, but they are both tenets of good general practice. Access is a prerequisite, and an independent contributor, to high-quality care. The ability to see a doctor who knows you over time is not an outdated luxury, but a critical feature of a high value, sustainable health system. If the balance is tipped too much in one direction, policy-makers risk undermining their objectives to improve patient outcomes and enhance patient experience of general practice.

Recommendation:

Support and strengthen the distinctive role of the GP: Policy and system reform should recognise the value of expert medical generalism, including relational continuity of care, and ensure that changes to services and models of care strengthen these capabilities. Targets and approaches to improving access should not prioritise speed at the expense of continuity; practices must have sufficient capacity and resources to deliver both.

The role of GPs within neighbourhoods and community health

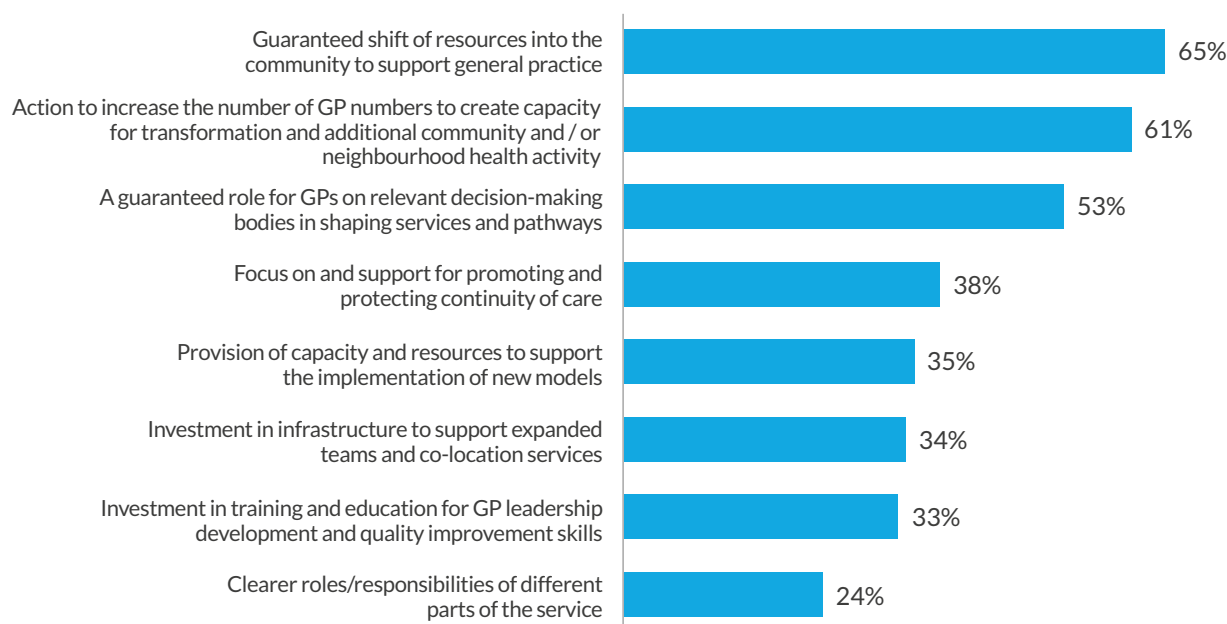
There is an increasing focus from governments across all four UK nations to develop and deliver a ‘left shift’ of health care out of hospitals and into communities, expanding the role of primary and community services, including general practice. This is typically described as a shift to ‘neighbourhood health’ in Northern Ireland and England, and ‘community health’ in Scotland, while in Wales the approach to planning the delivery of care closer to home is summarised as ‘community by design’.

The RCGP welcomes each government’s ambition to move care closer to home. Further clarity is needed on the vision for these new service models and how they will work in practice. As they are developed, a range of key principles and enablers need to be embedded for them to be successful.¹²

One of the success factors will be frontline clinical leadership, with many professions contributing their expertise to the design and delivery of these models alongside local people and community partners. The GP role within this is critical, distinguished by its combination of medical generalist expertise, responsibility for first-contact and continuing care, and comprehensive understanding of the health needs of patients and communities. GPs and their teams have crucial insight into how services and care pathways operate in practice from their role coordinating care for patients across their local systems.

Yet, results from our survey suggest that many GPs do not feel adequately involved or represented in work to shape new models of community care: only 36% of GPs surveyed (428) in England agreed that GPs in their area play a key role in designing neighbourhood health services. GPs identified a guaranteed shift of resources to support general practice and action to increase the number of GPs to create capacity for transformation as important enablers of effective neighbourhood and community health models, as well as guaranteed involvement of GPs in decision-making (Figure 2). This suggests that while GPs want to play a stronger role in shaping service design, workforce and capacity pressures may limit their ability to do so.

Figure 2: Action and support wanted from government to ensure effective neighbourhood/ community health service models



Source: RCGP GP Voice Survey 2026 (n=1524). “What action and support would you like to see from governments to ensure neighbourhood or community health service models are delivered effectively? Please select up to 5”.

Recommendation:

Embed GP leadership in system design, commissioning and delivery: Governments should set out a clear vision for neighbourhood and community health informed by frontline clinicians and patients. GPs must be enabled to play a central role in shaping neighbourhood and community services and pathways, utilising their understanding of local population health needs and experience of coordinating care across organisational boundaries.

General practice funding

Successive governments across the UK have recognised the critical role that general practice plays within our health systems and have set out ambitions to shift further care out of hospitals into communities, yet funding has not shifted in this direction. In fact, recent analysis shows that the proportion of funding spent in primary care in England is at its lowest point in a decade.¹³

Available national data illustrate a low proportion of health spending is allocated to general practice across the four UK nations:

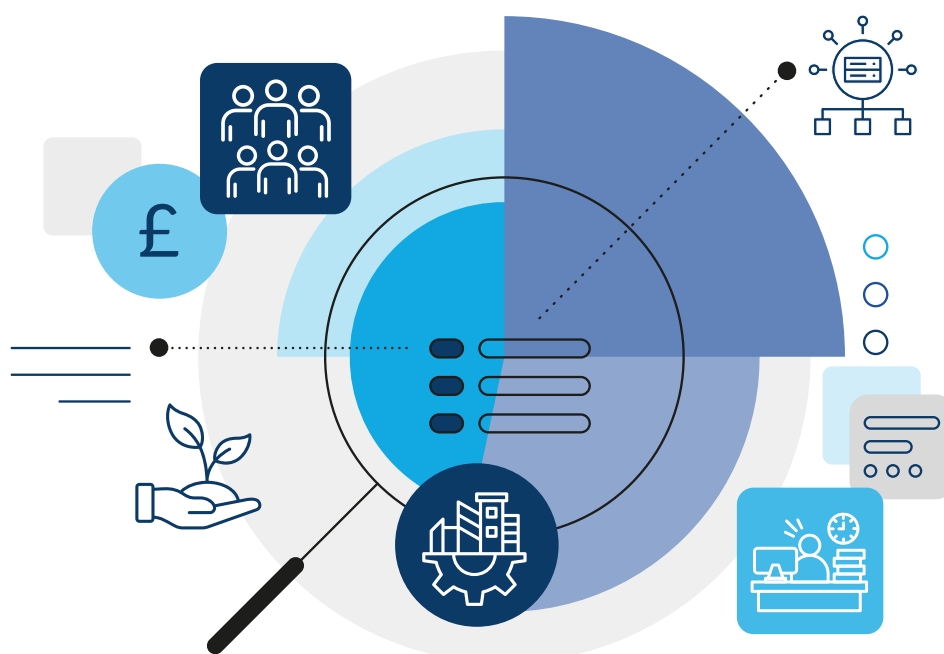
- **Northern Ireland:** 5.4% of total Health and Social Care spending (2022-2023)¹⁴
- **Scotland:** 6.5% of NHS spending (2023-24)¹⁵
- **Wales:** 7.6% of Welsh NHS spending (latest cited estimate)¹⁶
- **England:** 8.3% of NHS spending (2024-25)¹⁷

As definitions and reporting methods differ, these figures are indicative and should not be interpreted as directly comparable.

GPs and their teams have repeatedly demonstrated their ability to innovate, adapt and see more patients than ever before, while operating within this relatively small proportion of overall NHS expenditure. This illustrates how general practice delivers what Lord Darzi described as the “best financial discipline in the NHS family”.¹⁸ However, the gap between the resources available and what general practice is being asked to deliver is increasingly evident. General practice cannot be expected to do more with the same resources.

Recommendation:

Match investment to ambition: Governments across the UK should increase and transparently track the proportion of health spending invested in general practice, such as through a Primary Care Investment Standard, so that practices have the resources to meet patient needs and to deliver the shift of care into communities.



2. Developing a strong workforce with rewarding careers

General practice teams delivered approximately 388 million appointments between September 2025 and September 2026 in England alone.¹⁹ However, chronic underfunding and an increasing number of patients experiencing complex and multiple conditions have contributed to increasing pressure on GP workload and the workforce has not expanded sufficiently to meet these demands.

“I find it’s no longer possible to provide care to the standard I prefer which makes me very sad”

(Salaried GP, >14 years since qualifying)

GP workforce numbers and workload

Despite repeated commitments to expand general practice capacity, the number of full time equivalent (FTE) fully qualified GPs has only slightly increased in England and Wales, by 0.12% and 1.5% respectively since earliest available data, while Scotland has seen a decrease (Table 1).

Table 1: Change in the number of full-time equivalent (FTE) / whole-time equivalent (WTE) fully qualified GPs by UK nation

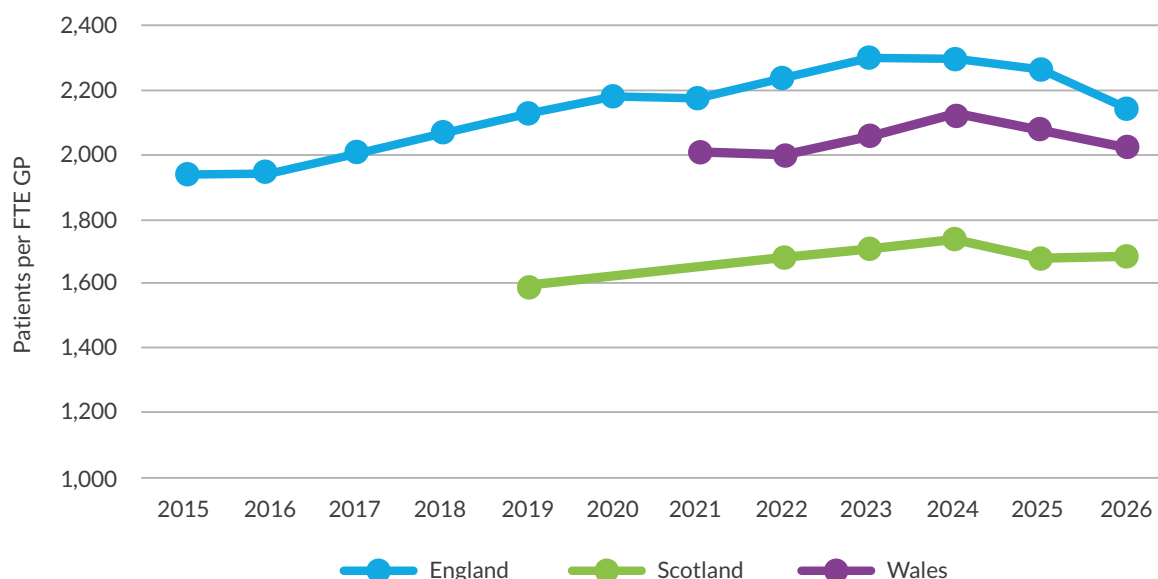
Nation	Earliest data	Latest data	Change (FTE GPs)	Change (%)
England	29,364 (Sep 2015)	29,400 (Sep 2026)	+36	+0.12%
Scotland (WTE)	3,613 (2019)	3,601 (2026)	-12	-0.33%
Wales	1,611 (December 2021)	1,635 (March 2026)	+24	+1.5%
Northern Ireland	No FTE data published			

Time scales vary due to the availability of data. Comparable figures are not available for Northern Ireland at the time of writing.

Sources: NHS England (2026), General Practice Workforce, 30 September 2026 – NHS England Digital; NHS Education for Scotland & Public Health Scotland (2026), General Practice Workforce Survey (Official Statistics on the workforce of NHS Scotland); Welsh Government (2026), General practice workforce.

Each FTE fully qualified GP in England is responsible for an average of 2,143 patients, an increase of around 11% since September 2015 (Figure 3).²⁰ These patterns are also seen in other parts of the UK, with an increase of 5.9% in patients per GP in Scotland since 2019,²¹ and an increase of 0.4% in Wales since 2021.²²

Figure 3: Patients per GP by nation, 2015 to 2026²



Sources: NHS England, [General Practice Workforce Statistics](#); Welsh Government, [General Practice Workforce Statistics](#); NHS Education for Scotland, [General Practice Workforce Survey](#).

Since September 2015, the number of other staff working in general practice in England has grown by 27.9%,²³ changing the composition of the general practice workforce. However, different professional roles bring different skills and expertise to general practice and should complement, rather than substitute GPs. The evidence on the impact of different multidisciplinary workforce models on patient outcomes, continuity of care and system cost-effectiveness remains limited.²⁴

Sufficient GP capacity remains essential for the delivery of effective patient care throughout the NHS. The implications of changing workforce composition for patient outcomes, continuity and system cost-effectiveness, including the resources required for clinical supervision, are not yet fully understood and there is a need for further evidence and research in this area.

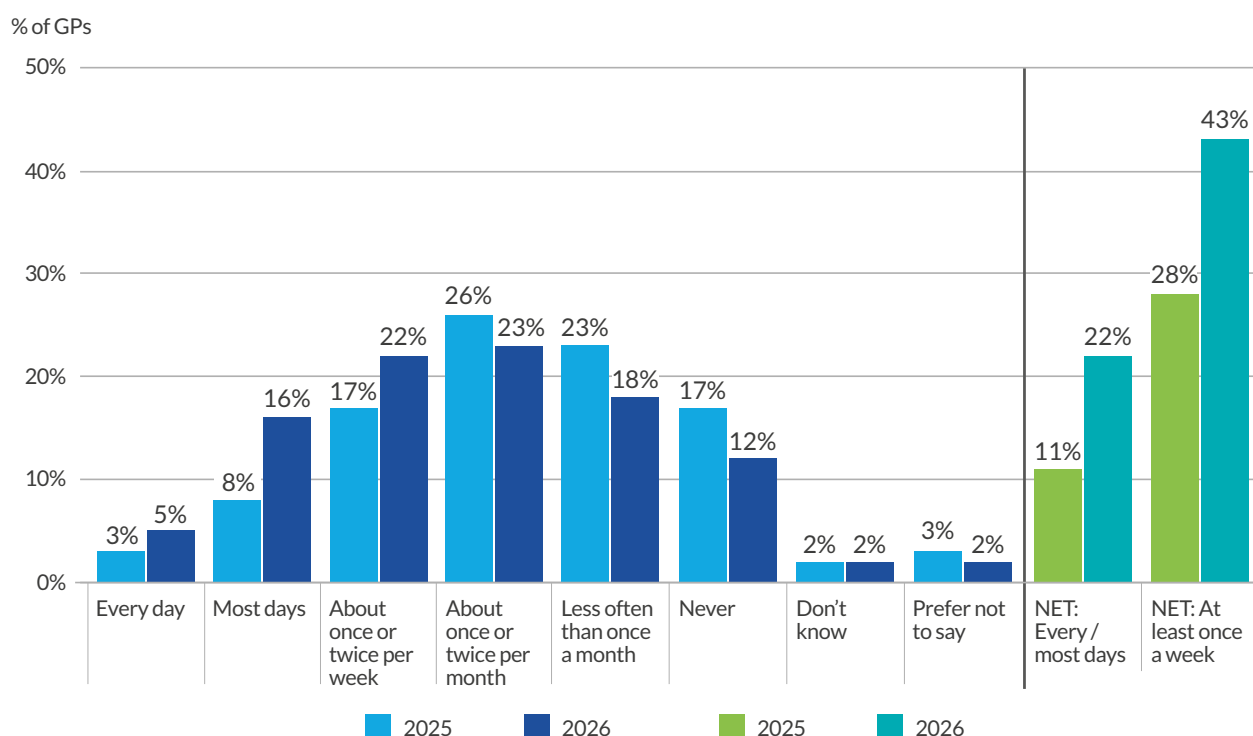
The College has long warned about the workload challenges facing GPs and their teams. As the ratio of GPs to patients declines, workload is increasing in both volume and complexity, leaving insufficient GP capacity to deliver the care people need. Findings from our 2026 survey demonstrate the extent and impact of these pressures.

More than 1 in 5 (22%, 261) GPs report feeling so stressed that they cannot cope most days or every day, which is double the findings from last year (11%, 188) (Figure 4). This rises significantly among GP registrars (31%, 88) and those in their first five years since qualification (26%, 69). The particularly high levels of stress reported by GP registrars and recently qualified GPs are concerning for the future sustainability of the workforce.

Research from the General Medical Council (GMC) supports these findings, with GPs reporting the highest pressures in the medical workforce: 60% of GPs say they find it difficult to provide the level of care they would like to at least weekly, compared to an average of 41% across all specialities.²⁵

² Data is not directly comparable between nations. England and Wales figures include FTE fully qualified GPs (England excludes GPs in training; Wales excludes registrars and counts locums differently). Scotland figures are survey-based WTE GPs excluding specialist trainees. Northern Ireland is excluded because it does not publish GP (FTE) data. Headcount of GPs (excluding locums) in Northern Ireland increased from 1,410 in 2021 to 1,505 in 2026. Headcount is simply the number of GPs rather than the hours they work, so it cannot be compared directly with the FTE figures and it may overstate capacity.

Figure 4: Amount of time GPs report feeling so stressed they cannot cope, 2025 and 2026

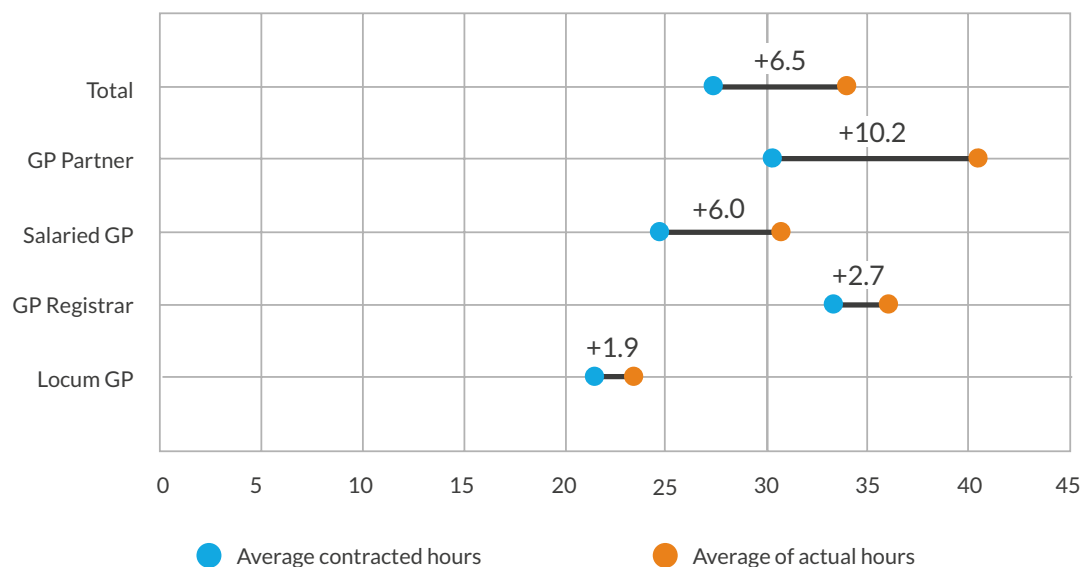


Source: RCGP GP Voice Survey 2026 (n=1524). “Thinking about an average week at work over the past 12 months, how often, if at all, have you felt so stressed that you have felt you cannot cope”.

Our survey results suggest that bureaucratic burdens may be contributing to these levels of stress, with nearly a quarter of GPs (24% 362) reporting spending more than 30% of their overall time on administrative workload or bureaucracy related to clinical care, some of which may be exacerbated by inefficient processes across the health system. Previous research by the RCGP found that ‘unnecessary’ workload could be costing an average of £410 per GP per day in England.²⁶

Across the workforce, the hours GPs work in NHS general practice consistently exceed their contracted hours (Figure 5). On average, of the 6.5 extra hours that GPs work each week, respondents said 1.6 of those hours are spent on direct clinical care. The remaining additional time is likely to reflect a range of indirect clinical, coordination and wider responsibilities.

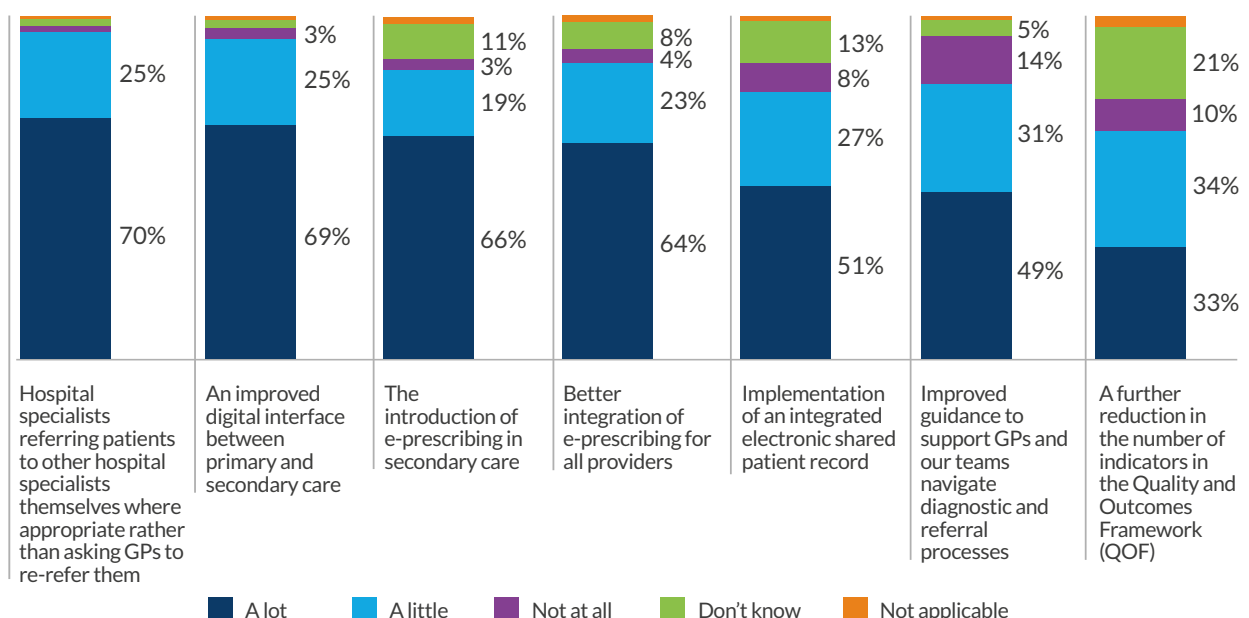
Figure 5: Mean contracted and actual weekly hours worked in NHS general practice, by GP role



Source: RCGP GP Voice Survey 2026 (n=1524). “How many hours are you contracted to work in NHS general practice in a typical week?” and “Approximately how many hours do you actually spend working in NHS general practice in a typical week?”

When asked what could improve their workload, the message was clear from GPs in our survey that improvements to referrals and digital interfaces would have the most significant impact (Figure 6). Solutions identified included improving dataflows between health systems and introducing e-prescribing in secondary care (also see section 3: Creating a digitally enabled general practice).

Figure 6: Proportion of GPs who say each measure would help improve their workload



Source: RCGP GP Voice Survey 2026 (n=1524). “To what extent do you think the following could help improve your workload?”

We urgently need more GPs to address the pressure points that cause stress. The challenge is not only to train more GPs, but to ensure that practices have the resources to employ them and to create the conditions in which they are able to build fulfilling careers in general practice.

Recommendations:

Fund an expanded GP workforce: Governments across the UK should ensure sufficient ring-fenced core funding to enable practices to employ the number of GPs that they need to care for their patients.

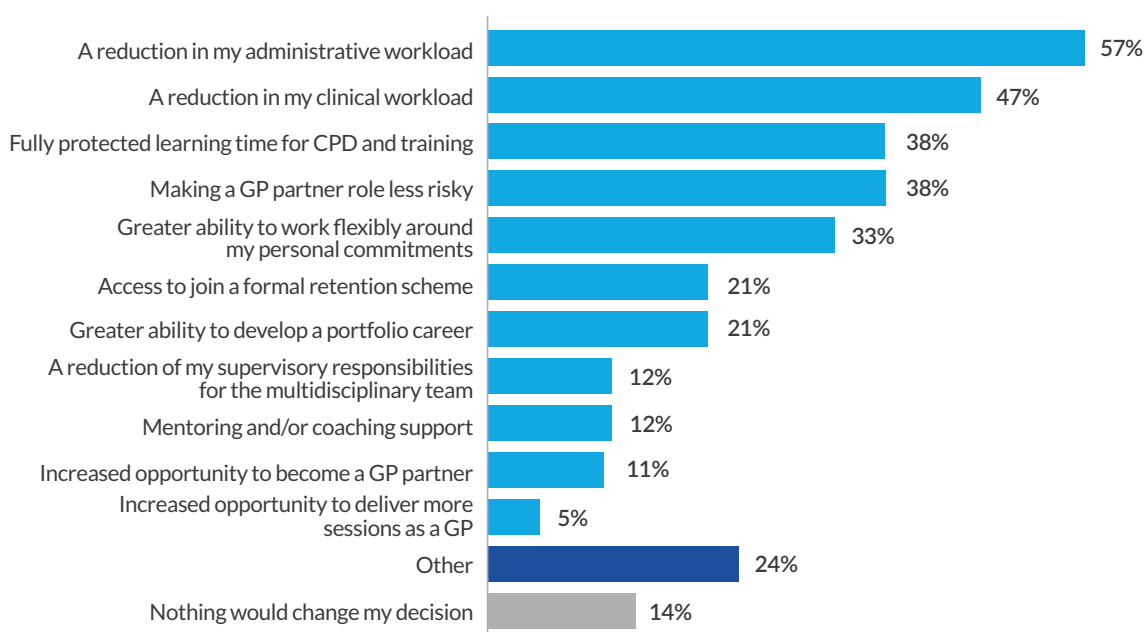
Improve system and referral pathways: Governments across the UK should ensure system and pathway redesign is co-designed with patients and GPs and evaluated for the impact on patient outcomes, workforce capacity and system efficiency. This should include ensuring that existing arrangements for direct specialist-to-specialist referrals are followed where clinically appropriate, avoiding unnecessary referrals back through general practice.

GP retention

The GP workforce risks becoming caught in a vicious cycle: unsustainable workload contributes to GPs considering leaving the profession, increasing pressure on those who remain. Fewer than half (46%) of GPs now expect to still be working in UK general practice in five years' time, 7% fewer than in our survey last year (53%). Among those who report they are unlikely to still work in the UK in the next five years, 16% (93) said they were actively looking for a GP role overseas.

Of those unlikely to remain in UK general practice, 40% (229) of respondents in our survey said their work-life balance was making it unlikely they would stay in general practice, and 39% (228) of respondents cited finding the role too stressful as the reason behind their intention to leave. The interventions GPs most often said would keep them in general practice for longer were reducing clinical (47%, 351) and administrative (57%, 423) workload (Figure 7).

Figure 7: Interventions GPs say would be likely to keep them in general practice for longer



Source: RCGP GP Voice Survey 2026 (n=719). "Which, if any, of the following interventions would be likely to retain you in UK general practice for longer? Please select all that apply."

Data tracking the exact numbers of GPs joining and leaving the workforce is very limited across the UK, but data in England suggests that around 6.8% (1,913) of FTE fully qualified GPs (excluding GPs in training grade) left the general practice workforce between June 2025 and June 2026.²⁷

The risk of losing experienced GPs has consequences for patients, the development of the future workforce and the wider health system. The process of fully training a GP takes a minimum of 10 years, and previous analysis estimates the cost is around £430,540,²⁸ so improving retention improves value from this investment.

The dedication of the GP workforce must be matched by tangible system-level support that enables GPs to thrive, not merely persevere. Alongside addressing workload as a priority, targeted actions to boost protected time for learning and give GPs greater flexibility in their roles could also have a positive impact on retention.

Recommendation:

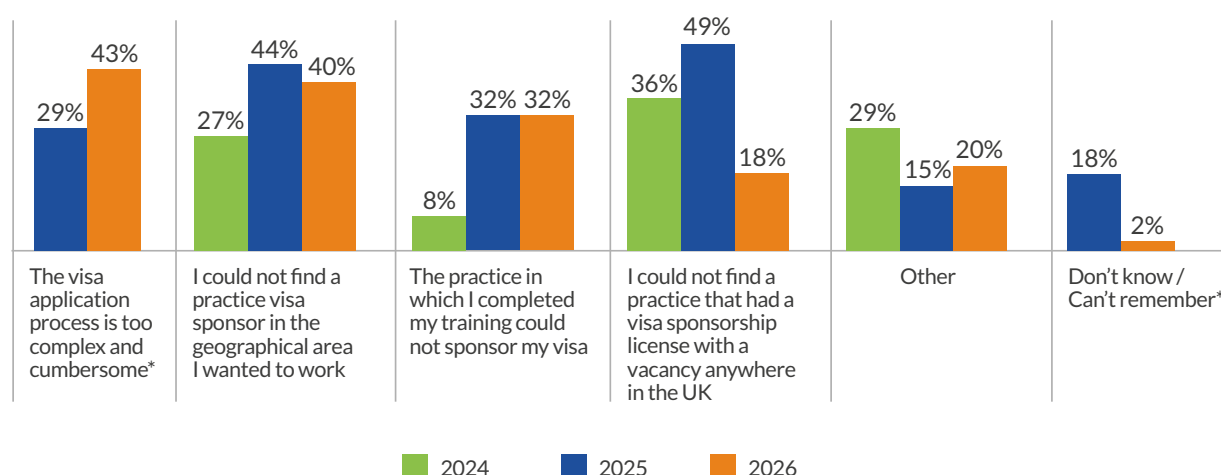
Develop national retention strategies for GPs: Governments across the UK should increase and ring-fence funding for GP retention efforts across all career stages. As part of this, ensure GPs have fully funded protected time for CPD and trainer and mentorship roles to enable professional development.

Supporting international medical graduates

International medical graduate (IMG) doctors are an integral part of UK general practice and essential both to delivering patient care and achieving the ambitions of the evolving healthcare systems across the UK. They bring vital skills and experience to general practice, helping to meet the growing demand for care in communities across the UK.

However, IMG doctors still face barriers in trying to work as a GP in the UK after they qualify. For the 10% (154) of GPs responding to our survey who need a visa sponsor to work as a GP in the UK, 43% (66) said that this process was difficult. More IMG doctors reported finding application processes complex in this survey compared to previous years, and many continued to find it difficult to find a practice to sponsor them in the area in which they wanted to work (Figure 8). Although they relate to a relatively small number of respondents, these results suggest a major ongoing issue for IMG doctors.

Figure 8: Reasons GPs found it difficult to gain visa sponsorship to work in general practice



Source: RCGP GP Voice Survey 2026 (n=66). "Which of the following reasons best describes why you found gaining visa sponsorship difficult? Please select all that apply,"

The NHS invests significant resources in training IMG GPs in the UK, and in return, they make an invaluable contribution to the NHS. Unnecessary barriers for these GPs to take up substantive roles create a risk of losing both valuable clinical capacity and public investment.

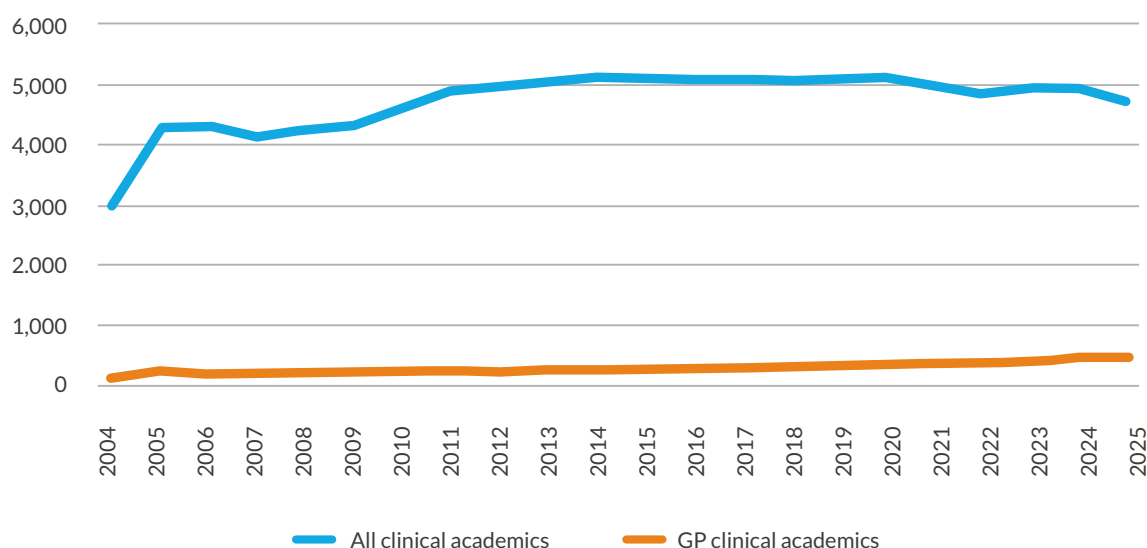
Recommendation:

Support IMGs to stay in the UK: The Home Office should enable eligible international medical graduates to obtain indefinite leave to remain (ILR) on completion of UK GP training, which would support retention, protect public investment and demonstrate that the UK values international GPs' contributions.

Academic general practice workforce

The GP clinical academic workforce makes vital contributions to healthcare across the UK, generating research that shapes how healthcare is delivered, informing clinical practice and guidelines, shaping health policy and contributing to improving patient outcomes in the UK and internationally.²⁹ It also plays an important role in undergraduate medical education and curriculum development. However, analysis from the Medical Schools Council suggests a long-term decline in the number of clinical academics overall and a relatively static number of GP academics for over a decade (Figure 9).³⁰

Figure 9: All clinical academics and academic GPs in UK medical schools, 2004-2025 (FTE)



Source: [Medical Schools Council](#).

Academic general practice is also substantially under-represented compared to hospital medicine, with clinical academics making up just 0.7% of the GP workforce compared to 3.2% of the consultant workforce.³¹ This risks limiting the research capacity needed to generate evidence for improvements to care in primary care and community settings.

There are significant barriers for GPs to enter, remain and progress in the academic research workforce, including short-term contracts, pay and employment arrangements, and unclear or fragmented career pathways. As health systems seek to move more care into communities, research capacity must develop alongside that shift.

Recommendation:

Build the academic GP workforce: UK governments should work with universities and health research funders to create clear and sustainable clinical academic career pathways in general practice, with protected academic time, secure and flexible funding routes, appropriate pay and employment arrangements, and opportunities for progression at every career stage.

3. Creating a digitally enabled general practice

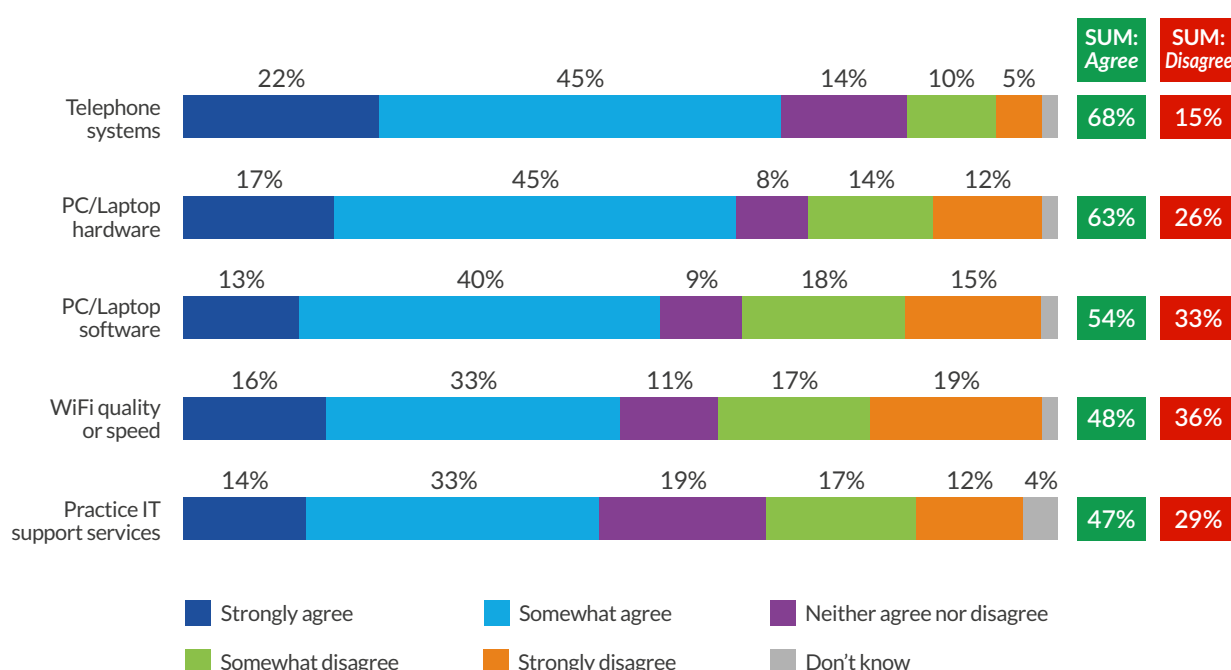
Well-functioning digital infrastructure, including effective GP IT systems and interoperability between systems in different healthcare settings, is essential to improving patient care, and supporting safer and more efficient working across the health system.

“So much of my day is hunting for info and tools which should be at my fingertips”

(GP Partner, >14 years since qualifying)

However, GPs report major ongoing challenges with the IT infrastructure in general practice, with a high number of GPs reporting that their WiFi quality (36% 549) and PC/laptop software (33% 500) are not fit for purpose (see Figure 10).

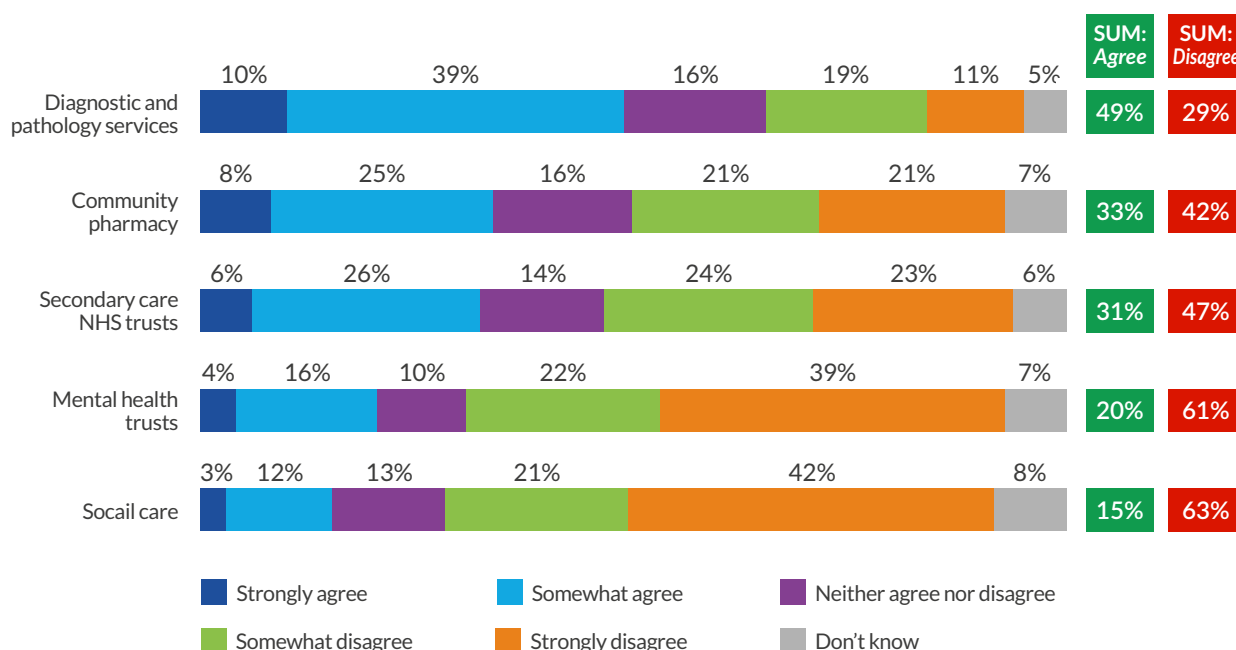
Figure 10: Reported levels of ‘fit for purpose’ IT infrastructure within general practice



Source: RCGP GP Voice Survey 2026 (n=1524). “Thinking about the IT infrastructure at your practice, to what extent do you agree or disagree that the following hardware and systems are fit for purpose?”

There are also major challenges with sharing data between general practice and other parts of the healthcare system. Many GPs report finding it difficult to exchange information with a range of other services, especially with mental health services and social care (Figure 11). Inadequate interoperability has also created challenges at the primary and secondary care interface and prescribing to patients living across UK nation borders, such as between England and Wales.³² These barriers can lead to duplication and make it harder for clinicians to access the information needed for safe, informed decisions at the point of care.

Figure 11: GP reported 'fit for purpose' ability of GP systems to exchange information with other areas of the healthcare system



Source: RCGP GP Voice Survey 2026 (n=1524). "Thinking about the IT infrastructure at your practice, to what extent do you agree or disagree that the ability of your GP system to exchange information with the following is fit for purpose or of an acceptable standard?"

Digital transformation impacting general practice is rapidly developing across the UK, from the proposed Single Patient Record in England to major reprovisioning programmes taking place in Scotland, Wales, and Northern Ireland, alongside the rollout of fast-evolving AI technologies.

High-quality patient data are also fundamental to population health, service improvement and research developments. To retain public trust, the use of general practice data must be underpinned by clear safeguards for privacy, transparency and appropriate use.

The use of AI in general practice is also developing rapidly and has the potential to change how care is delivered and how clinical and administrative work is organised. The RCGP is undertaking further work in this area, building on its collaboration with the Nuffield Trust in 2025.³³ GPs must have assurance, for AI and other new technologies or systems, that confidential data is protected and that there is a consistent set of expectations for safety, governance, accountability and liability in their use.

Recommendations:

Invest in NHS digital infrastructure: Governments across the UK should increase investment in general practice to enable improvements to digital infrastructure and improve interoperability of data systems so that technology can better support patient care, system connectivity and system efficiency.

Ensure safe development and implementation: New digital systems and technologies, including AI, should be introduced and evaluated on the basis of appropriate evidence with clear expectations for safe, effective, and equitable use within general practice.

4. Ensuring fair and sustainable general practice care

Equitable care, prevention and population health

GPs have a pivotal role to play in addressing health inequalities as they provide care throughout people's lives and see first-hand how social, economic and environmental circumstances shape health and access to healthcare.

GPs in poorer areas usually deal with longer patient lists and more complex health and social issues. Practices in the poorest areas have on average 14.4% more patients per fully qualified GP compared to the least deprived areas but receive 7% less funding after accounting for the additional needs of the population.³⁴ This reflects the continuing 'inverse care law', whereby access to good healthcare can be least adequate where need is greatest.³⁵

Our 2026 survey findings show that workload, stress, recruitment difficulties and intentions to leave the workforce are broadly consistent among GPs serving populations across all levels of deprivation, indicating that these pressures are systemic and experienced across general practice regardless of location. Yet at the same time, patient outcomes vary significantly according to deprivation, with widening inequalities in healthy life expectancy between affluent and deprived areas.³⁶

These inequalities in healthy life expectancy are also significantly shaped by wider social, economic and environmental determinants of health, including poverty, housing, education and employment, which affect people's opportunities to stay healthy and benefit from prevention.

Within healthcare, general practice is a major provider of personalised, evidence-based prevention, with GPs and their teams delivering vaccination, screening, risk identification, chronic disease management and continuity of care throughout a person's life. When afforded sufficient workforce, time, and system design, general practice can play a critical role in improving population health, reducing health inequalities, and easing pressure on the wider system.³⁷

However, 70% (1074) of GPs in our 2026 survey said they currently lack the time needed to offer health advice for preventive care. This has reduced from 75% (1583) in our 2025 survey, which is positive news, but 70% is still a concerningly high proportion of GPs.

Recommendations:

Review funding streams to better match resources to need: Governments across the UK should ensure funding formulas and workforce planning reflect population need and the context in which care is delivered, including deprivation and rurality, so that practices have the resources and capacity to meet the needs of the populations they serve.

Invest in frontline capacity for prevention: UK governments should increase funding for general practice so that GPs can offer longer consultations, deliver relational continuity of care and build capacity for evidence-based, equitable preventive care.

Adopt a whole-system approach to prevention: Alongside supporting prevention in general practice, a cross-governmental evidence-based approach should be taken to create the conditions required for good health.

"We need to deliver effective care to the marginalised patient population"

(GP Registrar)

Sustainable GP premises

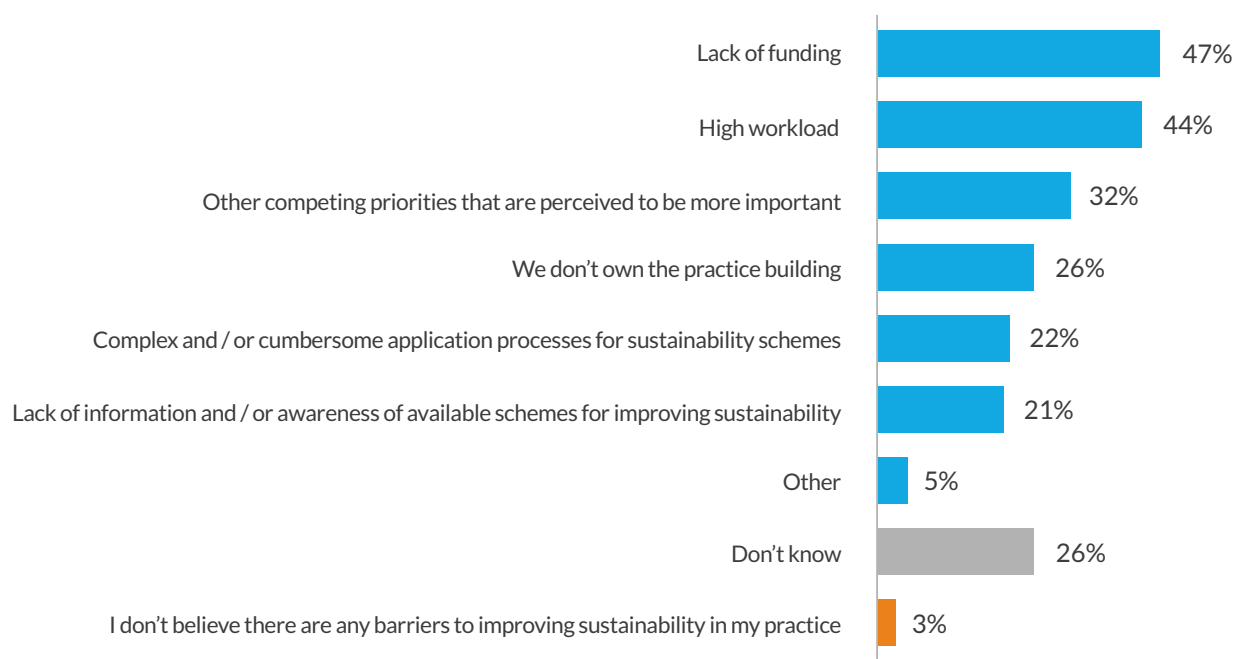
The physical environment of a general practice plays a critical role in ensuring that GPs and their teams can deliver high-quality healthcare and properly support the safety and wellbeing of patients and staff.

Many practices lack the physical space they need. 58% (889) of GPs say their practice requires additional works to improve or upgrade its premises to meet the needs of the practice and its patients, and 59% (901) agree their practice does not have sufficient physical space to accommodate its full multidisciplinary team and/or GP registrars and other trainees. Fit-for-purpose premises are also essential to governments' ambitions to deliver more care in communities, expand training capacity and enable greater integration of services around patients.

Environmental sustainability, and contributing to governmental goals of net zero carbon emissions, is a priority but also a challenge for general practice. Reducing the environmental impact of healthcare involves changes to both clinical activities, including prescribing,³⁸ and the energy efficiency of buildings.³⁹

Many GP teams are working in ageing, energy-inefficient buildings. In England, 20% of the GP estate pre-dates the founding of the NHS in 1948 and 53% is more than 30 years old.⁴⁰ In our survey, 44% (678) of GPs reported that their practice had taken steps to improve the sustainability of their premises within the last five years, and 41% (632) did not know whether steps had been taken. Among reported improvements, many often involve relatively small measures, such as recycling or switching energy tariffs, rather than substantial changes to buildings.⁴¹ As with other areas of improvement to the general practice environment, the main reported barriers to improving the environmental sustainability of practices were a lack of funding and a high workload (Figure 12).

Figure 12: GP reported barriers to improving practice sustainability

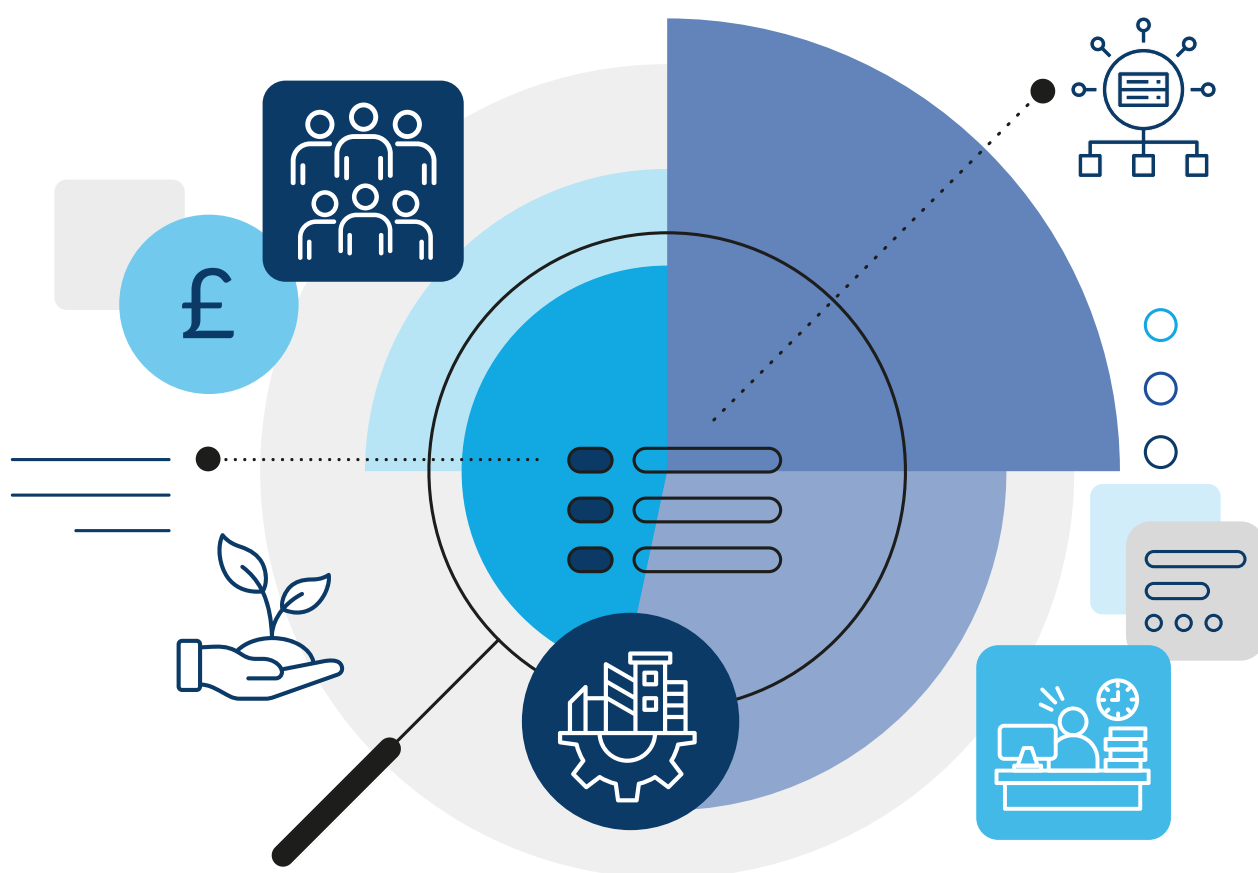


Source: RCGP GP Voice Survey 2026 (n=1524). "What are the key barriers, if any, to improving sustainability in your practice? Please select all that apply"

Recommendations:

Ensure every patient has access to a modern, fit-for-purpose general practice building: Governments across the UK should address the longstanding underinvestment in general practice premises, ensuring adequate space for GP registrars, the wider practice team and services required to meet evolving patient needs. Investment should also facilitate colocation of community and voluntary services with practices where this works for the local population.

Support decarbonisation efforts in general practice: UK governments should support primary care providers to decarbonise their estates and remove existing barriers that prevent GP practices from accessing relevant schemes and funding. This includes extending green investment schemes to include general practice.



Conclusion

General practice remains the foundation of the NHS. Its distinctive value lies in expert medical generalist care: managing complexity and uncertainty, coordinating care and providing continuity over time. As populations age, multimorbidity increases and health systems seek to deliver more care in communities, these capabilities will become increasingly important.

Yet the findings in this report show that the capacity to deliver this care is under sustained strain. Our 2026 GP Voice survey results show high levels of stress, a wide gap between contracted and actual hours, and a concerning number of GPs considering leaving the workforce. The number of GPs has not kept pace with patient need, and investment in general practice has not matched the expectations placed upon it. This strain is affecting patient care in general practice and contributing to wider pressures across the health and care system, given the central role general practice plays in underpinning other NHS services.

Addressing these challenges will require sustained investment in the GP workforce, a fairer distribution of resources that reflects population need and the context in which care is delivered, strengthened GP leadership within evolving health systems, and continued progress to improve the infrastructure and digital foundations general practice requires to meet rising need.

The state of general practice should ultimately be judged not simply by how much activity it delivers, but by its ability to provide high-quality, equitable and relationship-based care to the populations it serves. Strengthening general practice is essential to achieving that ambition and to the future sustainability of the health service.

Appendix

Methodology: RCGP GP Voice Survey 2026

RCGP delivers an annual survey of its members covering key topics relating to their experiences within UK general practice and asks about their views on relevant policy issues. In 2026, we commissioned Yonder Consulting Ltd to deliver the survey, which was conducted online and distributed to UK-based RCGP members via email. The survey was in field between 4th August and 31st August 2026, and there were 1524 complete responses. Of these respondents, 77% (1,174) were from England, 14% (213) from Scotland, 6% (91) from Wales and 3% (46) from Northern Ireland. Figures are given with both percentages and underlying bases throughout this report.

Responses were weighted to the most recent available official GP workforce statistics for each nation. Because reporting dates and definitions differ between nations, these profiles are not directly comparable like-for-like.

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