

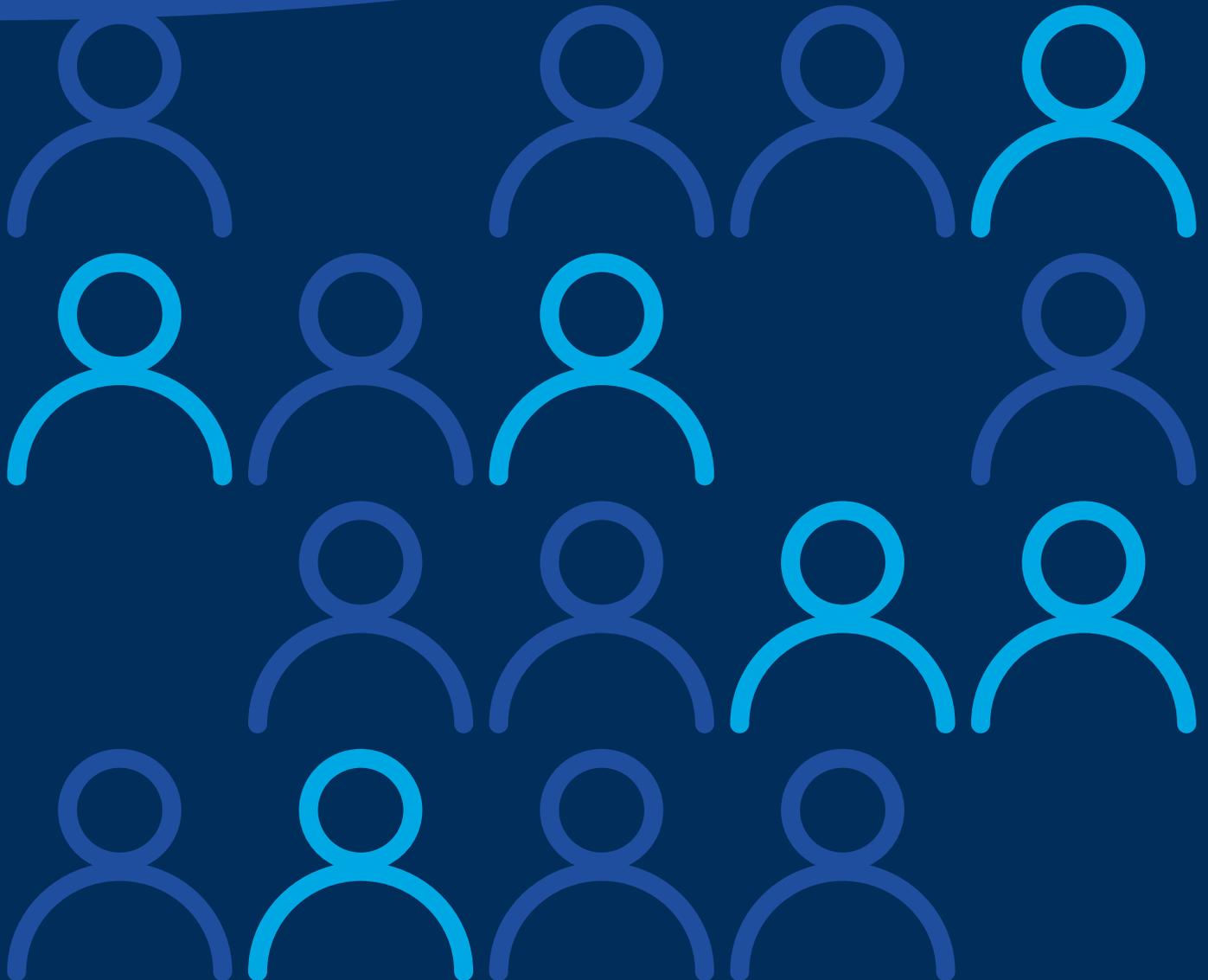


Royal College of
General Practitioners

The GP workforce gap

Survey evidence on GP employment

November 2025



The problem

Patients say access to GPs is their top NHS priority, but we keep hearing reports that practices don't have the resources to recruit the GPs they need – while many GPs tell us they are looking for more work. We carried out a series of surveys and research to gather and analyse data on this issue. This report sets out that evidence and identifies the steps required to ensure that patients are easily able to see a GP when needed.

What we did:

- Analysed published data sources from the NHS and others on workforce and patient data from across the UK.
- Surveyed 2,316 GPs across the UK through our annual GP Voice Survey.
- Surveyed 493 practice managers across the UK.
- Carried out a survey with the BMA of 521 international GPs and GP registrars who need a visa to work in the UK.

Our main findings were:

- 1** Patient need is not being met by the number of sessions GPs are currently being employed to deliver.
- 2** A record number of GPs are qualifying and a considerable proportion of GPs are looking to work more hours, but many say they are facing difficulties finding suitable roles. Many international GPs say they are struggling to find practices to sponsor their visas so they can work in the UK.
- 3** Practices want to employ GPs to work more sessions but do not have the funding to do so.

Recommendations:

These recommendations are primarily intended for decision makers in England and Westminster, but they may have relevance for governments across the UK.

- The forthcoming 10 Year Workforce Plan (10YWP) in England must make specific reference to the need to increase funding for general practice to ensure that practices have the resources to recruit enough GPs to meet patient need.
- The Government should introduce a primary care / general practice investment standard so that Integrated Care Systems (ICSs) must report locally on the share of funding going to primary care and general practice, and the Secretary of State must report to Parliament each year on the national share.
- The next GP contract should contain a significant rise in ring-fenced funding to enable practices to employ the number of practice-based GPs that they need to care for their patients.
- The Government should use the review of the 'earned settlement' route to allow international GPs to apply for Indefinite Leave to Remain once they have completed UK GP training.
- Until a full solution is delivered, the Government should create an overarching umbrella body to act as sponsor for all GPs who need visas or provide funding to practices to sponsor visas.
- The Government should invest in upgrading general practice premises to provide adequate space for patients, trainees and multidisciplinary teams. This must anticipate the move towards neighbourhood hubs and integrated care, ensuring shared facilities are fit for purpose while maintaining the capacity of individual practices to train and deliver care effectively.

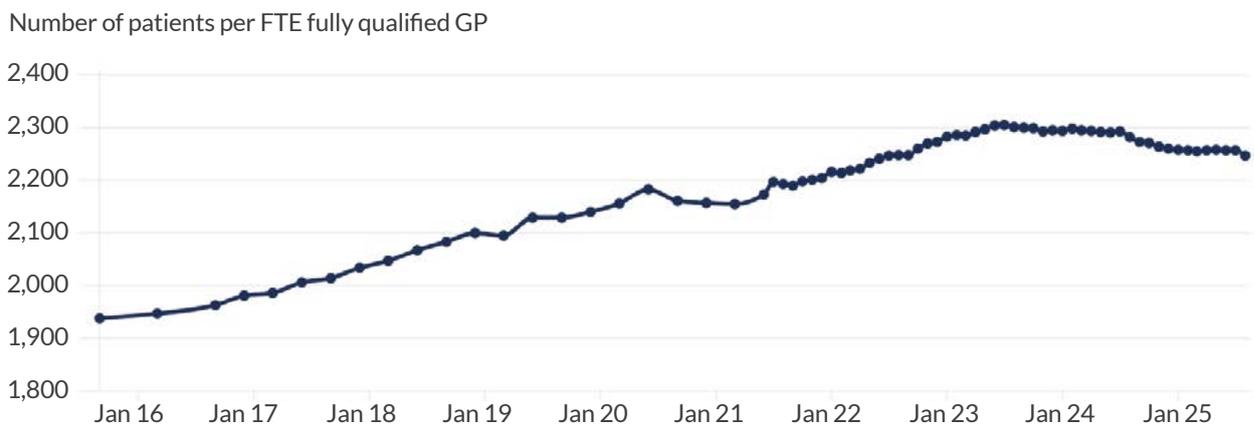


1. Patient need is not being met by the number of sessions GPs are currently being employed to deliver.

Demand for GP services has been rising, driven by a range of factors including a growing and ageing population, increasing numbers of people managing long term conditions, and the ongoing shift of care from hospitals into the community. Yet funding and workforce growth have not kept pace.

The number of full-time equivalent (FTE), fully qualified GPs in England has fallen by almost 3% since 2015 – resulting in the delivery of fewer clinical hours. Despite this, general practice delivered over 50 million more appointments in 2024 than in 2019,¹ with the average FTE fully qualified GP now caring for approximately 16% more patients (2,240 patients per GP) than in 2015.²

Figure 1: Number of patients per FTE fully qualified GP (September 2015 to August 2025)



Source: NHS England Appointments in General Practice, August 2025

Although the number of patients each GP is responsible for has started to fall slightly over the last few years, there is a long way to go to reverse this concerning trend. On top of this, many patients are experiencing more complex and multiple conditions, making it even more important that they can see their GP easily and quickly when they need to. The mismatch between demand and workforce capacity is having a significant impact on patient care, contributing to longer waiting times, reduced access and poorer continuity of care – especially in areas of high socio-economic deprivation. It is also contributing to unmanageable workload for GPs in the workforce. 73% (1,546) of practising GPs in our survey said that patient safety is being compromised by excessive workload.

In parallel, the number of doctors in secondary care has increased by 41% since September 2015,³ showing the stark imbalance in workforce investment across care settings. Ipsos polling found that access to general practice is the public’s highest NHS priority for the Government,⁴ highlighting the need for it to receive at least as much focus as the Prime Minister’s commitment to reducing hospital waiting times.

“We have a particularly difficult situation with long waits.”

“Funding should go to expanding GP practice capacity. Like maybe more staff, longer appointment times and evening and weekend clinics.”

Quotes from the Patients Association patient focus group in June 2025.

2. A record number of GPs are qualifying and a considerable proportion of GPs are looking to work more hours, but many say they are facing difficulties finding suitable roles. Many international GPs say they are struggling to find practices to sponsor their visas so they can work in the UK.

Over the last year, we have heard growing concerns from our member communities around GPs struggling to find suitable vacancies.

Our 2025 GP Voice Survey found that among all practising GPs (excluding GP registrars in their first or second year of training) (1,841), over 1 in 4 (27%, 490) said that they have been looking for work in the past year but struggled to find a suitable vacancy. Of the GPs who struggled to find work (27%, 490), nearly 3 in 10 (29%, 143) said they could not find a job that offered enough sessions and 79% (388) reported that there were no appropriate roles in the areas they want to work.

This indicates that GPs are willing and able to work more hours but are constrained by a shortage of suitable opportunities, especially without having to move themselves and their families across the country. It is essential that GPs are supported to move into underserved or hard-to-recruit areas, for example, through the reintroduction of a targeted enhanced recruitment scheme or a similar initiative.

There is evidence suggesting that a significant number of UK trained GPs are considering leaving the country. As of 31 October 2025, at least 456 GPs have applied to the General Medical Council (GMC) this year for Confirmation of UK Training (CUKT), which is required by some other regulators for applications to work in their country.

As GP training numbers increase, the number of newly qualified GPs looking for work is also going up. According to internal RCGP Certificate of Completion of Training (CCT) figures, 4,090 GPs qualified in 2024, a 43% increase from 2019 (2,861), and we project that the number will remain high.

Our survey found that 66% (103) of 156 final year GP registrars (ST3s) who have looked for work, found it difficult. Of those who said they have not been able to find work yet (79 ST3 GPs), 70% (56) said that there are not enough suitable jobs anywhere in the country, and 65% (51) were considering leaving the UK to find work in the future. It is worth noting the small sample size as final year GP registrars are a subset of the respondents in the annual GP Voice Survey. A similar response was found in the survey of international GPs for those struggling to find work (below).

With increasing numbers of GPs qualifying each year, the workforce available to deliver care is growing – but without an increasing number of adequate roles, some of these newly qualified GPs may struggle to find work.

International GPs

International GPs also face significant barriers to entering the workforce. Our 2025 survey of 493 practice managers revealed that 66% (325) of practices are not currently offering visa sponsorship (29% said their practice offered sponsorship; 5% said they didn't know).

A survey conducted jointly by the RCGP and BMA GP registrar groups in July 2025 gathered responses from 521 GPs and trainees who either required or had recently obtained a visa to work in the UK. Of these, 71% (372) said they had found it difficult or very difficult to secure a job that sponsored a visa. Among those struggling with visas and employment (422), 62% (263) reported that if their visa-related difficulties in finding work continued, they would plan – or would have planned – to leave the UK and practise elsewhere.

“I have received multiple rejection emails in the course of job search just because I require sponsorship.”

International Medical Graduate
GP Registrar in West Midlands

“It has been difficult to find a job which meets the Visa salary threshold. Some ARRS roles are offering 2 sessions so did not even consider these. I am still searching, but I suppose it will also be difficult to get sponsorship for such posts.”

International Medical Graduate GP Registrar in
West Midlands



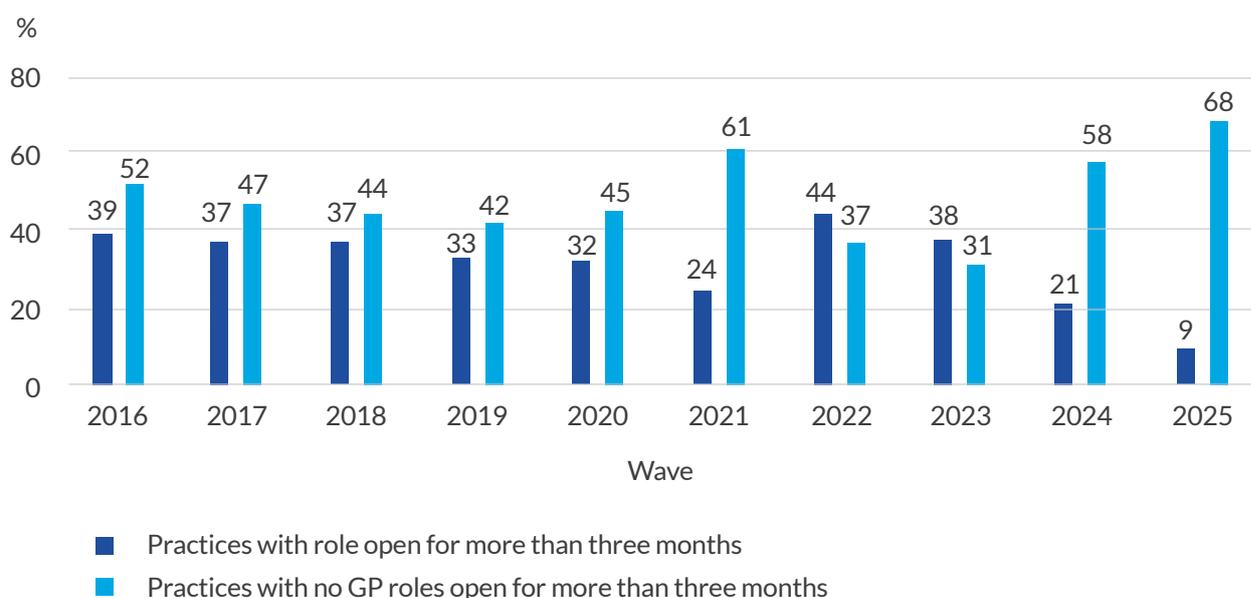
3. Practices want to employ GPs to work more hours but do not have the funding to do so.

As we train more GPs, in order to grow the workforce and meet patient need, it is essential that practices have the funding to employ them.

According to our 2025 Practice Manager Survey of 493 practice managers, more than half of respondents (61%, 301) said their practice would need to expand its GP workforce over the next 12 months to meet patient need. Yet, for many practices, this simply is not financially possible. The vast majority of respondents (92%, 451) identified the lack of funding in general practice as a major barrier to recruiting more GPs, while 83% (411) highlighted the 2025 rise in employer National Insurance Contributions as a key barrier to workforce expansion.

Workforce growth is also hampered by the limitations of general practice premises. Many practices lack the physical space and capacity to accommodate multidisciplinary teams or receive new trainees. Our 2023 Infrastructure Survey of 2,649 general practice staff members in England revealed that 84% (2,225) considered that insufficient space limited their ability to take on GP registrars or other learners.⁵ This challenge remains acute: in our 2025 Practice Manager Survey, nearly three-quarters of practice managers (74%, 365) said a lack of physical space was preventing them from recruiting additional GPs.

Figure 2: Percentage of respondents reporting vacancies in England, across RCGP annual survey waves



Source: RCGP GP Voice Survey

A lack of space and overall funding are likely to be key limiting factors of the number of vacancies practices can recruit to. There is currently a lack of nationally published data on the number of vacancies across practices in England. The RCGP annual GP Voice Survey asks respondents if their practice currently has any GP vacancies that have been open for more than three months. This year saw the lowest number of these vacancies reported, with only 9% (151) of 1,645 GPs in England saying 'yes' compared with 21% (356) in the 2024 survey and 44% (677) in 2022. It is positive that fewer practices seem to be struggling to fill the vacancies they have, but this could also suggest there are likely to be fewer roles available for GPs to apply for at any given time. Nationally collected data is needed to track the number of GP vacancies across England.

“We would like to offer more sessions to existing Salaried GPs but can’t afford to do so. We would also like to offer more GP Registrar posts but our building is 50% over capacity.”

“We cannot afford to recruit any GPs. We desperately need GPs and it is difficult to work within safe working limits. Without additional funding there is nothing we can do to resolve the situation.”

Quotes from GP Practice Manager Survey 2025.

NHS England data shows that 957 FTE posts were filled by newly qualified GPs through the Additional Roles Reimbursement Scheme (ARRS) between 1 October 2024 and 30 June 2025. Without this funding, it is likely that GPs would be facing much more serious challenges in finding employment.

The RCGP has, however, raised concerns regarding the scheme, including that GPs recruited through it often do not work in a fixed practice or clinical setting, making it harder for them to become embedded into general practice and provide continuity of care. We therefore believe that there should be sufficient ring-fenced core funding for practices to recruit all the GPs they need.



Methodology

We used multiple sources of information to produce this report including analysis of primary and secondary data. We gathered survey data from multiple perspectives – qualified GPs, GP registrars and practice managers.

GP Voice Survey

- This is an annual UK survey of RCGP members that aims to gather GP views to inform RCGP's policy activities. Savanta was commissioned to deliver the 2025 survey. 2,316 RCGP members responded, of which 2,108 are currently practising as GPs. Responses from England were weighted on the basis of gender, region, and age in line with data from NHS England's GP workforce data. Responses from the devolved nations were left unweighted due to limitations on the publicly available GP workforce data for each nation, but Savanta is confident that results from the devolved nations can also still be reported on accurately, especially in the context of the unweighted demographics for each nation being in line with expectations (e.g., more women than men etc.). When examining certain findings for specific GP roles and subgroups, such as final year GP registrars who say they have been unable to find a job in the UK (n=79), these findings should be considered with caution and should not be extrapolated nationally.
- Fieldwork period: 29 July – 20 August 2025
- It is worth noting that not all GPs across the UK are members of the RCGP, and it is possible that this may introduce a level of bias into the survey results. For example, GPs who do not currently have a GP role may be less likely to be an RCGP member or respond to the survey, and therefore the results may underestimate the proportion of GPs who are struggling to find any work.
- The full survey results of the annual survey will be published on our website in early 2026.

Practice Manager Survey

- An online survey of UK practice managers was delivered to gather practice-level information on GP vacancies and recruitment, and visa sponsorship. 493 responses were completed (out of approximately 7,780 practices across the UK).^{6,7,8,9} An invitation email was sent via the RCGP practice manager mailing list and the survey was promoted through the Practice Managers Association. We captured perspectives from practices across a good spread by geographical region, urban/ rural, affluent/ deprived practices.
- Fieldwork period: 16 June – 7 July 2025

GP Visa Survey

- An online survey was promoted to international GPs and GP registrars who require a visa to work in the UK, which covered questions relating to experiences with visas and employment. 521 responses were received. This survey was delivered jointly by the RCGP's GP Registrar Community and the BMA's GP Registrar Committee.
- Fieldwork period: 12 June – 18 July 2025

Patients Association focus groups

- The RCGP delivered a series of focus groups with patients in June 2025 to understand their experiences of general practice, as part of a project we are delivering in partnership with the Patients Association. We have obtained all necessary permissions to use any quotes from patients in other relevant work and projects.

References

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Published November 2025

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