



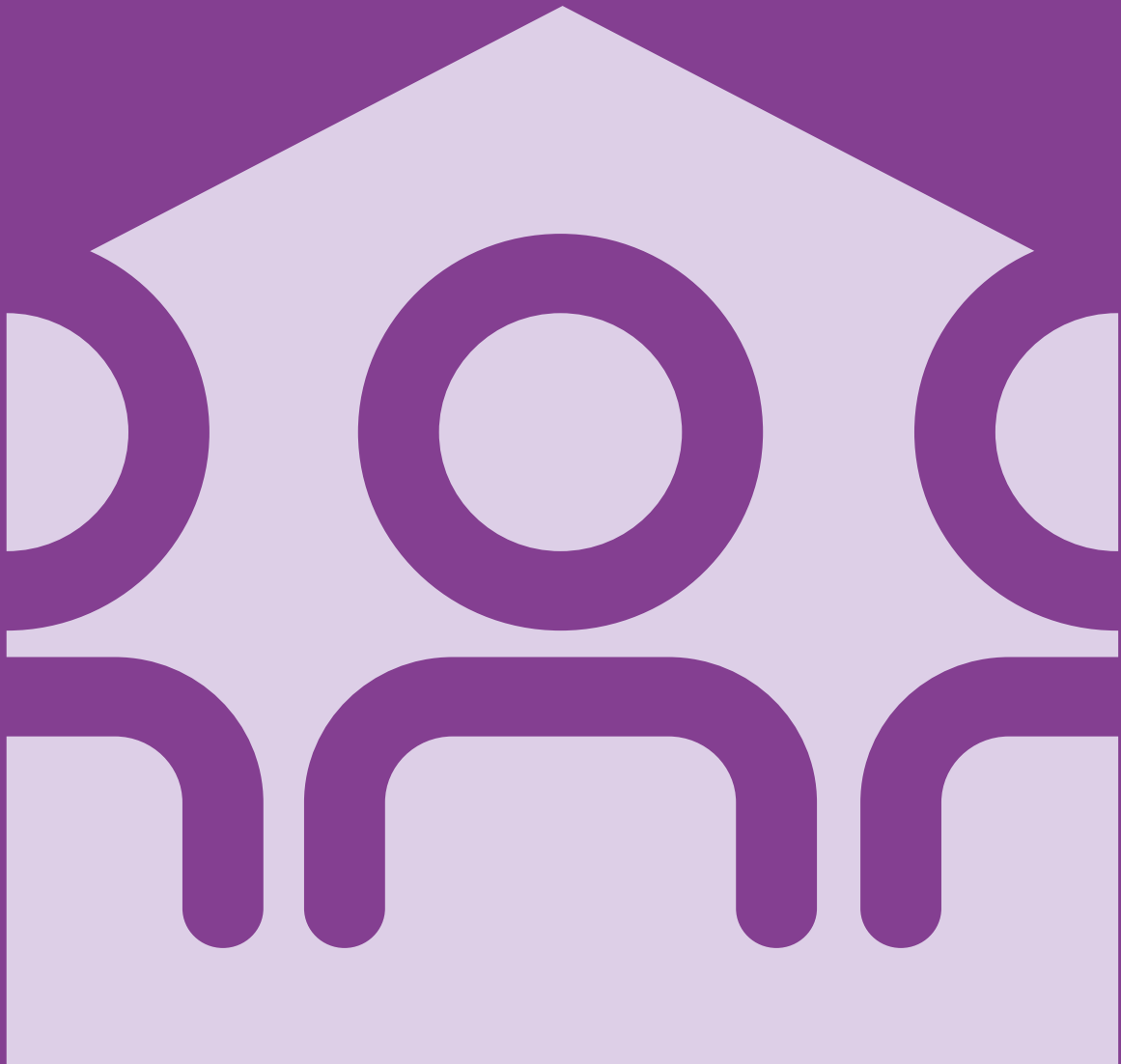
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Addressing GP retention challenges in Wales:

A strategic overview

A Chair's Priority for RCGP Cymru Wales

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Executive Summary

A healthier Wales is only achievable with a sustainable general practice workforce. GP retention is now one of the most urgent challenges facing NHS Wales. Rising workload intensity, financial instability within GMS practices, increasing patient complexity, and the emotional toll of modern practice are converging in ways that threaten both patient safety and professional sustainability.

The Train, Work, Live campaign has successfully attracted doctors to Wales. Its message is aspirational and compelling. Yet there is growing unease that for many working in general practice, the lived reality no longer matches the promise. Achieving a sustainable work-life balance has become increasingly difficult under current pressures. If expectation and experience diverge too far, retention will suffer.

This report draws on engagement with GPs across Wales through RCGP faculty meetings and dedicated retention roundtables and focuses on three core priorities: sustainable career pathways, financial stability for practices, improving wellbeing, and reducing workload and administrative burden so that GPs can focus on patient care. It reflects both data and lived experience and seeks to describe the scale of the challenge and then articulate practical, humane, and economically rational solutions.

Key priorities include:

- Creating flexible, supported career pathways with mentorship, portfolio opportunities, and protected development time
- Strengthening financial support, particularly for practices in deprived and rural communities
- Developing a long-term, data-informed workforce plan aligned to training and retention
- Reducing administrative burden through digital innovation and appropriate multidisciplinary team expansion
- Protecting and evolving the GP partnership model
- Expanding access to occupational health and psychological support
- Scaling early-career retention models, including the Integrated Care GP Fellowship Scheme

Collaboration between RCGP Cymru Wales, Welsh Government, Health Boards, HEIW, and the BMA is essential. Retention is not a marginal workforce issue; it is central to the stability and future resilience of NHS Wales. A commitment to invest in the general practice workforce will stabilise service delivery, improve patient care, and re-establish Wales as an outstanding place to train and work as a GP.

Introduction: What is at stake

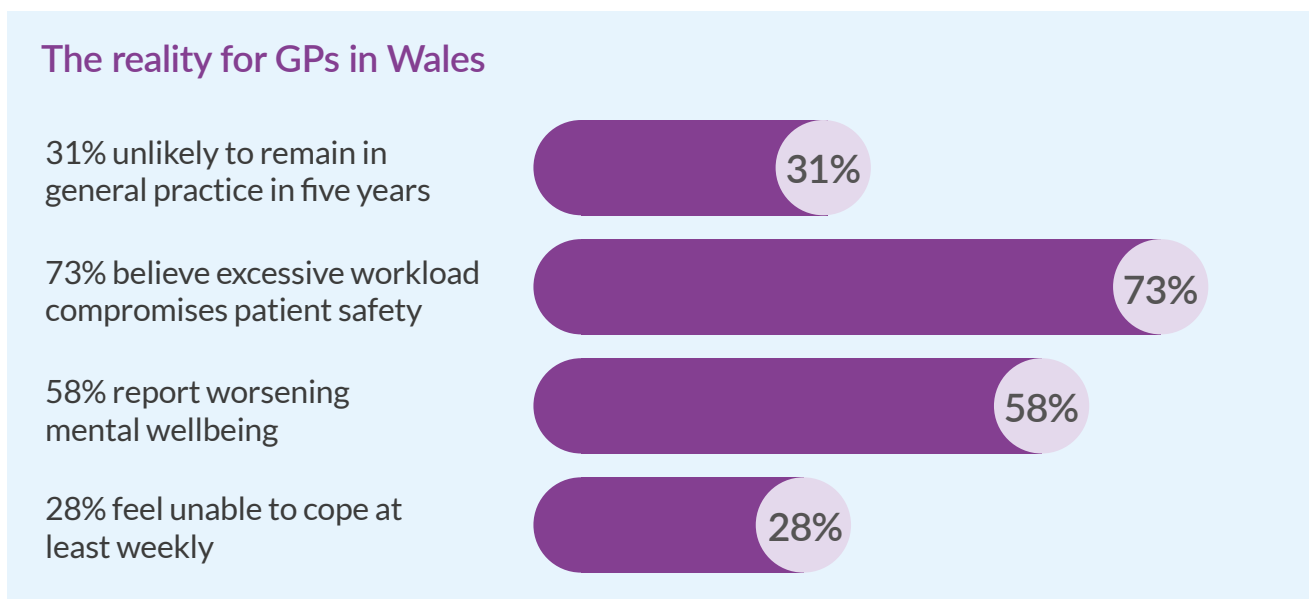
General practice remains one of the most meaningful vocations in medicine. The privilege of caring for patients and families across decades, through birth, illness, recovery, and death is a defining feature of our profession. In a ten-minute consultation, a GP may hold clinical complexity, psychological distress, safeguarding risk, and the impact of social deprivation all at once. A ten minute consultation is often a masterclass in clinical judgement, relational skill, and cost-effective care. As the population ages and multimorbidity becomes the norm, the value of generalist skills has never been greater.

General practice delivers around 90% of patient contacts while receiving less than 8% of the NHS budget. But statistics alone do not capture the deeper truth: GPs absorb risk and uncertainty every day, preventing escalation and protecting the wider system. When experienced GPs leave, we do not just lose appointment capacity. We lose continuity, institutional memory, mentorship, leadership, and stability within communities.

Retention in Wales has reached a critical juncture. Demand on GP services from an aging population has risen. However, since December 2021, Wales has lost 20 GP surgeries. FTE GP numbers have never returned to the 1,611 recorded when tracking began. Research by the BMA revealed that Wales faced a deficit of 664 GPs compared with the OECD EU average. Newly qualified GPs increasingly report difficulty securing substantive posts, driven by financial constraints on practices. This undermines morale and sits in stark contrast to patient demand for timely access to care.

Retention is not simply about numbers. It is about whether general practice in Wales remains viable, humane, and professionally fulfilling.

The 2025 RCGP GP Voice survey reflects what many colleagues already feel:



Financial Pressures and Practice Viability

Retention cannot be separated from funding. Practices are caring for increasingly complex populations while facing rising costs: staffing, premises, National Insurance contributions, and utilities. Financial instability leads to reduced staffing which in turn intensifies workloads for those who remain. This risks creating moral distress, anxiety and burn out when patient needs cannot be met safely or promptly.

Many partners report constant anxiety about financial viability and the distress of knowing what patients need but being unable to provide it. Some practices have no capacity left at all.

Where practices return GMS contracts, Health Boards assume provision at significantly higher cost, often greater than 30% more expensive than independent models. Supporting practices early is both fiscally responsible and strategically wise. Investment is foundational to the sustainability of NHS Wales and the viability of safe, patient-centred, community-based care.

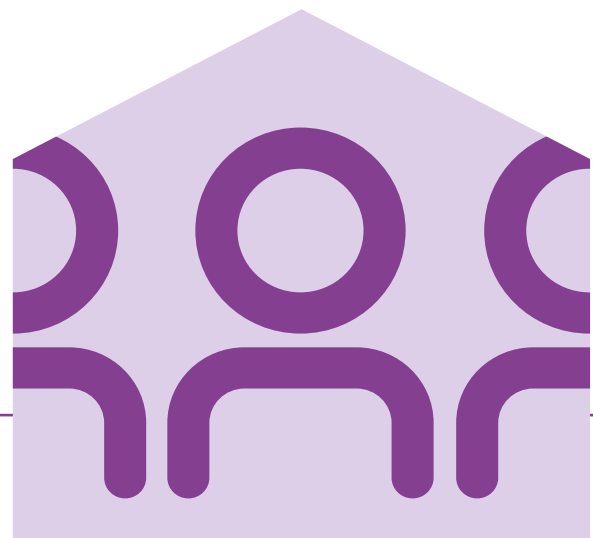
Transition and Early-Career Vulnerability

The move from supervised training to independent practice is a recognised point of vulnerability. During training, registrars benefit from supervision, structured learning, and space to reflect. Almost overnight, that scaffolding disappears.

Newly qualified GPs frequently describe the transition as overwhelming, particularly within overstretched practices operating with little margin for support. Without mentoring, realistic workload expectations, and protected development time, some consider reducing

hours or leaving before their career have properly begun. Investing in support and kindness at this stage does more than help doctors survive, it helps them stay. A retention strategy must begin at transition.

RCGP Cymru Wales advocates for a more strategic and structured approach to GP training and early-career support. This includes a clear national workforce plan, better alignment between training placements and post-CCT employment opportunities, and enhanced support during the transition to independent practice.



The Integrated Care GP Fellowship Scheme

In response to this vulnerability, one Health Board in Wales has developed a new and innovative response: the Integrated Care GP Fellowship Scheme, in collaboration with RCGP Cymru Wales, HEIW, and the Bevan Commission.

The Fellowship is a 12-month salaried post-CCT role designed to support early-career GPs while delivering tangible service benefit. It recognises that newly qualified GPs

increasingly seek flexible, portfolio careers that combine core general practice with opportunities for leadership, service development, research or specialist clinical interests.

The Fellowship combines:

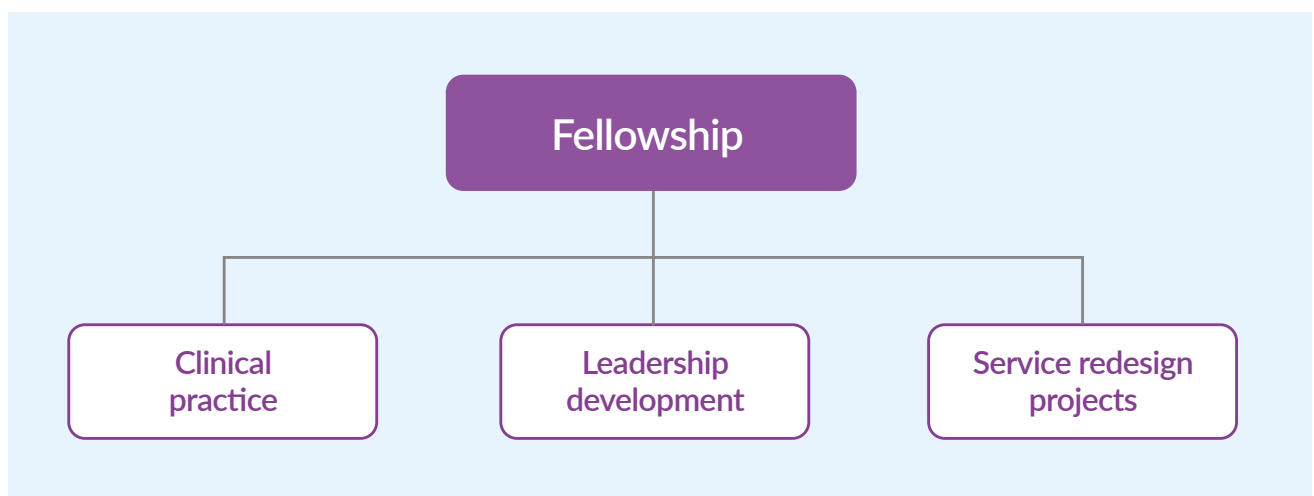
- Core clinical general practice
- Additional sessions aligned to local service need
- Protected time for mentoring, leadership development, and professional growth

Roles are co-designed with practices, Clusters and Health Boards, ensuring local relevance and shared investment and ownership. Fellows contribute directly to service redesign and care closer to home, while building confidence and professional identity within a supportive framework.

Early feedback is encouraging. Fellows report feeling valued, supported and more confident in shaping sustainable careers. Health Board stakeholders describe the scheme as a meaningful retention tool. Practices report real service benefits, including improved continuity, proactive long-term condition management and reduced system pressure.

This structural intervention at a critical career point demonstrates that retention is strengthened when doctors experience belonging, purpose, and a viable future within Welsh general practice. No single programme can resolve wider workforce pressures, but the Fellowship scheme may represent a practical model for early-career retention that aligns with national strategy and demonstrates how thoughtful investment in people can strengthen the system as a whole.

Given its early success, the Integrated Care GP Fellowship Scheme should now be formally evaluated and if shown to be beneficial national adoption could be considered. Scaling this model across all Health Boards in Wales would create a coherent and structured transition pathway for newly qualified GPs, and send a clear signal that Wales is committed not only to training doctors, but to building sustainable careers for them.



Supporting Experienced GPs

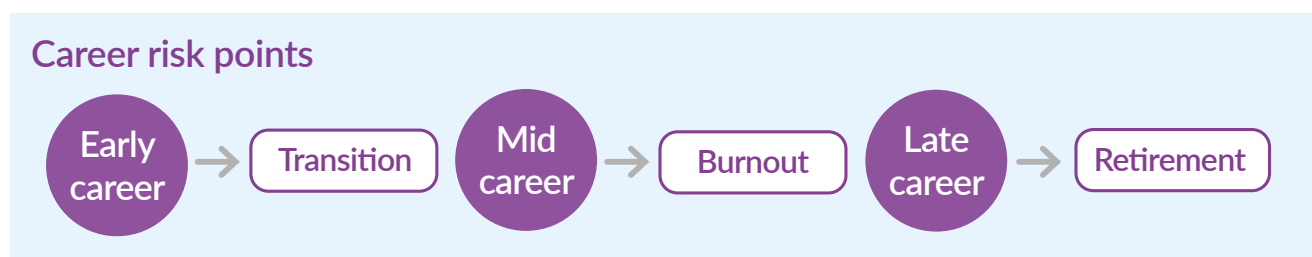
Retention must also support experienced GPs. Many are struggling with burnout, loss of autonomy, or inflexible expectations despite still wishing to contribute meaningfully to the profession. The GP Retainer Scheme was introduced to provide financial support and protected professional development time for such colleagues. While it has shown promise, feedback suggests mixed experiences: awareness remains limited, implementation varies across Health Boards, and eligibility criteria are not always clear. Evidence of long-term impact is also sparse, and concerns remain about whether the scheme consistently reaches those most at risk of leaving.

To retain experienced GPs, such schemes must be consistent, equitable, and accountable,

focusing on those whose departure would have the greatest impact on their communities.

There is also a significant opportunity to retain the skills and wisdom of GPs approaching retirement. Many colleagues are ready to step back from full clinical responsibility but are not ready to step away entirely. Structured “retire and return” roles in mentoring, appraisal, teaching, quality improvement, or partnership support could provide a gentle transition, while preserving institutional knowledge and stabilising practices.

Supporting experienced GPs is not just about preventing loss. We need to recognise value and create space for ongoing contribution at different career stages.



Wellbeing, Culture, and Moral Injury

Discussions about wellbeing in general practice often focus on individual resilience and coping strategies. However, evidence and lived experience consistently show that wellbeing is shaped far more by organisational culture and leadership than by personal grit. Compassionate leadership, characterised by empathy, active listening, and psychological safety, is increasingly recognised as a critical factor in workforce wellbeing and retention. In environments where leaders demonstrate care alongside clarity and accountability, GPs are more likely to feel valued, supported, and able to practice safely, even under pressure. This is not soft leadership; it requires courage, transparency, and a willingness to take difficult decisions in ways that minimise harm.

Evidence from the King’s Fund demonstrates that compassionate leadership improves morale,

reduces burnout, and strengthens team cohesion, all of which are closely linked to retention.

Embedding these principles at every level, from practice leadership to Health Board executives, is essential if we are to create workplaces in which GPs can thrive. Without meaningful intervention, the unmanageable workloads consistently reported by RCGP Cymru Wales members will continue to drive burnout, low morale, and the premature loss of doctors from the profession.

Flexibility is one of the most powerful and cost-effective tools available to support retention. Many GPs with caring responsibilities, health needs, or approaching retirement would choose to remain in practice if flexible working options were genuinely supported. However, flexibility is only achievable when staffing levels and systems are sufficient to absorb variation without simply

transferring pressure onto colleagues. Similarly, protected time for professional development, peer support, and team building is essential but is too often eroded by workload pressures in general practice, in contrast to the more structured protections seen in secondary care.

Wellbeing is also sustained through everyday professional connections. Both formal and informal interactions such as shared learning sessions, opportunities to reflect on complex cases, or even the simple gesture of making a colleague a cup of tea while acknowledging how busy the morning surgery was, reduce isolation and reinforce meaning in work. Supporting wellbeing is therefore not solely about additional resources, but about creating the headspace in which teams can function well, and individuals can feel human within the system.

Supporting GPs approaching retirement represents a particularly underused retention opportunity. Many senior GPs leave due to burnout, loss of autonomy, or inflexible demands, despite wishing to remain professionally engaged. Evidence, including from a 2022 King's Fund report on "retire and return" schemes, shows that flexible roles in teaching, mentoring, appraisal, or partnership support can retain critical institutional knowledge and act as stabilising figures within their practices.

While some health boards in Wales have piloted retirement transition roles, evaluation and formalisation remain limited. Greater

use of structured exit interviews, visible recognition of long service, and reframing retirement as a transition rather than an endpoint could help retain senior GPs in roles that continue to benefit patients and teams.

Recent high-profile reporting of a GP suspended after falsifying appointment records, reportedly driven by anxiety about collecting her child on time, has prompted wider reflection within the profession. While such actions are unequivocally unacceptable and probity and patient safety must be upheld, the case exposed deeper systemic pressures. Many GPs, particularly women, recognised familiar experiences: being expected to stay beyond contracted hours with no contingency for childcare; implicit threats to professionalism or career progression when boundaries were asserted, and a culture in which caring responsibilities are treated as personal inconveniences rather than legitimate limits. Doctors across grades described environments where honesty about capacity feels risky and accountability focuses on individual behaviour without addressing root causes.

This is not about excusing poor practice. It is about acknowledging that systems which normalise overwork, penalise boundary-setting, and rely on goodwill rather than structure, push good doctors towards breaking point. Doctors are human; many are parents and carers. Sustainable work-life balance is therefore not a peripheral or "soft" concern, but a central requirement for retention, patient safety, and the ethical practice of medicine.

What would retain you in general practice for longer?



Managing Complaints

Complaints can have a profound impact on doctors. Many GPs hold themselves to exceptionally high standards and place great value on patient relationships, meaning that even relatively minor complaints can feel deeply personal. The process of investigating and responding to complaints is time-consuming and emotionally draining, often unfolding alongside an already punishing workload. Even when complaints are unfounded, the associated feelings of shame, fear, and isolation can be severe and for some doctors, this becomes the tipping point that leads them to reduce their hours or leave the profession altogether.

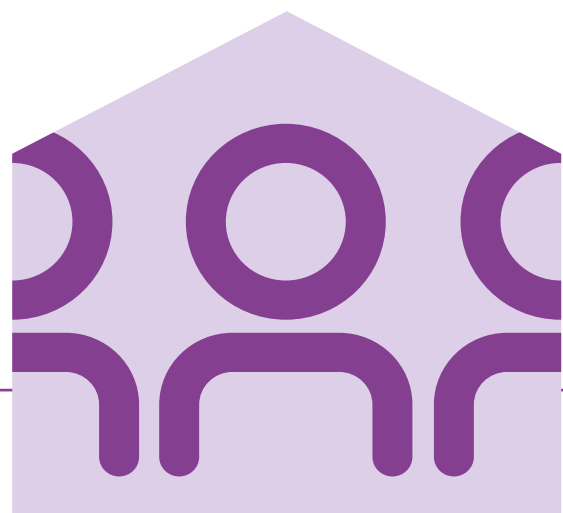
The rising number of complaints against GPs contributes significantly to moral distress, emotional exhaustion, and reduced job satisfaction; all factors closely linked to attrition. According to the GMC's *State of Medical Education and Practice 2023* report, over 11,500 complaints were made about doctors in 2022, representing a 10% increase on the previous year, with GPs disproportionately affected due to their front-line role. While most complaints do not result in serious sanctions, the process itself is often lengthy, opaque, and psychologically harmful.

The impact is well documented. Research published in *BMJ Open* (Bourne et al., 2015) found that doctors subject to complaints experienced significantly higher levels of anxiety, depression, and suicidal ideation. Prolonged investigations can lead to defensive practice, burnout, and intentions to leave medicine. Tragically, there have been cases of doctors taking their own lives while awaiting regulatory decisions, underlining the urgent need for earlier and more structured support.

Early intervention is crucial. Peer support, mediation, and timely psychological assistance can mitigate harm and reduce isolation. Centralising complaints management at Health Board level, alongside clearer communication and swifter responses from regulators such as the GMC and the Ombudsman, could substantially reduce uncertainty and distress.

Restorative approaches also offer promise. By shifting the focus away from blame and towards learning and repair, structured restorative conversations can help patients and clinicians understand the impact of incidents, rebuild trust, and support reflection. For GPs facing complaints, such approaches can reduce shame and fear while promoting growth and maintaining patient–doctor relationships. When combined with timely support and consistent processes, restorative models may help prevent the kind of cumulative harm that drives doctors out of practice.

Improved training for those handling complaints, together with faster and more transparent resolution processes, would further reduce distress. Addressing this often-unseen burden is not about avoiding accountability; it is about ensuring that systems are proportionate, humane, and safe. It represents an important opportunity to improve retention while sustaining a compassionate general practice workforce.



Occupational Health and Psychological Support

A healthy and supported primary care workforce is essential to patient safety, continuity of care, and stability of the NHS. GPs who are physically and psychologically well are more

likely to remain in practice, deliver compassionate care, and contribute positively to team culture. Conversely, poor workforce health is associated with increased sickness absence, burnout, and clinical risk (West et al., 2020).

Despite these risks, many GPs remain unsure how to access occupational health services or find that support is reactive rather than preventive. A 2023 survey by NHS Practitioner Health found that clinicians often delay seeking help for mental health concerns because of stigma, fear of GMC referral, or lack of awareness of services. The cumulative impact of moral injury arising from repeated high-stakes decisions in under-resourced settings is still insufficiently recognised in organisational policy (Greenberg et al., 2020).

Discrimination, bullying, and harassment continue to affect NHS staff, disproportionately impacting ethnic minority staff, women, and

those with disabilities. Workforce Race Equality Standard (WRES) data consistently show that such experiences erode wellbeing and engagement. Inclusion and civility are therefore not abstract values; they are central to retention and safety. As the Civility Saves Lives campaign highlights, respectful workplace cultures improve staff performance and patient outcomes.

Strengthening retention requires a system-wide commitment to:

- Timely, confidential access to psychological and peer support
- Protected time for reflection and debriefing
- Embedded mentoring and pastoral care within everyday practice

GP wellbeing is not a “nice to have,” it is a workforce necessity, directly linked to patient safety, continuity of care, and the long-term sustainability of general practice. A system that values fairness, inclusion, and psychological safety will retain more clinicians and create environments in which both staff and patients can thrive.

Protecting Patient-Facing Time

GPs enter the profession to care for patients, yet many now find themselves overwhelmed by escalating administrative demands. Some report seeing 50–60 patients a day, a pace that places both patient safety and personal wellbeing at risk.

GPs broadly support the use of multidisciplinary teams (MDTs), particularly where they enhance capacity and improve patient access. However, there is growing concern that inappropriate

delegation risks substituting rather than supplementing GP expertise, “delivering general practice on the cheap,” and undermining continuity and clinical oversight.

Protecting time for direct patient care requires system-level solutions, including:

- Clear guarantees around GP numbers, roles, and responsibilities
- A reduction in unnecessary bureaucracy and duplicative processes
- Investment in technology that streamlines routine, non-clinical tasks

The *GP Life* survey (2021) found that around 40% of a GP’s working day is spent on tasks not captured in patient contact data. Without an accurate understanding of how GP time is actually used, workforce planning will remain flawed and retention efforts will continue to fall short.

Reimagining the GP Partnership Model

RCGP Cymru Wales supports a mixed economy of contractual models; however, the independent contractor GP partnership model offers distinct and enduring advantages, including financial discipline, local leadership, and continuity of care. As Lord Darzi noted in 2024:

“As independent businesses, General Practices have the best financial discipline in the health service family, as they cannot run up large deficits in the belief that they will be bailed out. This strong financial management and the associated cost-effectiveness the GP partnership model can offer must be recognised and protected.”

Traditional partnerships enable professional autonomy and responsiveness, allowing services to be tailored to local community needs. These qualities underpin high-quality, person-centred care and long-term sustainability.

Yet the model is under increasing strain. The number of GP partners continues to fall, driven by financial liability, rising bureaucracy, and burnout. Without action, too few partners may remain to sustain a partnership-led system. The model works, but only when there is confidence in its viability.

If partnership is to remain an attractive and realistic career choice, risk must be actively reduced. This means supporting transition into partnership, simplifying regulations, and providing practical, financial, and managerial support. Partnership should be recognised as a valued leadership role, not an act of personal sacrifice. Protecting it is not about nostalgia; it is about securing continuity, accountability, and resilience for the future.

In some rural areas of Wales, particularly where the Welsh language is thriving, there is an indication that the appetite for partnership remains strong. This reflects the power of rootedness, cultural belonging, and long-term relationships as drivers of recruitment and retention. Elsewhere in the UK, innovative adaptations are emerging that retain the core strengths of partnership while modernising support structures.

Fundamentally, the sustainability of the partnership model depends on a fair and viable GMS contract. While RCGP does not negotiate contracts, policymakers must understand how deeply workforce stability and patient care depend on constructive dialogue between government and the BMA.

To preserve and strengthen the partnership model, we recommend:

- Reducing personal financial liabilities associated with premises
- Simplifying the bureaucracy of contract holding
- Supporting new partners through structured training and transition schemes

Innovative approaches such as the Pathway to Partnership programme in North Wales should be expanded and scaled to other health boards to foster leadership and long-term commitment among early-career GPs, ensuring that partnership remains an attainable option.

When a GMS contract is handed back, it is often framed as a neutral operational change. In reality, health board managed services typically cost around 30% more, reflecting higher staffing costs, management overheads, and reduced flexibility. This is not only an economic issue but a moral one. Practices hand back contracts only as a last resort. Allowing practices to fail, only to replace them with more expensive models, sends a damaging signal to the workforce. Supporting practices early, through fair funding, workforce stability, and practical support is both fiscally responsible and the right thing to do for clinicians who have served their communities for decades.

Retention is therefore both compassionate and economically rational. The GP partnership model delivers extraordinary value, but only if it is allowed to survive.

Global Workforce Trends and International Medical Graduates

Over half of GP trainees in Wales are international medical graduates (IMGs). These colleagues bring valuable clinical skills, experience, resilience, and diversity to Welsh general practice. Wales has benefited greatly from their contribution, and it is essential that visa and immigration systems support those who wish to build long-term careers here. Visa insecurity risks losing the very doctors Wales has trained. A Wales-wide sponsorship pathway would provide clarity, stability, and a genuine sense of belonging.

Workforce flows are highly sensitive to policy, pay, and working conditions, and relatively small changes elsewhere can rapidly shift destination choices. Over-reliance on international recruitment therefore carries inherent risk, particularly given that immigration policy is not devolved to Wales.

A sustainable GP workforce cannot rely on migration. The most resilient pipeline is one that inspires Welsh students and trainees to see general practice as a career in which they can fulfil their ambitions without leaving Wales, while ensuring that IMG GPs who train here are supported to stay, progress, and thrive.

At the same time, a growing number of UK-trained GPs are choosing to work overseas, particularly in Australia, New Zealand, and Canada, often citing better pay, improved working conditions, and greater professional support. While international experience can be enriching, outward migration poses a clear risk to workforce sustainability.

Retention policy must therefore:

- Recognise general practice as part of a competitive global workforce market
- Provide consistent, meaningful support for IMG GPs to build long-term careers in Wales
- Inspire and incentivise Welsh students and trainees to choose general practice as a valued and sustainable profession

International experience shows that retention requires more than recruitment. Australia has strengthened rural stability through enhanced Medicare rebates and salary equity initiatives. Canada has invested in team-based care, protected CPD time, reduced administrative burden, and introduced retention incentives. Denmark has extended GP training, embedded family medicine more deeply in the curriculum, and invested heavily in digital infrastructure, raising the status and appeal of general practice.

These examples illustrate that retaining GPs demands coordinated financial, structural, and cultural reform. To remain competitive, Wales must ensure that general practice is recognised as a respected, well-supported, and sustainable career, one that clinicians choose not only to enter, but to remain in.

Positive Aspects of Living and Working in Wales

Wales possesses assets that many health systems envy, and despite the pressures of general practice, many of us continue to find deep satisfaction in working here. There is a strong sense of community and continuity, nurtured by close-knit populations and the opportunity to build long-term, trusted relationships with patients.

The natural beauty and cultural richness of Wales, from vibrant cities to stunning coastlines and national parks, support a balanced lifestyle and a connection to the outdoors that few other locations can match. Professional fulfilment is strengthened by the opportunity to practise relational, person-centred care

within integrated health and social care models, particularly in rural and semi-rural areas. Supportive professional networks and opportunities for mentorship and career development, including through HEIW, further enhance both practice and personal growth.

These are not “soft extras”; they are what sustain us. They underpin wellbeing and professional

fulfilment, and they matter for retention. If we are serious about the future of general practice in Wales, we must recognise and actively protect these strengths through thoughtful policy and sustained investment, ensuring that Wales remains not only an attractive place to train, but a place to build a long and fulfilling career.

Conclusion

Retaining GPs in Wales is both a pressing challenge and a powerful opportunity that requires coordinated, sustained, and courageous action over time, rather than isolated or short-term interventions. There is no single solution. Progress depends on deliberate focus across workload, funding, wellbeing, flexibility, and intelligent workforce planning.

General practice remains foundational to NHS Wales. GPs manage clinical risk at the front line, often preventing escalation to secondary care and reducing demand on hospitals. In a single session, a GP may safely assess and manage dozens of patients across a wide spectrum of complexity, from acute illness and chronic disease to mental health crises, safeguarding concerns, and end-of-life care. This breadth and intensity of work make general practice not only cost-effective, but essential to the resilience of

the wider health system. Strengthening it is not simply a workforce intervention; it is a strategic investment in the future of NHS Wales.

The dedication of the GP workforce must be matched by tangible system-level support that enables GPs to thrive, not merely endure. Wales has the potential to be the best place in the world to work as a GP, but that ambition must be felt in consulting rooms, not only expressed in strategy documents. With shared commitment and sustained follow-through, that vision is within reach.

Let us end with ambition, not resignation. Joy in general practice is not an indulgence. It is what sustains us and keeps us here. Retention is a choice and reflects what we choose to protect, prioritise, and value.

Strategic pillars

Workforce planning

Ensure data-driven, sustainable focused planning, that aligns to training and retention considerations

Workload reduction

Ensure adequate GP and multi-disciplinary team capacity, whilst reducing administrative burden, and appropriately utilising AI for digital integration

Career support

Identify key risk points within the career of a GP and create capacity for tailored, ongoing support at critical stages

Financial stability

Funding and retention are inextricably linked. Ensure adequate, evidence-based financial support is prioritised

Wellbeing

Ensure GP wellbeing is recognised as a pillar of sustainable general practice

Strategic Recommendations

1. Strengthen Workforce Planning and Data

Develop a long-term, data-informed workforce strategy that reflects the true scale and complexity of general practice.

- Set realistic, evidence-based targets for full-time equivalent (FTE) GPs
 - Quantify total GP workload, including non-patient-facing activity
 - Improve understanding of post-training workforce trajectories
 - Use and publicly share workforce data to align training numbers, Fellowship posts, and substantive roles
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2. Support Transition and Early-Career Retention

Retention must begin at the point of transition into independent practice.

- Provide structured national support during the transition from training to independent practice
 - Evaluate and expand the Integrated Care GP Fellowship Scheme across all Health Boards
 - Build structured mentorship and leadership pathways
 - Support portfolio careers, sabbaticals, and flexible development opportunities
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3. Retain and Value Experienced GPs

Create sustainable options for mid- and late-career doctors.

- Undertake a comprehensive review and redesign of the GP Retainer Scheme
 - Expand “retire and return” roles in mentoring, appraisal, teaching, and partnership support
 - Promote peer support initiatives, including successful Safeguarding Peer Support groups
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4. Protect and Evolve the GP Partnership Model

Safeguard the leadership and continuity that partnership provides.

- Expand entry-to-partnership and Pathway to Partnership schemes
 - Reduce premises-related financial liabilities
 - Simplify regulatory and contract-holding bureaucracy
 - Share and celebrate best practice in successful partnerships
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5. Reduce Administrative Burden and Protect Patient-Facing Time

Ensure GP expertise is used appropriately and sustainably.

- Invest in digital innovation (e.g., voice-to-text, NHS App integration, e-consult triage)
 - Review and remove non-essential bureaucratic tasks
 - Fund interface groups to reduce un-resourced workload transfer from secondary care
 - Provide clarity on GP roles within multidisciplinary teams
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6. Improve Wellbeing, Inclusion, and Occupational Support

Create environments where GPs can thrive.

- Provide preventive, confidential occupational health access
 - Allocate protected time for reflection, CPD, and team development
 - Embed mentoring and pastoral care within everyday practice
 - Ensure safe, inclusive, and respectful workplace cultures
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7. Ensure Fair Funding and Contract Stability

Align financial policy with workforce sustainability.

- Increase investment in rural and deprived communities
 - Offer infrastructure and premises support
 - Ensure a fair and viable GMS contract that supports partnership sustainability
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8. Recognise the Global Workforce Context

Position Wales as competitive, supportive, and forward-looking.

- Create a Wales-wide visa sponsorship pathway for international medical graduates
 - Provide consistent, meaningful support for IMG GPs to build long-term careers
 - Inspire and incentivise Welsh students and trainees to remain in Wales
 - Learn from international models that combine financial reform, reduced administrative burden, and protected development time
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The Royal College of General Practitioners is a network of over 55,000 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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