**Good afternoon chair, conference.**

Bizarre, toxic, scandalous, unconscionable, ridiculous, unacceptable …. I’m running out of new adjectives to use to describe the crisis that is GP unemployment and under-employment.

It is incomprehensible, at a time of immense pressure on the health service, and patients waiting too long for appointments, that GPs are struggling to find work.

At the same time GPs who are in work are struggling with unmanageable and unsafe workloads because there are too few of us.

I don’t think anyone here ever imagined when we decided to go to medical school or when we chose to train as a GP that there might not be a job for us at the end of it. But this is the reality many GPs across the UK are facing.

Many are understandably anxious about what it means for them, their livelihoods, and, ultimately, the future of our profession.

As we approach two years since the crisis began, when we started to hear reports coming in from locum GPs that their work was drying up and disappearing, that out of hours opportunities were reducing and competition for available shifts was increasing, our latest survey of sessional GPs indicates that the crisis is not only continuing, but deepening. GPs are now struggling to find any jobs – be that partnership, salaried or locum roles.

15% of UK respondents told us that they couldn’t find any GP work.

56% of responding GPs told us they would like to work more hours as a GP in the NHS but were unable to find enough work.

**The causes of the crisis are clear:**

Years of erosion in the core funding for practices across the UK has meant practices are struggling to afford to recruit more GPs.

Inadequate investment in estates, alongside the dramatic proliferation of other roles now working in general practice, means not having the physical space where an additional GP can consult from is an ever-more-common problem.

The emergence of GP-lite models of General Practice delivery - with a decreasing proportion of appointments actually delivered by an expert GP, with little regard paid to the consequences for patient safety, patient satisfaction or the quality, efficiency and cost-effectiveness of care.

We’ve seen the expansion in the number of GP training places but not the necessary investment to create more GP jobs. As result we’re experiencing the consequences of one of the biggest failures in NHS workforce planning ever.

**What are the Consequences of GP Unemployment?**

The cost of training more GPs, totalling hundreds of thousand of pounds per GP – wasted.

Patients struggling to access GP care continue to struggle and face longer waits to be seen.

GPs in work who are battling burnout-inducing, unsafe and unmanageable workloads continue to struggle to meet the demand for appointments.

The results of our most recent survey of sessional GPs starkly outlines the consequences for GPs who are unable to find any or enough work:

In order to just get by 58% have had to reduce their expenditure, 47% have had to use personal savings and 28% have had to take on non-GP work.

69% **reported stress or anxiety** as a result of un- or underemployment worries, and many **reported low self-esteem and confidence** (38%) as well as **problems sleeping** (37%).

**GPs are having to change their career plans as a result of poor employment opportunities**

* One in five respondents said they have made definite plans to change their career, and a further 47% said they were expecting to make changes.
* The most popular changes being considered were clinical jobs outside of the NHS (43%), GP opportunities abroad (40%), and jobs outside of healthcare (38%).

60% of respondents reported a decrease in the rates offered for GP work in the last 12 months. Not only have GPs suffered pay erosion of up to 33% since 2008 it seems, due to massive competition for jobs, but GP rates of pay are also actually decreasing.

Many bravely shared with us their experiences of how the crisis has affected them personally and, in order to fully understand the devastating impact under and unemployment is having, I want to share their stories with you today. Please be aware that these may be distressing.

***I’ve spent the past year commuting to somerset from Bournemouth or to Southampton for work mixed with urgent care evenings and nights. I’ve spent the past 8 months fulfilling the criteria to work in Canada including passing an exam. This with the concern that I may end up with no work at all if things get worse. I plan to go alone, leaving my wife and 2 kids here and send them money.***

***My friend who was a salaried GP jumped off the aqueduct last year because of the way the NHS is at the moment, a family lost a mother and wife because the government doesn’t value a workforce of caring highly qualified dedicated doctors who are burning out because they are not valued or respected.***

***I have given up now. I’m mainly a stay at home mum dependent on a husband I wanted to divorce.***

***I’ve looked at changing careers e.g. becoming a software coder, medical coder, life coach, even driving a bus or train.***

***I did not expect to have to be rationing my earnings at this stage in my career.***

***I want to work. I looked forward to “giving back” and contributing to the NHS in my later years. I looked forward to helping burnt out young GPs and sharing my experience but I feel I have been thrown on the scrap heap.***

***As a neurodivergent doctor, it was difficult enough to find suitable work, this has now become considerably harder.***

***I feel badly let down by the Government. I very much regret going into general practice, I wish I had stayed in hospital medicine or another specialty.***

***I have felt extremely low and terrified over the past few months. I have no other source of income, I am single and care for my dad. Without work, I won’t be able to afford my mortgage or other bills. I haven’t been able to sleep or do anything for myself because I’m in survival mode.***

I could go on. These are just a few examples from the multitude of similarly heartbreaking stories we’ve heard from our members.

It is abundantly clear - we cannot sit by and accept GP unemployment as the new normal.

We need the additional funding to get these GPs into work now.

We cannot afford to waste the talent, time, and dedication of our future GPs.

As Katie set out earlier, the value of GPs is indisputable, and our patients know the value of GPs. But our governments appear reluctant to acknowledge this value.

On behalf of sessional GPs across the four countries, we call on our governments to end this farce and show they value GPs by increasing funding for general practice, with ringfenced amounts to hire GPs.

There are GPs ready to work, and there are patients in need who want to be seen by GPs, but yet practices cannot hire them. Make it make sense!

Let’s end the paradox and get these GPs into work, seeing patients and doing what they trained their whole lives for.

ENDS