

Dear colleague,

As 2025 draws to a close we bring you the last newsletter of the year, updating you on what's been happening over the past few weeks and looking forward to what the new year may bring.

The approach from Government earlier this month was followed this week by our attendance at the Department of Health, where we met with DHSC, NHSE and Number 10 officials to discuss the 2026/27 GP contract proposals. We spent a significant period of time feeding back on their proposals, robustly articulating the need to protect and promote practices and GP workforce needs to ensure a sustainable and equitable general practice that serves patients and their communities. Our verbal feedback will be followed by detailed written responses and further meetings with them in the new year.

We submitted several high-level papers and counter proposals from our perspective under a series of themes, **and in a departure from usual practice, we have published our contract proposals, and they can be accessed on the [BMA GPC England contract webpages >](#)**

These proposals build on our historical contract asks around the need to restore resourcing levels for general practice and the GP unemployment crisis, and complement several key publications developed to support the profession and practices, working towards hope, safety and stability.

The [safe working guidance](#) supports and enables practices to prioritise their delivery of safe, high-quality patient care, within the regulatory and professional expectations of the GMS/PMS contract. [Patients first – GPCE's vision for general practice](#) outlines the essential changes that need to happen to stop the loss of local practices, retain experienced NHS GPs in their surgeries, and to fund practices to take on more GPs and more practice nurses to deliver more appointments. The [value of a GP paper](#) sets out the intrinsic value and importance of GPs in affording and securing the nation's healthcare for the next generation.

Following on from this week's 2026/27 contract consultation at DHSC, Katie [recorded a podcast](#) which covers our thoughts on the process and next year's contract for GPOnline's 'Talking General Practice'.

Lastly, we would like to sincerely thank each and every one of you, your practice staff and teams in continuing to deliver above and beyond, despite the challenges and adversities posed. This effort and commitment to your patients and communities does not stop over the holiday period, and we recognise and appreciate the efforts from all of you in working tirelessly in making this happen.

Wishing you all a very merry Christmas and happy New Year.

GP contract consultation

NHSE and DHSC have opened the 'consultation' on their proposed changes to the GMS contract for 2025/26. We have set out our objection to the unilateral decision to change the annual GP contract consultation and negotiation process for 2026/27, breaking with established custom and practice, on behalf of GPC England, GPs and GP registrar members of the BMA and the wider GP profession.

We have also provided NHSE/DHSC with a number of high-level proposals relating to our key aims of ensuring patient safety, improving practice funding and reducing GP underemployment. These are necessarily high-level given the imposed changes to the contract processes this year but outline key requirements that are essential to support general practice at this time. [Read the proposals >](#)

OpenSAFELY – action for all EMIS/TPP practices

NHSE has sent a reminder email on Thursday 18 December to EMIS/TPP practices yet to activate OpenSAFELY, on the back of formal emails sent in July and November. Paper letters have also been sent. These letters and the whole OpenSAFELY data direction should not come as a surprise, we have made repeated reference to it in most of our BMA GP newsletters in recent months!

Please remember and remind practice colleagues that OpenSAFELY has the full support of the BMA's GPC England and the RCGP and it's a legal requirement to comply with the data direction. [Read the activation instructions >](#)

OpenSAFELY provides vital research for the NHS and delivered public good during the COVID pandemic. The platform is now available for studies beyond COVID. Practices remain data controllers of the underlying GP data, whilst NHS England remains data controller of the results of studies, and oversees all access and governance.

Save the date: webinars

The GPC England officer team will be hosting a series of webinars in early 2026. A range of topics will be covered including updates regarding contract and policy development, and the latest committee and profession plans and next steps. Further information regarding registration details and additional dates will be provided in the new year, but please note the following for your diary:

- Thursday 29 January 2026, 7–9pm
- Wednesday 4 February 2026, 12–2pm

Sexual misconduct in the workplace

This month has seen the publication of an update to the NHS England [guidance](#) on actions to prevent sexual misconduct in the workplace. This work was published in the wake of historic allegations of sexual abuse at Royal Stoke University Hospital and Russells Hall Hospital, which have been reported in the media. However, there are actions recommended in this update for all NHS employers, and these are important for GPs and their practice teams to be aware of.

[Chaperoning policies](#) should be reviewed considering the updated guidance. While there is a clear statement that practices should be able to set their policy according to their needs, and recognition of the challenges we can face in primary care, we would reiterate the need to ensure that all chaperones are formally trained, and used for any intimate examination. In addition, they should be given enough information before chaperoning an intimate examination to ensure they understand why it is necessary. The guidance is clear that in the event of a patient declining a chaperone, a risk assessment should be made as to the clinical safety of the patient and the risk of compromise of professional standards, and postponing the examination may well be a reasonable outcome.

ICBs are tasked in the update to ensure all primary care providers are signed up to the [Sexual safety charter](#) with a deadline of 2 February 2026 to contact providers to offer support in completing the assurance checklist in this document. Documenting compliance here is likely to be useful in demonstrating wider compliance with legal duties held by all employers around preventing sexual harassment. Primary care providers are also encouraged to adopt the national sexual misconduct policy that is due for release next month, and ensure staff have accessed the national e-learning on this topic. There is also clear guidance as to reporting incidents of sexual misconduct.

Further information can be found on the NHS England website. We would advise LMCs to be prepared for queries from member practices on the updated guidance, especially in the new year when ICB teams will be enquiring about compliance.

Premises letter

In our [latest letter to Karin Smyth MP](#), we shared findings from the recent GP premises survey. We had written previously and were offered a meeting which we are in the process of arranging. We are hoping to explore a strategic system response with Government to the issue of GP property costs.

The survey, which gathered responses from nearly 2,000 GPs and Practice Managers, (almost one-third of general practices in England), reveals widespread concern about the condition, capacity, and sustainability of GP premises. Notably:

- 83% of respondents consider their premises unsuitable for future needs
- 74% lack sufficient space to train new GPs
- over 65% of NHS Property Services tenants and 74% of Community Health Partnerships tenants reported receiving inaccurate service charge invoices
- a significant proportion, 35% of NHSPS tenants and 26% of CHP tenants, have considered handing back their GP contract due to service charge disputes.

LMC legal advice

As part of ongoing processes planning we are continually seeking and updating legal advice to help support and protect practices and LMCs. Please find the links below for the legal background and briefings which have been previously shared with LMC colleagues, and are provided to help explain current and future contexts around planning and next steps.

- [advice regarding action recommended by GPC England as part of GP action 2024](#)
- [information for LMCs regarding GPCE re-entering dispute with the Government on 1 October 2025](#)

Resident doctors' and GP registrars' strike action guidance

[Resident doctors \(including GP registrars\) are taking industrial action from 7am 17 December to 06:59am on 22 December.](#)

GP registrars have the full support of GPC England, general practice and the wider profession during the strike action. [Read GPC England's letter of support to GP registrars >](#)

If you or your practice would like to contribute to the strike fund for GP registrars who may need to use it, [you can do so >](#)

Read our guidance for practices, LMCs and GP trainers, advising on how practices can support their GP registrars and manage strike days. [Read the guidance >](#)

[Read also the guidance on striking as a GP registrar >](#)

Covid and flu specifications

NHS England has published a [joint COVID and flu specification for 2026](#). This moves the COVID vaccination programme to a practice level, removing the need for COVID vaccinations to be delivered via a PCN. However, practices will still be able to deliver just the flu programme.

We continue to raise with NHS England the impact that the lack of uplift to item of service payments is having on the viability of both programmes, with a number of practices informing us that they are closely considering whether to continue participation in the flu programme in future years.

UKHSA guidance on consent for vaccination

The UKHSA has produced [further guidance](#) with regards to consent processes and non-registered healthcare professionals in the provision of vaccination. This is following the concerns raised with them over the [updated minimum standards in vaccination training](#) and the significant uncertainty that it caused, particularly around the role of HCAs in vaccination clinics.

We are continuing to discuss this issue with the UKHSA and other relevant bodies to develop more expansive guidance.

Survey on sessional GP unemployment

Earlier this year, the sessional GPs committee conducted a survey to capture the full scope of GP underemployment and unemployment across the UK. The findings confirm the severity of the issue:

- 56% of GPs want to work more hours in the NHS but cannot find suitable opportunities
- 15% of respondents are unable to find any GP work at all
- 60% of GPs reported a decline in pay rates for GP work over the past year
- 69% reported experiencing stress or anxiety due to un- or underemployment, with many also facing financial hardship
- one in five (21%) are making definite plans to leave the profession
- nearly half (47%) are considering alternative career paths.

These findings highlight the urgent need for action to address the GP workforce crisis. The insights from this and previous surveys will continue to be instrumental in shaping our work, strengthening our lobbying efforts and pushing for policy changes.

Power in numbers: uniting sessional GPs for change

3 Feb 2026, 7–8.30pm

This is the second event in our national engagement series created to bring sessional GPs together, amplify your experiences, and ensure your voice drives the BMA's work on your behalf.

At our first event, you told us the top three issues facing sessional GPs today:

- pay rates that are too low underemployment
- lack of available work
- contracts not being honoured.

We listened, and this event is all about what the BMA can do to act on your behalf, and the rights you hold as a sessional GP. [Register your place >](#)

GP wellbeing resources

A range of wellbeing and support services are available to doctors, and we encourage anybody who is feeling under strain to seek support, such as the BMA's [counselling and peer support services](#), [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#). The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK. We have produced a [poster with 10 top tips](#) to help support the wellbeing of you and your colleagues.

The [Cameron Fund](#) supports GPs and their families in times of financial need and the [RCGP](#) also has information on GP wellbeing support.

Visit the BMA's [wellbeing support services page](#) or call [0330 123 1245](#) for wellbeing support.

- The [BMA's GP campaign webpage](#)
- GPCE [Safe Working Guidance Handbook](#)
- Read more about the work of [GPC England](#) and practical guidance for [GP practices](#)
- See the latest update on X [@BMA_GP](#) and read about [BMA in the media](#)

Read the GPCE bulletin: [GP contract consultation](#) | [safe working guidance](#) | [our vision for general practice](#)

Read the latest [Sessional GPs newsletter](#)

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