



Women GPs Thrive

Project title: “Investigating the conditions in which women GPs thrive in General Practice: What works, for whom, how and in what circumstances?”

Newsletter 3: Our project findings

Dr Ruth Abrams, Principal Investigator



It has been a privilege over the last 18 months to lead this NIHR funded project, into investigating the conditions in which women GPs can thrive in general practice. This is our third and final newsletter to conclude the project. In it we bring together the range of outputs achieved since our [last newsletter](#).

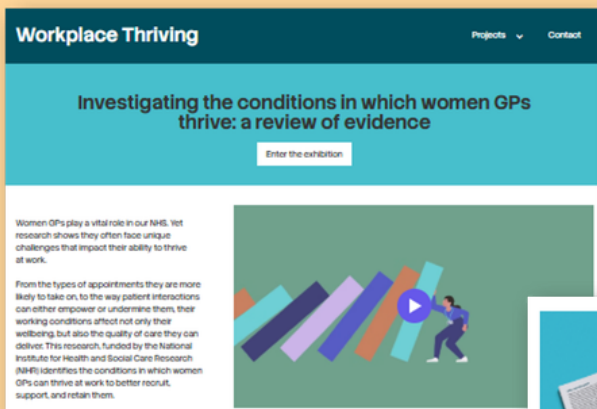
Whilst the project itself has now finished, the real work is only just beginning. Making a difference through this research is essential and it now requires organisations and their leaders to act bravely, be willing to listen and act on the knowledge we now have about how to support women GPs to thrive. Not only will this benefit women, but all staff in general practice as we start to design workplaces for inclusion and belonging rather than letting things continue as they always have been.

If you are in a position to drive forwards workplace strategies and instigate culture change, do have a look at our [evidence-based guide](#). You can also reach out directly to obtain an executive summary of this work, which contains five key actions to implement now, to help facilitate change.

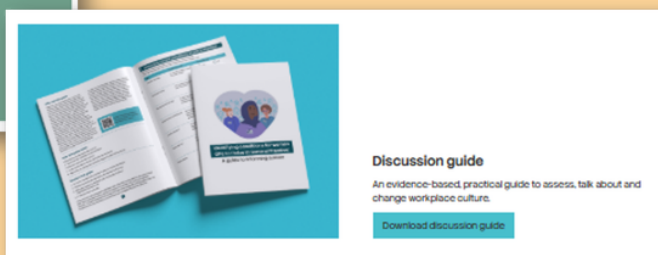
Ruth

[VISIT OUR WOMEN GP THRIVE WEBSITE](#)

Explore: Online exhibition and guide



Access our illustrated project findings, a short animation and download our guide to informing practice culture change [here](#), in collaboration with Nifty Fox (who also produced the artwork featured in this newsletter).



Re-watch: Project launch event

SUPPORTING WOMEN GPs TO THRIVE IN GENERAL PRACTICE: DISCUSSING THE EVIDENCE

Project lead: Dr Ruth Abrams (University of Surrey).

This project is funded by NIHR HSDR, Award number: 161818. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Project team

- Dr Ruth Abrams
- Dr Victoria Williams
- Dr Laura Jefferson
- Dr Su Golder
- Dr Aaliya Goyal
- Dr Lilith A. Whiley
- Dr Sophie Park

Speaker Panel

- Dr Shazma Mawani, GP Partner
- Dr Sarah Jacques, GP, Co-Campaigns Lead - Medical Women's Federation
- Dr Karen Forshaw, GP Partner, Clinical Director - Primary Care Network
- Dr Mehreen Tahir, GP, Deputy Medical Director - NHS England
- Ms Christia Howbray, Physiotherapist, Psychotherapist and Hypnotherapy trainer

Logos for NIHR, University of Surrey, University of Oxford, University of Sussex, and University of York.



Re-watch the recording of our project launch event where we discuss the evidence supporting women GPs to thrive in general practice, [here](#).

Insights: Panel Discussion



At our recent launch event we asked our panellists what helps women GPs thrive at an individual, practice and system level. We capture their reflections and insights below.

PANELISTS



Dr Shazma Mawani
GP Partner,
healthcare innovator



Dr Sarah Jacques
GP, Co-Campaign Lead
Medical Womens
Federation



Dr Mehreen Tahir
GP, Deputy Medical
Director at NHS
England London



Dr Karen Forshaw
GP Partner, Trainer, Appraiser,
Clinical Director
Ms Chrissie Mowbray
Physiotherapist, Psychotherapist
and Hypnotherapy Trainer

Individual level - What helps women GPs personally thrive?

Belonging and
being celebrated

Autonomy to
shape work
around values &
interests

Flexibility
without penalty

Peer support &
safe spaces

Leaning into
authenticity

Clear, direct
communication

Organisational level - What do thriving practices look like?

Recognition of
complex &
emotional work

Genuine
flexibility

Supportive
culture &
inclusion

Fair distribution
of emotional
labour

Encouraging
growth &
portfolio
careers

Openness to
innovation

System level - What needs to change nationally?

Reward
continuity &
complexity

Modernise
contracts &
partnerships
models

Mainstream job-
sharing across
workforce

Positive
messaging about
flexible work

Reform the
session model

System-level
responsibility for
wellbeing

Spotlight on: Project publications



New publications

- Read our full findings, **Investigating the conditions in which women GPs thrive in General Practice: A realist review** [here](#).
- Read our BMJ editorial on **Easing parenting challenges in primary care workforce** [here](#).
- Read Ruth and Aaliya's blog for Medical Womens Federation [here](#).

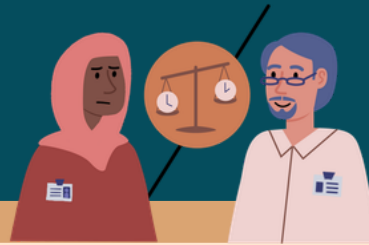


Past publications

- Read Ruth and Victoria's *BJGP Life* opinion piece: **Women GPs and the NHS Ten-Year Plan: Is now the time to thrive?** [here](#).
- Read Kamal R Mahtani and Ruth's *BMJ Opinion* piece: **General practice must be the foundation of primary care reform**, [here](#).

If you would like to hear more, or have an interest in this project, please contact Ruth:
r.abrams@surrey.ac.uk

Action: Lobbying for change



A **key recommendation** we made in our paper was to suggest that a committee, led by organisations including Local Medical Committees, the Royal College of General Practitioners, the British Medical Association and the Medical Women's Federation, is set up to push for the policy changes needed to support women GPs.

In a recent podcast with GPonline (live in July), Ruth was asked **what are the key things this committee, if established, should lobby for**. We suggest the following.

At a broad level, organisations need to:

- Agree the case for national action to address structural barriers affecting women GPs;
- Foster greater collaboration with officials to work with NHS England to develop and implement the policy actions using existing contractual, regulatory and workforce levers including leveraging the women's health strategy, April 2026;
- Engage in action to signal intent that workforce sustainability, fairness and productivity will be addressed through system design, not individual resilience.

Practically speaking, this might look like:

- Mandating flexibility as a workforce standard;
- Reforming workload measures;
- Introducing fairness first workload frameworks;
- Investment in career development and leadership pathways;
- Measuring and evaluating equity and wellbeing impacts.



Action: For Integrated Care Boards

SUPPORTING WOMEN GPs TO THRIVE: FIVE ACTIONS FOR INTEGRATED CARE BOARDS

Culture change is challenging. Often we know what we want to move away from but not always what to move towards. Derived from an NIHR funded research project: *'Investigating the conditions in which women GPs thrive in General Practice: What works, for whom, how and in what circumstances?'*, led by Dr Ruth Abrams, this infographic presents five key actions that Integrated Care Boards can implement, to better support women GPs to thrive at work. To find out more, view our online exhibition and download our organisational culture guide here.



Action 1

Normalise flexibility as a strength

- Build a culture where caring responsibilities are openly acknowledged;
- Encourage teams to see flexibility as professional respect, not reduced ambition;
- Promote everyday habits (e.g. carer-friendly meeting times) that signal psychological safety.

Action 2

Create a fairness-first mindset around workload

- Shift team conversations from 'who's available' to 'what's equitable';
- Encourage awareness of hidden emotional labour and challenge assumptions about who is 'best suited' for complex cases;
- Make fairness visible: share workload audits and celebrate balanced team effort.

Action 3

Strengthen belonging through visible support

- Embed regular peer-support and supervision as part of team identity;
- Champion mentorship and leadership pathways to show women GPs belong in all levels of practice;
- Spotlight diverse role models to challenge outdated expectations about who progresses and why.

Action 4

Implement and evaluate policies

- Implement system-wide policies that provide consistent, fair flexibility standards;
- Evaluate which interventions improve equity and progression for women GPs;
- Communicate policy implementation and review to signal strong organisational commitment to women GPs' wellbeing and career progression.

Action 5

Collect organisational data

- Collect data to evaluate policy impact and identify system-wide patterns affecting equity and safety;
- Apply data insights across domains and drive evidence-based improvements for women GPs;
- Utilise data to support informed, equity-focused culture-change decisions.

This research is funded by NIHR HSQR, Award number: 161818. The views expressed are those of the author and not necessarily those of NIHR. This infographic was created by Dr Ruth Abrams and Dr Victoria Williams in collaboration with stakeholders.



If you would like to receive an executive summary of our work, which includes five key actions that ICBs can take (see left for visual alternative), **please contact Ruth: r.abrams@surrey.ac.uk**



Facilitating culture change initiatives

If you would like more information about this project or would like to facilitate evidence based discussions in practices looking to address culture change in general practice, **please contact Ruth: r.abrams@surrey.ac.uk**