

Addressing parenting challenges in primary care

Standfirst: Support shortfalls continue to disproportionately impact female GPs

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The increasing misalignment between primary care and the domestic realities of a modern medical workforce has reached a critical juncture. While balancing professional and personal care responsibilities is a long-standing challenge, the pressure is acutely felt across primary care, due to rising patient demand and overextended clinical hours. Given that women now account for over half of the GP workforce, [1] the conflict between clinical availability and childcare needs is no longer a peripheral issue, but a core challenge to workforce retention. The recent suspension of Dr Eisenhauser for unauthorised appointment ringfencing due to childcare pressures, [2] has brought these systemic tensions to the fore.

Women GPs are more likely to juggle dual roles and shoulder the brunt of caring responsibilities. [3] Existing literature show that social support (from family, friends, colleagues and extended childcare arrangements) is an essential enabler for women GPs navigating work and parenthood. In an international study using semi-structured interviews and three focus groups of 20 female family doctors, participants reported a perceived qualitative reduction in the intensity of competing work-family when they had access to a strong external network of psychological and practical support. [4] When this support is absent, has limited access, or is prohibitively costly, stress levels rise, as does turnover. For example, in a survey of 1,900 women GPs and 2,000 men GPs from Australia, factors including balancing childcare alongside long working hours contributed to women GPs leaving the profession. Specifically, 85% of women GPs were more likely to engage in unplanned turnover than their male counterparts. Furthermore, 49% of women leaving the profession were 47 or younger, in comparison to 20% of men in the same age group.[5] This underscores a striking finding: unplanned and early career exits can result from the experiences women GPs with young children have at work, despite their intentions to stay in the profession after extensive years of training.

Issues also persist beyond childrearing years. In a study of 3,695 UK medical graduates (of graduation years 1974 and 1977) 21% of women highlight family reasons as a factor for early retirement compared with 11% of men. [6] Whilst there has been a societal shift of labour division in the home and improved access to shared parental leave, [7] there remain challenges in balancing working hours as well as psychological impacts these tensions bring. [8-9] This is particularly important when considered alongside US evidence that indicates burnout is 60% greater in female physicians than male physicians, with factors including having young children as increasing burnout odds. [10]

Improving support

Transforming the ability to care, alongside a caring profession is well overdue. However, the available evidence on how best to do this is significantly lacking. A small body of evidence indicates that to support a successful balance between work-family commitments, primary care structures need reimagining. For example, a Canadian qualitative study exploring the perspectives of 94 family physicians on how gender shapes choices in the profession, indicates that restructuring general practice

to include collaborative care amongst teams with flexible working schedules may help to balance work-life conflicts experienced by women. [11] Job crafting strategies including an employee's ability to shape: tasks; relationships; career options; and/or practice hours are other ways in which the primary care workforce, and specifically women find a sense of balance at work. [12-13] Specifically, in research of 26 Australian female GPs, participants actively reshaped their jobs by: stopping home visits; reducing working hours on specific days; and taking leave to recover from work [13]. However, the ability to control one's own work schedule is not always possible. For example, young women GPs in this same study also shared their feelings of 'powerlessness' in shaping their schedule, as did older women GPs with long-term employment contracts. This shows a clear need for support to be managed at a level beyond the individual.

Recent efforts have been made to define and measure a family-friendly medical workplace. In a Delphi study comprised of senior physicians with lived experience experts [14], findings demonstrate that systems that support protected time, predictable scheduling and flexibility where possible all help to reduce work-family conflict. This ideally needs to be implemented alongside leaders who commit to an organisational culture that fosters no discrimination for employees with caring responsibilities, and that a cultural expectation is set that normalises family responsibilities as opposed to penalising them. [14]

Parenting adds an additional layer of complexity that is rarely acknowledged for the primary care workforce. However, the lack of available evidence into successful work-family support is a significant omission in academic research both in medicine [3] and more broadly.[15] In a systematic review exploring the evidence base of barriers and facilitators to women GPs' careers, no UK studies evaluating interventions to support women GPs were found. [3] Given how reproductive health, caregiving responsibilities, and professional expectations all intersect to shape career progression, retention, and sustainability across the primary care workforce, this presents an area in need of future research. There is also a need for more intersectional research, [15] given that women from ethnic minority backgrounds disproportionately experience discrimination at work. [3] Identifying whether and how this interacts with caring responsibilities and workplace demands is urgently needed.

Staff need to be protected by a workplace duty of care that does not individualise a gendered and societal issue but instead seeks to develop a workplace culture that recognises the multiplicity of caring roles and demands. With such an orientation, so too may come a transformation that embraces the realities of parenting amongst the primary care workforce.

References

1. Dacre J, Woodhams C, Atkinson C, et al. Mend the gap: The independent review into gender pay gaps in medicine in England. 2020. Available: <https://qmro.qmul.ac.uk/xmlui/handle/123456789/71863> (Accessed 9 March 2026).
2. Dyer C. GP suspended for faking appointments to pick up her children on time *BMJ* 2025; 391 :r2690 doi:10.1136/bmj.r2690
3. Jefferson L, Webster E, Golder S, et al. Barriers to and facilitators of women GPs' careers: a systematic review. *BJGP Open*. 2025 Oct 1;9(3).
4. Shiner, A., Watson, J., Doohan, N., et al. Learning or leaving? An international qualitative study of factors affecting the resilience of female family doctors. *BJGP Open*. 2020;4(1). doi:10.3399/bjgpopen20X101017 PubMed PMID: 32184214.
5. Bardoel, E. A., Russell, G., Advocat, J., et al. Turnover among Australian general practitioners: a longitudinal gender analysis. *Hum Resour Health*. 2020;18(1):99. doi:[10.1186/s12960-020-00525-4](https://doi.org/10.1186/s12960-020-00525-4)
6. Smith, F., Lachish, S., Goldacre, M. J., et al. Factors influencing the decisions of senior UK doctors to retire or remain in medicine: national surveys of the UK-trained medical graduates of 1974 and 1977. *BMJ Open*. 2017;7(9):e017650. doi:[10.1136/bmjopen-2017-017650](https://doi.org/10.1136/bmjopen-2017-017650)
7. GOV.UK. Stronger parental leave rights to give millions of working families the "security they deserve". 2026. Available: <https://www.gov.uk/government/news/stronger-parental-leave-rights-to-give-millions-of-working-families-the-security-they-deserve> (Accessed 9 March 2026).
8. BMJ Group. Doctors quitting over stress and cost of finding suitable childcare. 2024. Available: <https://bmjgroup.com/doctors-quitting-over-stress-and-cost-of-finding-suitable-childcare/> (Accessed 9 March 2026).
9. Dyrbye LN, Shanafelt TD, Sinsky CA, Cipriano PF, Bhatt J, Ommaya A, et al. Burnout among health care professionals: a call to explore and address this underrecognized threat to safe, high-quality care. *NAM Perspectives*. (2017). 10.31478/201707b
10. Yeluru H, Newton HL, Kapoor R. Physician burnout through the female lens: a silent crisis. *Front Public Health*. (2022) 10, 880061
11. Sheppard A, Gormley A, Mills L, McKay M, Bergin F, Gradstein R, Moravac C, Scott I, Lavergne R (2025) How gender shapes practice choices among family medicine residents and early career family physicians: a Canadian qualitative study. *BJGP Open*. 2025 9 (3): BJGPO.2024.0158.
12. MacIver E, Ovseiko P, Barry E, Greenhalgh T. Exploring the lived experiences of early/mid-career female academic GPs in the UK: A Biographical Narrative Interview study'. *BJGP*. 2025 Sep BJGP.2025.0359.

13. Mayson S, Bardoel A. Sustaining a career in general practice: Embodied work, inequality regimes, and turnover intentions of women working in general practice. *Gen. Work Organ.* 2021;28(3):1133–51.
14. Torres AJC, Barbosa-Silva L, Oliveira-Silva LC, et al. The Impact of Motherhood on Women's Career Progression: A Scoping Review of Evidence-Based Interventions. *Behav Sci (Basel)*. 2024 Mar 26;14(4):275. doi: 10.3390/bs14040275. PMID: 38667071; PMCID: PMC11047346.
15. Peisah C, Sheppard A, Benbow SM, et al. Operationalising the Family-Friendly Medical Workplace and the Development of FAM-MED, a Family-Friendly Self-Audit Tool for Medical Systems: A Delphi Consensus. *Healthcare*. 2023; 11(12):1679. <https://doi.org/10.3390/healthcare11121679>

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