General Practice Workforce Survey - Declaration Form

Q&A Document
Issued – 30 July 2026 (V2)

Introduction

This document provides answers to commonly asked questions in relation to the Workforce Funding and related reporting requirements through the Workforce Survey (including recording workforce intentions for funding freed up by the £10m expenses investment). For detailed guidance on how to complete the Declaration Form, including reporting intentions and workforce costs, practices should refer to the 'Workforce Survey – Guide to completing the declaration forms' available at:

- GP Workforce Documentation

Further Information

Please note that the following guidance is available to support practices on how to use the Workforce Funding and the approach to allocating the Expenses Funding along with the related reporting requirements:

- Workforce Capacity Guidance - including Annex A Reporting Requirements - and Approach to Expenses Funding
- Workforce Capacity Guidance for General Practice - Annex B - Intentions to increase capacity and Annex C - Issuing Tranche 2

Declaration Form Part 2

Expenses (Part 2, Section 1)

- **In the Declaration Form Part 2, Section 1, the question asks for the cash sum the practice intends to invest in expanding the workforce. Does this refer only to the allocation from the £10 million expenses investment or should it include the total workforce investment (tranche 1 and tranche 2 funding) as well?**
  Yes. The Declaration Form Part 2, Section 1 relates to the expenses investment only. Tranche 1 and Tranche 2 workforce funding, including the total cost of planned workforce expansion, should be recorded separately in Declaration Form Part 2, Section 2, which captures plans to increase workforce capacity over 2026/27.

- **Can I use my expenses allocation funding to increase workforce capacity?**
  Yes. The expenses investment of £10 million in 2026/27 is in addition to payments that practices already receive for non-staff expenses via the Global Sum. Any reduced outgoings as a result of the investment must be recycled by practices either to increase workforce capacity or to address other sustainability pressures.

  If you opt to use any funding freed up in the Global Sum for increased workforce capacity, this should be used in line with the Workforce Capacity Guidance for General Practice issued in March 2026. However, you should not include this figure in tranche 1 or tranche 2 workforce funding or the associated intentions to expand the workforce.

Workforce Funding

Reporting tranche 1 & tranche 2 intentions (Part 2, Section 2)

- **Is tranche 1 and tranche 2 funding recurring?**
  Yes. The total Workforce Funding (tranche 1 and tranche 2) available to practices in 2026/27 is £50m. This increases to £81.6m in 2027/28 and then to £133.3m in 2028/29 (including the Workforce Payment) after which it is recurring. This funding is dependent on parliamentary approval of the Scottish budget.

- **Do we need to include the Workforce Payment (£15m first issued in October 2025) in our Tranche 1 and Tranche 2 funding and intentions?**
  No. Practices should just include how they intend to use tranche 1 and tranche 2 funding.

- **Is it possible just to combine tranche 1 and tranche 2 funding and report intentions and costs against this?**
  No. Practices need to report separately on their intentions and costs for tranche 1 and tranche 2. Further guidance is available for practices who intend to use both tranche 1 and tranche 2 funding to recruit to a single post.

- **If our plans change through the course of the year, can we amend our intentions in the Declaration Form?**
  Yes. It is expected that practices may need to change their plans for a range of reasons. Practices can update the Declaration Form through the quarterly Workforce Survey Return to reflect any changes to plans and intentions.

- **I am providing a return on behalf of more than one practice, do I have to complete a separate return for each practice which sets out separate intentions to expand the workforce in the Declaration Form and separate staffing in the Staff Section?**
  Yes. Organisations should provide a return for each practice (practice code). This should set out the intentions to increase the workforce for each practice (based on the funding award for that practice) in the Declaration Form section of the return; and should also set out the staffing capacity in the Staff section. If a member of staff works across more than one practice, practices should set out their capacity based on the time they spend delivering services in each practice.

- **Can practices use the funding to build time into their weeks to handle non-patient facing workload?**
  It is important for practices to spend this money wisely and appropriately to increase workforce capacity and improve patient care and so give Government confidence in the profession to make best use of any future funding streams and so increase likelihood of future investment.

  It is recognised that there has been growth in non-patient facing work within general practice. This includes indirect clinical care, quality improvement, CPD, training and supervising others. While this work has expanded, GPs may only have time built into their working weeks for their clinical commitments. This funding presents an opportunity for practices to expand their contracted sessions or hours so that there is dedicated time in the working weeks going forward for non-patient facing work.

If partners expand their sessional commitment this must reflect the work they do, be included in workforce survey returns, and stand up to reasonable (though light touch) interrogation. Indirect patient care sessions/hours need to be regularly scheduled. Partner changes in sessional commitment should ultimately be reflected in practice partnership agreements when practices have the opportunity to change these.

The Scottish Government will be monitoring the use of funding and the expansion in capacity across GP designations and the practice workforce. Health Boards will verify that practices' intentions to expand the workforce and that tranche 1 intentions have been met.

- **Are GPs recruited shortly before 31 March 2026 eligible for inclusion?**
  Yes, provided that the expansion is funded by tranche 1 / 2 funding. Practices can record this in the Declaration Form Part 2 Section 2, the second table allows practices to set out those GPs who have started before 31 March 2026 and funded by this new funding. Practices should also ensure these staff / capacity is also listed in their Staff Section of the Workforce Survey. This will be noted and these staff will not then be included in the practice's baseline staffing capacity.

- **Do converted roles (e.g. locum to Salaried GP / Salaried to Partners GP) count toward workforce expansion?**
  Yes. The cost of converting roles can be included to support workforce sustainability. Practices should record this under additional capacity and report the full employer cost of the substantive post.

  For example, if a practice replaces a Locum GP post with a new Salaried GP post using tranche 1 / 2 funding, the practice should record the sessions of the Salaried GP post as an intention to increase capacity; and the full employer cost of the sessions (including relevant on-costs), rather than recording the additional or net cost compared with previous arrangements. This allows Health Boards to assess whether proposed staffing costs are broadly in line with local market rates and indicative benchmarks.

- **Can funding be used for non-GP roles?**
  Yes. The Workforce Capacity Guidance sets out a menu of options which describes the staff which are eligible.

- **Can practices redesign their workforce rather than simply recruit additional staff?**
  Yes. The guidance allows practices to expand and/or redesign their workforce. Examples include converting a Salaried GP post to a GP Partner post or changing the mix of staff groups within the practice workforce.

Verification of intentions and release of tranche 2 funding

- **What must practices do to receive tranche 2 funding?**
  Practices must maintain existing workforce capacity and achieve their tranche 1 intentions by 30 September 2026 in order to receive tranche 2 funding, unless rural flexibility has been agreed. Health Boards will verify that intended workforce expansion has been delivered in line with the Workforce Capacity Guidance for General Practice.

- **How will achievement of tranche 1 intentions be assessed?**
  Practices were asked to provide detail on their workforce capacity as at 31 March 2026 in the workforce survey return for 2026/27 (closing date 22 June). This will be used as the baseline figure. Practices will then provide an update on their workforce capacity in the Quarter 2 return as at 30 September 2026. Practices will have achieved tranche 1 intentions if their workforce capacity has increased by the amount set out in the tranche 1 intentions in the Declaration Form. It is also important to note that practices also need to maintain their baseline clinical capacity as set on 31 March 2026 in the 2025/6 workforce survey return (and replace any clinical staff who may have left posts/reduced hours etc.)

- **What baseline is used to measure workforce increases?**
  Practices will provide detail on their workforce capacity as at 31 March 2026 in the workforce survey return for 2026/27 (closing date 22 June). This will be used as the baseline figure.

- **What happens if a practice makes changes to its baseline clinical workforce to meet essential business needs or better meet patient needs?**
  Practices are expected to maintain their baseline clinical capacity, meaning that they retain the same levels of clinical staffing. However, it is recognised that practices can (and may have to) adapt and change the make-up of their clinical staffing depending on patient and/or business need. In these instances, practices should be prepared to demonstrate to Health Boards that the investment in their clinical workforce capacity has not reduced based on the 31 March 2026 baseline, despite changes to the make-up of the clinical workforce.

  Practices should also report changes to the make-up and capacity of their workforce in their quarterly Workforce Survey returns.

  When verifying increases to workforce capacity, Health Boards should use the Dashboards to identify whether changes have been made to clinical capacity. Where these changes appear to show a reduction in clinical capacity based on the 31 March 2026 baseline, Health Boards should seek assurance from the practice that investment has remained constant.

  For completeness, practices must maintain their clinical capacity based on 31 March 2026 baseline and achieve the tranche 1 intentions by 30 September 2026 in order to receive tranche 2 funding.

- **Can maintaining capacity (preventing a reduction in capacity) count towards required increases?**
  No. This tranche 1 and tranche 2 funding must be used to expand capacity.

- **Why might a Health Board contact a practice about the reported workforce intentions?**
  Health Boards will verify that practices' workforce intentions are broadly commensurate with their funding allocation. As part of this, Health Boards may contact practices to clarify information submitted through the Workforce Survey. This may include situations where information appears incomplete, where workforce intentions and costs appear inconsistent with the funding allocation, or where reported workforce costs appear

unusually high or low. In these situations, practices should review the information submitted and update their return where appropriate.

- **What information might a Health Board request from a practice to support verification of workforce intentions?**
  Where clarification is required, Health Boards may ask practices to provide additional information to support the workforce intentions and associated costs reported in the Workforce Survey. This could include payroll information, salary scales, job descriptions, recruitment information or other supporting evidence.

- **Are there limits on the workforce costs that can be supported through the funding?**
  For GP Partner posts and the conversion of Salaried GP posts to GP Partner posts, practices should ensure that costs are consistent with the limits set out in Annex B of the Workforce Capacity Guidance for General Practice. Health Boards may seek clarification and supporting information where reported costs exceed these limits or appear inconsistent with indicative benchmarks.

- **What happens if rural flexibility applies?**
  In specific circumstances, practices have been granted a rural flexibility which Health Boards must take into account when considering workforce intentions and the release of tranche 2 funding. This is intended for smaller practices in more rural areas where recruitment may be more challenging and access to locums may be more limited. Practices are eligible for rural flexibility if they receive less than £20,000 tranche 1 funding and are located in an area classified as urban-rural category 4-8. Where rural flexibility has been applied, practices would be expected to deliver their approved tranche 1 and tranche 2 workforce intentions by 31 March 2027.

- **Where practices do not achieve tranche 1 intentions will tranche 2 still be allocated if practices are constrained by estate limitations or recruitment failure?**
  No. Practices must achieve their tranche 1 intentions by 30 September to receive their tranche 2 allocation (unless rural flexibility has been agreed). Recruitment challenges or estate limitations would not be seen as a mitigating circumstance. Practices should consider the menu of options set out in the Workforce Capacity Guidance when considering the intentions to expand the workforce. Alongside this, practices should consider remote working hot-desking, staggering surgeries so that clinical work is not all delivered at the same time, or using extended hours.

- **How will Tranche 2 payments be distributed?**
  Tranche 2 payments will be paid monthly directly to practices from January 2026.