

If we are serious about workforce retention, patient care and professional fulfilment, we need to understand why mid-career is such a challenging time for GPs and develop strategies that help us thrive rather than merely survive.

Much of the conversation around GP wellbeing focuses on two career stages: the transition into a senior doctor role (partner or salaried GP) and later-career burnout after decades of service. Far less attention is paid to those in the middle of their careers. While we offer support for newly qualified GPs through induction programmes, mentoring and leadership courses, this support is rarely sustained into mid-career.

This omission is striking. Evidence consistently shows that burnout, intention to leave and career dissatisfaction all peak in mid-career; this is often when doctors are at their most clinically effective and form the backbone of healthcare services.

Evidence for a mid-career burnout peak

Large international studies, mainly from US healthcare systems, show a consistent pattern: emotional exhaustion and burnout are highest among senior doctors 5–15 years post-training and lower in early and later senior doctor careers.¹ Mid-career doctors also report lower levels of professional fulfilment, reduced satisfaction with both their clinical practice and work–life balance, and stronger intentions to leave clinical practice.²

UK data is less granular, as national surveys by the GMC and NHS do not routinely stratify senior doctor wellbeing by career stage. However, GMC research shows that mid-career stagnation can foster frustration and disillusionment, contributing to decisions to reduce hours or leave the NHS altogether.³

Taken together, while UK evidence does not yet map a neat age-stratified burnout curve, it demonstrates three consistent findings: burnout among senior doctors is common; frustration with career progression is closely linked to wellbeing; and mid-career disillusionment is a significant driver of attrition.

Why mid-career is such a challenging time

The pattern of low fulfilment and high burnout peaking in mid-career is not unique to medicine. Social scientists describe a broader phenomenon known as the “happiness curve”, in which wellbeing declines through midlife before rising again. This pattern is seen across cultures and professions, independent of gender or educational level.⁴

A leading explanation is a mismatch between expectations and reality, often described as the “arrival fallacy”. This is the belief that hard work leads to success, and success will lead to lasting happiness. But, achieving long-term goals often brings only short-lived satisfaction.

For GPs, the consequences of this fallacy are amplified. The path to becoming a GP is long, demanding and identity-defining. When professional fulfilment does not materialise as expected, the disappointment can be profound. Many of us discover too late that happiness is more likely to enable sustainable success than to result from it.

The upward trend of the happiness curve later in life reflects a gradual recalibration. Over time, we tend to shift from externally derived validation towards fulfilment grounded in values, purpose and connection. Yet the intensity and busyness that characterise mid-career medicine leave little space for this recalibration to occur.

Midlife also commonly brings additional pressures outside work. Caring responsibilities for children or ageing relatives often coincide with greater financial commitments, further stretching already limited emotional and cognitive reserves.

Medicine-specific amplifiers of burnout

Beyond general midlife pressures, medicine adds several powerful profession-specific amplifiers.

Mid-career is often a period of peak clinical productivity. As mastery grows, so do expectations. Senior doctors take on heavier workloads, manage more complex patients and make higher-stakes decisions. Those who perform well are often asked to do more, becoming the “go-to” clinician when additional capacity is needed. Competence can become a trap.

At the same time, many GPs broaden their portfolios to include leadership, education, mentoring, governance, research or college roles. While these roles can add variety and meaning, they are frequently taken on without a corresponding reduction in clinical workload, stretching time, attention and energy beyond sustainable limits.

The structured support that characterises training and early GP years often falls away in mid-career, creating a sense of isolation from peer networks. This loss of community is compounded by expanding administrative burdens and the erosion of boundaries between work and home, with clinical and managerial demands increasingly spilling into personal time.

Higher levels of work–life conflict also affect personal relationships. Research among US physicians shows that time spent together during waking hours is a key predictor of relationship satisfaction, highlighting the corrosive impact of eroded boundaries.

How organisations can support mid-career senior doctors

Mid-career GPs are central to shaping team culture and trainee experience. When they disengage, the effects ripple across services.

Understanding the drivers of mid-career burnout should allow the wider system to design more targeted, career-stage-appropriate support. While evidence specific to mid-career interventions is limited, there is growing consensus that peer support, coaching and leadership development can make a meaningful difference.

Coaching, delivered individually or in groups, is increasingly recognised as effective in reducing burnout and improving professional fulfilment. It appears particularly impactful when delivered by coaches who are themselves doctors and understand the realities of senior GP roles.⁶ Appraisers can also be trained to adopt a coaching approach, using appraisal as a space to explore what matters to the appraisee and to ensure personal development plans are energising, values-aligned and realistic.

Leadership training is especially important for senior doctors stepping into leadership roles for which clinical training often leaves us under-prepared. We lack experience in relational leadership skills: building team culture, managing conflict, mediating, and navigating difficult conversations and creating psychological safety.

By combining a focus on coaching, leadership and appraiser development with a mature approach to career planning and work-life balance, organisations can take meaningful steps to improve professional fulfilment.

Individual strategies to sustain fulfilment

System change is essential but takes time. Many mid-career GPs are struggling right now and describe feeling stuck. Lack of progression and novelty can leave core needs for growth and learning unmet. Diversifying roles, within or beyond medicine, can broaden identity, restore autonomy and reignite motivation. The following suggestions can help restore a sense of balance.

GPs rarely pause to consider what their ideal job plan might look like. Work schedules are often rolled over with little reflection on how closely they align with an individual's current values and priorities. Taking time to articulate an ideal schedule, considering the number, nature and location of sessions, and the balance between clinical and non-clinical work, and then mapping this against the current plan can be revealing. Even small incremental changes that increase overlap can have a significant impact.

Letting go of roles that are no longer fulfilling can feel uncomfortable, particularly when we are good at them. Yet creating space for new opportunities requires relinquishing as well as adding responsibilities. Appraisal preparation offers an ideal opportunity to reflect on what is working and what needs to change, and a good appraisal conversation can challenge the status quo and generate new thinking.

Reconnecting with peers is equally important. Isolation is a powerful driver of burnout, and the erosion of shared physical spaces and informal time together has a corrosive effect. Social connection, often as simple as sharing food or conversation, is consistently linked to wellbeing.⁸ Giving ourselves permission to prioritise time with colleagues to share successes, concerns and fears can really foster a sense of togetherness and community.

Finally, recognising when we are sliding into burnout is important. Burnout is not a failure of resilience but an evolving human response to a chronic mismatch between demands and available resources. It reflects an organisational and system failure rather than any personal weakness. Even the most resilient clinicians struggle in high-stakes roles characterised by responsibility without control.⁹ Acknowledging our shared humanity, removing the cloak of invincibility and extending the same compassion to ourselves that we offer patients can create the space needed to recover.

There is no single intervention that on its own can improve the working lives of mid-career senior doctors, but, taken together, the above suggestions might create an opportunity to allow us to move away from merely surviving into a space where we can thrive, reconnect with the meaning and purpose that led us into medicine and experience joy in our work.

Modified for a GP audience by Dr Gareth Bryant, from BMJ article 25/02/2026 by Paul Molyneux, a former consultant neurologist and Medical Director.