

Golden Hello Evaluation

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Executive Summary

The Scottish School of Primary Care (SSPC) was commissioned by the Scottish Government to evaluate the Golden Hello (GH) scheme. This long-standing financial incentive provides one-off payments to encourage General Practitioners (GPs) to join practices with established recruitment difficulties. These include practices in areas of deprivation and/or in more remote or rural localities. This evaluation considered the scheme as a complex intervention and examined its processes, outcomes, and place within the wider recruitment and retention landscape in Scotland.

Evaluation approach

The evaluation was structured around evaluation questions aligned to three aims: reviewing international evidence on GP recruitment incentives; assessing how the scheme operates in practice; and examining available outcome data. Four sources of evidence were drawn upon:

- A **targeted evidence search**, focusing on financial and quasi-financial incentives for GP recruitment and retention in high-income, publicly funded health systems.
- A **Scotland-wide GP Registrar Career Intention Survey**, exploring job attribute preferences among soon-to-qualify GPs.
- **Interviews with two Health Boards**, examining how the Golden Hello scheme is applied locally and the practical challenges encountered.
- **Analysis of Golden Hello award data** provided by Health Boards from 2019 onwards.

This mixed-methods approach enabled triangulation of findings but was constrained by variation in data availability and recording practices.

Key Findings

1. Evidence Search

International evidence indicates that financial and quasi-financial incentives can attract early-career GPs to underserved areas, particularly when linked to service obligations. However, robust GP-specific evidence on Golden Hello-type bonuses in publicly funded systems is sparse. Long-term retention effects are weaker and highly dependent on non-financial factors such as workload, professional support, and family or lifestyle considerations. Cost-effectiveness evidence is almost entirely absent.

2. GP Registrar Career Intentions

The survey achieved a 23.6% response rate, with respondent demographics broadly representative of the wider cohort. The availability of a Golden Hello ranked 4th out of 15 job attributes, indicating that while it is not universally influential, it is a meaningful factor for a significant subset of future GPs. Alone, however, it is unlikely to shift recruitment trends without being part of a broader employment package.

3. Application of the Process

Health Boards apply the scheme in line with the Statement of Financial Entitlement (SFE). The application process is clear and often used as part of recruitment efforts. Local and variable approaches to data recording limit national and longitudinal evaluation of impact.

4. Quantification of Golden Hellos

Since 2019, an estimated 1,078 GP posts have been supported by Golden Hello payments, with the highest numbers awarded in the most recent two years. All three eligibility criteria (deprivation, rurality, and recruitment difficulty) are being used across Scotland.

Conclusions

The Golden Hello scheme appears to play a valuable, though modest, role in supporting recruitment to hard-to-recruit practices. The wider evidence suggests its influence appears strongest for early-career GPs and when positioned within a package of wider supports. However, current data recording limits the ability to assess the scheme's overall impact, consistency, and value for money.

Strengthened national systems and longitudinal tracking would be beneficial in supporting ongoing policy refinement.

Recommendations

1. Establish a national, standardised data recording system for Golden Hellos
2. Enhance longitudinal workforce tracking to assess medium- and long-term outcomes
3. Clarify the strategic role of Golden Hellos within the wider recruitment and retention offer
4. Implement an annual GP Registrar Career Intention Survey
5. Ensure consistency and transparency of scheme application across Health Boards
6. Explore the feasibility of minimal adjustments to support GP retention

These measures would support clearer oversight, more consistent implementation and a stronger evidence base for future workforce planning.

Background

SSPC was requested by Scottish Government to undertake an evaluation of the existing Golden Hello scheme to support GP recruitment to hard-to-recruit practices in Scotland.

The Golden Hello scheme is well established in Scotland and provides one-off 'Golden Hello' payments to encourage qualified GPs to join hard-to-recruit practices. These include practices in areas of deprivation and/or in more remote or rural localities. Evidence of recruitment difficulties needs to be established and agreed with the relevant Health Board and Local Medical Committee for a post to be eligible.

While this scheme is well established, as part of the 2024 Scottish Government GP Recruitment and Retention Action Plan (1), it was timely to evaluate this scheme and its resultant impact on GP recruitment to inform future decision making and priority setting.

Other recruitment and retention schemes were not in scope for this evaluation.

Evaluation design

Evaluation design conceptualised the Golden Hello (GH) scheme as a complex intervention. This approach enabled current context to be considered (i.e. General Practice in Scotland in 2025). It also recognised that the impact of the intervention (the Golden Hello) may not be a simple causal relationship with other factors contributing to career decision making by Scottish general practitioners.

An additional benefit of this approach was the ability to consider both the process and the outcome as part of the evaluation. A lack of evidence of the desired outcome may not be due to the intervention itself but due to the process of application.

The design of the evaluation was informed by the questions that the review intended to answer and the decisions it needs to inform. Therefore, evaluation of the Golden Hello Scheme was aimed at considering several factors:

- Measuring outcomes
- Understanding and reviewing processes
- Considering cost effectiveness

Evaluation aims

The evaluation had 3 aims:

1. To review existing international literature on incentive schemes to support GP recruitment to hard to recruit areas
2. To evaluate the existing process supporting the delivery of the Golden Hello scheme
3. To evaluate the outcomes of the current Golden Hello scheme

Evaluation questions

To ensure alignment between the evaluation aims, methodology and findings, the following evaluation questions were developed. Structured around the stated aims, they clarify the scope and purpose of each work package.

Aim 1: To review existing international literature on incentive schemes to support GP recruitment to hard-to-recruit areas

Evaluation Questions:

1. *What does the international evidence say about the effectiveness of financial and quasi-financial incentives in recruiting GPs to underserved areas?*
2. *What evidence exists regarding the retention impact of such incentives beyond initial recruitment?*
3. *What contextual or system-level factors mediate the success of these incentives?*
4. *What evidence exists on the cost-effectiveness or unintended consequences of these schemes?*

Linked Work Package:

- Work Package 1: Literature Review

Aim 2: To evaluate the existing process supporting delivery of the Golden Hello scheme

Evaluation Questions:

1. *How is this process for administering the Golden Hello scheme as described in national policy and SFE documentation applied in practice across different Health Boards?*
2. *What challenges, variations or inconsistencies exist in how the process is implemented?*
3. *What aspects of the process are perceived as working well, and what aspects may limit effectiveness or efficiency?*

Linked Work Package:

- Work Package 3: Golden Hello Process

Aim 3: To evaluate the outcomes of the current Golden Hello scheme

Evaluation Questions:

1. *How do GP registrars perceive the availability of a Golden Hello in comparison to other job attributes influencing career choices?*
2. *To what extent does the Golden Hello influence the job selection decisions of newly qualified GPs?*
3. *How many Golden Hello payments have been awarded, and what patterns are observed across Health Boards and over time?*
4. *What outcome data are currently available, and what limitations exist in assessing medium- or long-term impact?*

Linked Work Packages:

- Work Package 2: GP Registrar Career Intention Survey
- Work Package 4: Quantification of Golden Hellos

Measuring outcomes

The clear and stated aim of the GH scheme is to increase recruitment in hard to recruit areas. The GH has now been in place for over 20 years so meaningful comparator data prior to it commencing may be challenging to access and interpret.

Since the scheme first began, there has been a significant shift in the wider GP recruitment landscape with recruitment challenges now being more commonplace and complex across the GP workforce so comparison with historical data would also likely be of limited utility. Comparison with recruitment to other areas is also likely to be of limited use since by definition the scheme is targeted at recruitment to hard-to-recruit areas.

Access to individual GP level data was not possible due to GDPR regulations. However, Health Boards were able to provide some relevant data, and this is presented in this report.

Understanding and reviewing processes

While not a substitute for evaluation of outcomes, reviewing the process from a stakeholders' perspective can be useful. From a feasibility perspective, the key stakeholders identified were possible applicants to the scheme and the health board applying the scheme.

Consideration was given to sending out a survey via health boards to GPs who had previously received a Golden Hello but a low response rate was anticipated. Furthermore, the reliability of responses to questions about retrospective decision making are likely to be of limited value (e.g. 'How likely would you have been to take up the post had a Golden Hello NOT been available?' is unlikely to yield meaningful results).

Considering cost effectiveness

Recruitment to general practice is an increasing and international challenge. As such, there is an ever-increasing evidence base evaluating the strategies and interventions to recruit and retain primary care doctors internationally. A 2016 systematic review of strategies to recruit and retain primary care doctors reported that financial incentives in return for an obligation of service had the strongest evidence base from the interventions considered (2).

The reality is that resource dedicated to the GH scheme is resource that isn't being spent elsewhere in the health service. While it is beyond the scope of this evaluation to comment on what most merits prioritisation for funding, the broader evidence base for effectiveness of such interventions is reviewed and presented in this report.

Initial scoping discussions

Initial scoping discussions informed the design of this evaluation. Longitudinal data is not collected on previous Golden Hello recipients' career destinations. Historical data on recipients is also not readily accessible. This limited the ability to directly measure whether these incentives were achieving their desired impact.

Alternatively, to deliver on the stated evaluation aims, 4 forms of data inform the content of this report:

1. Documentary review of the stated eligibility criteria as included in the General Medical Services (GMS) Statement of Financial Entitlement (SFE) (3)
2. Survey data from a Scotland-wide GP Registrar Career Intention Survey
3. Interviews with key informants from 2 health boards to understand the application of the processes outlined in the documentation
4. Analysis of data on the number of Golden Hellos awarded across Scotland since 2019

Work package 1: Evidence search

A proportionate evidence search was conducted to inform the evaluation. This took the form of a targeted review drawing on academic databases, recent systematic reviews, and key grey literature. While structured, the approach was not designed to be fully comprehensive or to meet the requirements of a systematic review. Instead, the focus was on identifying the most relevant and applicable evidence to support policy interpretation in the Scottish context.

The main purpose of the focused literature review was to inform the GP Registrar questionnaire design. The search aimed to identify relevant evidence on financial and quasi-financial incentive schemes for GP recruitment and retention in high-income countries. This enabled a summary of what the current international literature tells us about the role, or possible role, of financial incentive schemes to support GP recruitment to hard-to-recruit areas in high income countries. Although it is recognised that there may be some limitations to the transferability of the literature from other countries, this scope enabled consideration of strategies which may be useful for informing future GP workforce policy in Scotland. Therefore, insights from the review of literature have informed recommendations.

Evidence: review strategy

The evidence reviewed included all study designs on the effectiveness, cost-effectiveness, unintended consequences and contextual moderators of financial and quasi-financial incentives for GP/family medicine/primary care physicians in high income countries. There was a focus on retention as the overarching outcome, including distribution to remote and rural, high-deprivation and medically underserved area. (Table 1 provides an Overview of the Inclusion Criteria and Appendix A provides further detail of literature included and more detail on key findings)

Concept	Description
1. Population	GPs, family doctors, primary care physicians
2. Intervention	Financial, quasi-financial, and indirect financial incentives
3. Setting	Publicly funded primary care, high-income countries
4. Outcomes	Recruitment, retention, distribution, workforce measures

Table 1 Overview of Inclusion Criteria

Additionally, a more focused review was undertaken of golden hello style incentives.

Evidence: Key insights

When the term ‘GP’ is used in this section it refers to UK general practitioners or equivalent roles internationally (family medicine doctors, primary care physicians).

Financial and quasi-financial incentives can attract GPs to underserved areas. The international literature suggests this works most credibly at the times when career decisions are more fluid (e.g. for ‘early-career’ clinicians – typically recognised as those within 5 years of qualification as a GP). These may be in the form of area bonuses or loan repayment forgiveness in return for service. In contrast, work from Australia and the USA suggests that mid/late career GPs are more likely to be settled in a location, suggesting a likely weaker response to purely financial incentives.

It is important to note that evidence of retention beyond the initial terms of these schemes is limited as formal, longer-term cost effectiveness analyses are largely absent.

Although the focus of the evidence search was on recruitment, it is important to highlight that the literature suggested that focusing solely on recruitment by itself was insufficient, with a need to take a coordinated approach across the career pipeline, as reflected in the Scottish Government’s GP Recruitment & Retention Action Plan (1). As the evidence suggests that established GPs tend to be highly immobile, incentives targeted at this section of the workforce may be best placed in retention rather than recruitment.

The need for dynamic and detailed workforce planning was emphasised in the literature, including more focused strategies for cohorts for whom different strategies may be impactful e.g. International Medical Graduates.

Overall, the evidence suggests Golden Hellos appear to be a useful lever for attracting early career GPs to hard-to-recruit areas, supporting their retention as part of a broader GP workforce strategy. This strategy should also consider how to support GPs and their families to become embedded within practices and localities to retain them beyond the initial retention period. The evidence also appears to suggest that different levers may be more impactful at later career stages. To further consider the transferability of this international literature to a Scottish context, a better understanding of the career stage of current Golden Hello recipients would be beneficial.

The review highlighted the lack of evidence of longitudinal measurement of impact on GP retention of financial incentives. It also emphasised the additional potential benefit of analysis of cost-effectiveness to inform decision-making which was found to be lacking in the evidence base.

Evidence review limitations

The evidence review followed a targeted, proportionate evidence search, rather than a full systematic review. As such, the evidence base may not be exhaustive. There were limited high-quality evaluative studies exist on GP-specific Golden Hello-type incentives, especially within high-income, publicly funded systems, constraining the strength of conclusions that can be drawn.

Much of the international evidence relies on observational designs, reducing causal certainty regarding recruitment and retention impacts. Cost-effectiveness evidence is notably sparse, limiting the ability to compare Golden Hellos with alternative policy options.

Transferability to the Scottish context may be affected by structural differences in GP training, funding, and workforce models across countries.

Work Package 2: GP Registrar Career Intention Survey

Although this work is focused on the Golden Hello scheme, this phase was more focused on the wider question of what would be the best use of this resource to support recruitment and retention of newly graduating GPs. The literature was utilised to identify factors (including incentive schemes) influencing GP career choices with a particular focus on those who are in the early stages of their GP career.

The Career Intentions survey was sent by NHS Education for Scotland to all 448 eligible ST3s in Scotland in Summer 2025 with a 23.6% response rate (a total of 106 responses). Analysis indicated that respondent demographics were broadly in line with the wider cohort, supporting confidence in the representativeness of the survey sample.

As part of that survey, respondents were asked to complete a rank ordering exercise of job attributes. This aimed to better understand registrars' relative priorities when choosing a job on completion of training. Respondents were provided a list of 15 job attributes that may be evident in a GP job and asked to rank these in order of importance when making decisions on which roles to apply for. Despite Golden Hello being an option on the list of attributes, neither the survey invitation nor the survey title mentioned the term Golden Hello so as not to bias responses.

The average importance ranking of the 15 attributes is presented in Figure 1 with a lower score indicating that an attribute was deemed more important by respondents. Appendix A includes the description attached to each attribute.

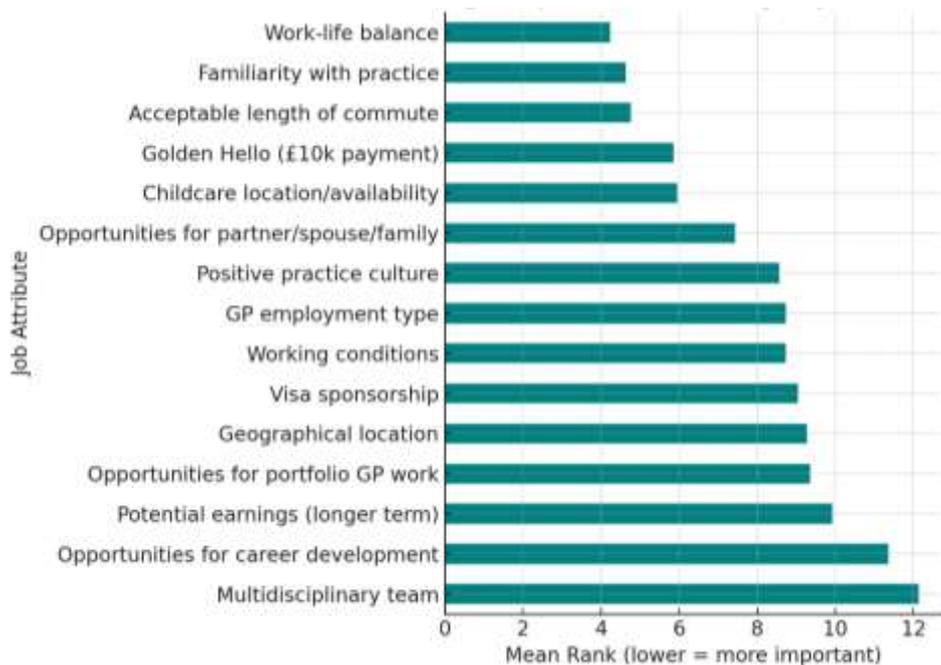


Figure 1 Average importance of ranking of job attributes

The availability of a Golden Hello ranked 4th in order of average importance when choosing posts to apply for. This was based on average results where a lower score indicates a higher priority. More detailed analysis suggested that it was not universally highly rated but certainly a factor for a sufficient number to place it in the top 4 overall. This pattern suggests that by itself, it would be insufficient to support the required changes to GP recruitment trends but that it is currently worth retaining the golden hello as part of an overall package of recruitment measures for newly qualified GPs.

Survey result limitations

Results reflect the views of a single annual cohort and may not fully capture year-on-year variation in early-career preferences. The response rate (23.6%) introduces the possibility of non-response bias, although respondent demographics were broadly representative of the wider cohort.

The survey measured self-reported intentions rather than actual behaviours, which may not directly predict future employment decisions. It should be noted that rank-ordering exercises capture relative preferences but do not quantify the magnitude of the influence of each factor.

The survey invitation and title did not explicitly reference Golden Hellos to avoid bias. While this is appropriate methodologically, this limits opportunities to probe perceptions of the scheme in more depth with this cohort.

Work package 3: Application of the Golden Hello Process in Practice

2 Scottish Health Boards were utilised as cases for a case study approach. Online interviews were undertaken with a key informant from each board. One board was chosen to represent a large board administering predominantly ‘Deep End’ Golden Hello’s, while the second board was chosen as it had a more Remote and Rural focus. The case study approach facilitated exploration of the processes, challenges and decision-making approaches as they applied in practice. In particular, how decisions are made and what evidence is required or sought to inform decision-making.

Overview of Process in Practice

Boards apply the criteria as outlined in described in the annual General Medical Services (GMS) Statement of Financial Entitlement (SFE) (3) which outlines payment structures and terms for GP contractors in Scotland. Practices can consult with the SFE to confirm eligibility to apply for support for new posts under the scheme.

The level of payment varies depending on location (e.g. remote and rural v deprivation) and is proportionate to the number of sessions worked. We heard that there can be occasional situations where a practice can change classification and therefore eligibility under a particular criterion (e.g. rurality classification changes due to improved transport links). There also appeared to be further potential complexity as different rural classification indices are applied for different purposes in work undertaken by the boards. For this purpose, the SFE uses the Scottish Government 8-fold urban/rural classification.

GPs are typically required to apply within 18 months of appointment to the post. Substantive posts in eligible practices are included in the scheme (i.e. partnership, salaried). The claim is submitted via Practitioner Services and signed off by the relevant Head of Primary Care. The money is paid to the GP via the practice, and the Golden Hello is taxable.

GPs are required to remain in the post for 2 years to retain the full Golden Hello. Although the SFE describes that a GP can receive more than one Golden Hello payment under particular circumstances, there was a perception that an individual GP can only claim for a Golden Hello once in their career. If a GP leaves their post before 2 years, then they are required to pay back a proportion of their Golden Hello dependent on their time in post.

Data was recorded at board level with no specific requirement for data retention. However, we heard that boards typically had records of all historical payments under the scheme in their board so they can recognise if a GP reapplies to the scheme. However, as this data is recorded at board level, it is challenging when a GP moves to another board and submits a Golden Hello application, as the data may not be available to confirm if the GP had previously received and GDPR concerns restricted data sharing. It was suggested that adding a tick box to a GPs record on their Practitioner Services file confirming a GP had received a Golden Hello could streamline this process for Health Boards. It should also be recognised that as registered professionals, GPs would be expected to comply with required professional standards as outlined in the General Medical Council *Good Medical Practice* guidance.

To retain the full Golden Hello, the SFE states that GPs are required to remain in post for 2 years. Boards stated that the GP and/or the practice should notify the Board if the GP left within this time frame. SFE stipulates that repayment is required if the GP leaves before 2 years unless they move to another eligible post, proportionate to time served.

We also heard that the Golden Hello could support GP retention. For example, if a long-standing GP partner left a partnership but took on a new eligible role within another practice, we heard occasions where the view has been taken that this is their first eligible post so are awarding a Golden Hello. These types of decision appear to be at the discretion of the individual health board e.g. based on rurality.

The application process was felt to be straightforward and clear for GP applicants. We heard that it is used to attract GPs to practices in job adverts or at recruitment events. Once appointed to a practice, GPs aren't routinely notified of their potential eligibility by the board. It could be argued that if they had chosen to apply unaware of the role's eligibility then it was not a factor needed to support their recruitment. We heard examples when it had been felt to make significant difference in hard-to-recruit practices as part of a package (e.g. alongside relocation costs).

The Scottish Government sets eligibility for deprivation and rurality (via Annex D of the SFE). Boards can propose additional practices based on recruitment difficulty, subject to agreement with the Local Medical Committee (LMC). While the SFE sets out the rules governing Golden Hellos, where the SFE is not explicit, Boards can apply their own discretion to meet local needs. As a result, it was queried how this balanced with consistency of decision-making nationally. It was also queried if there may be benefit in a more graded approach to allocation of funds (e.g. higher payment level to those practices identified as being hardest to recruit to). A better understanding of why some practices in the same locality with equal access to the Golden Hello scheme may find it harder to recruit was beyond the scope of this evaluation. Therefore, it is not possible to comment whether changing the scheme to try and mitigate this effect would have the desired impact on recruitment.

There was no evidence in the evaluation process to suggest inequity of application, but the evaluation was not designed to specifically explore this.

Process review limitations

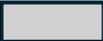
As only two health boards were included in the case study sample, the findings may not reflect the full diversity of implementation approaches across Scotland. The evaluation did not directly observe real-time decision-making processes, relying instead on reported practice. Data collection via interview captures perceptions and experiences, which may be influenced by local context and may not generalise nationally.

Variability in how Boards record and retain data limited the ability to assess the consistency of application across Boards or to reliably identify GPs who had previously received a Golden Hello. In addition, interviewing past recipients could have had limited utility due to the recognised risk of recall and attribution bias; for example, it could be anticipated that GPs who have benefited from a Golden Hello may be less likely to report that the payment did not influence their decision, reducing the reliability of retrospective self-report.

Work Package 4: Quantification of Golden Hellos by Health Board

Golden Hello data is held by individual Health Boards and not collected nationally. While data was collected from each board, there was variation in how the data was recorded. As a result of this variation, estimated figures are presented below (see Figures 1&2).

Limitations of the data:

- Not all boards shared a breakdown on the reasons for awarding Golden Hellos. Across those that did provide a breakdown, all 3 eligibility criteria had been applied to varying degrees as might be expected for their location.
- 3 boards (Borders, Orkney and Tayside) did not specify the number when less than 5 Golden Hellos were awarded in a particular year, instead representing this number as <5. As they have documented zero (0) when it occurred, a pragmatic approach of calculating a possible range from lowest to highest (where lowest assumes that <5 = 1 and highest assumes <5 =4). For the estimated total, 3 was used for the calculation. When these figures have been applied, the result is within a shaded cell in Table 1: 
- Most boards shared data based on financial year. However, 2 boards (GGC and Tayside) reported calendar year data rather than financial year. To enable comparison, the decision was made to allocate them to the financial year commencing during the calendar year the numbers were allocated against their annual year (e.g. 2019 data was allocated against 19/20). For 24/25 this meant that their figures include all of 2024 and some of 2025.
- 1 board (Forth Valley) stated that they had awarded 4 Golden Hellos over several years but did not specify which year. When calculating the estimated total, 1 golden hello was allocated against the most recent 4 years. When calculating the range, 0 was applied to each when calculating the lowest and 1 when calculating the highest.
- 1 board (Tayside) further broke down their figures into one of 3 eligible reasons for awarding a golden hello, resulting in several <5 results within one year. This significantly broadened their range of possible results in comparison to boards presenting an amalgamated number.

Key findings from data

Since 2019, an estimated 1078 GP posts filled in Scotland have been supported by a Golden Hello payment with the number awarded in the past 2 years being the highest since the scheme commenced.

Across Scotland, boards indicated they are awarding against all 3 criteria with the balance of criteria varying as might be expected in each board based on its location.

There is variation in recording data in relation to awarding golden hellos as these are managed at a Health Board rather than a national level. If continuing the scheme, it is recommended to agree a national approach to recording data and following up longer term impact as part of an ongoing evaluation strategy.

Limitation of golden hellos data

Data are held locally by Health Boards and were not collected using a standardised national framework, resulting in variation in format, completeness, and definitions. Several Boards reported suppressed values (<5) for low numbers, requiring estimation ranges that introduce uncertainty into annual totals. Differences in reporting periods (financial vs calendar years) required manual harmonisation, which may affect comparability.

Lack of linked GP-level data means the analysis reflects posts awarded Golden Hellos, not individuals or longer-term workforce outcomes. Limited historical data made it impossible to assess medium- or long-term recruitment or retention trends.

Health Board	Year					
	19/20	20/21	21/22	22/23	23/24	24/25
Ayrshire and Arran	13	19	14	9	18	23
Borders	5	3	3	3	3	3
Dumfries and Galloway	7	3	8	4	4	7
Fife	6	6	4	11	6	8
Forth Valley	0	0	1	1	1	1
Grampian	28	10	8	27	26	20
Greater Glasgow and Clyde	37	38	56	36	45	49
Highland	19	15	12	3	13	4
Lanarkshire	27	21	25	18	13	27
Lothian	21	31	18	37	40	27
Orkney	0	3	0	0	0	0
Shetland	1	1	3	0	0	0
Tayside	9	14	22	15	21	36
Western Isles	4	0	0	0	3	1
Estimated Total	177	164	174	164	193	206
Lowest	171	158	169	161	188	197
Highest	179	168	178	165	195	210

Figure 2 Number of Golden Hellos awarded by year and health board since 19/20

	Lowest	Estimated	Highest
19/20	171	177	179
20/21	158	164	168
21/22	169	174	178
22/23	161	164	165
23/24	188	193	195
24/25	197	206	210

Figure 3 Estimated number of Golden Hellos awarded annually across Scotland since 19/20

Recommendations

1. Establish a national, standardised data recording system for Golden Hellos

Create a consistent national framework for recording Golden Hello awards, including clear data definitions, eligibility categories, and fields to flag prior receipt. This should ideally be integrated into existing systems (e.g. Performer List records) to enable health boards to track eligibility, prevent duplication, and support national workforce planning.

Recording and collating data at a national level, introducing routine cost tracking and linking available data to workforce outcomes will facilitate meaningful cost-effectiveness analysis to be undertaken. This will enable policymakers to compare Golden Hellos with alternative investments (e.g. rural allowances, additional training places, support for practice infrastructure).

2. Enhance longitudinal workforce tracking to assess medium- and long-term outcomes

Embed a systematic approach to follow the career trajectories of GPs who receive a Golden Hello. This should include monitoring length of tenure, movement between Boards, and retention within underserved areas. Longitudinal monitoring would allow assessment of the scheme's actual contribution to sustainable workforce distribution.

3. Clarify the strategic role of Golden Hellos within the wider recruitment and retention offer

Consideration should be given to the most suitable support and incentives to support recruitment and retention across the career continuum. For example, the international literature suggests Golden Hellos may have more impact for early career GPs than those more established in their careers. However, there is insufficient Scottish data recording on current recipients to assume this applies in this context and there may be unintended workforce distribution consequences of a more restrictive approach. At the current time, both the survey data and international literature suggest consideration should be given to how to position the Golden Hello within a multi-component recruitment and retention package that could include workload, professional support, training exposure, and broader incentives known to influence retention.

4. Implement an annual GP Registrar Career Intention Survey

Formalise the survey as an annual process to monitor trends in job preferences, including the relative importance of financial incentives over time. This would provide a consistent evidence source for ongoing policy development and allow early detection of shifts in career drivers among new GPs.

5. Ensure consistency and transparency of scheme application across Health Boards

Develop national guidance and shared interpretation tools to support consistent application of eligibility criteria and decision-making. This may include standard templates for local processes, examples of acceptable evidence of recruitment difficulty, and a national approach to borderline or exceptional cases.

6. Explore the feasibility of minimal adjustments to support GP retention

Consider modest policy refinements (e.g. clearer communication to newly appointed GPs about eligibility, strengthened guidance on clawback or optional retention-linked enhancements) that may

enhance stability in hard-to-recruit practices while avoiding unintended consequences or additional administrative burden.

Conclusion

The evaluation demonstrates that the Golden Hello scheme continues to provide a meaningful contribution to GP recruitment in hard-to-recruit practices across Scotland, including for early-career GPs.

Since 2019, over one thousand posts have been supported through the scheme, with the highest awards occurring in the past two years. The GP Registrar Career Intention Survey reinforces this short-term recruitment value: although not universally influential, the Golden Hello ranked as a significant factor for a substantial proportion of new GPs when deciding where to work.

Insights from the targeted evidence review highlight that financial and quasi-financial incentives can support the distribution of GPs to underserved areas, particularly at the start of their careers. However, the broader literature is clear that such incentives alone are insufficient to deliver sustained improvements in workforce stability or long-term retention. Lasting impact depends on wider conditions - workload, professional support, training exposure, and family or lifestyle factors, along with effective workforce planning. The absence of strong causal evidence or cost-effectiveness analysis in the international literature further underscores the importance of improving national data and evaluation systems in Scotland.

The process evaluation shows that, while the application process is generally well understood and straightforward, Health Boards may interpret and administer some aspects of the scheme differently. Local data recording practices limit the ability to monitor the scheme nationally. Absence of a unified national dataset restricts oversight of prior receipt, assessment of outcomes, and long-term tracking of workforce impact.

Analysis of the Golden Hello award data demonstrated the challenges created by decentralised recording. Variations in reporting formats, suppression of small numbers, and inconsistent timeframes required harmonisation and estimation. These limitations mean that current data can indicate the volume and distribution of awards but cannot yet support longer-term evaluation of recruitment or retention, nor cost-effectiveness analysis.

Taken together, the findings suggest that the Golden Hello scheme continues to fulfil an important function as part of Scotland's broader recruitment and retention landscape. However, without strengthened national data systems, longitudinal tracking, and greater clarity in how the scheme is positioned within a wider incentive and support offer, its full impact cannot be confidently assessed. The recommendations set out in this report (including standardised national recording, annual monitoring of registrar career intentions and future evaluation of cost-effectiveness) provide a pathway to better understanding the scheme's effectiveness and strategic value.

Report prepared by Professor Lindsey Pope on behalf of the Scottish School of Primary Care, September 2025.

Appendix A: Summary of Evidence

Evidence search inclusion criteria:

- All study designs
- No date restrictions
- Focused on effectiveness, cost-effectiveness, unintended consequences, and contextual moderators of financial, quasi-financial, and indirect financial incentives (including salary uplifts, signing/relocation bonuses, loan repayment/forgiveness, housing/allowances, tax relief, visa sponsorship, funded education/CPD with financial value, retention premia or hard-to-fill supplements, and “golden hello” schemes)
- Target population: Physician GPs/family doctors/primary care physicians working in publicly funded primary care systems in high-income countries (using standard high-income country classifications)
- Focused on retention (including distribution to remote/rural, high-deprivation, and medically underserved areas)
- Outcomes considered: included recruitment, retention, return-to-practice, applications, acceptances, vacancy fill rates, workforce levels, and tenure/turnover with a specific subgroup focus on “golden hello” incentives

Summary of Evidence on Financial Incentives and Golden Hello–Type Schemes

Across four decades of international research, the strongest and most consistent evidence relates to **service-conditional financial and quasi-financial incentives** (e.g., bonded scholarships, loan-repayment schemes, and return-for-service contracts). These interventions reliably increase the number of primary care physicians—including GPs—working in rural or underserved areas, **primarily during the obligated service period**.

However, **robust evidence on GP-specific “golden hello” entry payments in publicly funded, high-income systems is extremely limited**, with available data largely restricted to attitudinal findings and a small number of multi-component programmes where bonus effects cannot be isolated.

What the Evidence Base Can Tell Us

1. Recruitment and Initial Placement

Service-conditional incentives consistently increase recruitment to underserved areas during the mandated period. This has been demonstrated in multiple high-income contexts including the US, Canadian rural return-for-service schemes, and bonded rural medical school programmes.

Non-bonded financial incentives (salary uplifts, rural allowances, and recruitment bonuses) are used widely but rarely evaluated as stand-alone interventions.

For GPs specifically, the evidence suggests that financial incentives support short-term recruitment, but effects appear modest once other influential factors (e.g., workload, rural background, professional support) are considered.

2. Distribution to Rural, Remote and Underserved Areas

Incentive programmes can increase the density of primary care providers in underserved regions during the period of incentive activity.

European reviews show widespread use of financial incentives to attract GPs, but the quality of evaluation is low, making it difficult to isolate the impact of entry bonuses from other policy mechanisms.

3. Retention

Retention during the obligated period is generally strong.

Long-term retention following the end of financial obligations is more limited, with many clinicians relocating once contracts end.

Factors predicting sustained retention include rural origin, high-quality rural training exposure, strong community integration, supportive work environments, and manageable workload—often outweighing the influence of financial incentives themselves.

There is no robust evidence that GP-specific golden hello payments improve long-term retention.

4. Cost-Effectiveness

Almost no financial-incentive studies provide formal cost-effectiveness analysis.

This includes GP-focused schemes such as TERS and the Portuguese incentive package.

As a result, policymakers currently lack evidence to compare the value-for-money of golden hellos against alternative strategies such as ongoing rural allowances, training expansion, or organisational support interventions.

5. Unintended Consequences

Short-term “churn” can occur when clinicians exit underserved posts immediately after obligations end.

Incentives may shift clinicians between regions rather than increase the overall GP workforce.

Equity concerns arise when new recruits receive incentives unavailable to incumbents.

There is no direct evidence of such consequences for GP-specific golden hellos, but they remain plausible given patterns observed in broader service-conditional literature.

What the Evidence Cannot Tell Us

There are **no high-quality causal estimates** of the recruitment, retention, or cost-effectiveness impact of golden hello-type schemes for GPs in high-income, publicly funded systems.

Very few evaluations distinguish the independent effect of entry bonuses from bundled financial and non-financial supports.

Evidence on return-to-practice incentives is minimal.

Mechanisms and expectations for golden hellos must therefore be inferred largely from broader financial-incentive literature rather than direct GP evidence.

Implications for the Golden Hello Scheme in Scotland

The available evidence supports the plausibility that a Golden Hello may:

- help attract early-career GPs to hard-to-recruit areas in the short term, and
- support initial distribution improvements.

However, the literature makes clear that:

- Golden Hellos **alone** are unlikely to secure long-term retention; and
- their effectiveness depends heavily on complementary factors such as workload, professional support, community integration, rural training exposure, and the broader employment offer.

The evidence gap around direct evaluation, causal impact, and cost-effectiveness highlights the importance of **strengthened data collection, longitudinal tracking, and future quasi-experimental evaluation designs** to better understand the scheme's value.

Appendix B: Rank ordering exercise job attributes

Q7 Please rank the following attributes from most to least important when applying for a GP role in the near future.

- _____ Familiarity with practice (e.g. whether you have worked there or know of the practice through others)
- _____ Geographical location (this refers to whether the geographical location is desirable to you – this may be influenced by opportunities or amenities available and/or proximity to family/friends)
- _____ Opportunities for partner/spouse/family (this may include employment, education or other opportunities)
- _____ Potential earnings longer term
- _____ Availability of a 'Golden Hello' (this is a one-off payment of up to £10K payable to GPs taking up posts in eligible remote and rural or deprived areas of Scotland)
- _____ Working conditions (this refers to intensity of workload and may be reflected in appointment lengths, protected admin time and staffing mix or levels)
- _____ GP employment type (this refers to your desired choice of partnership, salaried or locum position)
- _____ Multidisciplinary team (appropriate to practice needs in terms of roles and level of input)
- _____ Opportunities for portfolio GP work combined with clinical work (e.g. teaching, research)
- _____ Opportunities for career development (e.g. leadership, special interest)
- _____ Visa sponsorship
- _____ Work-life balance (e.g. predictable hours with reasonable flexibility)
- _____ Positive practice culture (e.g. collegiate and supportive environment, access to mentorship)
- _____ Childcare location or availability
- _____ Acceptable length of commute

Appendix C – Recommendation Summary Table

Recommendation	Purpose	Suggested Lead/Mechanism
1. Establish a national, standardised data recording system for Golden Hellos	<p>To ensure consistent recording, prevent duplication, and support national monitoring and planning.</p> <p>To allow comparison of value for money across recruitment strategies and inform resource prioritisation.</p>	Scottish Government; integration via Performer List systems. Health Boards and NHS Education for Scotland (NES)
2. Enhance longitudinal workforce tracking to assess medium- and long-term outcomes	To assess medium- and long-term retention, mobility between Boards, and sustainability of workforce outcomes.	Scottish Government, NHS Education for Scotland (NES), and Health Boards through enhanced data linkage.
3. Clarify the strategic role of Golden Hellos within the wider recruitment and retention offer	To maximise impact by targeting early-career GPs and aligning incentives with other supports (workload, training, professional development).	Scottish Government in partnership with Health Boards and GP stakeholders.
4. Implement an annual GP Registrar Career Intention Survey	To monitor trends in career drivers and detect changes in the importance of financial incentives over time.	SSPC with NES and Scottish Government support.
5. Ensure consistency and transparency in the application of the Golden Hello scheme across Health Boards	To ensure equity, reduce ambiguity, and support clear decision-making on eligibility.	SG working with Board Heads of Primary Care.
6. Explore feasible adjustments to support retention in hard-to-recruit practices	To enhance stability and minimise churn through proportionate refinements (e.g. strengthened communication, clearer clawback processes).	Scottish Government and Health Boards.

Appendix D - References

1. Scottish Government. General Practitioner recruitment and retention: action plan 2024 - 2026. 2025
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3. Statement of Financial Entitlement (SFE) | National Services Scotland [Internet]. [cited 2025 Sep 28]. Available from: <https://www.nss.nhs.scot/medical-services/gp-practice-claims-and-mandates/statement-of-financial-entitlement-sfe/>