PRUComm

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Ninth National GP Worklife Survey

2017

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Executive Summary

Methods and response rate

The National GP Worklife Survey is a national survey of GPs in England, which has been undertaken nine times since 1999. The survey focuses upon GPs' experiences of their working lives, asking questions about: satisfaction with various aspects of their work (including physical working condition, remuneration, variety, and ability to use their skills); sources of pressure at work (including resource pressures, demands from a variety of sources, and workload); overall experience of their work (including complexity and need to work quickly); and future working intentions (including intentions to increase or decrease working hours and intentions to quit practice).

The survey targeted two samples of GPs: 4,000 randomly sampled GPs (cross sectional sample) and 2,316 GPs who had replied to the 2015 survey (longitudinal sample). Questionnaires were distributed between October and December 2017. We obtained responses from 996 GPs in the cross-sectional sample (25.2% of 3953) and 1199 GPs in the longitudinal sample (52.6% of 2280).

Job satisfaction

Overall job satisfaction increased slightly between 2015 and 2017. Mean levels of satisfaction decreased on three of the nine individual domains and increased on five others. The largest decreases are in 'amount of responsibility given' and 'physical working conditions'. The largest increases are in 'freedom to choose own method of working' and 'recognition for good work'.

Although overall job satisfaction has increased slightly since the last survey, the levels of satisfaction in 2015 were the lowest since 2001. In terms of the overall series, satisfaction with aspects of the job, such as remuneration, hours of work and amount of responsibility given, are lower than in the surveys undertaken before the introduction of the new GP contract in 2004.

Hours of work

The respondents reported working an average of 41.8 hours per week. 36% of respondents reported working fewer than 40 hours per week, 28% of respondents reported working between 40-49 hours, 16% reported working between 50-59 hours and 20% reported working 60+ hours per week.

The average number of hours worked per week increased from 41.4 to 41.8 between 2015 and 2017, though this change was not statistically significant. In the longitudinal sample, average hours worked decreased from 43.4 to 42.2 hours per week.

Stressors and job attributes

Respondents reported most stress with 'increasing workloads', 'having insufficient time to do the job justice', 'paperwork' and 'changes to meet requirements from external bodies'. They reported least stress with 'finding a locum', 'interruptions by emergency calls during surgery' and 'adverse publicity by the media'. More than nine out of 10 GPs reported experiencing considerable or high pressure from 'increasing workloads'.

The increases in reported pressures between 2012 and 2015 have not continued to the same extent between 2015 and 2017. Increases in average reported pressure were observed in five out of fourteen

domains, whereas all pressure areas showed increases between 2012 and 2015. The largest change between 2015 and 2017 is a decrease in pressure related to 'adverse publicity by the media'. Although there has been relatively little change between 2015 and 2017, average reported pressures remain at a high level relative to previous surveys. Particularly high average levels of pressure are reported in 'having insufficient time to do the job justice', 'increasing workloads', 'paperwork' and 'increased demand from patients'.

Intentions to quit

39% of respondents indicated that there was a considerable or high likelihood that they would quit direct patient care within five years. 13% of GPs aged under 50 years indicated that there was a considerable or high likelihood of leaving direct patient care within five years and 45% stated that there was no likelihood. Amongst those aged 50 years or over, the corresponding figure was 62%, and the vast majority of these indicated that the likelihood of this happening was high.

GP income

There has been a small increase in the proportion of partners who report earning less than £50,000 between 2010 and 2017, from 4.5% to 5.1%. However, across the same period, median reported hours worked has fallen from 28 hours to 26 hours per week for this group. The percentage of respondents earning £110,000 per year or more fell from 34.6% in 2010 to 31.0% in 2015 and rose to 32.5% in 2017. Median hours worked per week for these practitioners increased between 2010 and 2015, and stabilised in 2017.

The percentage of salaried GPs reporting earning less than £50,000 has increased from 49.2% in 2010 to 61.2% in 2017.Over the same time period, median hours worked has increased from 22 hours to 25 hours per week for salaried GPs earning less than £50,000 per year.

Conclusions

There has been little change in the satisfaction and stressor results from the 2015 to the 2017 survey. However, the satisfaction and stressor results from 2015 were at very high levels (low satisfaction and high pressure) relative to previous years. Therefore, although the declines in satisfaction seen between previous years have not continued, the low levels of satisfaction and high levels of pressure have remained. This may have implications for recruitment, retention and patient care.

Averaged hours worked have remained broadly constant since 2008, at about 42 hours a week. However, 92% of respondents reported considerable or high pressure from increasing workloads and 96% reported that they have to work very intensively. Reported intentions to leave direct patient care within the next five years are now at an all-time high, increasing from 35% to 39% between 2015 and 2017.

1. Background

The University of Manchester undertook postal surveys of General Practitioners' working lives in 1998 (Sibbald et al., 2000), 2001 (Sibbald et al., 2003), 2004 (Whalley et al., 2005, 2006a), 2005 (Whalley et al., 2006b, 2008), 2008 (Hann et al., 2009), 2010 (Hann et al., 2011), 2012 (Hann et al, 2013) and 2015 (Gibson et al., 2015). The ninth in this series was undertaken in 2017.

This series of questionnaires spans nineteen years and continues to provide a unique resource for tracking long-term trends, as well as identifying the key policy and environmental issues impacting on GPs' working lives.

The 2017 survey performed two important functions:

- to contribute to the ongoing tracking of GPs' satisfaction and pressures at work through a series of primary care reforms; and
- to provide further evidence on trends in GPs' hours, activities and intentions to quit general practice.

2. Methods

The data were collected using two methods of administration: paper questionnaires posted to the GP at their practice; and an online version of the questionnaire. This was the second wave of the GP Worklife Survey in which GPs were given the option to complete the questionnaire online. The questionnaires were distributed between October and December 2017.

2.1 Target Sample

The target sample consisted of GP providers, salaried GPs and GP retainers practising in England. The data from which the sample was drawn is the publicly available General Medical Practitioners Prescribing Database for England and Wales.

Following the methodology employed in previous surveys, two samples of GPs were drawn from the database:

1. A cross-sectional sample – a random sample of 4,000 GPs[1], excluding GP registrars, representing approximately 1/10th of the GP population;
2. A longitudinal sample of 2,316 GPs who responded to the previous wave of the GP Worklife Survey.

20 records initially in the random sample were flagged as deceased, moved practice, or inactive and were removed from the final sample. **The final cross-sectional sample was thus 3,980 GPs.** Likewise, from the longitudinal element, 16 records were flagged. **The final longitudinal element of the sample was thus 2,300**.

The final total target sample was 6,280 GPs. This compares with 5,764 respondents in 2015.

2.2 Response Rate

Questionnaires were posted to GPs on 24th October 2017. A reminder, in the form of a further questionnaire, was sent on the 17th of November 2017 if the original questionnaire had not been returned. If the GPs did not want to participate they were asked to return the questionnaire back blank, to avoid being sent reminders. A third and final questionnaire was posted on the 20th of December 2017. 42.8% of the returned questionnaires were returned after the first mail out, 25.0% after the second and 32.2% after the final reminder.

[1] In previous years, 3,000 GPs were sampled for the cross sectional element. Over sampling was conducted due to issues with the prescribers' database. For instance, doctors' names were missing from some records and other records were for retired GPs.

2.3 Representativeness

Along with completed questionnaires, we also received 34 returned questionnaires which stated that the named GP had either died, retired or left the practice and 47 questionnaires which were returned blank. Taking this into consideration, the cross-sectional response rate was 25.2% (996 out of 3953) and the longitudinal response rate was 52.6% (1199 out of 2280). This compares with 34.3% and 63.8% for the cross-sectional and longitudinal samples, respectively, in 2015.

For the 2017 survey we made a minor methodological change. We used a professional printing company to distribute the questionnaires and provide further analysis of proposed respondent address list to reduce the numbers of erroneous invitations, for instance if a GP had moved address. These changes were minor, and we did not change substantive issues that might explain the reduced response rate, such as the questionnaire style or number of reminders.

We conducted two sets of analysis to examine the reduced response rate further. First, we looked at whether responses to questions from the 2015 survey were significant predictors of whether a GP replied in 2017 in the longitudinal sample. We found that only intentions to quit and hours of work were significant predictors. We found no significant relationship between a GP's overall satisfaction or stressor levels and their likelihood of responding in 2017.

Second, we examined the relationship between responses to questions in the 2017 questionnaire and whether they replied after the 1st, 2nd or 3rd invitation. A significant relationship would suggest that those who replied earlier had different responses compared with those replying later and may indicate a bias in results that could be rectified by a further reminder. However, we found no significant relationship between the timing of the response and the main outcomes of interest such as job satisfaction and intentions to quit.

The age, gender and contract type breakdowns of the 996 respondents from the cross-sectional sample of GPs are presented in Table 1. These are presented alongside headcount data for GPs in England from 2017 published by NHS Digital[2]. The table indicates that the cross-sectional respondents are broadly representative apart from a few areas. There is an overrepresentation of GPs aged in their 50s and an underrepresentation of GPs aged in their 30s and under.

[2] https://digital.nhs.uk/catalogue/PUB24053

Table 1. Sample and population demographics

	GP Practitioners in England (September 2017)		GPWLS 2017 Random Sample	
All Practitioners	**42,145**			
Practitioners (excluding Registrars, Retainers & Locums)	**34,267**		**996**	
Age				
Under 30	294	1%	1	0.1%
30-34	3,677	11%	42	4%
35-39	5,336	17%	105	11%
40-44	5,521	17%	138	14%
45-49	4,974	15%	166	17%
50-54	5,189	16%	221	22%
55-59	4,403	14%	217	22%
60-64	1,646	5%	69	7%
65 and over	1,280	4%	29	3%
Total	32,320		988	
Gender				
Male	15,153	47%	492	50%
Female	17,313	53%	498	50%
Total	32,466		990	
Employment Model				
GP Providers	22,919	67%	630	82%
Salaried/Other GPs	11,497	33%	134	18%
Total	34,416		764	

Note: Unknown age and gender groups not included in totals.

2.4 Questionnaire Content

To permit tracking of long-term trends, many of the questions used in the 2017 survey were the same as those used in previous surveys. The questionnaire contained sub-sections covering: personal, practice, job and area characteristics; job stressors; job attributes; intentions to quit or retire; and job satisfaction.

Personal, practice, job and area characteristics

Questions included: age; sex; contract type; average hours of work; estimated allocation of time between direct and indirect patient care and administration; and practice size (numbers of doctors, nurses and patients).

Job stressors

Respondents were asked to rate the amount of pressure they experience from each of 14 potential sources of job stress on five-point response scales.

Job attributes

GPs were asked to indicate the extent to which they agreed or disagreed (on a five-point scale) with 15 statements relating to their job control, workload, job design and work pressures.

Intentions to quit or retire and other changes in work participation

GPs were asked about the likelihood (rated on a five-point scale) that they would make certain changes in their work life within five years, including: increasing work hours; reducing work hours; leaving direct patient care; and leaving medical work entirely.

Job satisfaction

Job satisfaction was measured with the reduced version of the Warr-Cook-Wall questionnaire that has been used in previous surveys. This asks about nine individual domains of job satisfaction as well as satisfaction overall. Each item in the measure is rated on a seven-point scale, ranging from ‘extremely dissatisfied’ (score=1) to ‘extremely satisfied’ (score=7).

3. Job Stressors and Job Attributes

3.1 Job Stressors

3.1.1 Levels of Job Stressors in 2017

Respondents were asked to rate 14 factors, according to how much pressure they experienced from each in their job, on a five-point scale from 'no pressure' (=1) to 'high pressure' (=5). Summary statistics for the cross-sectional sample are provided for each stressor in Table 2.

Table 2. Levels of job stress in 2017

Job Stressor	Cross-sectional sample	
	Mean rating	% reporting considerable/ high pressure
Increasing workloads	4.58	92.3%
Having insufficient time to do justice to the job	4.38	85.3%
Paperwork	4.32	82.6%
Changes to meet requirements from external bodies	4.30	81.1%
Increased demands from patients	4.29	85.8%
Long working hours	4.11	73.7%
Dealing with problem patients	3.96	69.9%
Dealing with earlier discharges from hospital	3.90	66.5%
Unrealistically high expectation of role by others	3.77	63.7%
Meeting requirements for quality-linked payments (e.g. QOF)	3.74	60.2%
Insufficient resources within the practice	3.69	58.0%
Worrying about patient complaints/litigation	3.63	53.5%
Adverse publicity by the media	3.56	54.0%
Interruptions by emergency calls during surgery	3.21	39.9%
Finding a locum	2.97	38.0%

Note: % considerable/high pressure = % rating 4 or 5.
Range of N: 910-918.

The stressors are ranked in descending order of the mean score. GPs reported most stress with increasing workloads, having insufficient time to do the job justice, paperwork and changes to meet requirements from external bodies. They reported least stress with finding a locum, interruptions by emergency calls during surgery and adverse publicity by the media. More than nine out of 10 GPs reported experiencing considerable or high pressure from increasing workloads.

3.1.2 Changes in Job Stressors Since 2015

The changes in mean stress ratings between 2015 and 2017 in the cross-sectional sample are shown in Table 3. The stressors are ranked from the largest increase in rating to the smallest increase in rating. Average stress ratings reported on the same questions in the seven previous surveys are also shown.

Table 3 shows that the increases in reported pressures between 2012 and 2015 have not continued to the same extent between 2015 and 2017. The largest change between 2015 and 2017 is a decrease in pressure related to adverse publicity by the media. Increases in average reported pressure have only been observed in five domains whereas between 2012 and 2015 all pressure areas showed increases.

Between 2012 and 2015 the largest increases in average pressures occurred in those areas which were low or middling in the ranking of overall stressors for 2015. For instance, finding a locum was ranked second from bottom in the overall list, whereas it is the stress factor with the second largest increase between 2012 and 2015. This feasibly indicates that many of the key stress factors, such as workloads and paperwork requirements, are already scored very high (over 4) on the rating scale and there is therefore very little room for further increases between 2015 and 2017.

Although there has been relatively little change between 2015 and 2017, average reported pressures remain at a relatively high level compared with previous surveys. Particularly high average levels of pressure are reported in ‘having insufficient time to do the job justice’, ‘increasing workloads’, ‘paperwork’ and ‘increased demand from patients. Additionally, ‘changes to meet requirements from external bodies’ has been in the top five stressors in every survey.

Table 3. Changes in mean job stressor ratings: cross-sectional samples

Job Stressor	Mean Stress Rating									Change	Change
	1998	2001	2004	2005	2008	2010	2012	2015	2017	'15 – '12	'17 – '15
Insufficient resources within the practice	2.42	3.19	3.13	2.86	2.98	2.94	3.15	3.62	3.69	0.47	0.07
Long working hours	3.13	3.6	3.43	2.9	3.41	3.44	3.68	4.06	4.11	0.38	0.05
Worrying about patient complaints/ litigation	3.26	3.57	3.2	3.07	3.06	3.08	3.32	3.58	3.63	0.26	0.05
Dealing with problem patients	3.5	3.42	3.28	3.13	3.37	3.48	3.70	3.93	3.96	0.23	0.03
Dealing with earlier discharges from hospital	2.93	3.21	3.25	3.14	3.23	3.27	3.62	3.88	3.90	0.26	0.02
Interruptions by emergency calls during surgery	2.87	2.94	3.00	2.73	2.75	2.72	2.92	3.22	3.21	0.30	-0.01
Increasing workloads	3.78	4.24	4.08	3.79	4.04	4.02	4.40	4.59	4.58	0.19	-0.01
Having insufficient time to do the job justice	3.41	4.14	3.99	3.61	3.88	3.88	4.18	4.4	4.38	0.22	-0.02
Increased demand from patients	3.77	4.09	3.74	3.62	3.7	3.81	4.05	4.31	4.29	0.26	-0.02
Unrealistically high expectation of role by others	3.17	3.53	3.20	2.7	3.14	3.11	3.44	3.83	3.77	0.39	-0.06
Paperwork	3.47	4.18	4.15	3.86	3.97	3.96	4.22	4.38	4.32	0.16	-0.06
Changes to meet requirements from external bodies e.g. CQC, NHS England, CCG*	3.44	4.00	3.82	3.76	4.01	3.74	3.98	4.46	4.30	0.48	-0.16***
Finding a locum	2.71	3.19	3.64	3.24	2.45	2.61	2.74	3.25	2.97	0.51	-0.28***
Adverse publicity by the media	2.66	3.57	3.09	2.86	3.65	3.20	3.26	3.92	3.56	0.66	-0.36***

Note: Stressors ranked from largest increase to smallest increase between 2015 and 2017.
Note: Two sample t-tests performed only on the change between 2015 and 2017: *** $P \leq 0.001$, ** $P \leq 0.01$, * $P \leq 0.05$
*Please note that the wording of this stressor, prior to 2015, was "Changes imposed from the PCO".

3.2 Job Attributes

3.2.1 Levels of Job Attributes in 2017

Table 4 shows that cross-sectional respondents were most likely to agree to some extent with statements that 'patients I see are presenting with increasingly complex care needs' (98.2%), 'I have to work very intensively' (95.5%) and that 'my patients trust my generalist professional skills' (90.6%).

Respondents were most likely to disagree with statements that 'changes to my job in the last year have led to better patient care' (57.8%), 'relationships at work are strained' (56.1%), 'I am consulted about changes that affect my work' (40.6%) and 'my working time can be flexible' (38.9%)

The statements in Table 4 are categorised, by the research team, between the level of job control (C), the level of job design (D) and work pressure (P). Broadly, those statements relating to negative aspects of work pressure and workload received the most agreement. Positive statements related to job design received the most disagreement, apart from the negative statement about strained working relationships.

Table 4. Job attributes in 2017

Job Aspect	% disagree / strongly disagree	% neutral	% agree / strongly agree
Negative Statements			
(P) Relationships at work are strained	56.1%	20.9%	23.0%
(P) I am required to do unimportant tasks which prevent me completing more important ones	8.7%	10.2%	81.1%
(P) I do not have time to carry out all my work	8.3%	11.8%	79.9%
(W) I have to work very fast	1.9%	9.3%	88.8%
(W) I have to work very intensively	0.8%	3.7%	95.5%
(N) The patients I see are presenting with increasingly complex care needs	0.5%	1.3%	98.2%
Positive Statements			
(N) My patients trust my generalist professional skills	1.2%	8.2%	90.6%
(C) My job provides me with a variety of interesting things	6.5%	13.4%	80.1%
(D) I always know what my work responsibilities are	11.2%	22.1%	66.7%
(C) I have a choice in deciding how I do my job	24.2%	22.4%	53.4%
(D) I am involved in deciding on the changes introduced that affect my work	31.3%	21.9%	46.8%
(D) I am consulted about changes that affect my work	40.6%	19.0%	40.4%
(C) I have a choice in deciding what I do at work	36.0%	27.8%	36.2%
(C) I can decide on my own how to go about doing my work	31.7%	32.3%	36.0%
(C) My working time can be flexible	38.9%	25.6%	35.5%
(N) Quality-linked payment schemes (e.g. QOF) promote good quality care for my patients	**30.6%**	**34.9%**	**34.5%**
(D) I get clear feedback about how well I am doing my job	33.0%	40.7%	26.3%
(D) Changes to my job in the last year have led to better patient care	57.8%	29.1%	13.1%

Note for Table 4: **(N) = New for 2017**, (C) = Job Control, (W) = Workload, (D) = Job Design, (P) = Work Pressures.

Figures are based on the 2017 cross-sectional sample. Range of N = 914-918.

3.2.2 Changes in Job Attributes Since 2015

The percentage of respondents to the 2017 survey agreeing to some extent with each of the 15 statements are compared to previous surveys in Table 5. The table shows that changes to the proportion of respondents who agree or strongly agree with the negative statements have been small but positive. 'Have to work very intensively' has consistently seen the highest levels of agreement. For the positive statements the percentage of respondents agreeing to some extent has risen in seven out of ten statements. This is contrasted with a decrease between 2012 and 2015 in agreement with nine out of ten positive statements. 'Job provides variety of interesting things' has consistently seen the highest levels of agreement.

Table 5. Trends in job attributes

	% agree / strongly agree							
Job Aspects	2005	2008	2010	2012	2015	2017	Change '15 – '12	Change '17 – '15
Negative Statements								
(W) Have to work very fast	70.7	77.1	77.9	84.1	88.7	88.8	4.6	0.1
(P) Do not have time to carry out all work	66.7	68.7	67.1	73.4	79.7	79.9	6.3	0.2
(W) Have to work very intensively	81.6	91.0	91.5	95	95.2	95.5	0.2	0.3
(P) Required to do unimportant tasks, preventing completion of more important ones	69.7	71.7	67.2	71.2	79.7	81.1	8.5	1.4
(P) Relationships at work are strained	n/a	n/a	18.7	21.4	21.4	23.0	0.0	1.6
Positive Statements								
(C) Choice in deciding how to do job	62.5	58.4	58.6	53.2	46.8	53.4	-6.4	6.6**
(D) Consulted about changes that affect work	34.4	34.6	39.7	37.7	34.6	40.4	-3.1	5.8**
(D) Involved in deciding changes that affect work	48.7	48.8	50.5	46.3	41.6	46.8	-4.7	5.2*
(D) Changes to job in last year have led to better patient care	30.1	13.6	13.2	10	8.9	13.1	-1.1	4.2**
(C) Choice in deciding what to do at work	28.3	44.7	44.7	38.7	33.1	36.2	-5.6	3.1
(D) I get clear feedback about how well I am doing my job	17.6	n/a	18.4	21.4	24.5	26.3	3.1	1.8
(C) Job provides variety of interesting things	81.5	83.2	84.7	82.5	78.8	80.1	-3.7	1.3
(C) I can decide on my own how to go about doing my work	n/a	n/a	41.3	37.7	36.6	36.0	-1.1	-0.6
(C) Working time can be flexible	46.8	44.8	42.6	41.7	37.2	35.5	-4.5	-1.7
(D) Always know what responsibilities are	57.8	68.3	73.5	70.2	69.6	66.7	-0.6	-2.9

Note for Table 5: (C) = Job Control, (W) = Workload, (D) = Job Design, (P) = Work Pressures. New job aspect (N) in 2017 are omitted from Table 5.
Note: Proportion-tests performed for Change '17-'15: *** $P \leq 0.001$, ** $P \leq 0.01$, * $P \leq 0.05$

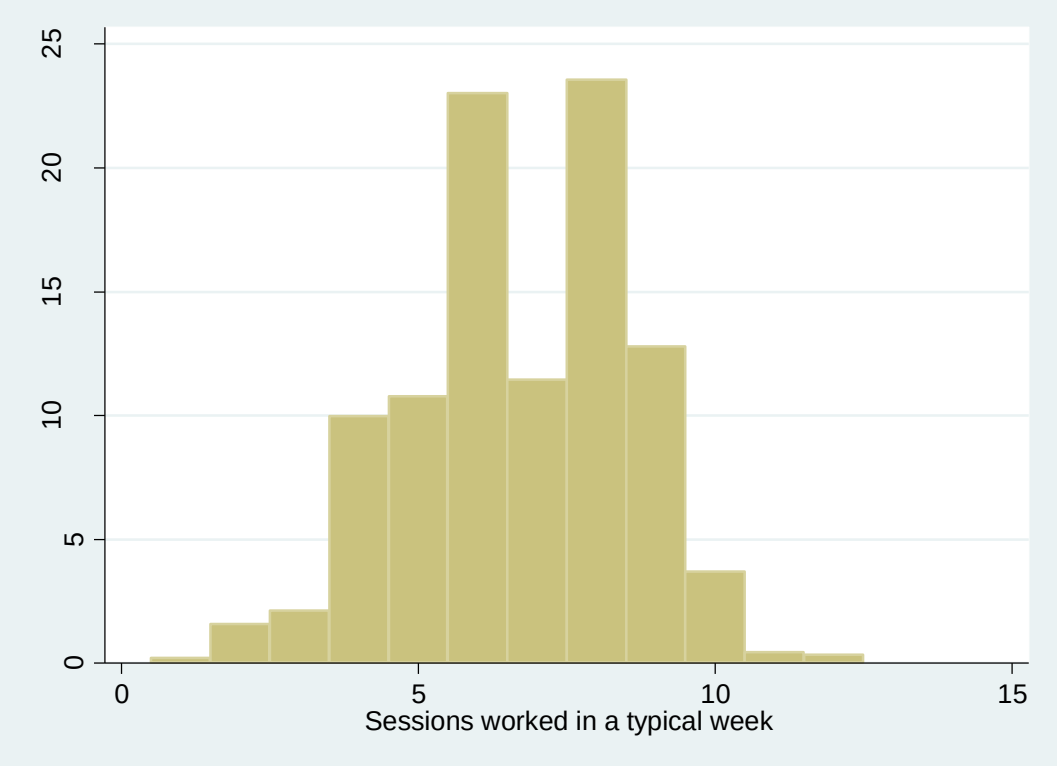
4. Hours of Work

4.1 Sessions worked per week in 2017

Respondents were asked "how many sessions do you work in a typical week". The responses to this question may include out of hours sessions. Figure 1 shows that respondents reported working 7 sessions per week most frequently, with a secondary peak at 9 sessions. The median number of sessions worked in a typical week was 7 (inter-quartile range = 5.5 to 8), whilst the mean number was 6.7 sessions per week (standard deviation = 1.9 sessions).

The mean number of sessions worked in 2017 is lower than that observed in the 2015 survey, when it was 7.2 sessions (standard deviation = 4.26 sessions).

Figure 1. Distribution of sessions worked in a typical week



Note: Excludes two outliers.

Figure 2. Distribution of sessions worked in a typical week (Partner and salaried)

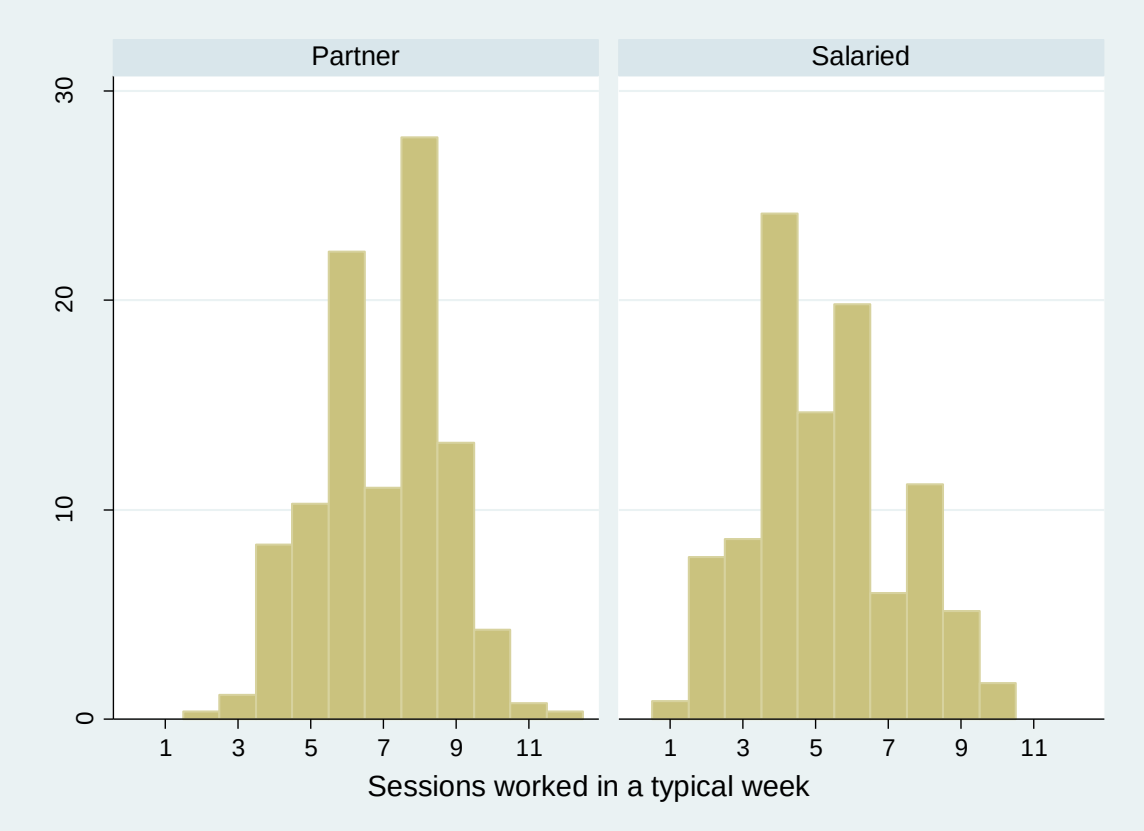


Figure 2 shows that the most common number of sessions worked for a partner was eight whereas the most common number of weekly sessions worked for a salaried GP was four.

Figure 3 presents histograms of the number of weekly sessions worked for the longitudinal sample in 2015 and 2017. The figure shows that number of GPs working 9 sessions per week has decreased between 2015 and 2017 whilst the number working 6 sessions has increased in this same period.

Table 6 shows the changes in number of sessions worked between 2010, 2012, 2015 and 2017. The proportion of GPs working more than ten sessions has increased between 2015 and 2017. However, these GPs are now reporting that they work fewer hours relative to both 2015 and those respondents from 2017 who work 9 sessions. For all other categories of sessions worked, average hours have increased relative to 2015.

Figure 3. Distribution of sessions worked in a typical week (longitudinal sample)

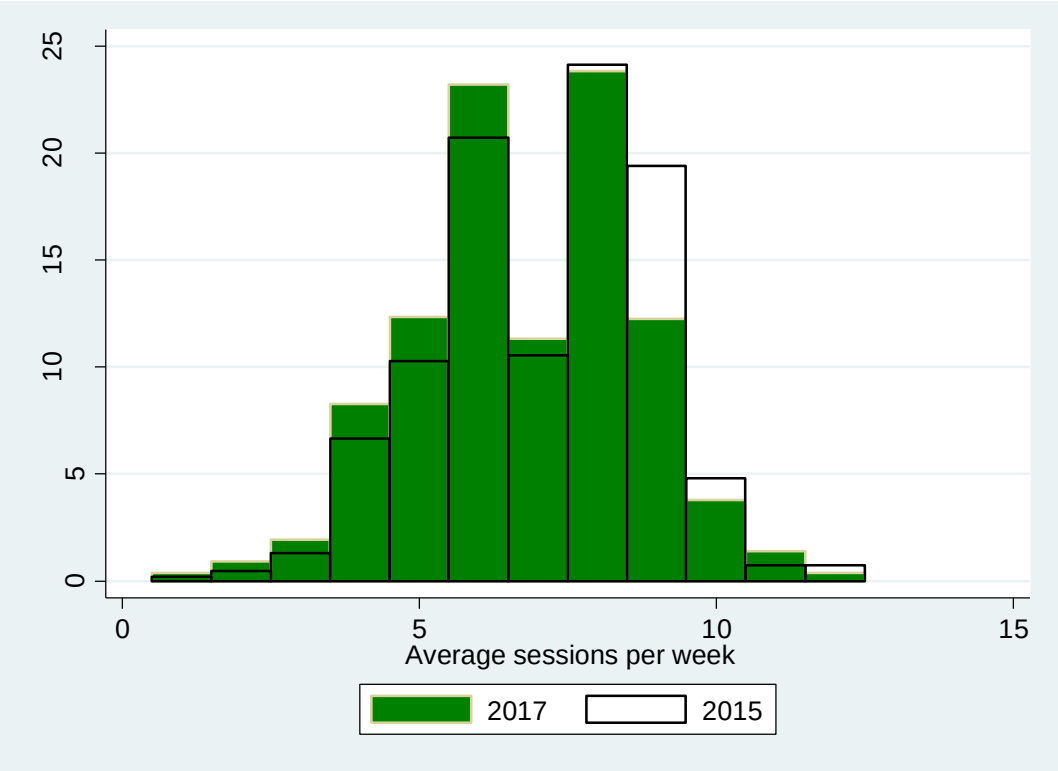


Table 6. Number of sessions worked and average hours 2010-2017

	2010		2012		2015		2017	
Number of sessions (S) worked in a typical week	% of GPs	Average Hours Worked	% of GPs	Average Hours Worked	% of GPs	Average Hours Worked	% of GPs	Average Hours Worked
$S \leq 4$	9.5	23.7	9.6	26.0	10.9	24.2	13.1	25.0
$4 < S \leq 5$	9.0	30.5	9.9	31.3	11.0	31.8	10.1	34.5
$5 < S \leq 6$	12.9	35.0	16.7	35.4	19.9	36.8	21.5	38.3
$6 < S \leq 7$	9.6	39.4	11.0	41.4	11.1	42.7	10.9	42.5
$7 < S \leq 8$	23.7	46.3	23.4	46.0	24.7	47.0	22.1	48.3
$8 < S \leq 9$	25.0	47.3	20.5	50.1	15.6	50.7	12.0	52.1
$9 < S \leq 10$	6.8	49.6	6.4	50.0	4.6	53.3	3.5	55.6
$S > 10$	3.6	55.1	2.6	53.5	2.2	53.1	6.9	50.8

In addition to the number of sessions worked, GPs were asked when they worked these sessions in a typical week. The results from this question are shown in Table 7.

Table 7. Percentage indicating that they worked sessions at particular times, 2017.

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Morning	82.3%	71.3%	67.3%	68.1%	66.1%	9.9%	0.4%
Afternoon	66.0%	54.5%	52.4%	49.6%	49.6%	1.4%	0.6%
Evening	30.7%	21.3%	21.2%	18.5%	16.2%	0.7%	0.4%

The cells in Table 7 display the proportion of cross-sectional respondents who indicated that they typically work at the specified time. The table shows that mornings during the week and afternoons during the start of the week (Monday) are the most commonly worked times. Weekend work is worked by fewer than 2% of respondents, apart from Saturday mornings which was selected by 9.9% of respondents. Evening work is most typically undertaken at the start of the week, particularly on Mondays.

4.2 Average hours worked per week in 2017

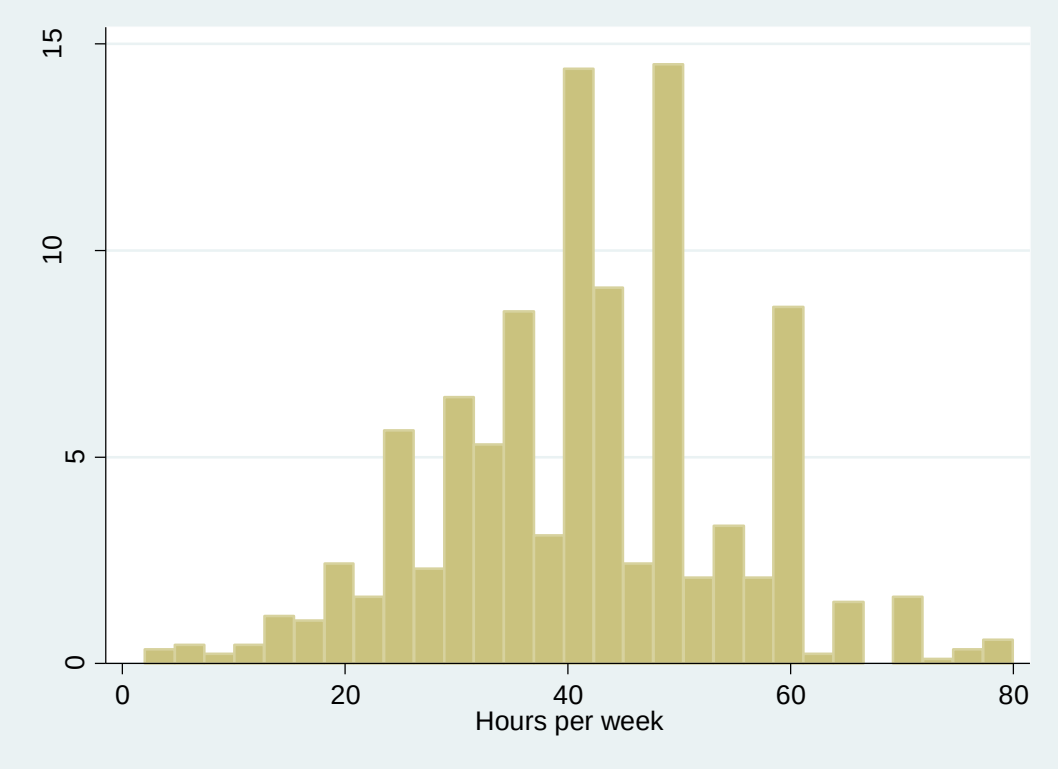
From 2008 onwards, GPs have been asked:

"How many hours do you spend, on average, per week, doing NHS GP-related work? (Please include ALL clinical and non-clinical NHS work but EXCLUDE OUT-OF-HOURS WORK)"

The mean number of weekly hours that the 869 respondents who responded to this question reported working in 2017 was 41.8 hours (standard deviation = 13.4). The median number of hours worked per week was 41 hours (Inter-Quartile Range = 33 to 50).

The distribution of average hours worked per week is shown in Figure 3. 35.7% of respondents reported working less than 40 hours per week, 27.8% of respondents reported working between 40-49 hours, 16.0% reported working between 50-59 hours and 20.4% reported working 60+ hours per week.

Figure 4. Distribution of average weekly hours worked in 2017



Note: Data from 2017 cross-section sample

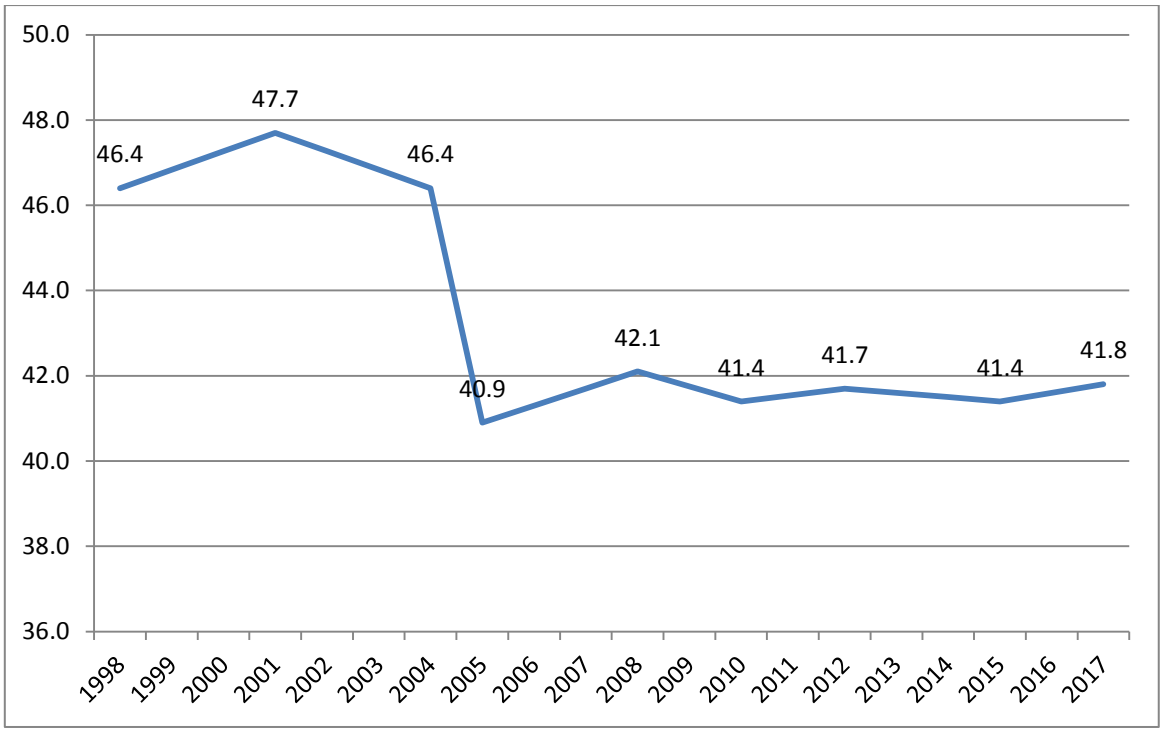
4.3 Trends in average hours worked per week

The average number of hours worked per week increased slightly between 2015 and 2017 (Table 8), though this change was not statistically significant (p=0.522). This continues a long period of little change in average hours worked per week (Figure 4).

Table 8. Summary statistics for average weekly hours worked: 2008-2017

Year	N	Mean	Std. Dev.	95% C.I.
2008	634	42.1	13	41.1, 43.1
2010	1,054	41.4	12.9	40.6, 42.2
2012	1,112	41.7	13	40.9, 42.5
2015	1,113	41.4	14.1	40.6, 42.2
2017	869	41.8	13.4	40.9, 42.7

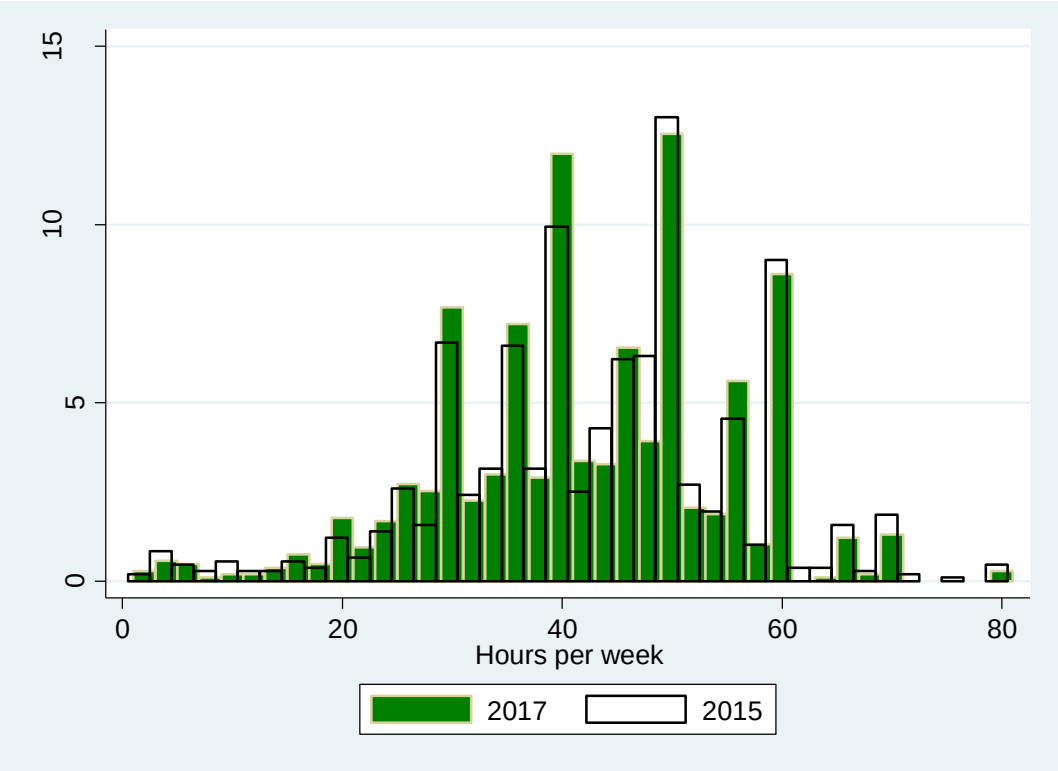
Figure 5. Trends in average weekly worked: 1998-2017



Note: The figures for earlier years differ from those presented in previous reports. Prior to 2008, hours of work were elicited using a different phrasing of the question to that in 2010, 2012, 2015 and 2017. The question previously used was: "How many hours per week do you typically work as a GP? (Please exclude any hours on call)". In 2008, respondents were randomly presented with one of the two questions. The responses from this year were used to splice the series together.

There was a small decrease in average hours worked per week in the longitudinal sample. This is the net effect of small increases in the proportions of GPs working less than 20 hours and decreases in the proportions working 60 or more hours per week.

Figure 6. Distribution of hours worked in the longitudinal sample: 2015 and 2017



4.4 Extended opening hours

GPs were asked whether their practice offered extended hours access. Table 9 shows that 32.9% of respondents said that their practice offered access at weekends (312 of 949), 75.1% on weekdays (713of 949) and 26.6% on both weekdays and at the weekend (252 of 949).

All of these figures have increased compared to the corresponding data from 2015, which in turn were down from the 2012 numbers. In particular, weekend and weekday extended access has risen from 20.9% in 2015 to 26.6% in 2017. 15.2% of respondents (144 of 949) replied that their practice did not offer any extended hours access; this is a decrease compared to the corresponding figure in 2015 (18.7%).

Although the practice level figures have increased, the proportions of respondents indicating that they work evenings or weekends themselves (Table 7) have decreased relative to the 2015 sample.

Table 9. Extended hours access 2010-2017

Does your practice have Extended Hours Access	2010 N = 1,054	2012 N = 1,165	2015 N=1,160	2017 N=949
On Weekdays	858 (81.4%)	882 (75.7%)	829 (71.5%)	713 (75.1%)
On Weekends	419 (39.8%)	372 (31.9%)	356 (30.7%)	312 (32.9%)
On Weekdays & Weekends	330 (31.3%)	277 (23.8%)	242 (20.9%)	252 (26.6%)
No Extended Hours Access	107 (10.2%)	188 (16.1%)	217 (18.7%)	144 (15.2%)

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4.5 Percentage of time spent on various activities

In addition to asking about the number of hours worked on average per week, we also asked respondents to indicate how much time they spent on different aspects of their work, namely:

- Direct patient care (e.g. surgeries; clinics; telephone consultations; home visits)
- Indirect patient care (e.g. referral letters; arranging admissions)
- Administration (e.g. practice management etc)
- Other (e.g. continuing education/ development; research; teaching; etc)

Since 2015, we have also asked respondents to indicate how much they spend on:

- External Meetings (e.g. CCG meetings)

Table 10 shows the average percentages reported by respondents in the cross-sectional samples in 2005, 2008, 2010, 2012, 2015 and 2017 and in the longitudinal sample. In 2017, 61% of a GPs' time was devoted to direct patient care, with 21% devoted to indirect patient care. These are approximately the same as the figures reported from 2015.

The longitudinal sample indicates a small increase in the proportion of time spent on these activities. Table 10 also shows that GPs spend 8.4% of their time on administration, 3.7% on external meetings and 5.9% on other activities. The inclusion of the external meetings category in 2015 reduces comparability with years prior to 2015 for the administration and other categories.

Table 10. Percentage of time devoted to different activities. 2005-2017

Type of Activity	Cross-sectional Sample							Longitudinal Sample		
	2005	2008	2010	2012	2015	2017	'17-'15	2015	2017	'17-'15
Direct Patient Care	63.3	63	63.1	62.3	62.1	61.0	-1.1	62.0	60.1	-1.9
Indirect Patient Care	18.2	17.5	18.6	19.3	19.7	21.0	1.3	19.4	21.0	1.6
Administration	11.3	12	10.7	10.9	8.4	8.4	0	8.7	8.9	0.2
External Meetings	n/a	n/a	n/a	n/a	3.5	3.7	0.2	3.6	3.6	0.0
Other	7.1	7.5	7.6	7.5	6.3	5.9	-0.4	6.3	6.4	0.1

Note: Figures are column percentages. Numbers may not sum to 100% due to rounding errors. N = 868 for the 2005 cross-sectional sample; 1,280 for the 2008 cross-sectional sample; 1,015 for the 2010 cross-sectional sample; 1,154 for the 2012 cross-sectional sample, N= 1,115 for 2015 cross-sectional sample and N = 883 for 2017 cross-sectional sample. N = 1,092 for the longitudinal sample.

5. Job Satisfaction

Questions on job satisfaction have been included in GP surveys since 1987. This section of this report provides summary statistics on these elements of the survey and analysis of recent trends. Respondents were asked to rate their satisfaction on nine specific domains and for their job 'overall' on a seven-point scale from 'extremely dissatisfied' (=1) to 'extremely satisfied' (=7).

5.1 Job satisfaction levels in 2017

Summary statistics for the cross-sectional sample (Table 11) show that mean overall job satisfaction is 4.25 points. Less than half of the respondents (49.9%) reported being satisfied with their job overall (score = 5 or more). 29.2% reported being dissatisfied (score = 3 or less).

Table 11. Summary statistics for job satisfaction in 2017

Satisfaction domain	Mean	% Dissatisfied	% Neutral	% Satisfied
Your colleagues and fellow workers	5.71	5.6%	8.4%	86.0%
Physical working conditions	5.15	14.3%	11.2%	74.5%
Amount of variety in your job	5.11	12.8%	15.5%	71.7%
Opportunity to use your abilities	4.92	16.5%	16.9%	66.6%
Amount of responsibility you are given	4.79	20.7%	16.4%	62.9%
Freedom to choose your own method of working	4.71	18.5%	21.1%	60.4%
Recognition you get for good work	4.37	28.4%	20.4%	51.2%
Your remuneration	4.22	32.3%	19.4%	48.3%
Your hours of work	3.57	49.1%	17.0%	33.9%
Taking everything into consideration, how do you feel about your job?	4.25	29.2%	20.9%	49.9%

Note: %dissatisfied = % rating 1, 2 or 3; %satisfied = % rating 5, 6 or 7. Figures are based on the 2017 cross-sectional sample. Range of N=981-994.

The nine individual aspects of the job are ranked in descending order of the mean score in Table 11. Respondents reported most satisfaction with their colleagues and fellow workers, physical working conditions and the amount of variety in the job. These domains had both the highest mean satisfaction scores and the greatest percentage of GPs indicating 'satisfaction': approximately, at least 3 out of every 4 respondents were satisfied with these aspects of the job and dissatisfaction was low. Respondents displayed least satisfaction with their hours of work: only around one-third were satisfied (33.9%) with this aspect of the job, whilst almost one-half (49.1%) were dissatisfied.

5.2 Changes in satisfaction ratings from 2015

The changes in mean satisfaction ratings between 2015 and 2017 in the cross-sectional sample are shown in Table 12, along with mean satisfaction scores from 1998, 2001, 2004, 2005, 2008, 2010,

2012 and 2015. The satisfaction domains are ranked from the largest change in ratings between 2015 and 2017 to the smallest change.

The mean level of overall satisfaction of 4.25 in the cross-sectional sample in this survey is 0.11 points higher than the mean level reported in 2015, though this change is not statistically significant. Mean levels of satisfaction have decreased, to varying degrees, on three of the nine individual domains with increases being seen in five domains. The largest declines are in amount of responsibility given (-0.06 points) and physical working conditions (-0.05 points), though these decreases are also not statistically significant. The largest increase was in freedom to choose own method of working (+0.13 points). This increase is statistically significant.

Although job satisfaction has increased marginally, overall job satisfaction reported in the 2015 survey was at its lowest level since 2001. In terms of the overall series, satisfaction with particular aspects of the job such as remuneration, hours of work and amount of responsibility given are now lower than in the surveys undertaken before the introduction of the new GP contract in 2004.

Table 12. Average satisfaction ratings over time

Satisfaction domain	Mean Satisfaction Rating									Change
	1998	2001	2004	2005	2008	2010	2012	2015	2017	'17 – '15
Freedom to choose own method of working	4.87	4.35	4.66	5.00	4.65	4.91	4.78	4.58	4.71	0.13*
Recognition for good work	4.21	3.57	4.28	4.80	4.46	4.65	4.52	4.25	4.37	0.12
Opportunity to use abilities	4.64	4.27	4.85	5.19	5.01	5.11	5.08	4.87	4.92	0.05
Remuneration	3.48	3.51	4.38	5.30	4.73	4.87	4.56	4.20	4.22	0.02
Hours of work	3.70	3.32	3.94	4.86	4.21	4.39	4.09	3.56	3.57	0.01
Colleagues and fellow workers	5.31	5.37	5.6	5.65	5.49	5.54	5.56	5.71	5.71	0.00
Amount of variety in job	4.94	4.76	5.06	5.26	5.23	5.38	5.28	5.16	5.11	-0.05
Physical working conditions	4.99	4.86	4.91	5.08	5.07	5.23	5.30	5.20	5.15	-0.05
Amount of responsibility given	4.99	4.59	5.05	5.43	5.2	5.33	5.16	4.85	4.79	-0.06
Overall Satisfaction	4.65	3.96	4.62	5.21	4.68	4.87	4.54	4.14	4.25	0.11

Note: Domains ranked by greatest change from 2012 to least change. Figures are based on respective cross-sectional samples. Range of N for 2005 = 882 to 887; for 2008 = 1,275 to 1,289; for 2010 = 1,048 to 1,061; for 2012 = 1,171 to 1,181; for 2015 = 1,154-1,163; for 2017 =981-994. Respondents were asked to rate their satisfaction the nine specific domains and 'overall' job satisfaction on a seven-point scale from 'extremely dissatisfied' (=1) to 'extremely satisfied' (=7).

Note: Two sample t-tests performed for Change '17-'15: *** $P \leq 0.001$, ** $P \leq 0.01$, * $P \leq 0.05$

An increase of 0.19 points in overall satisfaction was observed in the sample of 1,547 GPs who participated in both the 2015 and 2017 surveys (Table 13). Mean levels of satisfaction declined on three individual domains, with satisfaction with hours of work showing the largest increase.

Table 13. Changes in satisfaction ratings 2015-2017 – longitudinal sample

Job Aspect	Mean satisfaction rating		
	2015	2017	Difference
Your hours of work	3.42	3.64	0.22
Freedom to choose your own method of working	4.53	4.75	0.21
Your remuneration	4.18	4.36	0.18
Opportunity to use your abilities	4.90	5.01	0.11
Recognition you get for good work	4.22	4.32	0.10
Amount of variety in your job	5.28	5.32	0.04
Physical working conditions	5.24	5.23	-0.01
Your colleagues and fellow workers	5.75	5.73	-0.03
Amount of responsibility you are given	4.93	4.81	-0.12
Taking everything into consideration, how do you feel about your job?	**4.13**	**4.32**	**0.19**

Note: Domains ranked by largest positive change. Range of N: 1095-1110

6. Intentions to quit

6.1 Likelihood of leaving direct patient care

Respondents were asked how likely they were to leave direct patient care within the next five years. This has been shown to be a valid predictor of intentions to quit and actual quitting behaviour (Hann, Reeves & Sibbald, 2011). For older GPs, intentions to leave direct patient care may be dominated by retirement plans, early or otherwise. Respondents were, therefore, asked at what age they planned to retire and how likely this was to happen. Using this information we can distinguish planned retirements from other reasons for leaving direct patient care.

Table 14 shows the likelihood of leaving direct patient care stratified by whether or not the GP was currently aged less than 50 years. 39.0% of respondents indicated that there was a considerable or high likelihood that they would quit direct patient care within five years. Amongst those aged 50 years or over the corresponding figure was over 60% (61.8%), with the vast majority of these (47.1% of the total) indicating that the likelihood was high. In contrast, 13.5% of GPs aged under 50 years indicated that there was a considerable or high likelihood of leaving direct patient care within five years: 45.2% stated that there was no likelihood.

Respondents were asked to provide the age at which they currently planned to retire. The second set of data columns in Table 14 shows the likelihood of leaving 'direct patient care' within five years for those GPs who were not within five years of their planned retirement age. These figures focus on those considering leaving direct patient care for reasons other than retirement. 41% of these individuals report no likelihood of leaving direct patient care within the next five years. 13.4% reported a considerable or high likelihood of leaving direct patient care within five years.

Table 14. Likelihood of leaving 'direct patient care' within five years in 2017

Likelihood of leaving 'direct patient care' within five years	All GPs (N=915)		GPs not within 5 years of planned retirement age (N=488)		GPs aged <50 (N=431)		GPs aged ≥50 (N=484)	
	N	%	N	%	N	%	N	%
None	254	27.8	200	41.0	195	45.2	59	12.2
Slight	186	20.3	143	29.3	119	27.6	67	13.8
Moderate	118	12.9	80	16.4	59	13.7	59	12.2
Considerable	104	11.4	34	7.0	33	7.7	71	14.7
High	253	27.7	31	6.4	25	5.8	228	47.1

Note: Cross-sectional sample from 2017

Table 15 shows the responses to the intentions to quit question, broken down by the gender and age of the respondent. Males are more likely to select a considerable or high likelihood of leaving direct patient care within 5 years in both the under fifty and the fifty or over age categories.

Table 15. Likelihood of leaving 'direct patient care' within five years in 2017, by age and gender

Likelihood of leaving 'direct patient care' within five years	All GPs (N=1,134)		GPs aged <50 (N=430)		GPs aged ≥50 (N=480)	
	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
None	22.5	32.2	41.2	47.8	10.5	12.8
Slight	18.1	22.8	26.6	28.5	12.6	15.8
Moderate	13.0	12.9	13.6	13.8	12.6	11.8
Considerable	13.9	9.0	9.6	6.3	16.6	12.3
High	32.6	23.0	9.0	3.6	47.7	47.3
N	454	456	177	253	277	203

Note: Cross-sectional sample from 2017

Table 16 shows that partners are more likely to state a considerable or high 'intention to quit' compared to salaried GPs.

Table 16. Likelihood of leaving 'direct patient care' within five years in 2017, by employment model

Likelihood of leaving 'direct patient care' within five years	Partners (N=531)		Salaried (N=118)	
	N	%	N	%
None	144	27.1	39	33.1
Slight	104	19.6	29	24.6
Moderate	63	11.9	18	15.3
Considerable	62	11.7	8	6.8
High	158	29.8	24	20.3

Table 17 shows that 'intentions to quit' are at their highest levels compared to previous surveys. The percentage of respondents to the 2017 survey expressing considerable or high quitting intentions is considerably greater than in 2015. This increase is seen in GPs under 50 years old, as well as in older GPs.

Table 17. Trends in intentions to quit

Considerable/high intention to leave direct patient care within five years	All GPs	GPs aged <50	GPs aged ≥50
2005	19.4%	6.1%	41.2%
2008	21.9%	7.1%	43.2%
2010	21.9%	6.4%	41.7%
2012	31.2%	8.9%	54.1%
2015	35.3%	13.1%	60.9%
2017	39.0%	13.5%	61.8%

Note: All figures are based on the cross-sectional samples in the respective years.

As well as retirement, respondents were asked to consider other potential changes to their work commitments that they are intending to make in the next five years. The results of these questions are shown in Table 18.

The top three rows in Table 18 represents the GPs planning to leave their current work. The questionnaire allows the possibility of selecting multiple rows. In order to demonstrate the possible impact of leaving intentions more clearly, the final row of Table 18 indicates the percentage of GPs who have indicated a considerable or high intention to either leave the UK, leave direct patient care or leave medical work entirely, within the next five years.

Of those GPs who responded to these questions, 46% stated that there was considerable/high likelihood that they would leave the UK, leave direct patient care or leave medical work entirely, within the next five years. For those GPs under the age of 50, 19.7% (85 out of 431) selected one of these options with considerable or high intention. For those aged fifty or over, this figure was 68% (353 out of 518).

Table 18. Considerable / high intention to leave direct patient care, leave medical work or leave the UK

2017: Considerable / high intention to:	All GPs			Partners			Salaried		
	All	aged <50	aged ≥50	All	aged <50	aged ≥50	All	aged <50	aged ≥50
Continue with medical work but outside UK within 5 years	8.7%	12.1%	5.6%	7.6%	9.7%	6.0%	11.0%	13.3%	7.0%
Leave direct patient care within five years	39.0%	13.5%	61.8%	41.4%	11.5%	63.8%	27.1%	12.0%	53.5%
Leave medical work entirely within five years	35.9%	7.7%	60.9%	38.7%	5.7%	63.1%	22.2%	5.4%	51.2%
At least one of the above	46.2%	19.7%	68.2%	45.6%	15.9%	67.7%	33.1%	18.7%	58.1%

6.2 Likelihood of changing working hours

Respondents were also asked to indicate whether the likelihood that they would either increase or (separately) reduce their working hours within the next five years. Possible responses to both questions were: none; slight; moderate; considerable; and high.

Over half (57%) of GPs were intending to reduce their work hours in the next five years, with 34.8% of GPs under the age of 50 intending to reduce their hours. In contrast, only 7.2% are intending to increase their working hours. The majority (76.7%) of all respondents stated that there was no likelihood of them increasing their working hours over the next five years.

As with intentions to quit, there were notable differences between GPs aged less than fifty and GPs aged fifty and over: in the former group, 10.5% stated that there was a considerable or high likelihood of increasing working hours, whereas in the latter group this figure was 4.4%.

Over half of all respondents (57%) reported that there would be a considerable or high likelihood that they would be reducing their working hours within five years. 14.4% of GPs reported that there would be no likelihood of reducing their working hours. Again, there were differences by age: a greater likelihood of reducing working hours was more prevalent amongst GPs aged fifty and over (76.8% considerable or high) than GPs aged less than fifty (34.8%).

Table 19. Likelihood of changing working hours within five years

2017: Considerable / high intention to:	All GPs	GPs aged <50	GPs aged ≥50
Increase hours work within five years	7.2%	10.5%	4.4%
Reduce hours work within five years	57.0%	34.8%	76.8%

Note: Figures are based on the 2017 cross-sectional sample. Range of N=909-916

7. GP Income

Respondents were asked to indicate their annual income from their job as a GP. They were asked:

'What is your total individual annual income from your job as a GP? This is the amount you receive before taxes but after deducting allowable expenses.'

Eight income categories were presented to the respondent. These are shown in Tables 20 and 21.

NHS Digital publishes national data on a sample of contractor/partner and salaried GPs on an annual basis. These 'GP Earnings and Expenses' figures are based on GP self-assessment returns, supplied by HMRC, and include earnings not related to GP work. These figures also do not contain information on contracted or worked hours. Thus, changes to GP earnings cannot be separated from changes to working hours.

In Tables 20 and 21 we report the percentages of respondents who indicate that their income falls into one of the eight income categories for partners and salaried GPs, respectively. Figures are reported for 2010, 2012, 2015 and 2017. Alongside, we also report median hours worked for the respondents in each income category. The responses are shown separately for partner and salaried GPs.

Table 20. Income and median hours worked per week 2010-2017 (Partners)

	Proportion of respondents (%)				Median hours worked per week			
	2010	2012	2015	2017	2010	2012	2015	2017
Less than £50,000	4.5	4.4	4.9	5.1	28	30	30	26
£50,000 to £69,999	13.6	13.1	13.2	11.4	30	31.5	33	35
£70,000 to £89,999	17.2	17.8	21.7	20.3	40	40	40	40
£90,000 to £109,999	30.2	30.6	29.3	30.7	47	45.5	48	45
£110,000 to £129,999	18.6	19.6	16.5	17.7	47	50	50	50
£130,000 to £149,999	10.1	8.4	7.5	7.7	48.5	48	50	50
£150,000 to £169,999	3.3	2.9	4.0	3.4	48	50	50	49
£170,000 or more	2.6	3.2	3.0	3.7	50	50	50	51.5
Mean GP Hours per Week	-	-	-	-	43	43.5	43.4	43.9
Observations	854	929	904	508	854	929	904	508

There has been a slight increase in the proportion of partners who report earning less than £50,000 between 2010 and 2017, from 4.5% to 5.1%. However, across the same period, median hours worked has fallen from 28 hours to 26 hours per week for this group. The percentage of respondents earning £110,000 per year or more (the top 4 income categories) fell from 34.6% in 2010 to 31.0% in 2015 and rose to 32.5% in 2017. For each of these income categories, median hours worked per week increased between 2010 and 2015. In 2017, median hours worked fell in one category, remained constant in two categories and rose in the top category.

Table 21. Income and median hours worked per week 2010-2017 (Salaried)

	Proportion of respondents (%)				Median hours worked per week			
	2010	2012	2015	2017	2010	2012	2015	2017
Less than £50,000	49	50	54	61.2	22	24	24	25
£50,000 to £69,999	32	31	28	20	36	35	36	33
£70,000 to £89,999	13	17	15	13	40	40	40	41
Mean GP Hours per Week	30.6	31.8	30.6	31.6	30.6	31.8	30.6	31.6
Observations	132	151	153	116	132	151	153	116

Note: Median hours for income categories containing less than 5 respondents have been omitted
Note: Five largest income categories not presented due to low selection rates

The percentage of salaried GPs reporting earning less than £50,000 has increased from 49.2% in 2010 to 54.0% in 2015 and further to 61.2% in 2017.Over the same time period, median hours worked has increased from 22 hours to 24 and then 25 hours per week for salaried GPs earning less than £50,000 per year.

8. References

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