General Practice – GP Workforce and Practice Population Statistics 2013
Publication date – 17 December 2013
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Introduction
The information released in this publication falls into two main parts.

The first part presents data on GPs contracted to work in Scottish practices in the years 2004 to 2013 at Scotland, NHS Board and Community Health Partnership (CHP / CHCP) level. GP Information is presented on:

- Subcategories of GPs (e.g. Performer, Performer Salaried, Performer Retainee or Performer registrar)
- Gender profile
- Age profile

The second part of the release gives information on the practices and the patients registered with them, including:

- The broad age distribution of registered patients at NHS Board and CHP level
- The deprivation and urban/rural mix of practice populations
Key points

- The number of GPs contracted to work in Scottish general practices has shown little change over the past year, increasing only by two from 4,856 in 2012 to a figure of 4,858 in 2013.

- Between 2004 and 2013 the number of GPs contracted to work in Scottish general practices has increased from 4,456 to 4,858, a rise of 9.0%.

- On 30th September 2013 46% of the GP workforce were male and 54% female, compared to 55% male and 45% female in 2004.

- The average size of a Scottish GP practice in terms of numbers of registered patients was 5,622 at 1st October 2013.
Results and Commentary

General Practice Workforce
In line with legislation that came into effect on 1st April 2004, GPs are now collectively termed ‘Performers’. Within this publication we have broken down the overall group of GP performers in post into further sub-categories or designations, as follows:

- Performer (GP performers that are not salaried, retainees or registrars - i.e. generally the practice partners)
- Performer salaried (GPs who are employed by the practice or NHS Board on a salaried basis)
- Performer retainer
- Performer registrar / Specialist Trainee

For further information please refer to the glossary available in this document or on our website - http://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/Glossary/

The GP workforce information presented in this publication is based on a census point of 30th September for 2005 to 2013 and 1st October for 2004. This census point has been selected so that it coincides with the census point of ISD’s main workforce publication and the mid-point of the financial year running from 1st April to 31st March.

Whether GPs work full-time or part-time is not available from these data and is no longer routinely collected. However an estimate of the whole time equivalent (WTE) number of GPs for 2013 can be found in the 2013 National Primary Care Workforce Survey results at: http://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/Workforce/primary-care-workforce-survey-2013.asp.

Longer term trend information on GP workforce is published on ISD’s main workforce pages at http://www.isdscotland.org/Health-Topics/Workforce/Trend/.

GP numbers and designations
Chart 1 (sourced from Table 1) shows that the total number of GPs contracted to work in General Practice in Scotland increased each year from 4,456 in 2004 to 4,907 in 2009. This was followed by slight decreases each year to a figure of 4,856 in 2012, the largest of the decreases was between 2011 and 2012 (32 GPs). In 2013 there has been no real change and the number of GPs has increased by two to a figure of 4,858.

This trend of very little change in the headcount number of GPs since 2009 is also reflected in the estimated Whole Time Equivalent (WTE) of GPs in post from the 2013 National Primary Care Workforce Survey results1. In 2009 the GP WTE was estimated to be 3,700 (at 30 January 2009) and in 2013 this has been estimated as 3,735 (at 31 January 2013), which suggests little change in WTE(excluding Performer registrar / Specialist Trainee).

1 Source: 2013 National Primary Care Workforce Survey results (published September 2013)
Although the number of GPs contracted to work in Scottish General Practices has seen slight reductions in the more recent years of the time period presented, overall the number of GPs has increased from 4,456 to 4,858, a rise of 9.0% between 2004 and 2013.

Table 1 below presents the number of GPs contracted to work in General Practice in Scotland for each year from 2004 to 2013. Data are shown for all GPs and by designation. It should be noted that a GP could hold more than one contract and this can be at different designations. Because of this the sum of the designations will not equal the ‘All GPs’ total.

<table>
<thead>
<tr>
<th>Year</th>
<th>All GPs</th>
<th>Performer</th>
<th>Performer Salaried</th>
<th>Performer Retainee</th>
<th>Performer Registrar/ST</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>4,456</td>
<td>3,782</td>
<td>188</td>
<td>208</td>
<td>282</td>
</tr>
<tr>
<td>2005</td>
<td>4,521</td>
<td>3,763</td>
<td>288</td>
<td>176</td>
<td>300</td>
</tr>
<tr>
<td>2006</td>
<td>4,597</td>
<td>3,770</td>
<td>354</td>
<td>169</td>
<td>308</td>
</tr>
<tr>
<td>2007</td>
<td>4,686</td>
<td>3,785</td>
<td>418</td>
<td>164</td>
<td>325</td>
</tr>
<tr>
<td>2008</td>
<td>4,890</td>
<td>3,805</td>
<td>460</td>
<td>164</td>
<td>325</td>
</tr>
<tr>
<td>2009</td>
<td>4,907</td>
<td>3,805</td>
<td>487</td>
<td>159</td>
<td>465</td>
</tr>
<tr>
<td>2010</td>
<td>4,905</td>
<td>3,777</td>
<td>482</td>
<td>156</td>
<td>497</td>
</tr>
<tr>
<td>2011</td>
<td>4,888</td>
<td>3,748</td>
<td>523</td>
<td>145</td>
<td>497</td>
</tr>
<tr>
<td>2012</td>
<td>4,856</td>
<td>3,742</td>
<td>530</td>
<td>138</td>
<td>478</td>
</tr>
<tr>
<td>2013</td>
<td>4,858</td>
<td>3,695</td>
<td>556</td>
<td>134</td>
<td>484</td>
</tr>
</tbody>
</table>

There has been very little change in the number of GPs with a performer contract, with only slight fluctuations in numbers and an overall decrease of 2% (87 GPs) between 2004 and 2013. The majority of changes have occurred within the Salaried, Retainee and Registrar designations; see Table 1 and Chart 2.
Chart 2: Number (Headcount) of GP’s in post for Performer Salaried, Retainee & Registrar designations; 2004-2013

Chart 2 shows that the performer retainee designation has seen the largest drop from 208 in 2004 to 134 in 2013 which is a 36% decrease in GPs. Whilst the number of performer salaried GPs has increased from 188 in 2004 to 556 in 2013 (an increase of 196%).

There was a marked increase in the headcount of performer registrar (also referred to as specialist trainees) between 2004 and 2010, from 282 in 2004 to 447 in 2010 (an increase of 58%). This is related to an increase in the number of training places available and changes in the training arrangements from 2008. From 2008 GP trainees work in practices during two stages of their training whereas, historically, registrars would work in practice primarily at the end stages of their training.

GP age and gender profile
Focusing now on the gender profile of GPs in Scotland, Chart 3 shows the profile has changed in the GP workforce over time. In 2004 55% of GP workforce was male and 45% female. By 2013 this has reversed and now 46% of the workforce is male and 54% female.
Charts 4 and 5 show that an increasing proportion of contracted GPs are female and from 2009 onwards females outnumber males. From the age groups you can see that for both genders the proportion of GPs aged 50 or over has increased but this proportion is generally higher for males than for females. In 2004 38% (915) of male GPs were aged 50 or over, increasing to 44% (982) in 2013. For female GPs 17% (335) in 2004 and 26% (686) in 2013 were aged 50 or over.

The results of the 2013 National Primary Care Workforce Survey are consistent with the trends seen above. The survey reports that in January 2013 female GPs slightly outnumbered male GPs overall (52% female versus 48% male). The survey also reports on the sessional commitments (see Figures 2.2 and 2.3 of survey report) of GPs, showing that 77% of male GPs had sessional commitments of 8 or more sessions per week, compared with only 26% of female GPs. The increasing number of female GPs is offset by the relatively high proportion of females who work part-time.

This variation in the age and gender profile of the GP workforce is an important consideration for primary care workforce planning.

**Chart 4: Number of male GPs in post by age group; 2004-2013**

**Chart 5: Number of female GPs in post by age group; 2004-2013**

Source: GMS (2004 only), GPCD (2005 to 2013)

Please refer to this spreadsheet for more detailed GP workforce age and gender information.
Practice counts and practice population statistics

The GP practice counts and practice population information presented in this publication is based on a census point of 1\textsuperscript{st} October (GP practice populations are routinely extracted on the 1\textsuperscript{st} of the month).

Table 2: Number of GP practices with a registered patient list; total registered list size, and average list size; 2006 – 2013

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Practices</td>
<td>1,021</td>
<td>1,018</td>
<td>1,015</td>
<td>1,014</td>
<td>1,009</td>
<td>1,002</td>
<td>991</td>
<td>988</td>
</tr>
<tr>
<td>Total List Size</td>
<td>5,406,036</td>
<td>5,423,985</td>
<td>5,470,338</td>
<td>5,493,023</td>
<td>5,515,003</td>
<td>5,529,522</td>
<td>5,536,164</td>
<td>5,554,988</td>
</tr>
<tr>
<td>Average List Size</td>
<td>5,295</td>
<td>5,328</td>
<td>5,389</td>
<td>5,417</td>
<td>5,466</td>
<td>5,518</td>
<td>5,586</td>
<td>5,622</td>
</tr>
</tbody>
</table>

Source: GMS Warehouse

Notes:
- These data exclude figures from practices who do not have any registered patients as well as from a small number of specialist GP practices.
- Average practice list for Scotland is calculated by dividing the number of patients registered with a general practice in Scotland by the total number of practices in Scotland.

From Table 2 and Chart 6 you can see that the average size of a Scottish GP practice in terms of numbers of registered patients has increased from 5,295 at 1\textsuperscript{st} October 2006 to 5,622 at 1\textsuperscript{st} October 2013, an increase of 6%. This difference is due to an increase in the population of patients registered to GP practices in Scotland as well as a drop, from 1,021 to 988, in the number of GP practices.

The decrease in the number of GP practices is due mainly to mergers. Although the number of practices between 2006 and 2013 reduced by 33, only 4 practices have closed without being part of a merger over this time.

Chart 6: Number of GP practices with a registered patient list; and average list size; 2006 – 2013

Source: GMS Warehouse
Age profile of patients.
Focusing now on the age profile of patients registered with a GP in Scotland, Charts 7 & 8 show the age profile of registered male and female patients in Scotland from 2006. Both charts show that the proportion of patients aged 65 or over registered with a GP in Scotland has increased over time as people are generally living longer. Comparing the two charts, the proportion of females aged 65 or over is 19% compared to only 15% of males in 2013, which is due to females having a generally longer life expectancy.

Chart 7: Age profile of male patients registered with a GP in Scotland; 2006 – 2013

Source: GMS Warehouse

Chart 8: Age profile of female patients registered with a GP in Scotland; 2006 – 2013

Source: GMS Warehouse

Other uses of these data
There is a significant selection of reference files available on the General Practice topic of the ISD website, such as practice count and populations presented by deprivation status and urban/rural locations of practice populations. These are also available at Scotland, Health Board and CHP levels of geography.

This is a useful resource for the NHS, the Scottish and other governments, general practices, researchers and others. Uses include; national policy development; health board, CHP and GP practice service planning and service improvement; epidemiological studies.
## Glossary

**CHI**
The Community Health Index (CHI) is a population register, which is used in Scotland for health care purposes.

**CHP/CHCP**
Community Health Partnership/Community Health and Care Partnership

**GP**
General Medical Practitioner

**GPCD**
GP Contractor Database. A centralised database of GP and general practice details, held at ISD but with data maintained by NHS Boards. Its principal purpose is to hold Performer List information for all NHS Board areas in Scotland.

**Headcount**
A count of the number of actual staff in post, regardless of whether individuals work full or part time.

**Performer**
GP performers that are not salaried, retainees or registrars - generally the practice partners.

**Performer Retainee**
A GP who is retained by a practice and who can be utilised by a practice as they are required. This primarily aims to allow female GPs returning to work after maternity leave to keep in touch with medicine, but it does not exclude men.

**Performer Registrar/ST**
A medical practitioner who is being trained in general practice. Previously known as a GP registrar.

**Performer Salaried**
A GP who is employed by the practice or by the NHS Board on a salaried basis. Also known as a salaried GP.

**Salaried GP**
A GP who is employed by the practice or by the NHS Board on a salaried basis. Also known as a performer salaried GP.

**Sessional work**
GPs measure their work in sessions. The GP workforce survey defines full-time as 8 or more sessions per week on average.

**WTE**
Whole Time Equivalent. This is an estimated measurement of the staff resource available, taking into account part-time working.
### List of Tables

<table>
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<tr>
<th>Table No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
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<td>Number of GPs in post by designation, age and gender in Scotland</td>
<td>2004 to 2013</td>
<td>Excel [144kb]</td>
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<tr>
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<td>Number of GPs in post by designation and gender by NHS Board</td>
<td>2004 to 2013</td>
<td>Excel [161kb]</td>
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<td>Number of GPs in post by designation and gender by CHP/CHCP</td>
<td>2006 to 2013</td>
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<td>6</td>
<td>Practice populations by deprivation status</td>
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<td>8</td>
<td>Practice population trends by gender and age group</td>
<td>1999 to 2013</td>
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Contact
Euan Patterson
Senior Information Analyst
nss.isdGeneralPractice@nhs.net
0131 275 7705

James McNally
Information Analyst
nss.isdGeneralPractice@nhs.net
0131 275 6569

Further Information
Further information can be found on the ISD website

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Appendix

A1 – Background Information

This publication uses the Community Health Index (CHI) as the population base. This is because the CHI population is based on patients registered at GP practices and it is the population to which GPs will refer when considering the services they provide to their patients. An alternative to the CHI population would be to use the National Register of Scotland (NRS) mid-year estimated population.

Comparing the two sources, the main advantage in using CHI is the fact that this population refers to the time period of interest (2013), whereas the NRS population lags a year behind (2012). The CHI population register is inflated in comparison to NRS estimates and there is a difference of around 250,000 people when you compare the total sizes of the Scotland population reported. This is due to the following reasons:

- CHI will include people who have been given a CHI number but have since left the country to live for a period of time abroad.
- CHI will include overseas visitors who registered with a GP in Scotland or received screening services at a point in time during their visit.
- CHI will include students who have moved from Scotland during or after their studies but who have not registered elsewhere in the UK.

Data Quality/Validation

Information on the GP workforce and the practices within which they work is collated and recorded routinely by NHS Boards in line with regulatory and operational requirements. This information is therefore considered to have a high degree of overall accuracy.

Maintenance of health service records on patients registered to practices is a core administrative function of the NHS and therefore the information on numbers of patients registered to each practice is expected to have a high degree of accuracy.

The GP figures reported in this publication do not include GPs who work only as locums (also known as sessional GPs) or the majority of those GPs who work only in Out of Hours services. The actual number of GPs working in Scotland is therefore higher than reported here.
### A2 – Publication Metadata (including revisions details)

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<td>General Practice – GP workforce and practice population statistics to 2013</td>
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<tr>
<td><strong>Description</strong></td>
<td>Headcounts of GPs contracted to work in Scottish general practices in the years 2004 to 2013 and information on practices and their registered patients</td>
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<td><strong>Theme</strong></td>
<td>Health and Social Care</td>
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<td><strong>Topic</strong></td>
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<tr>
<td><strong>Format</strong></td>
<td>Excel workbooks</td>
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<tr>
<td><strong>Data source(s)</strong></td>
<td>General Practitioner Contractor Database (GPCD); General Medical Services (GMS) Data Warehouse; Community Health Index (CHI) database</td>
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<tr>
<td><strong>Date that data are acquired</strong></td>
<td>21 November 2013</td>
</tr>
<tr>
<td><strong>Release date</strong></td>
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</tr>
<tr>
<td><strong>Frequency</strong></td>
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<tr>
<td><strong>Timeframe of data and timeliness</strong></td>
<td>Data up to 01 October 2013. This is the normal timeliness for this publication and no delay has occurred. Reports data since 2004.</td>
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<td>Reports on data from 2004</td>
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<tr>
<td><strong>Revisions statement</strong></td>
<td>These data are not subject to planned major revisions. There may be minor revisions to already published statistics in future editions of this publication in the event that any underlying errors in the data sources are found and corrected.</td>
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<tr>
<td><strong>Revisions relevant to this publication</strong></td>
<td>Revisions have been made to previously published data on GP numbers for years 2005 to 2012. This is due to improvements in source data.</td>
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<td><strong>Concepts and definitions</strong></td>
<td>See Glossary and footnotes of Excel workbooks for further information</td>
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<td><strong>Relevance and key uses of the statistics</strong></td>
<td>Making information publicly available for planning, provision of services and research.</td>
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<td><strong>Accuracy</strong></td>
<td>Information on the GP workforce and the practices within which they work is collated and recorded routinely by NHS Boards in line with regulatory and operational requirements. This information is therefore considered to have a high degree of overall accuracy. Maintenance of health service records on patients registered to practices is a core administrative function of the NHS and therefore the information on numbers of patients registered to each practice is...</td>
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expected to have a high degree of accuracy.

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<th>The data are considered complete. Workforce statistics taken from the General Practitioner Contractor Database (GPCD)</th>
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<tr>
<td>Comparability</td>
<td>Scottish GP workforce information is broadly comparable with GP workforce information for the other UK countries. However there are some variations in how the individual GP designations/contract types are described, and care must be taken to ensure that like for like groups are being compared (e.g. whether GP trainees or retainees are or are not included in each group being compared). The headcount information also takes no account of whether differing proportions of GPs in each country work on a full time or part time basis. Information on the numbers of general practices and the numbers of patients registered to them is fairly closely comparable with that for other UK countries. Information on the numbers of practice patients by deprivation group or urban/rural group is not directly comparable to information for other countries, as the classifications used to describe the deprivation or urban/rural status of populations are specific to Scotland.</td>
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<tr>
<td>Accessibility</td>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</td>
</tr>
<tr>
<td>Coherence and clarity</td>
<td>Tables and charts are accessible via the ISD website at: <a href="http://www.isdscotland.org/Health-Topics/General-Practice/">http://www.isdscotland.org/Health-Topics/General-Practice/</a></td>
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A3 – Early Access details (including Pre-Release Access)

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:
- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads

Extended Pre-Release Access
Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).
- Scottish Government Health Department (Analytical Services Division)
A4 – ISD and Official Statistics

About ISD
Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up. Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.
Mission: Better Information, Better Decisions, Better Health
Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics
Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD’s statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website. The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.