

Publication Report



General Practice – GP Workforce and Practice Population Statistics 2014



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Introduction

The first part of this publication presents data on General Practitioners (GPs) contracted to work in Scottish practices in the years 2004 to 2014. We describe the types of GP contract held, the age profiles and gender profiles of GPs in Scotland. Much of the information is available at the geographic levels of Scotland, NHS Board and Community Health Partnership.

The second part of the release gives information on the practices and the patients registered with them. This includes broad age distributions of registered patients at NHS Board and CHP level.

If you are a regular user of these statistics, it is important to remember that the data from previous years are fully refreshed from a dynamic database; figures for a given year may differ slightly from data published previously where they have been corrected or updated. More detail on the revisions will be available on the [General Practice](#) website.

Please note that figures in this publication have been revised since they were originally published. Typographical errors in Part 1 of this report and [data tables 1 and 2](#) have been corrected. A small number of outdated Practice Types in Chart 7 have been revised.

An error in methodology has resulted in under-reporting of the numbers of patients registered with a GP practice in [data tables 4 and 5](#), for 2014 and previous years. Due to the dynamic nature of the underlying database, and that the data are reported at fixed points in time, errors within these data tables have not been revised and corrected methodology will be applied to the December 2015 publication. It is estimated that the total number of patients registered with a GP practice in Scotland is under-reported by around 11,000 as at 01 October 2014, representing about 0.2 % of the Scotland practice list size. Caution should be exercised when using data from these tables.

These revisions do not affect the overall interpretation or conclusions to be drawn from previously published data.

Key points

- The number of GPs contracted to work for NHS Scotland has risen by about 10% since the agreement of the General Medical Services Contract (Scotland) in 2004. Currently there are around 4,900 GPs in post across Scotland.
- Since 2004, the GP workforce has changed from mainly being male (55% in 2004) to mainly being female (only 44% males in 2014).
- The population of GPs has aged alongside its patients. In 2014, 45% of the male GPs, and around a quarter of the female GPs, were aged 50 years and over. In 2004 this was 38% and 17%, respectively.

- 89% of the primary medical qualifications held by qualified General Practitioners in 2014 were obtained in the UK, slightly lower than in 2004 (94%). The difference is due to small increases in South Asia plus a category that holds a mix of many other countries.
- The patient population that is aged 65+ is increasing across Scotland, whereas the younger age groups have decreased between 2006 and 2014.
- The number of dispensing practices in Scotland has fallen by almost 30% between 2004 and 2014.

Background

Definitions and interpretation

In line with [legislation that came into effect on 1 April 2004](#) with the agreement of the new General Medical Services Contract (Scotland), GPs are now collectively termed 'Performers'. Within this publication we have broken down the overall group of GP performers into further sub-categories or designations, as follows:

- Performer salaried – A GP who is employed by the practice or NHS Board on a salaried basis
- Performer retaineer - A GP, typically part-time, who can be utilised by a practice as required
- Performer registrar, also known as Specialist Trainee - A medical practitioner who is being trained in general practice.
- Performer – The largest category, consisting of GP performers that are not salaried, retaineers or registrars - i.e. generally the practice partners

For greater detail on the categories, please refer to the glossary available [in this document](#) or on the [General Practice website](#).

Data available

The GP workforce information in this publication is based on snapshots at 1 October for 2004, and at 30 September for the years 2005 to 2014. These points were selected as the mid-points of the financial year. Longer-term trend information on the GP workforce is available on ISD's main [Workforce](#) pages.

When using the associated data spreadsheets, it is important to note that the data presented at NHS Board level reflect the structure of the Boards at the time point given by the data: 2004-5 are in 'pre-2006' structure, where there were 15 Boards. In April 2006, NHS Argyll and Clyde was dissolved and its assets and responsibilities were shared between NHS Highland and NHS Greater Glasgow. The latter was renamed NHS Greater Glasgow and Clyde; the Argyll part of the NHS Argyll and Clyde transferred to NHS Highland and corresponds to the Argyll and Bute council area.

The data from 2006 and 2013, inclusive, have the same NHS Board structure, and so are directly comparable. Then in 2014, there was a change to further align NHS Board and Local Authority boundary levels, particularly on the border between NHS Greater Glasgow and Clyde (GGC), and NHS Lanarkshire. Some 73 practices have been transferred from GGC to Lanarkshire, and the NHS Board and Community Health Partnerships (which are made up of Local Authorities) are now coterminous.

It is not possible to say whether GPs work full-time or part-time from these data because this information 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.

Longer term trend information on GP workforce is published on ISD's main [workforce pages](#).

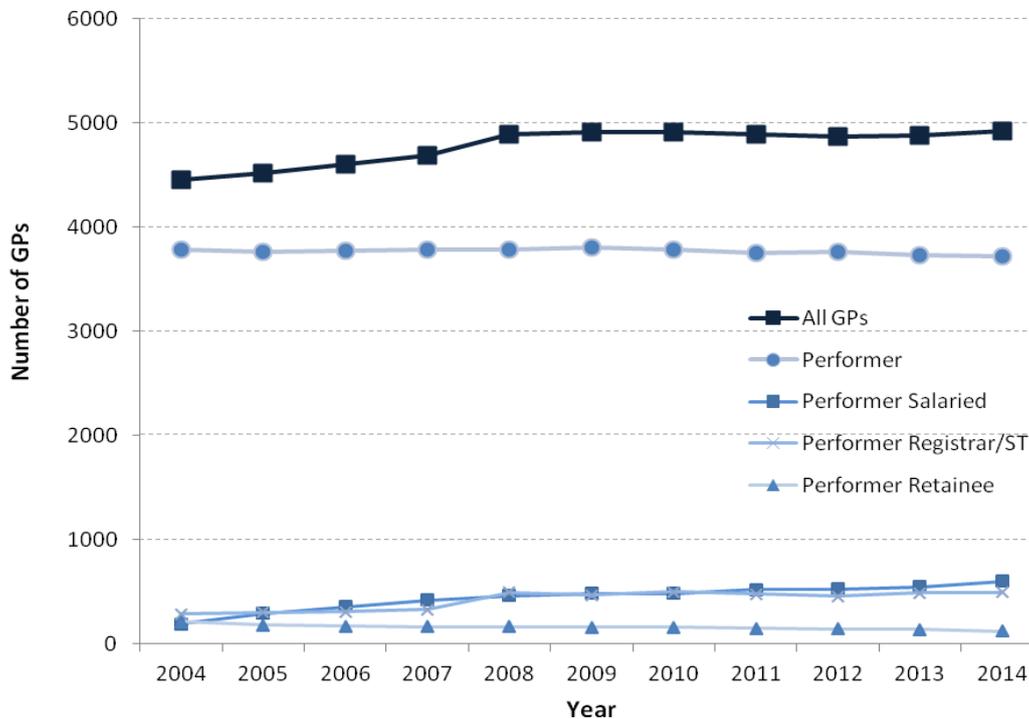
Results and Commentary

Part 1: Information about GPs

GP numbers and designations

As at 30 September 2014 there were 4,918 GPs contracted to work in General Practice in Scotland in post, taking all designations into account. The total number of GPs increased by around 10% between 2004 and 2009, but has largely remained the same since then (Chart 1). GPs can hold more than one contract and this can be at different designations; as such the sum of the designations will not equal the 'All GPs' total.

Chart 1: Number (Headcount) of GPs in post in Scotland, by designation; 2004-2014



Source: [GMS](#) (2004 only), [GPCD](#) (2005 to 2014), Refer to [Glossary](#) for designation definitions
Underlying data available in [this spreadsheet](#)

There has been only small change in the number of GPs with a performer contract, with only slight fluctuations in numbers and an overall decrease of 2% (60 GPs) between 2004 and 2014. In the last year to 30 September 2014, there has been an increase of 37 GPs in post.

The performer retaineer designation has seen the largest decrease in GPs, at 43% over the time period (Chart 1), from 208 to 118 practitioners. On the other hand, the number of performer salaried GPs has increased by 218%, from 188^R in 2004 to 598 in 2014.

The noticeable increase in the headcount of performer registrars (also referred to as specialist trainees) between 2004 and 2010 is a result of two things: first, an increase in the number of training places available. Secondly, there were changes in the training arrangements: from 2008 GP registrars work in practices during two stages of their training whereas, historically, registrars would work in practice primarily at the end stages of their training.

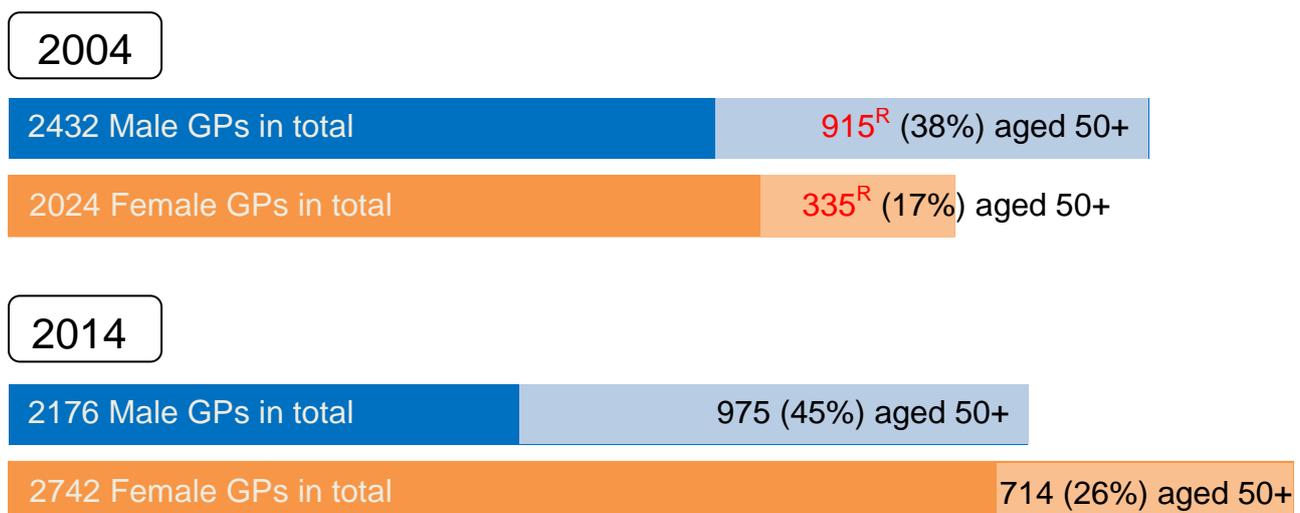
The trend of only small change in the headcount number of GPs since 2009 seen above is also reflected in the estimated Whole Time Equivalent (WTE) of GPs in post from the [2013 National Primary Care Workforce Survey](#) results. In 2009 the GP WTE was estimated to be 3,700 (at 30 January 2009) and in 2013 this was estimated as 3,735 (at 31 January 2013), which suggests little change in WTE (excluding Performer registrar / Specialist Trainee).

GP gender and age profile

The gender profile of the GP workforce has changed over the last 11 years. In 2004 more than half (55%) of the GPs were male but by 2014 this has now reversed with 56% of the 4918 GPs in post being female (Chart 2).

The proportion of over 50s is higher for males than for females; for example, in 2004 38% (915) of male GPs were aged 50 or over, compared to 17% (335) in female GPs. Also for both genders the proportion of GPs aged 50 or over has increased. By 2014, the proportion of GPs that were over 50 years of age had increased to 45% (975^R) for male GPs and 26% (714^R) for female GPs.

Chart 2: Change in proportions of gender and age groups among male and female GPs in post in Scotland, 2004 and 2014



Source: [GMS](#) (2004 only), [GPCD](#) (2014)
Underlying data can be found in [this spreadsheet](#)

More detailed information on the GP workforce and age distributions is provided in spreadsheets for [all Scotland](#), by [NHS Board](#) and by [Community Health Partnership](#).

The results of the [2013 National Primary Care Workforce Survey](#) are consistent with these trends. The survey reports that in January 2013 female GPs slightly outnumbered male GPs overall. However, 77% of male GPs had sessional commitments of eight or more sessions per week (the Survey’s definition of ‘full time’), compared with only 26% of female GPs.

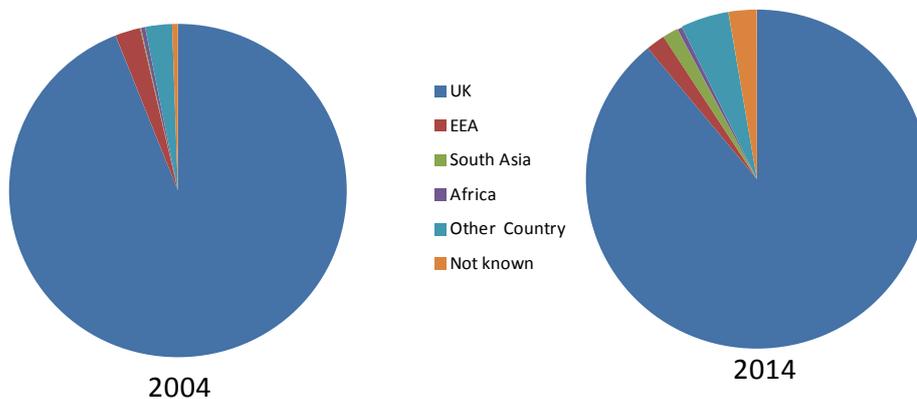
To clarify, a GP's week is typically defined in terms of sessions rather than hours, with a working day generally being comprised of two or sometimes three sessions. Thus, in terms of estimating the workforce size, the increasing number of female GPs is offset by the relatively high proportion of females 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.

Country of Primary Medical Qualification

The vast majority of primary medical qualifications obtained by qualified practitioners (Performer and Performer Salaried GPs) are from the UK (Chart 3). The proportion of UK qualifications has reduced by 5 percentage points between 2004 and 2014: 89% of practitioners in 2014 qualified in the UK compared with 94% in 2004. There has been little change to GPs qualifying in European Economic Area (EEA) countries, and very small increases in the proportions of GPs who qualified in South Asia (moving from about 0% to 1% over the time period) and the grouping of “Other Country”, which increased from about 3% to 5% of practicing GPs in Scotland.

The country classifications used are consistent with [those used by NHS England](#), for ease of comparison. For detail on the groupings, please consult that document.

Chart 3: Proportion of primary medical qualifications held by Scottish Performer and Performer Salaried GPs, by country group; 2004 and 2014



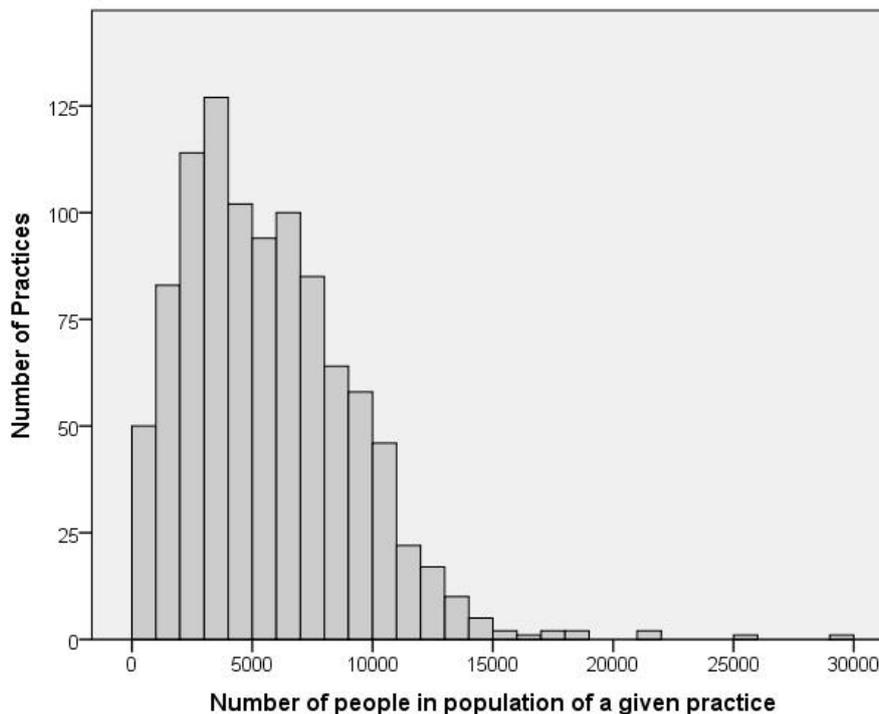
Source: [GMS](#) (2004 only), [GPCD](#) (2005 to 2014)
Underlying data and more detail can be found in [this spreadsheet](#).

Part 2: Information about GP Practices and their Populations

Practice counts and practice population statistics

There is great variability in the number of patients registered to a given GP practice around Scotland (Chart 4). The range in practice sizes includes, for example, a remote area with a list size (practice population count) of 200, and a heavily urban area of Scotland that has over 18,000 patients on its list.

Chart 4: The distribution of practice list sizes across Scotland's GP Practices as at 1 October 2014



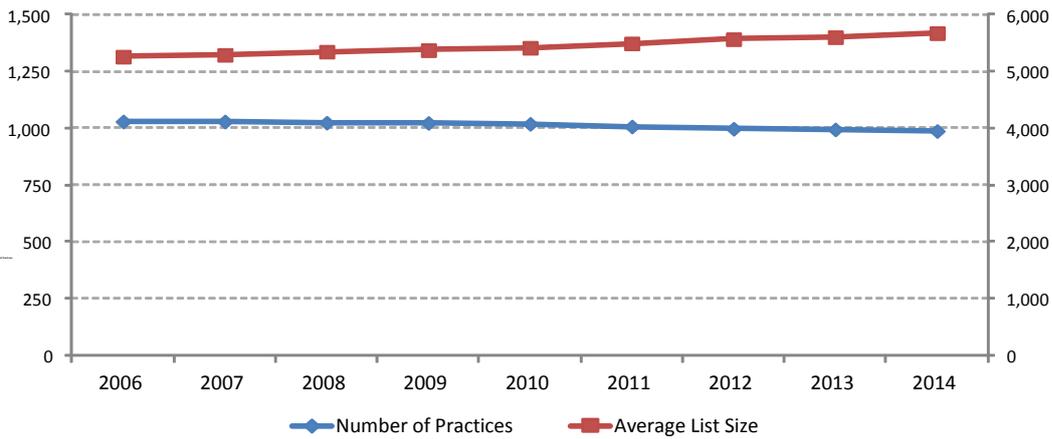
Source: [GMS Warehouse](#); data compiled from a quarterly-updated List Size spreadsheet on the [ISD website](#)

Note: These data exclude figures from practices who do not have any registered patients as well as from a small number of specialist primary care services, e.g. Out of Hours services.

Due to the variation seen in Chart 4, average practice size is not a very helpful measure for describing and comparing practices, but it does give some indication of how the populations being treated by Scotland's practices might be changing over time.

The average number of registered patients in Scottish GP practices has increased by 3% between 2006 (5,258 patients) and 2014 (5,673 patients) (Chart 5). The increase is a combination of [increasing population](#) in Scotland, so more people are registered to GP practices, and a decrease in the number of GP practices. The decrease in the number of GP practices is due mainly to the closing of practices, with the number of practices between 2006 and 2014 reduced by 41; with all but six of the closures being products of mergers.

Chart 5: Number of GP practices in Scotland with a registered patient list, and average list size; 2006 – 2014

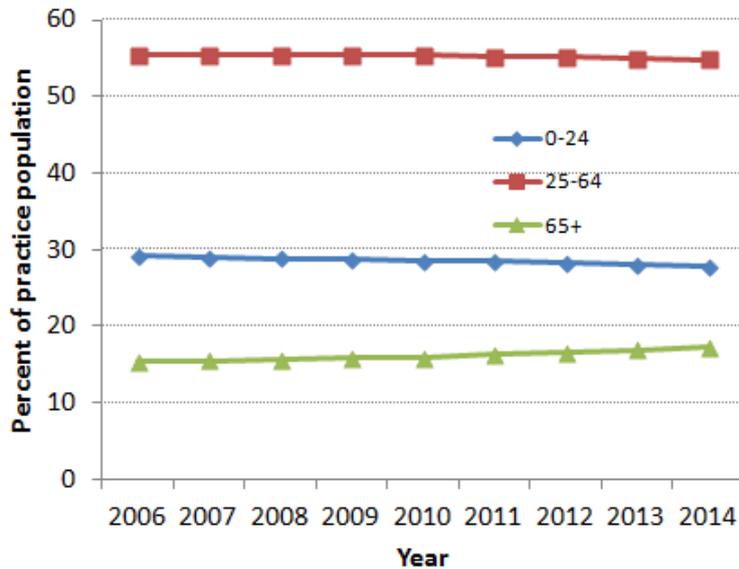


Source: [GMS Warehouse](#); data compiled from a quarterly-updated List Size spreadsheet on the [ISD website](#)

Age profile of patient populations

The proportion of patients over 65 years of age has increased with time (Chart 6); this is largely due to an [ageing population](#) as seen in virtually all European countries.

Chart 6: Age profile of patients registered with a GP in Scotland; 2006 – 2014



Source: [GMS Warehouse](#)

Please note that the underlying data tables for Chart 6 have the error in methodology detailed in the introduction, but this does not affect the overall interpretation of this chart. The number of patients registered with a GP in Scotland is under reported by approximately 0.2 % for 2014 and previous years within [data tables 4 and 5](#).

Part 3: Additional Practice information

Practice contract types in Scotland

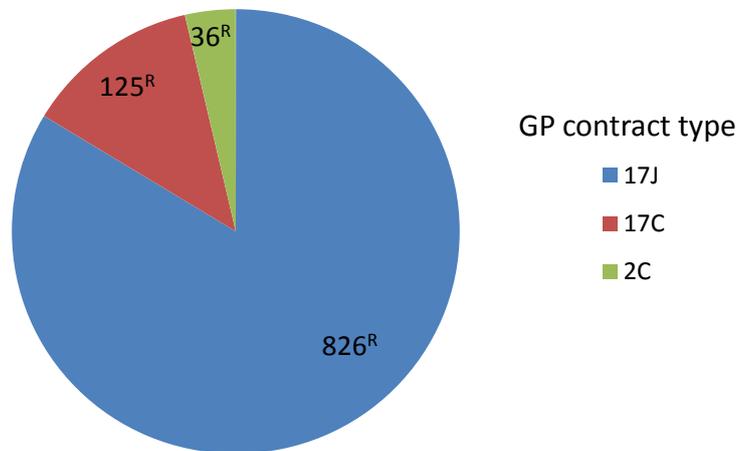
There are three types of General Practice contract types in Scotland, negotiated in 2004 and established as the [The Primary Medical Services \(Scotland\) Act 2004](#).

17J practice: A 'Section 17J' or 'GMS' (General Medical Services) practice is one that has a standard, nationally negotiated contract, with some flexibility to opt in or out of local and national enhance services. This is by far the most common type of practice in Scotland (Chart 7).

17C practice: A 'Section 17C' practice (formerly known as 'Personal Medical Services' or 'PMS' practice) is one that has a locally negotiated agreement, enabling, for example, flexible provision of services in accordance with specific local circumstances.

2C practice: In general terms, this is most likely to mean that the practice is run by the NHS Board (as opposed to being run by GPs and/or other partners, as is the case for practices with 17C or 17J contract types).

Chart 7: General Practice Contract types¹ in Scotland, 2014^R



Source^R: Practitioner Services Division, PMSPS as extracted at 01 October 2014

¹ Includes specialist practices. Exclude practices which do not have any registered patients as well as a small number of virtual practices

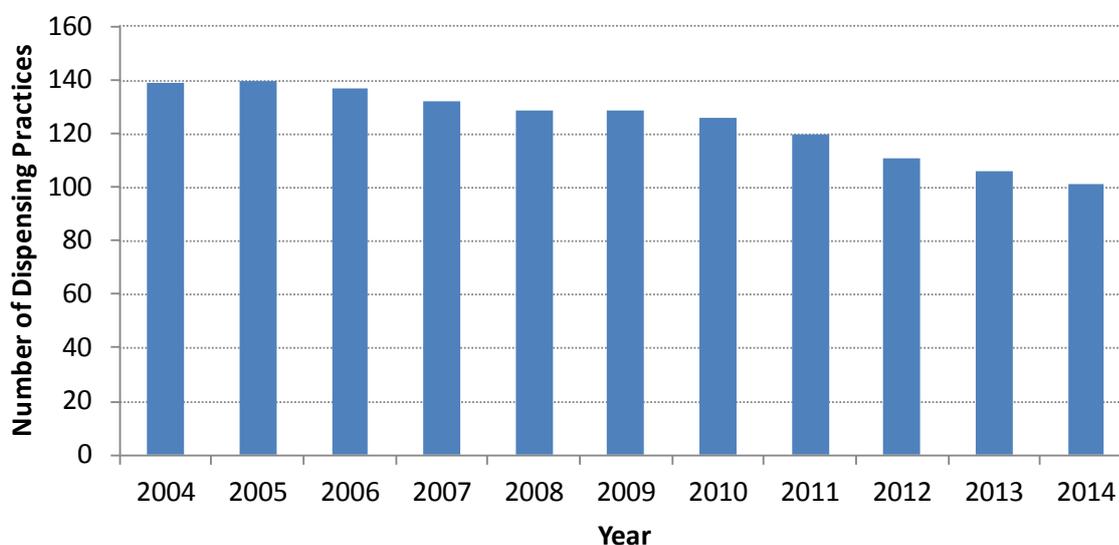
Please note that figures in this chart have been revised since they were originally published due to some outdated Practice Types in GPCD and GMS databases. Revised figures have been sourced instead from Practitioner Services Division.

Dispensing Practices in Scotland

A dispensing practice is a General Practice that provides pharmaceutical services to its patients. These are most commonly found in remote, island and rural areas where the population is deemed too small to support an independent community pharmacy.

The number of dispensing practices has decreased over time (Chart 8). In 2004 there were 139, dropping to 101 dispensing practices in 2014. This may be due to a number of factors: an increasing presence of commercial pharmacies where a dispensing practice was once the only source; possible mergers of practices; and other reasons for closure that are not documented within the NHS.

Chart 8: Number of dispensing practices in Scotland 2004-2014



Source: [GMS Warehouse](#); data compiled from a quarterly-updated List Size spreadsheet on the [ISD website](#)

The information for Chart 8 was derived from information routinely provided on the [GP Workforce page](#), on the most recent spreadsheet containing the GP list information in the first section. Where there was a dispensing GP flagged, the practice as a whole was considered to be a dispensing practice.

Related data available

There is a further selection of reference files available on the [General Practice](#) topic area of the ISD website, including tables of practice counts and populations presented by deprivation status and urban/rural locations of practice populations. The demographic breakdowns can be viewed at the geographic levels of Scotland, Health Board and CHP.

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
GMS	General Medical Services Warehouse, a repository of historical GP, GP practice and GP patient list size information
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	General Practitioners 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 allows 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 No.	Name	Time period	File & size
1	Number of GPs in post by designation, age and gender in Scotland <i>*Revised*</i>	2004 to 2014	Excel [71kb]
2	Number of GPs in post by designation and gender by NHS Board <i>*Revised*</i>	2004 to 2014	Excel [79kb]
3	Number of GPs in post by designation and gender by CHP/CHCP	2004 to 2014	Excel [95kb]
4	Number of practices by NHS Board and numbers of patients registered with practices by age group and practice type <i>*Data Quality Issues*</i>	2006 to 2014	Excel [119kb]
5	Number of practices by CHP/CHCP and numbers of patients registered with practices by age group and practice type <i>*Data Quality Issues*</i>	2006 to 2014	Excel [189kb]
6	Practice populations by deprivation status	2005 to 2014	Excel [782kb]
7	Practice populations by urban/rural classification	2005 to 2014	Excel [852kb]
8	Practice population trends by gender and age group	1999 to 2014	Excel [2.1mb]
9	Primary Medical Qualification by Country of Qualification	2004 and 2014	Excel [23kb]

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Further Information

Further information can be found on the [ISD website](#)

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Appendix

A1 - Use of published GP workforce and practice population statistics

There are many users of the GP workforce and practice population publication and data within it; these include the Scottish Government, Scottish Parliament, NHS board Chief Executives and Information Departments, private research, charities, students and members of the public.

The uses of the data include:

- Planning and provisioning services within NHS Boards.
- Analytical support to the Scottish Government Health Department; briefing and advice to policy, ministerial and press colleagues and to support the development, implementation and monitoring of policy and performance of NHS Scotland's primary care services.
- Enabling ISD and the Scottish Government to reply to questions raised in the Scottish Parliament (PQs).
- Supporting local, regional and national planning and monitoring of general practices.
- Comparison of General Practices across Scotland and within the UK, and potentially for other European countries. These comparisons are made using data collated by organisations such as ONS, OECD and ScotPHO (Scottish Public Health Observatory). ScotPHO also enables international comparisons using the European Health for All database.
- Press and media use the information to inform public debate and discussion.
- A range of requests from researchers, students and members of the public who may be looking for baseline information.

Examples of requests from students, researchers and members of the public are:

- Practice population data at datazone level by age and sex from 2005-2013.
- List of dispensing practices as at January 2014.
- Practice populations by sex, age and SIMD quintile, years 2007 to 2012.
- The number of GPs on the performer's list of each territorial NHS Board in Scotland and the number of GPs in Scotland who are on more than one performer's list.

A2 - Users' experience of the statistics

On the ISD website, users are invited to provide a rating and comment on the usefulness of the data presented in the publication. As at May 2014, the product was rated as 'Entirely meets information needs' but the number of replies was limited.

The publication report invites feedback on the publication, its statistics and data presentation in both the 'Introduction' and 'Further Information' sections, but so far there has been little response.

The Primary care team reflect on the frequency of information requests and, should any appear regularly, consideration is given to including this information in future publications.

A3 – Background Information

The population base is calculated using the Community Health Index (CHI). 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 (2014), 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.

A4 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	General Practice – GP workforce and practice population statistics to 2014
Description	Headcounts of GPs contracted to work in Scottish general practices in the years 2004 to 2014 and information on practices and their registered patients
Theme	Health and Social Care
Topic	General Practice
Format	Excel workbooks
Data source(s)	General Practitioner Contractor Database (GPCD); General Medical Services (GMS) Data Warehouse; Community Health Index (CHI) database
Date that data are acquired	13 November 2014
Release date	16 December 2014 (Revised 03 August 2015)
Frequency	Annual
Timeframe of data and timeliness	Data up to 01 October 2014. This is the normal timeliness for this publication and no delay has occurred. Reports data since 2004.
Continuity of data	Reports on data from 2004
Revisions statement	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.
Revisions relevant to this publication	The data are taken from a dynamic database, with ongoing updating of records. Each year's release includes a refresh of the previous years, and as new information comes to light the numbers may change from those previously published. A revision has been made to this publication from its original release. Typographical errors in Part 1 of this report and data tables 1 and 2 have been corrected. A small number of outdated Practice Types in Chart 7 have been revised.
Concepts and definitions	See Glossary and footnotes of Excel workbooks for further information
Relevance and key uses of the	Around 90% of interactions with the health service are made through primary care. This publication makes information available to the Scottish Government and NHS Boards for planning and provision of primary care

statistics	services. The data are used by epidemiologists to understand public health trends and by other researchers to understand the relationship of health and healthcare to other factors.
Accuracy	<p>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.</p> <p>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.</p>
Completeness	Workforce statistics taken from the General Practitioner Contractor Database (GPCD). An error in methodology has resulted in under-reporting of the numbers of patients registered with a GP practice in data tables 4 and 5, for 2014 and previous years. It is estimated that the total number of patients registered with a GP practice in Scotland is under-reported by around 11,000 as at 01 October 2014, representing about 0.2% of the Scotland practice list size.
Comparability	<p>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 (eg 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.</p> <p>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.</p> <p>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.</p>
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	Tables and charts are accessible via the ISD website at: http://www.isdscotland.org/Health-Topics/General-Practice/
Value type and unit of measurement	Numbers and percentages
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics	National Statistics

designation	
UK Statistics Authority Assessment	Assessment has taken place and the subsequent report was published in June 2012 at http://www.statisticsauthority.gov.uk/assessment/assessment-reports/assessment-report-209---statistics-on-dental-and-ophthalmic-services-and-general-practice-in-scotland.pdf
Last published	17 December 2013
Next published	15 December 2015
Date of first publication	Paper publications since 1970s; Web publications since 1996.
Help email	nss.isdGeneralPractice@nhs.net
Date form completed	03 August 2015

A5 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD is 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)

A6 – 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.