General Practice – GP workforce and practice list sizes
2005 - 2015
Publication date – 15 December 2015
Introduction

This publication presents data on the General Practitioner (GP) workforce contracted to work in Scottish practices in the years 2005 to 2015. Note that GP workforce information is only available as a headcount. This report also provides information about the number of GP practices and number of patients registered.

The majority of GPs are self-employed practitioners. In Scotland, GP practices are contracted by NHS Boards and receive funding for providing services as outlined in the General Medical Services contract. For workforce information on all medical staff employed directly by the NHS, please see the NHS Scotland Workforce Publications http://www.isdscotland.org/Health-Topics/Workforce/Publications/.

It is important to note that this general practice data is sourced from a dynamic, administrative database; figures for a given year may differ slightly from previous published data where information has been corrected or updated.

Revisions

Please note that this publication includes a revision of data for the number of patients registered with a GP practice for years 2012, 2013 and 2014. The number of GP registered patients in Scotland was previously under-reported by approximately 12,000 to 13,000 for these years due to an incorrect application of suppression.

This revision affects data table 4, Practice list sizes by NHS Board and age group.
Key definitions

GP designations
In line with legislation that came into effect on 1 April 2004, GPs are now collectively termed 'Performers'. Within this publication, the overall group of GP Performers is broken down into further sub-categories or designations as follows:

- Performer: A GP who has entered into a contract to provide services to patients and is effectively self-employed; usually a practice partner.
- Performer salaried: A GP who is employed by the practice or NHS Board on a salaried basis.
- Performer retainee: 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.

Further General Practice definitions can be found in the Glossary.
Key points

- At 30 September 2015, there were 4,938 GPs working in General Practice in Scotland. The number of female GPs was 2,842 (58% of GP workforce).

- Approximately 34% of GPs were aged 50 and over and therefore likely to retire within the next 10 years.

- Since 2005, the number of Salaried GPs has more than doubled (from 287 to 692), and they now represent 14% of the GP workforce.

- The number of Performer GPs (usually practice partners) has seen an overall decrease of 3% since 2005.

- Average practice list sizes in Scotland have increased by 10% since 2005.

- The number of patients aged 65 and over registered with GP practices in Scotland has risen from approximately 834,000 in 2005 to 985,000 in 2015; an 18% increase.
General Practitioners

GP headcount and designations

As at 30 September 2015, there were 4,938 GPs in total working in General Practice in Scotland. Of these, 3,657 (74%) were Performer GPs.

Figure 1 shows the number of GP posts within each designation. Note that some GPs may hold multiple posts simultaneously and therefore the total GP headcount for Scotland is slightly less than the sum of the different designations.

Figure 1: GPs in post in Scotland by designation, 2015

Note:
1 Locum/sessional GPs and those working purely in Out of Hours services are excluded from this headcount
2 The pie chart shows a total of 4,954 posts but the Scotland headcount is 4,938, as GPs can hold multiple posts

Source: General Practitioner Contractor Database (GPCD), ISD

The retainee headcount in Figure 1 does not reflect that these positions will be typically part-time. An estimate of the whole time equivalent GPs for 2012/13 can be found in the 2013 Primary Care Workforce Survey.
Gender and age profile of GPs

At 30 September 2015, the number of female GPs in post was 2,842 (58%) compared with 2,096 males. Figure 2 shows a shift in gender profile over the last 11 years, with females now accounting for the majority of the GP workforce. These headcounts do not reflect part-time hours and it is worth noting that, for 2015, there were 113 female retainees compared with zero males. An estimate of the whole time equivalent GPs in post for 2012/13 is available in the latest Primary Care Workforce Survey.

The percentage of GPs aged 50 and over is of interest as these GPs are likely to approach retirement in the next 10 years. At 30 September 2015, approximately 34% of GPs were aged 50 and over. Figure 2 emphasises an increasing trend in the percentage of GPs approaching retirement. At 2015, 45% of male GPs were aged 50+ and 26% of female GPs were aged 50+.

Figure 2: Number of GPs by gender and percentage aged 50+, Scotland

Source: General Practitioner Contractor Database (GPCD), ISD

More detailed information on the GP workforce is provided in data table 1, Number of GPs in Scotland by age, designation and gender.
General practices and their patients

Practice list sizes

There is considerable variation in the number of patients registered at a given general practice across Scotland. In Figure 3, each dot represents an individual practice. Practice list sizes can range from around 200 patients in a remote location to over 30,000 in a densely populated urban area within NHS Greater Glasgow & Clyde (Figure 3). Note that some specialist practices, which address the specific health needs of patients with challenging behaviour or homelessness, have list sizes less than 200.

Figure 3: Practice list sizes by NHS Board, 2015

The average (or mean) practice list size in Scotland for 2015 is approximately 5,700 patients. Due to the wide range in practice list sizes, the average practice list size for Scotland is a limited measure. However, it does provide some indication of how list sizes are changing over time; see figure 4.

Data table 8 provides more detailed information on the urban/rural classification of patients registered with GP practices.
General practice trends

Trends over time (Figure 4) show a reduction in the number of practices and an increase in average practice list size. This can be partly explained by an increase in the general practice population and the merger of practices.

Average practice list sizes have increased by 10% since 2005 and the headcount of all GPs has increased by 9% over this time. However, there has been an overall decline in Performer headcount of 3% since 2005. It is noticeable that the number of Salaried GPs has more than doubled over the last 11 years.

Figure 4: General Practice trends, Scotland, 2005 to 2015

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<td>997</td>
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<td>All GPs</td>
<td>4,521</td>
<td>4,598</td>
<td>4,687</td>
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<td>Performers</td>
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<td>Salaried GPs</td>
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<td>353</td>
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<td>522</td>
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<td>GP registered patients (millions)</td>
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<td>5.406</td>
<td>5.424</td>
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<td>Average practice list size</td>
<td>5,206</td>
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<td>5,282</td>
<td>5,341</td>
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1 Includes all GP designations: Performer, Salaried Performer, Retainers and Registrars. Excludes Locum/sessional GPs and those working purely in Out of Hours services.

2 A GP who has entered into a contract to provide services to patients and is effectively self-employed; usually a practice partner.

Source: General Practitioner Contractor database and General Medical Services database, ISD
Age profile of patients registered

The United Kingdom has an increasingly ageing population and the care of older people progressively takes up a higher proportion of a GP’s workload. The number of patients aged 65 and over registered with GP practices in Scotland has risen from approximately 834,000 in 2005 to 985,000 in 2015; an 18% increase. Data tables 4 and 5 provide more information on practice list sizes by age group.

Figure 5 shows the NHS Boards which have a larger proportion of primary care patients aged 65 and over, compared with Scotland. Elderly patients tend to have multi-morbidities and frailty; this patient group tend to require longer consultation times (including home visits) and access GP services with greater frequency than younger patients.

Figure 5: Percentage of GP registered patients aged 65+ by NHS Board, 2015

Deprivation levels

There is a strong relationship between deprivation and health. Average life expectancy\(^1\) in the most deprived areas is shorter than the average person in Scotland and patients from more deprived areas tend to be high-end users of health services. For 2015, there were 282 (out of 981) practices in Scotland in which more than a third of the practice population lived in one of the 20% most deprived areas of Scotland. Data table 7, Practice populations by deprivation status, provides more detailed information on the number of patients registered at individual practices within each deprivation category, measured by the Scottish Index of Multiple Deprivation (SIMD).

\(^1\) More information about life expectancy can be found on the Scotpho website [http://www.scotpho.org.uk/](http://www.scotpho.org.uk/).
Additional Practice Information

Practice contract types

There are three types of General Practice contract types in Scotland, in effect from 2004 as part of The Primary Medical Services (Scotland) Act 2004:

**GMS/17J:** A ‘GMS’ (General Medical Services) practice, also known as a ‘Section 17J’, is GP run and has a standard, nationally negotiated contract in place, with some flexibility to opt in or out of local and national enhanced services.

**17C:** A ‘Section 17C’ practice is GP run and has a locally negotiated agreement between the NHS Board and the practice. This enables, for example, flexible provision of services in accordance with specific local circumstances.

**2C:** An NHS Board run practice where all GPs and Practice staff are salaried to the local NHS Board.

Figure 6 shows that the majority (82%) of practices in Scotland are run by GPs with a GMS contract in place (17J).

**Figure 6: General Practice Contract types in Scotland, 2015**

![Pie chart showing practice types](chart.png)

Source: General Practitioner Contract Database (GPCD), ISD.

Dispensing practices

Some practices in Scotland provide pharmaceutical services to their patients. These dispensing practices are more commonly found in remote, island and rural areas where the population is deemed too small to support an independent community pharmacy. More information about practices offering dispensing services and payments made can be found in the [NHS Payments to General Practice](#) publication.
# Glossary

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

**GMS**
General Medical Services is the term used to describe the range of healthcare that is provided by General Practitioners as part of the National Health Services.

**GPCD**
General Practitioners Contractor Database. A centralised database of GP and general practice details, held at ISD but with data maintained by NHS Boards.

**GMS Database**
General Medical Services database at ISD. A repository of historical GP and general practice details prior to 2005. An ongoing repository for practice patient list size information.

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

**Performer**
A GP who has entered into a contract to provide services to patients and is effectively self-employed; usually a practice partner.

**Performer Retainee**
A GP, typically part-time, who can be utilised by a practice as required.

**Performer Registrar/ST**
A medical practitioner who is being trained in general practice. Also known as a Specialist Trainee.

**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.

**Sessional GPs**
GPs who measure their work in sessions; also known as locums. The GP workforce survey defines full-time as 8 or more sessions per week on average.
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<td>Practice populations by urban/rural classification</td>
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Contact

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Further Information
Further information can be found on the ISD website

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Appendix

A1 – Background Information

**General Medical Services (GMS)** is the term used to describe the range of healthcare that is provided by General Practitioners (GPs or family doctors) as part of the National Health Service in the United Kingdom. The NHS specifies what GPs, as independent contractors, are expected to do and provides funding for this work through arrangements known as the **General Medical Services Contract**. Today, the GMS contract is a UK-wide arrangement with minor differences negotiated by each of the four UK health departments.

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 GPs who work only in Out of Hours services. The actual number of GPs working in Scotland is therefore higher than reported.

The GP workforce information in this publication is based on snapshots at 30 September for the years 2005 to 2015. Practice population files (CHI population registered at GP practices) are based on snapshots as at 30 September. Practice list size information is based on snapshots at 1 October for the years 2005 to 2015. These points were selected as the mid-points of the financial year.

**Population data**

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. The CHI population register is inflated in comparison to NRS estimates and there is a difference of around 250,000 people when comparing 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**

Information on the GP workforce and the practices within which they work is collated and recorded routinely in an administrative database (GPCD) 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.
## A2 – Publication Metadata (including revisions details)

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<tr>
<td><strong>Description</strong></td>
<td>Headcounts of GPs contracted to work in Scottish general practices in the years 2005 to 2015 and information on practices and their registered patients</td>
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<td><strong>Frequency</strong></td>
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<td>Data table 4 has been revised since last publication to correct an error in methodology which resulted in under-reporting of the numbers of patients registered with a general practice for 2014, 2013 and 2012.</td>
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<td><strong>Revisions relevant to this publication</strong></td>
<td>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.</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>Some 90% 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 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.</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.</td>
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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 | The data are considered complete. Workforce statistics taken from the General Practitioner Contractor Database (GPCD) |
| Comparability | 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. |
| 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: <a href="http://www.isdscotland.org/Health-Topics/General-Practice/">http://www.isdscotland.org/Health-Topics/General-Practice/</a> |
| Value type and unit of measurement | Numbers and percentages |
| Disclosure | The <a href="http://www.isdscotland.org/Health-Topics/General-Practice/">ISD protocol on Statistical Disclosure Protocol</a> is followed. |
| Official Statistics designation | National Statistics |
| Last published | 16 December 2014 (Revised 03 August 2015) |
| Next published | 13 December 2016 |
| Date of first publication | Paper publications since 1970s; Web publications since 1996. |</p>
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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.

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