

# General Practice

GP Workforce and practice list sizes 2006 - 2016

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## Introduction

This publication presents data on the General Practitioner (GP) workforce contracted to work in Scottish practices in the years 2006 to 2016. This report also provides information about the number of GP practices and number of patients registered. Note that GP workforce information is only available as a headcount; an estimate of the whole time equivalent of GPs for 2015 can be found in the [National Primary Care Workforce Survey 2015](#)

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.

## 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 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.

Further General Practice definitions can be found in the [Glossary](#).

## Main points

- The number of women GPs has continued to rise; 59% of GPs were female at September 2016.
- Around one third of all GPs are aged 50 and over.
- The number of GPs in Scotland has remained at around 4,900 since 2008.
- The number of patients registered with GP practices continues to rise slowly year on year and has increased by 5% since 2006.
- The number of patients aged 65+ has increased by 19% since 2006.
- The average practice list size increased by 12% between 2006 and 2016, while the number of practices decreased by 6%.

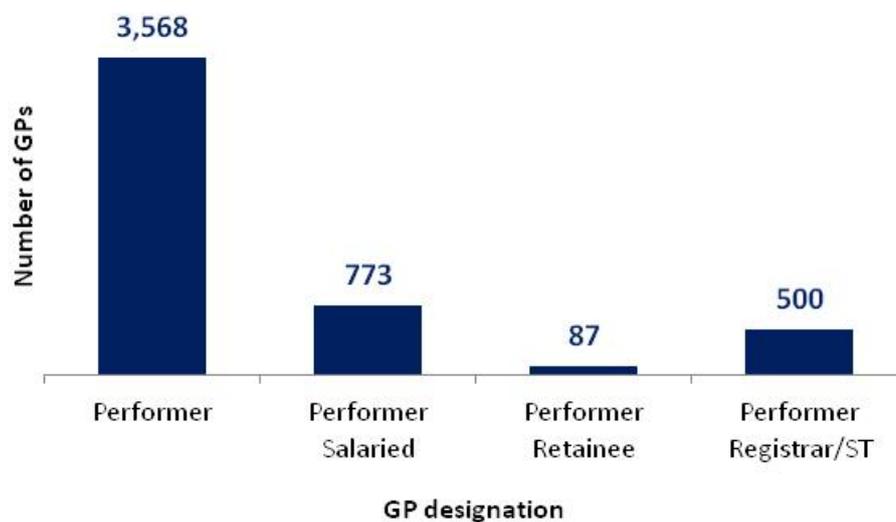
## General Practitioners

### GP Headcount and designations

As at 30 September 2016, there were 4,913 GPs working in General Practice in Scotland.

Figure 1 shows the number of GP posts within each subcategory. 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 totals.

**Figure 1: Headcount of GPs<sup>1</sup> in post in Scotland by designation<sup>2</sup>, 2016**



Notes:

1. The bar chart shows a total of 4,928 posts but the Scotland headcount is 4,913, as GPs can hold multiple posts.
2. See [definitions of GP designation](#).
3. Locum/sessional GPs and those working purely in Out of Hours services are excluded from this headcount.

Source: General Practitioner Contractor Database (GPCD), ISD

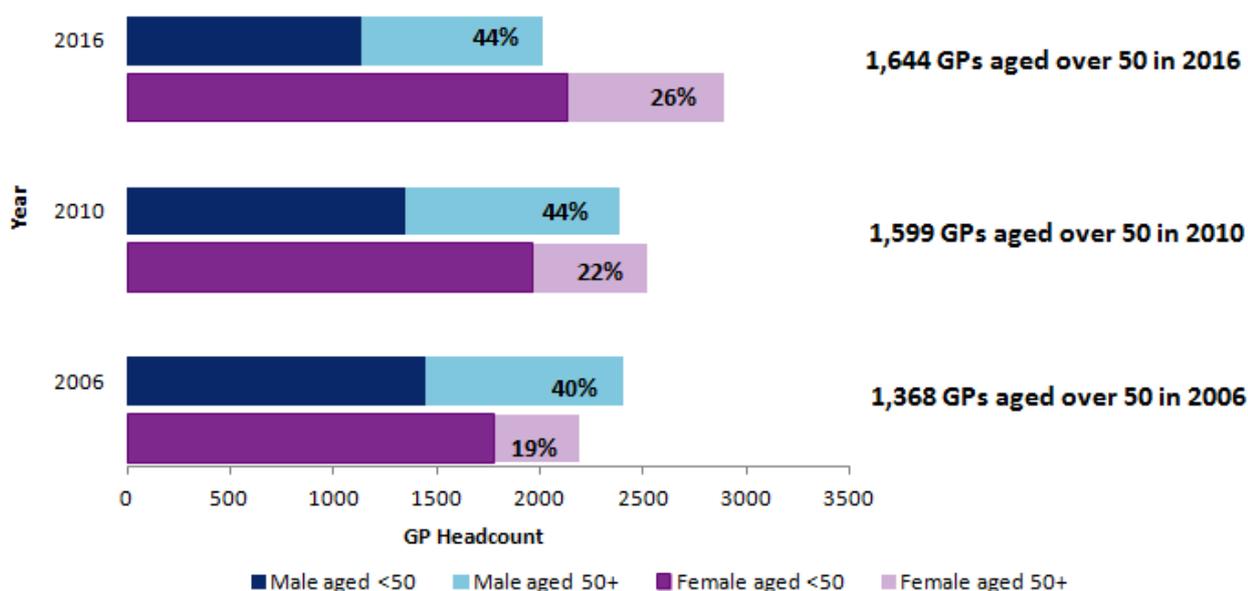
The number of [Retainee](#) GPs in Figure 1 does not convey that many of these GPs will typically be part-time, and so the number of WTE Retainee GPs is lower. An estimate of the whole time equivalent GPs for 2015 can be found in the [National Primary Care Workforce Survey 2015](#).

## Gender and age profiles of GPs

At 30 September 2016, the number of female GPs in post was 2,896 (59% of all GPs) compared with 2,017 males (41%). Figure 2 shows a shift in gender profile over the last 10 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 2016, there were 87 female retainees compared with zero males. An estimate of the whole time equivalent GPs for 2015 can be found in the [National Primary Care Workforce Survey 2015](#).

At 30 September 2016, approximately 33% of GPs were aged 50 and over. At 2016, 44% 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](#).

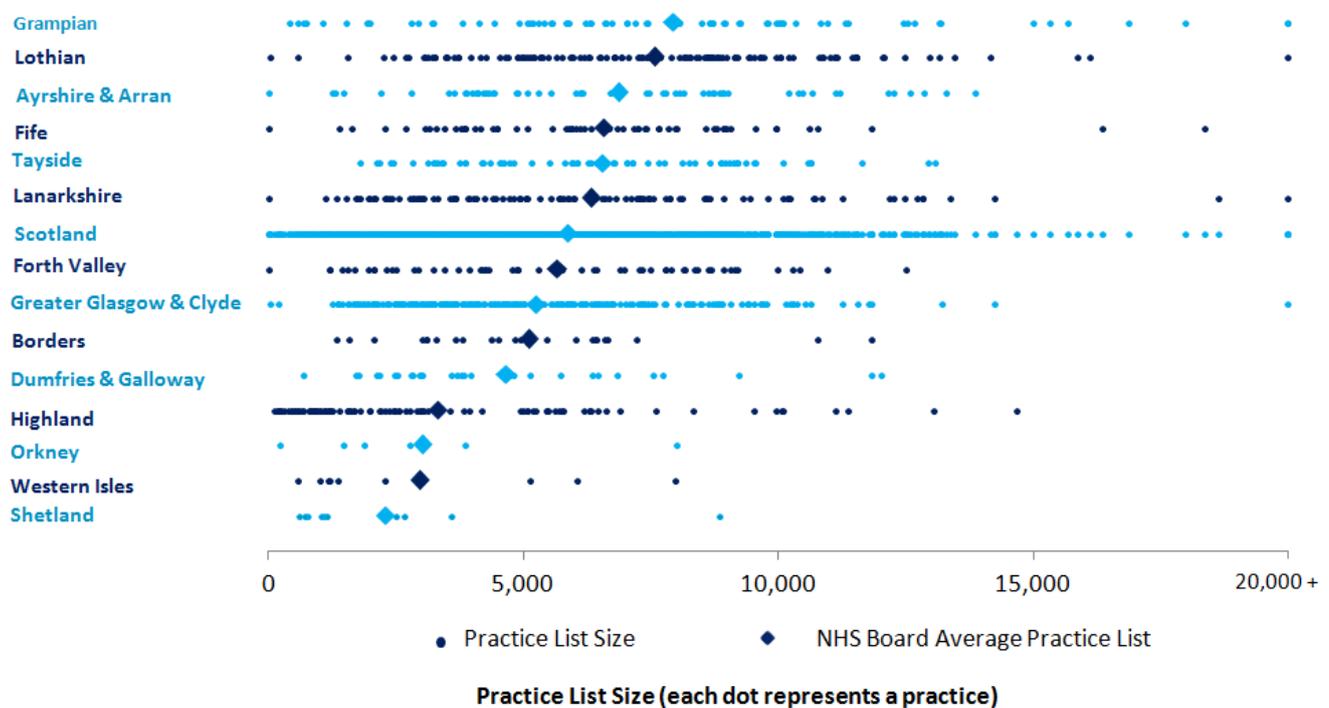
## General Practices and their patients

### Practice list sizes

There is considerable variation in the number of patients registered at a given general practice across Scotland. Practice list sizes can range from around 200 patients in remote locations to over 20,000 in densely populated urban areas. 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 shows the spread of practice list size in each NHS Board. Each dot represents a practice.

**Figure 3: Practice list size by NHS Board, 2016**



Note: Each dot represents an individual practice  
 Source: General Medical Services (GMS) Warehouse, ISD

The average (or mean) practice list size in Scotland for 2016 is approximately 5,900 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 table 1.

[Data table 8](#) provides detailed information on the urban/rural classification of patients registered with GP practices.

## General Practice Trends

Trends over time (Table 1) show a reduction in the number of practices and an increase in average practice list size. This can partly be explained by mergers of practices and the increase in the overall general practice population

While the number of GPs has remained around the same level since 2008, the number of registered patients has increased steadily each year. This is due to the increasing size of the Scottish population. The numbers of patients aged 65 and over have also increased steadily (see following section 'Age profile of registered patients').

**Table 1: General Practice Trends, Scotland, 2006 - 2016**

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
<b>Number of practices</b>	1,028	1,027	1,025	1,023	1,019	1,006	997	994	987	981	963
<b>All GPs<sup>1</sup> (Headcount)</b>	4,598	4,687	4,890	4,906	4,905	4,889	4,865	4,881	4,921	4,938	4,913
<b>Performers<sup>2</sup> (Headcount)</b>	3,772	3,787	3,785	3,808	3,781	3,753	3,758	3,726	3,719	3,657	3,568
<b>Salaried GPs<sup>3</sup> (Headcount)</b>	353	416	458	482	479	519	522	542	596	692	773
<b>Number of GP patients in Scotland (thousands)</b>	5,406	5,424	5,474	5,497	5,519	5,527	5,549	5,568	5,599	5,627	5,663
<b>Number of GP patients in Scotland aged 65+ (thousands)</b>	839	844	859	872	882	899	929	950	971	985	1,002
<b>Average practice list size (rounded to nearest 10)</b>	5,260	5,280	5,340	5,370	5,420	5,490	5,570	5,600	5,670	5,740	5,880

Note:

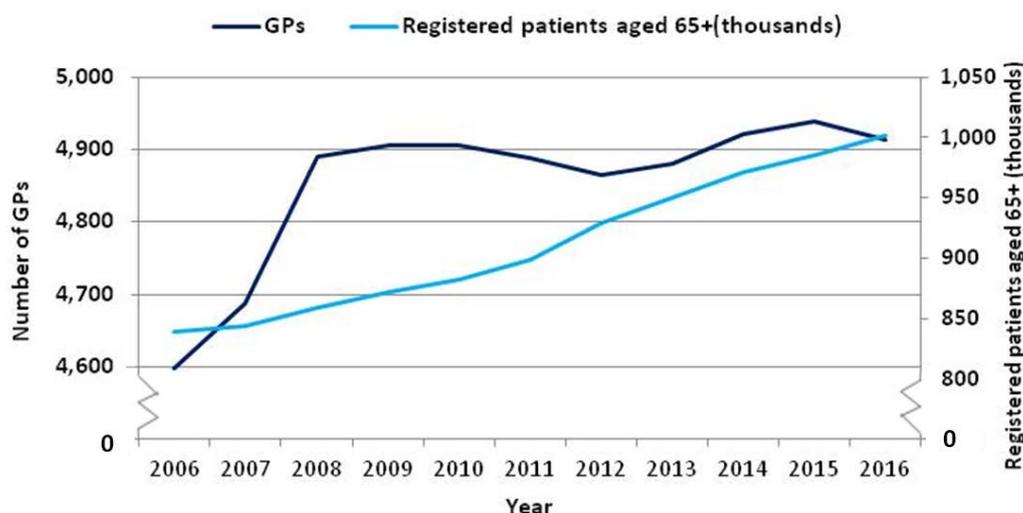
1. Includes all GP designations: Performer, Salaried Performer, Retainees and registrars. Excludes locum/sessional GPs and those working purely in Out of Hours services. GPs may hold multiple posts simultaneously therefore the total number of GPs may not equal the sum of the different GP post types.
2. A GP who has entered into a contract to provide services to patients and is effectively self-employed; usually a practice partner.
3. A GP who is employed by the practice or NHS Board on a salaried basis.

Source: General Practitioner Contractor Database and General Medical Services database, ISD

## Age profile of registered patients

Scotland has an ageing population and the care of older people progressively takes up a higher proportion of a GP's workload. Figure 4 shows the number of patients aged 65 and over registered with GP practices in Scotland has risen steadily from approximately 839,000 in 2006 to 1,002,000 in 2016; a 19% increase. The number of GPs has remained around the same level since 2008, following increases in the years prior to this. [Data tables 4 and 5](#) provide more information on practice list sizes by age group.

**Figure 4: Trends of the numbers of GPs<sup>1,2</sup> and the numbers of registered patients aged 65+, 2006 – 2016**



Note:

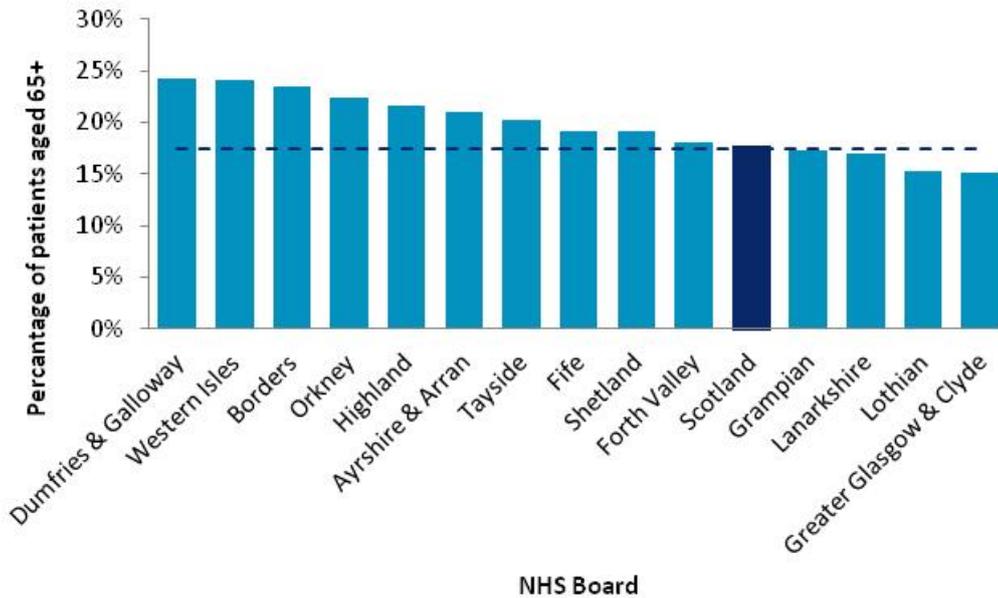
1. Includes all GP designations: Performer, Salaried Performer, Retainees and registrars. Excludes locum/sessional GPs and those working purely in Out of Hours services.
2. An estimate of the whole time equivalent for GPs up to 2015 can be found in the [National Primary Care Workforce Survey 2015](#).

Source: General Practitioner Contractor Database and General Medical Services database, ISD

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. More rural NHS Boards (e.g. NHS Dumfries & Galloway, NHS Western Isles) have higher proportions of older patients than Boards with more urban areas (NHS Greater Glasgow & Clyde, NHS Lothian).

Figure 5 shows which NHS Boards have a larger proportion of primary care patients aged 65 and over, compared with Scotland.

Figure 5: Percentage of GP registered patients aged 65+ by NHS Board, 2016



Source: General Medical Services (GMS) Warehouse, ISD

## Deprivation Levels

There is a strong relationship between deprivation and health. Average life expectancy is lower in the most deprived areas in Scotland and patients from more deprived areas tend to be high-end users of health services. In 2016, there were 289 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 who live in areas in each deprivation category, measured by the Scottish Index of Multiple Deprivation (SIMD) 2016.

More information about life expectancy can be found on the Scotpho website:

<http://www.scotpho.org.uk/population-dynamics/healthy-life-expectancy/key-points>

## Additional Practice Information

### Practice Contract Type

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

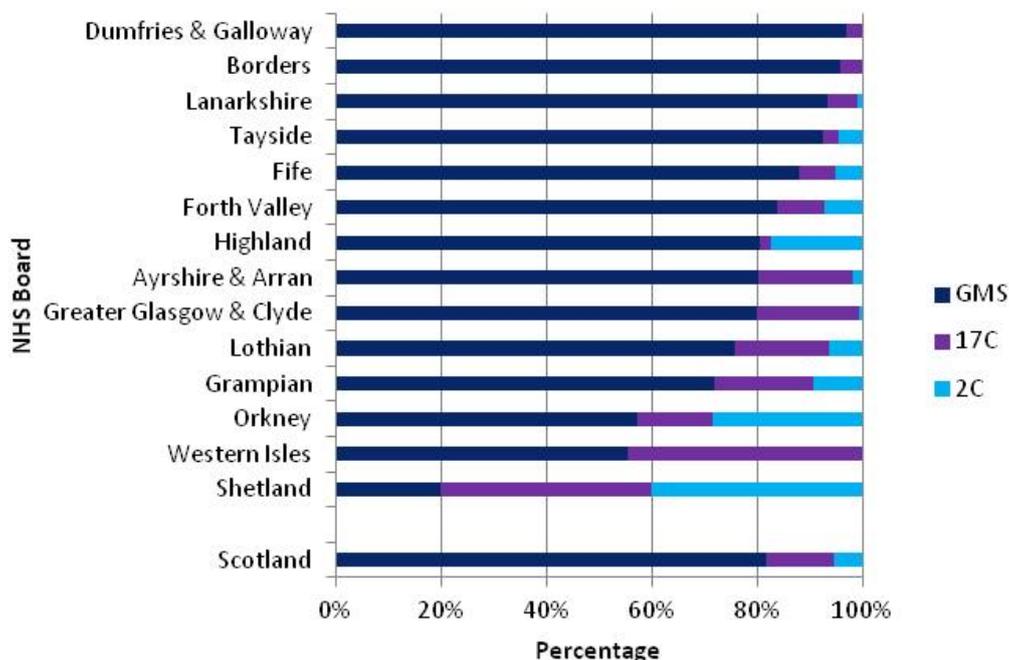
**GMS/17J:** A 'GMS' (General Medical Services) practice, also known as a 'Section 17J', is GP run and has a standard, nationally negotiated contract in place, with some flexibility to opt in or out of local and national enhanced services.

**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.

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

**Figure 6: General Practice Contract types in Scotland, 2016**



Source: General Practitioner Contractor 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.
SIMD	The Scottish Index of Multiple Deprivation (SIMD) 2016 divides small area concentrations of multiple deprivation into five 'quintiles', ranked from 1 to 5. Quintile 1 represents the 20% of the population living in the most deprived areas in Scotland and Quintile 5 the 20% living in the least deprived.

## List of Tables

Table No.	Name	Time period	File & size
1	<a href="#">Number of GPs in Scotland by age, designation and gender</a>	2006 - 2016	Excel [71kb]
2	<a href="#">Number of GPs at NHS Board level by designation and gender</a>	2006 - 2016	Excel [69kb]
3	<a href="#">Number of GPs at Local Authority level by designation and gender</a>	2006 - 2016	Excel [95kb]
4	<a href="#">Practice list sizes by NHS Board and age group</a>	2006 - 2016	Excel [342kb]
5	<a href="#">Practice list sizes by Local Authority and age group</a>	2006 - 2016	Excel [254kb]
6	<a href="#">Practice list sizes by gender and age group</a>	2006 - 2016	Excel [1,688kb]
7	<a href="#">Practice populations by deprivation status</a>	2006 - 2016	Excel [943kb]
8	<a href="#">Practice populations by urban/rural classification</a>	2006 - 2016	Excel [1,020kb]

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## Further Information

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

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## Appendices

### 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 2006 to 2016. 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 2006 to 2016. These points were selected as they are the mid-points of each 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)**

<b>Metadata Indicator</b>	<b>Description</b>
Publication title	General Practice – GP workforce and practice list sizes
Description	Headcounts of GPs contracted to work in Scottish general practices in the years 2006 to 2016 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) Database; Community Health Index (CHI) Database
Date that data are acquired	11 November 2016
Release date	13 December 2016
Frequency	Annual
Timeframe of data and timeliness	Data up to 01 October 2016. This is the normal timeliness for this publication and no delays has occurred. Reports data since 2006.
Continuity of data	Continuous
Revisions statement	n/a
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.
Concepts and definitions	See Glossary and footnotes of Excel workbooks for further information
Relevance and key uses of the statistics	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.
Accuracy	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.
Completeness	The data are considered complete. Workforce statistics taken from the General Practitioner Contractor Database (GPCD).
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 (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.</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 <a href="#">published guidelines</a> .
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="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Assessment has taken place and the subsequent report was published in June 2012 at <a href="http://www.statisticsauthority.gov.uk/assessment/assessment-reports/assessment-report-209---statistics-on-dental-and-ophthalmic-services-and-general-practice-in-scotland.pdf">http://www.statisticsauthority.gov.uk/assessment/assessment-reports/assessment-report-209---statistics-on-dental-and-ophthalmic-services-and-general-practice-in-scotland.pdf</a>
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Date form completed	

## **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.