

The work commitments of British general practitioners: a national survey

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SUMMARY

Many qualified general practitioners (GPs) are choosing not to become principals. With the current problems in recruitment and retention of GPs, workforce planning for the future of general practice is contingent upon the work commitments of both GP principals and non-principals. A questionnaire survey of 5966 vocationally trained doctors in the UK suggests that shortfalls in the GP workforce will not be alleviated by relying on the non-principal pool increasing their time commitment to general practice work.

Keywords: general practitioners; work commitments; primary care development.

Introduction

At a time of perceived crisis in the recruitment and retention of general practitioners (GPs) many qualified GPs are choosing not to become principals, preferring to work as locums, assistants or retainers, work in other medical disciplines or even leave medicine altogether.¹ Estimates of the numbers of non-principals (doctors with vocational training for general practice not working as principals²) in the United Kingdom range from 4000³ to 7500.⁴ These doctors make a significant contribution to the medical workforce in primary care.⁵ While their reasons for choosing not to be GP principals have been acknowledged,⁶ the amount of medical work they undertake has neither been quantified nor compared with that of their GP principal colleagues. This study set out to identify doctors qualified in general practice working as either principals or non-principals and to assess the amounts and types of work undertaken by both groups.

Method

A focus group of principals in general practice, conducted in May 1998, generated a number of themes and issues relating to GP career choices and intentions. These included reasons for becoming a principal — the sense of control and independence, the important role in the community, geographical stability, teamwork — alongside perceived barriers to becoming a principal — inadequate remuneration, family responsibilities, reluctance to take on managerial responsibilities.

This work informed the design of a quantitative postal questionnaire seeking details of gender, current employment status, and work roles. Three cohorts of doctors, who completed their

vocational training in 1986, 1991, and 1996 respectively, were located by cross-referencing their General Medical Council (GMC) number on the Joint Committee on Postgraduate Training for General Practice (JCPTGP) register with the current GMC database. Of the 6333 doctors identified from the JCPTGP database, 367 (6%) were not registered with the GMC. The remaining 5966 were sent the postal questionnaire.

Responders were sent both 'principal' and 'non-principal' versions of the questionnaire and were asked to complete the one appropriate to their current status.

Results

In total, 3969 valid responses were received, representing a 66.5% response rate. Approximately 70% of the responders identified themselves as GP principals ($n = 2770$), while the remaining 30% identified themselves as non-principals ($n = 1199$). Of the principals 55.4% were men and 42.2% were women, whereas of the non-principals 32.9% were men and 65.4% were women ($\chi^2 = 177.7$, d.f. = 1, $P < 0.001$).

Significantly higher proportions of the women principals had a time commitment of less than 25 hours per week — 23% versus 2.6% of men ($\chi^2 = 280.2$, d.f. = 1, $P < 0.001$) — although significantly higher proportions of the male principals were working part-time in other medical areas — 38.2% versus 23.1% of women ($\chi^2 = 6.6$, d.f. = 1, $P < 0.05$). Over one-third (34.9%) of the principal sample overall were undertaking medical work outside of general practice.

Proportionally more of the women non-principals were undertaking general practice work for less than 25 hours per week — 42.5% versus 15.7% of men. Of those doing over 25 hours a week of this work, proportionally more were men — 28.9% versus 18.1% of women ($\chi^2 = 65.5$, d.f. = 1, $P < 0.001$). The majority of the non-principals working more than 25 hours per week in medical areas other than general practice were men — 51.4% versus 24.1% of women ($\chi^2 = 55.8$, d.f. = 1, $P < 0.001$).

While just over half of the non-principal sample were still involved in general practice — 33.4% part-time, 21.6% full-time — nearly one-third (33.1%) were employed for more than 25 hours per week in work roles outside of general practice.

Discussion

Primary care currently has problems in recruiting and retaining doctors in the workforce, and the forecasts for the future supply of GPs have been grim.^{1,7} The need to ensure maximal utilisation of the medical workforce in primary care has focused attention on the pool of non-principals. The work commitments of principals and non-principals reported here support previous studies suggesting that the majority of non-principals actively choose this type of medical work.² Indeed, sizeable numbers of non-principals have substantial time commitments in medical posts outwith general practice that are likely to preclude increased general practice work. Many non-principals are working part-time in general practice and they do so for well-established reasons, reflecting developments in flexible working practices, changing attitudes towards career and lifestyle, and the emerging predominance of women entering the profession.^{2,5,8}

The findings of the study here constitute evidence that medical

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Table 1. Numbers of men and women in part- and full-time work in general practice and other medical work.

	Men (n = 1930)	Women (n = 1953)	Total ^a (n = 3969)
Principals	1535	1169	2770
GP principal work ^b			
1–25 hours per week (%)	40 (2.6)	269 (23.0)	317 (11.4)
Over 25 hours per week (%)	1440 (93.8)	840 (71.9)	2319 (83.7)
Other medical work ^c			
1–25 hours per week (%)	586 (38.2)	270 (23.1)	872 (31.5)
Over 25 hours per week (%)	52 (3.4)	42 (3.6)	95 (3.4)
Non-principals	395	784	1199
GP-related work ^d			
1–25 hours per week (%)	62 (15.7)	333 (42.5)	401 (33.4)
Over 25 hours per week (%)	114 (28.9)	142 (18.1)	259 (21.6)
Other medical work ^e			
1–25 hours per week	55 (13.9)	194 (24.7)	253 (21.1)
Over 25 hours per week	203 (51.4)	189 (24.1)	397 (33.1)

^aIncludes responders who withheld gender information; ^ba doctor holding a current contract with a health authority or board to provide primary medical care to a registered population; ^cOther medical work' includes occupational health, public health, hospital work, and other unspecified medical work; ^d'GP-related work' includes locum work, retainer, and assistant positions.

workforce problems in primary care cannot be resolved by assuming that the non-principal pool can take up the slack.

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