

Letters

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Salaried GPs

I read Ding, *et al*'s¹ paper regarding salaried GPs with interest. There are undoubtedly many salaried GPs happy in their posts, enjoying the lessened responsibility and increased flexibility. The noticeable area which the paper does not discuss, and indeed did not set out to discuss, is that of job satisfaction within salaried GPs. There is evidently a significant subset of salaried GPs who are far from satisfied, feel disempowered, and may feel like mere workhorses to their principals who earn more and may actually have more control over their own working lives.

The habit of replacing retiring partners with cheaper salaried GPs is in danger of creating a two-tiered workforce, with an understandably grumbling underclass.

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1. Ding A, Hann M and Sibbald B. Profile of English salaried GPs: labour mobility and practice performance. *Br J Gen Pract* 2008; **58**(546): 20–25.
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Authors' response

We would like to thank Dr Billington for his interest in our article on salaried GPs.¹ As he correctly notes, job satisfaction was not on our agenda — although we do briefly comment on the results of one such study on page 21 — but, in light of the concerns raised in his letter, it clearly deserves more attention.

We know of only two studies^{2,3} which have compared job satisfaction between salaried and principal GPs: neither found a significant difference in overall job satisfaction. Gosden, *et al*,² which is the study alluded to above, did find that

salaried GPs ($n = 61$) in PMS pilot practices were more satisfied with their remuneration and the recognition they received for good work, compared with 'standard contract' GPs, but were less satisfied with their colleagues and fellow workers and physical working conditions. This study was carried out on data collected in 1998–1999, and, as yet, there is no up-to-date evidence to support or oppose Dr Billington's statement.

Economic theory predicts that all types of GP should be equally happy if the market is sufficiently open to permit movement to their position of choice (for example, principal versus salaried). Only if the market constrains GPs to one type of position would we expect to find systematic differences in job satisfaction. It is unclear if such market constraints exist or are becoming apparent, for if they do, Dr Billington's concerns would be sustained.

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2. Gosden T, Williams J, Petchey R, *et al*. Salaried contracts in UK general practice: a study of job satisfaction and stress. *J Health Serv Res Policy* 2002; **7**(1): 26–33.
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GPs' working lives

Whalley, *et al*¹ report that GP job satisfaction and income have risen. Of their 2005 sample, 0.9% were salaried doctors, a group who make up 17% of the general practice workforce.² I doubt whether the same level of satisfaction would be found among this group of GPs. Anecdotally, many feel underpaid and undervalued. Prospects for becoming a more autonomous partner are often poor or non-existent. There is a high staff turnover in these positions, which removes much of the continuity of care that for generations has meant so much to doctors and patients alike. This change in workforce composition may come to pose a threat to the nature of British general practice. Many unhappy salaried doctors may come to prefer working for Tesco or United Health rather than serve their more fortunate and more wealthy peers.

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Connecting for Health

We are writing to you with severe concerns over the coverage that NHS Connecting for Health and the issue of confidentiality controls has received this week in the February edition of the *BJGP*. The Journal contains an editorial that argues against the current proposals for the summary care