

# **Eleventh National GP Worklife Survey 2021**

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## Executive Summary

The University of Manchester has undertaken a national survey of General Practitioners' working lives approximately every two years since 1998. This report describes the eleventh survey conducted during 2021.

### Methods and response rate

Distribution of invitations to participate in the 2021 wave of the GP Worklife Survey differed from preceding surveys in this series. Invitations were sent electronically by the Clinical Research Networks (CRNs) to practices, who then forwarded the invitation to GPs. In previous waves of the survey paper questionnaires were posted to randomly sampled GPs. To examine whether this change in method affected the responses we received, we also randomly sampled 2500 GPs who were sent paper questionnaires. 2,189 responses were received via online submission and 95 responses were returned by post.

### Job satisfaction

Respondents reported greatest satisfaction with their fellow workers, and with their physical working conditions. These domains had the highest mean satisfaction scores and the greatest percentage of GPs reporting being satisfied. Respondents reported least satisfaction with their hours of work, with a mean satisfaction score of 3.7 on a scale from 1-7 (1 very dissatisfied, 7 – very satisfied), with only 37.9% reporting satisfaction with their hours of work and 46.7% reporting dissatisfaction.

The mean level of overall satisfaction decreased significantly from 4.49 to 4.30 between 2019 and 2021. Satisfaction with different domains changed to varying degrees from 2019 to 2021. Satisfaction with recognition for good work decreased from 4.61 to 4.37 (-0.24), and satisfaction with variety in the job decreased from 5.29 to 5.06 (-0.23), both changes were statistically significant. Overall satisfaction has now reduced to a level similar to 2015.

### Hours of work

The average number of hours worked in a week by GPs in 2021 was 38.4. There was a statistically significant decrease in the average number of hours worked by GPs from 2019 to 2021 of 1.6 hours ( $p=0.013$ ) from 40 to 38.4 hours. This is the second survey in a row where we have seen substantial decreases in average hours worked from the previous survey. This is notable because little survey-to-survey variation in average hours worked by respondents was observed from 2008 to 2017.

### Stressors and job attributes

GPs reported the greatest stress due to increasing workloads, increased demands from patients, having insufficient time to do the job justice, paperwork (including electronic), long working hours and dealing with problem patients. They reported the least stress with finding a locum, doing patient forms (e.g. Fit Notes, Blue Badges), and interruptions by emergency calls during surgery consultations. More than eight out of 10 GPs reported experiencing considerable or high pressure from increasing workloads and increased demands from patients.

Average levels of reported pressures have decreased between 2019 and 2021 in all aspects except for ‘adverse publicity by the media’, ‘dealing with problem patients’ and ‘increased demands from patients’. Although all average reported pressures have decreased by varying amounts between 2019 and 2021, they remain at a relatively high level compared with earlier surveys. Particularly high average levels of pressure are reported in ‘increasing workloads’, ‘increased demands from patients’, ‘having insufficient time to do the job’, and ‘paperwork (including electronic)’.

For job attributes, respondents were most likely to agree to some extent with statements that ‘the patients I see are presenting with increasingly complex care needs’ (96.5%), ‘I have to work very intensively’ (94.5%), ‘I have to work very fast’ (87.2%) and ‘my patients trust my generalist professional skills’ (83.1%).

Respondents were most likely to disagree with statements that ‘relationships at work are strained’ (55.4%), ‘changes to my job in the last year have led to better patient care’ (55.3%), ‘my working time can be flexible’ (37.2%), ‘I get a clear feedback about how well I am doing my job’ (36.1%) and ‘I get a choice in deciding what to do at work’ (34.3%).

### **Income**

The 2021 survey shows the percentage of GP partner respondents that fell into the category of earning less than £50,000. The percentage of GP partners selecting this lowest category is 3.1 percentage points more than 2019. This coincided with an increase in the median hours worked by the group of low earner partner GPs from 29 to 30 hours in 2021. The percentage of respondents who earned £110,000 or more fell from 34.6% in 2010 to 31.0% in 2015, rose to 44.6% in 2019, and then fell to 40.6% in 2021.

The proportion of salaried GPs earning less than £50,000 rose from 49.0% in 2010 to 61.2% in 2017, fell dramatically to 42.1% in 2019 and has fallen further to 41.5% in 2021. The median hours that GPs in this category worked per week in 2021 dropped to 2012 and 2015 levels (24 hours per week), having increased from 22 to 24 hours between 2019 and 2021.

### **Intentions to quit**

Over a third (33.4%) of GPs said there was a considerable or high likelihood of them leaving ‘direct patient care’ within 5 years. Amongst those aged 50 or over this figure was 60.5%, with the vast majority of these (47.1%) indicated that the likelihood was high. The corresponding figure was considerably lower for GPs under 50 at 15.5%, with 43.2% of these GPs stating there was no chance of them leaving within the next five years.

For GPs under 50, the proportion who had a considerable or high intention to leave direct patient care within five years has increased since 2019 and is at its highest level compared to previous surveys. However, the percentage of GPs over the age of 50 who expressed a considerable/high intention to quit is lower than 2019 and at its lowest level since 2015.

## 1. Background

The University of Manchester has undertaken postal surveys of General Practitioners' working lives in 1998 (Sibbald et al., 2000), 2001 (Sibbald et al., 2003), 2004 (Whalley et al., 2004, Whalley et al., 2006), 2005 (Whalley et al., 2008), 2008 (Hann et al., 2009), 2010 (Hann et al., 2011b), 2012 (Hann et al., 2013)(Hann et al, 2013), 2015 (Gibson et al., 2015), 2017 (Gibson et al., 2018) and 2019 (Walker et al., 2019). We undertook the eleventh in this series in 2021.

This series of questionnaires spans twenty-four years and continues to provide a unique resource for tracking long-term trends in GPs' working lives, as well as identifying the key policy and environmental issues impacting upon them.

The 2021 survey performed two important functions:

- to contribute to the ongoing tracking of GPs' satisfaction and pressures at work during ongoing reforms of primary care; and
- to provide further evidence on trends in GPs' hours, activities and intentions to quit general practice.

As well as repeating a consistent set of core questions, each survey wave contains a set of questions relevant to recent policy changes or topical issues. In the 2021 survey, we included questions that addressed the impact of Covid-19 on the delivery of primary care. Analysis of these questions will be reported in future reports and academic publications.

In comparing these findings to previous surveys, it is important to note that, as a result of the covid-19 pandemic, the context within general practice in England has changed significantly. These contextual conditions can be thought of as falling into three groups. Firstly, in terms of providing day-to-day patient care, there was a rapid shift to remote working, with much of the day-to-day work of general practice taking place on the telephone or online (Murphy et al., 2021). Where patients needed to be seen face-to-face, personal protective equipment was required, with significant logistical issues with supply of this type of equipment in the early stages of the pandemic. In addition, groups of practices working together as Primary Care Networks(Checkland et al., 2020) established 'hot' and 'cold' sites in order to separate patients with potential covid-19 from those without(Thornton, 2020).

In the early stages of the pandemic numbers of people seen in general practice decreased, as people sought to reduce demand on the NHS. However, this quickly rebounded by the second half of 2020, and by March 2021 the number of appointments in general practice had risen above pre-pandemic levels(Fraser and Fisher, 2021). These survey data were collected between December 2020 and December 2021, and so were collected at a time that activity in general practice was high and rising. At the same time, there were many articles in the UK press arguing that remote access to primary care was an inadequate substitute for face-to-face care. This resulted in several critical headlines in newspapers through the summer and autumn of 2021.

Secondly, GP practices were required to undertake additional work related to the pandemic. In the early stages this largely focused around the so-called 'shielding' policy, by which those at

higher risk of complications from covid-19 were provided with additional support and required to avoid all social contact. GPs were involved in the curation of the lists of these patients, and with communication and support for those involved. This was far from straightforward, and generated additional work (Checkland et al., 2021). From late December 2020, GPs were involved (via their Primary Care Networks) in delivering the primary and booster covid-19 vaccination programme, followed by a booster campaign alongside an expanded seasonal flu vaccination campaign in autumn 2021. There was thus additional workload to be delivered alongside usual care, including a ‘catch-up’ of routine care which had been paused in the early stages of the crisis. To support practice at this time, many routine targets were paused. For example, monitoring of Quality and Outcomes Framework targets was paused.

Thirdly, these changes were underpinned by a new approach to oversight by NHS England and Improvement. NHSE/I published regular weekly updates and guidance, alongside ‘Standard Operating Procedures’ (SOPS) or a wide range of aspects of care. This was a new departure for general practice in England, as prior to the pandemic practices were free to determine their own procedures. SOPs covered such things as the use of Personal Protective Equipment, procedures for seeing patients face to face, the setting up of ‘hot’ and ‘cold’ hubs, and the running of the vaccination programme.

In summary, therefore, this survey covered a period of time in which demands on general practice were unprecedented and care was required to be delivered in very different ways. The findings must therefore be considered with this background in mind.

## 2. Methods

Respondents were asked to participate in the study through an invitation emailed to their practice from their local Clinical Research Network (CRN). The Greater Manchester CRN led the coordination of the emails. All practices that had not opted out of receiving invitations to participate in research were targeted for inclusion in the study.

This approach is a significant change from the approach used in previous surveys, for which questionnaires were distributed primarily in paper format via the post. Individual GPs were randomly sampled from the published lists of active GPs. These GPs were then sent a paper copy of the survey and, since 2015, also received a link to allow them to respond to the survey online.

In order to check whether the results of this survey were affected by the change in distribution method, we also conducted a smaller-scale paper survey. For this element of the survey we sampled 2,500 GPs<sup>1</sup> randomly from the published list of current GPs<sup>2</sup>. These GPs were sent paper questionnaires through the post in May 2021 and a postcard reminder four weeks later.

In addition to the change in distribution method, the survey was conducted during the Covid-19 pandemic when many healthcare professionals were further time-constrained. To address this we allowed a longer response period. The online survey was open between 14<sup>th</sup> December 2020 and 31<sup>st</sup> December 2021.

### 2.1 Target Sample

The target sample consisted of GPs working at any practice in England that had not opted out of receiving invitations to participate in research from the CRN. This is a difference from previous surveys where questionnaires were addressed to named GPs from the active GP lists. Sampling from active GP lists meant that locums were under-sampled in previous surveys.

In previous waves of the survey we also targeted all GPs who had replied to the previous wave of the survey. These formed a longitudinal sample. Using the new distribution method it is no longer possible to specifically invite these GPs via email. Instead, we asked responding GPs to provide their GMC number or their doctor index number (DIN). These can be used to link response to previous waves of the survey for the construction of a longitudinal dataset.

Unlike previous waves of the survey, we can no longer determine the number of GPs that have been sent an invitation to the survey. An unknown number of practices will not have received invitations due to opting out of receiving invitations. Furthermore, some practices may have chosen not to forward the invitations to their GPs.

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<sup>1</sup> There were 37,010 GPs (excluding GPs in training) listed as working in England at November 2021

<sup>2</sup> <https://digital.nhs.uk/services/organisation-data-service/file-downloads/gp-and-gp-practice-related-data>



## 2.2 Mail Out and Response

Email invitations were first sent to practices in December 2020. We requested an additional three reminders be sent to the practices by the CRNs to achieve a higher response to the survey. Some local CRNs were more proactive than others and sent additional reminders and further promoted the survey, for instance through local newsletters.

2,189 responses were received via online submission and 95 paper questionnaires were returned.

## 2.3 Representativeness

Table 1 shows that the 2021 sample of GPs are on average older than the underlying population. For instance 21% of GPs in the population are younger than 35 years, whereas they only form 10% of our sample. Our sample is representative in terms of gender but our sample is over representative of partner GPs, who form 70% of the sample but only 57% of the full GP population.

Table 1: Sample and population demographics

	All Qualified GP Practitioners in England (June 2021)		2021 GPWLS Respondents	
	44,386		2,277	
<b>Age</b>				
<35	9,287	21%	215	10%
35 - 39	7,897	18%	361	16%
40 - 44	7,346	17%	382	17%
45 - 49	6,317	14%	394	18%
50 - 54	5,162	12%	375	17%
55 - 59	4,613	10%	351	16%
60+	3,705	8%	170	8%
<b>Total (excluding missing data)</b>	<b>44,327</b>		<b>2,248</b>	
<b>Gender</b>				
Male	18,947	43%	931	41%
Female	25,403	57%	1,318	58%
<b>Total (excluding missing data)</b>	<b>44,350</b>		<b>2,265</b>	
<b>Contract type</b>				
Partner	19,806	57%	1,585	70%
Salaried/ Other	14,912	43%	692	30%
<b>Total (excluding missing data)</b>	<b>34,718</b>		<b>2,277</b>	

Given that email invitations were sent out by the local CRNs, who had different methods of promoting the study, it is possible that this led to different response rates across regions in England. Table 2 shows the distribution of responses by region and compares to the population of GPs in those regions. For example, around 10% of our sample is from GPs based in London, whereas around 16% of all GPs are based in London.

Table 2: Comparing 2021 GPWLS proportions by region to the full population of GPs by region

Regions	Codes	All GPs in England (June 2021)		2021 GPWLS online and paper	
		N	%	N	%
London	Y56	7064	16%	178	10%
South West	Y58	4890	11%	312	18%
South East	Y59	6603	15%	265	15%
Midlands	Y60	8133	19%	223	13%
East of England	Y61	4523	10%	173	10%
North West	Y62	5794	13%	232	14%
North East and Yorkshire	Y63	6674	15%	331	19%

Note: There were 552 respondents who didn't indicate their practices/regions and were not included in the above figure.

The table shows that some regions, such as North East and Yorkshire and the South West are over-represented in our sample relative to the full population of GPs, whereas other regions such as Midlands and London are underrepresented.

Given that the survey was open for an extended period due to the Covid-19 pandemic, some GPs have provided more than one response. There were 138 identifiers that appeared twice in our sample and 5 identifiers that appeared three times in our sample. All of these responses were included in the analysis provided in this report.

Table 3 presents a comparison of key characteristic and outcome variables for the online and paper surveys. The results show that those who replied to the paper survey were on average older, more likely to be male, have more experience and report both higher intentions to quit and lower job satisfaction, relative to the online sample.

Table 3. Comparison of online and paper responses

	2021 GPWLS Online Respondents	2021 GPWLS Paper Respondents
<b>N</b>	2,182	95
<b>Age</b>		
Observations	2,157	91
Mean (std.dev)	46.62 (9.13)	49.96 (8.32)
<b>Gender (%female)</b>		
Observations	2,158	91
Mean	0.59	0.52
<b>Contract type (%Partner)</b>		
Observations	2,182	95
Mean	0.70	0.70
<b>Experience (years since qualified)</b>		
Observations	2,154	91
Mean (std.dev)	18.47 (10.61)	22.27 (10.2)
<b>Working hours</b>		
Observations	2,166	93
Mean (std.dev)	38.61 (13.71)	37.31 (13.35)
<b>Ethnicity (% white)</b>		
Observations	2,182	95
Mean	0.79	0.78
<b>Job satisfaction</b>	<b>1= extremely dissatisfied; 7= extremely satisfied</b>	
Observations	2,177	95
Mean (std.dev)	4.30 (1.54)	4.26 (1.60)
<b>Intentions to quit</b>	<b>1= None; 2= Slight; 3= Moderate; 4= Considerate; 5= High</b>	
Observations	2,167	95
Mean (std.dev)	2.69 (1.55)	3.01 (1.55)
Considerate or high (%)	719 (33.18)	37 (38.95)

## 2.4 Questionnaire Content

To permit tracking of long-term trends, many of the questions used in the 2021 survey were the same as those used in previous surveys. The questionnaire contained sub-sections covering: personal, practice, job and area characteristics; job stressors; job attributes; intentions to quit or retire; and job satisfaction.

### **Personal, practice, job and area characteristics**

Questions included: age; sex; contract type; average hours of work; estimated allocation of time between direct and indirect patient care and administration; and practice size (numbers of doctors, nurses and patients).

### **Job stressors**

GPs were asked to rate the level of pressure they experience from each of 14 potential sources of job stress on five-point response scales.

### **Job attributes**

GPs were asked to indicate the extent to which they agreed or disagreed (on a five-point scale) with 15 statements relating to their job control, workload, job design and work pressures.

### **Intentions to quit or retire and other changes in work participation**

GPs were asked about the likelihood (rated on a five-point scale) that they would make certain changes in their work life within five years, including: increasing work hours; reducing work hours; leaving direct patient care; and leaving medical work entirely.

### **Job satisfaction**

Job satisfaction was measured with the reduced version of the Warr-Cook-Wall questionnaire that has been used in previous surveys. This asks about nine individual domains of job satisfaction as well as satisfaction overall. Each item in the measure is rated on a seven-point scale, ranging from 'extremely dissatisfied' (score=1) to 'extremely satisfied' (score=7).

### **Other content**

Each survey wave contains a set of questions relevant to recent policy changes or topical issues. In the 2021 survey, we included questions to explore issues associated with the ongoing Covid-19 pandemic. Analysis of these responses will be reported in future reports and academic publications.

### 3. Job Satisfaction

This section of the report provides summary statistics of responses to job satisfaction questions from the 2021 survey. Respondents were asked to rate their satisfaction on nine specific domains and also to report satisfaction for their job ‘overall’ on a seven-point scale from ‘extremely dissatisfied’ (=1) to ‘extremely satisfied’ (=7).

#### 3.1 Job Satisfaction Levels in 2021

Summary statistics for the sample (Table 4) show that mean overall job satisfaction is 4.31. Just over half of all respondents (50.6%) reported being satisfied with their job overall (score = 5 or more). 30.6% reported being dissatisfied.

Table 4. Summary statistics for job satisfaction in 2021

Satisfaction domain	Mean	% Dissatisfied	% Neutral	% Satisfied
Your colleagues and fellow worker	5.74	6.2%	7.8%	85.9%
Physical working conditions	5.13	14.9%	12.9%	72.3%
Amount of variety in your job	5.07	14.1%	15.6%	70.4%
Opportunity to use your abilities	5.05	14.7%	14.7%	70.6%
Amount of responsibility you are given	4.95	18.0%	15.3%	66.7%
Freedom to choose your own method of working	4.79	18.8%	18.7%	62.6%
Your remuneration	4.66	23.8%	17.6%	58.6%
Recognition you get for good work	4.37	28.7%	19.6%	51.7%
Your hours of work	3.7	46.7%	15.4%	37.9%
Overall satisfaction	4.3	30.6%	18.8%	50.6%

The nine individual aspects of the job are ranked in descending order of the mean score in Table 12. Respondents reported greatest satisfaction with their fellow workers, and with their physical working conditions. These domains had the highest mean satisfaction scores and the greatest percentage of GPs reporting ‘satisfaction’, with 85.9% reporting satisfaction with colleagues, and 72.3% reporting satisfaction with physical working conditions. Respondents reported least satisfaction with their hours of work, with a mean satisfaction score of 3.7, with only 37.9% reporting satisfaction with their hours of work while 46.7% reported dissatisfaction.

#### 3.2 Changes in Satisfaction Ratings from 2019

The changes in mean satisfaction ratings from 2019 to 2021 are shown in Table 5, along with mean satisfaction scores from 2008, 2010, 2012, 2015, 2017, 2019 and 2021.

The mean level of overall satisfaction decreased from 4.49 to 4.3, this change was statistically significant. Satisfaction with different domains have changed to varying degrees from 2019 to 2021. Satisfaction with recognition for good work decreased from 4.61 to 4.37 (-0.24), and satisfaction with variety in the job decreased from 5.29 to 5.06 (-0.23), both changes were statistically significant. Overall satisfaction has reduced to a level similar to 2015 after having increased from 2017 to 2019.

Table 5: Average satisfaction ratings over time

Satisfaction domain								Changes
	2008	2010	2012	2015	2017	2019	2021	21 - '19
Recognition for good work	4.46	4.65	4.52	4.25	4.37	4.61	4.37	-0.24**
Amount of variety in job	5.23	5.38	5.28	5.16	5.11	5.29	5.07	-0.23***
Opportunity to use abilities	5.01	5.11	5.08	4.87	4.92	5.15	5.05	-0.1
Amount of responsibility given	5.2	5.33	5.16	4.85	4.79	5.01	4.95	-0.06
Physical working conditions	5.07	5.23	5.3	5.2	5.15	5.18	5.13	-0.05
Hours of work	4.21	4.39	4.09	3.56	3.57	3.74	3.7	-0.04
Colleagues and fellow workers	5.49	5.54	5.56	5.71	5.71	5.76	5.74	-0.02
Freedom to choose own method of working	4.65	4.91	4.78	4.58	4.71	4.77	4.79	0.02
Remuneration	4.73	4.87	4.56	4.2	4.22	4.59	4.66	0.07
Overall Satisfaction	4.68	4.87	4.54	4.14	4.25	4.49	4.3	-0.19**

## 4. Job Stressors and Job Attributes

### 4.1 Job Stressors

#### 4.1.1 Levels of Job Stressors in 2021

Respondents were asked to rate 17 factors, according to how much pressure they experienced from each in their job, on a five-point scale from 'no pressure' (=1) to 'high pressure' (=5). Summary statistics for the cross-sectional sample are provided for each stressor in Table 6.

Table 6. Job stressors (2021)

Job Stressor	Mean rating	% reporting considerable/ high pressure
Increasing workloads	4.42	86.33%
Increased demands from patients	4.29	84.02%
Having insufficient time to do justice to the job	4.26	79.53%
Paperwork (including electronic)	4.10	75.26%
Long working hours	3.98	70.59%
Dealing with problem patients	3.95	70.21%
Changes to meet requirements from external bodies (e.g. CQC, NHS England, CCG)	3.90	67.83%
Unrealistically high expectation of role by others	3.61	57.52%
Dealing with earlier discharges from hospital	3.67	57.43%
Meeting requirements for quality-linked payments (e.g. QOF, local quality schemes)	3.64	57.42%
Adverse publicity by the media	3.58	55.72%
Running a practice (e.g. premises, staff)	3.24	50.13%
Worrying about patient complaints/litigation	3.47	49.71%
Insufficient resources within the practice	3.31	44.52%
Interruptions by emergency calls during surgery	3.16	38.41%
Doing patient forms (e.g. Fit Notes, Blue Badges)	3.07	33.89%
Finding a locum	2.54	26.63%

The stressors are ranked in descending order of the mean score. GPs reported the most stress with increasing workloads, increased demands from patients, having insufficient time to do the job justice, paperwork (including electronic), long working hours and dealing with problem patients. They reported the least stress with finding a locum, doing patient forms (e.g. Fit Notes, Blue Badges), and interruptions by emergency calls during surgery. More than eight out of 10 GPs reported experiencing considerable or high pressure from increasing workloads and increased demands from patients.

#### 4.1.2 Changes in Job Stressors Since 2019

The changes in mean stress ratings between the cross-sectional samples in 2019 and 2021 are shown in Table 7. The stressors are ranked from the largest decrease in rating to the smallest. Average stress ratings reported on the same questions in the six previous surveys are also shown.

All average reported pressures have decreased between 2019 and 2021 except for ‘adverse publicity by the media’, ‘dealing with problem patients’ and ‘increased demands from patients’. Although all average reported pressures have decreased by varying amounts between 2019 and 2021, they remain at a relatively high level compared with previous surveys. Particularly high average levels of pressure are reported in ‘increasing workloads’, ‘increased demands from patients’, ‘having insufficient time to do the job’, and ‘paperwork (including electronic)’. The average levels of these pressures have decreased since their peak in 2015 but still remain high compared to surveys before 2015. Stress caused by changes to meet requirements from external bodies has been in the top five stressors in every survey.

Table 7 shows that the reported pressures which increased between 2017 and 2019 have not continued to increase between 2019 and 2021. The largest change between 2019 and 2021 is a decrease in finding locum and an increase in adverse publicity by the media. Other statistically significant decreases between sample means in 2021 and 2019 were seen for ‘running a practice (e.g premises, staff)’, ‘changes to meet requirements from external bodies’, ‘meeting requirements for quality-linked payments’, ‘doing patient forms’, ‘insufficient resources within the practices’, ‘paperwork’, ‘dealing with earlier discharges from hospital’, and worrying about patient complaints/litigation’. Increases in average reported pressure have been seen in ‘increased demands from patients’, ‘dealing with problem patients’, and ‘adverse publicity by the media’, whereas no pressure areas showed increases in 2019.



Table 7: Changes in mean job stressor ratings: cross-sectional samples

Job Stressor	2008	2010	2012	2015	2017	2019	2021	21 -'19
Adverse publicity by the media	3.65	3.2	3.26	3.92	3.56	3.23	3.58	0.35***
Dealing with problem patients	3.37	3.48	3.7	3.93	3.96	3.85	3.95	0.1*
Increased demands from patients	3.7	3.81	4.05	4.31	4.29	4.22	4.29	0.06
Interruptions by emergency calls during surgery	2.75	2.72	2.92	3.22	3.21	3.18	3.16	-0.02
Having insufficient time to do justice to the job	3.88	3.88	4.18	4.4	4.38	4.31	4.26	-0.05
Increasing workloads	4.04	4.02	4.4	4.59	4.58	4.48	4.42	-0.06
Long working hours	3.41	3.44	3.68	4.06	4.11	4.04	3.98	-0.06
Unrealistically high expectation of role by others	3.14	3.11	3.44	3.83	3.77	3.69	3.61	-0.08
Worrying about patient complaints/litigation	3.06	3.08	3.32	3.58	3.63	3.58	3.47	-0.1*
Dealing with earlier discharges from hospital	3.23	3.27	3.62	3.88	3.9	3.83	3.67	-0.16***
Paperwork (including electronic)	3.97	3.96	4.22	4.38	4.32	4.28	4.1	-0.18***
Insufficient resources within the practice	2.98	2.94	3.15	3.62	3.69	3.51	3.31	-0.2***
Doing patient forms	n/a	n/a	n/a	n/a	n/a	3.29	3.07	-0.22***
Meeting requirements for quality-linked payments	n/a	n/a	n/a	n/a	n/a	3.88	3.64	-0.25***
Changes to meet requirements from external bodies	4.01	3.74	3.98	4.46	4.3	4.21	3.9	-0.31***
Running a practice (e.g premises, staff)	n/a	n/a	n/a	n/a	n/a	3.54	3.24	-0.3***
Finding a locum	2.45	2.61	2.74	3.25	2.97	2.96	2.54	-0.42***

Note: Two sample t-tests performed only on the change between 2019 and 2021: \*\*\*  $P \leq 0.001$ , \*\*  $P \leq 0.01$ , \*  $P \leq 0.05$

## 4.2. Job Attributes

Respondents were asked to indicate the extent to which they agreed or disagreed with a set of 19 statements designed to measure the extent of job control, the nature of job design and work pressure. Responses were recorded on a five-point scale: strongly disagree, disagree, neutral, agree, and strongly agree. These statements were either positive or negative and these are shown separately in the tables below.

### 4.2.1 Levels of Job Attributes in 2021

Table 8 shows that the respondents were most likely to agree to some extent with statements that ‘the patients I see are presenting with increasingly complex care needs’ (96.52%), ‘I have to work very intensively’ (94.54%), ‘I have to work very fast’ (87.24%) and ‘my patients trust my generalist professional skills’ (83.1%).

Respondents were most likely to disagree with statements that ‘relationships at work are strained’ (55.4%), ‘changes to my job in the last year have led to better patient care’ (55.31%), ‘my working time can be flexible’ (37.20%), ‘I get a clear feedback about how well I am doing my job’ (36.05%) and ‘I get a choice in deciding what to do at work’ (34.29%).

### 4.2.2 Changes in Job Attributes Since 2019

The percentage of respondents to the 2021 survey agreeing to some extent with each of the 19 statements are compared to previous surveys in Table 9. The table shows the percentage of respondents who agree or strongly agree with the negative statements has either stayed decreased or increased between 2019 and 2021. The largest decrease in the percentage of respondents who agree to some extent is for the statement ‘I am required to do unimportant tasks which prevent me completing more important ones’. ‘I have to work very fast’, and ‘I have to work very intensively’ have seen greater increase in 2021 compared to 2019, and almost back to the level they were in 2015 and 2017.

For the positive statements the percentage of respondents agreeing with statements regarding work design (being consulted about changes that affect work; and always knowing what their responsibilities are) has shown the greatest and statistically significant increase between 2019 and 2021. A greater percentage of GPs in 2021, compared to 2019, also agreed to some extent that ‘they were involved in decisions on changes introduced that affect their work’, ‘their working time can be flexible’, ‘they can decide on their own on how to go about doing their work, and ‘changes to their job in the last year have led to better patient care’.

Table 8: Job attributes in 2021

Job Aspect	% disagree/strongly disagree	% Neutral	% agree/strongly agree
<b>Negative Statements</b>			
(P) Relationships at work are strained	55.40%	21.46%	23.14%
(P) Required to do unimportant tasks, preventing completion of more important ones	11.75%	16.15%	72.10%
(P) Do not have time to carry out all my work	9.81%	14.40%	75.80%
(W) Have to work very fast	2.11%	10.65%	87.24%
(W) Have to work very intensively	1.06%	4.41%	94.54%
(P) Patients are presenting with increasingly complex needs	0.57%	2.91%	96.52%
<b>Positive Statements</b>			
(P) My patients trust my generalist professional skills	2.96%	13.95%	83.10%
(C) Job provides variety of interesting things	6.61%	17.84%	75.55%
(D) Always know what responsibilities are	9.07%	15.81%	75.12%
(C) Choice in deciding how to do job	21.08%	24.21%	54.71%
(D) Involved in decisions on changes introduced that affect my work	25.15%	20.48%	54.36%
(D) Consulted about changes that affect work	28.33%	20.87%	50.79%
(C) Can decide on my own how to go about doing my work	26.47%	31.67%	41.86%
(C) Choice in deciding what to do at work	34.29%	27.66%	38.05%
(C) Working time can be flexible	37.20%	26.65%	36.14%
(D) Quality-linked payment schemes (e.g. QOF) promote good quality care for my patients	28.72%	40.14%	31.14%
(D) I get clear feedback about how well I am doing my job	36.05%	37.59%	26.36%
(D) QI domain in QOF supports good care quality	28.46%	46.97%	24.57%
(D) Changes to my job in the last year have led to better patient care	55.31%	29.50%	15.19%

Note for Table 4: (C) = Job Control, (W) = Workload, (D) = Job Design, (P) = Work Pressures.

Table 9. Trends in job attributes

Job Aspect	% agree/ strongly agree							
	2008	2010	2012	2015	2017	2019	2021	21-'19
<b>Negative Statements</b>								
(P) Required to do unimportant tasks, preventing completion of more important ones	71.7	67.2	71.2	79.7	81.1	76.4	72.1	-4.3*
(P) Patients are presenting with increasingly complex needs	n/a	n/a	n/a	n/a	98.2	97.7	96.52	-1.18
(P) Do not have time to carry out all my work	68.7	67.1	73.4	79.7	79.9	76.8	75.8	-1
(P) Relationships at work are strained	n/a	18.7	21.4	21.4	23	23	23.14	0.14
(W) Have to work very intensively	91	91.5	95	95.2	95.5	93.8	94.54	0.74
(W) Have to work very fast	77.1	77.9	84.1	88.7	88.8	85.4	87.24	1.84
<b>Positive Statements</b>								
(D) Consulted about changes that affect work	34.6	39.7	37.7	34.6	40.4	43.4	50.79	7.39**
(D) Always know what responsibilities are	68.3	73.5	70.2	69.6	66.7	69.9	75.12	5.22***
(D) Involved in decisions on changes introduced that affect my work	48.8	50.5	46.3	41.6	46.8	51.1	54.36	3.26
(C) Working time can be flexible	44.8	42.6	41.7	37.2	35.5	33.3	36.14	2.84
(C) Can decide on my own how to go about doing my work	n/a	41.3	37.7	36.6	36	40.5	41.86	1.36
(D) Changes to my job in the last year have led to better patient care	13.6	13.2	10	8.9	13.1	14.4	15.19	0.79
(D) Quality-linked payment schemes (e.g. QOF) promote good quality care for my patients	n/a	n/a	n/a	n/a	34.5	32.2	31.14	-1.06
(C) Choice in deciding what to do at work	44.7	44.7	38.7	33.1	36.2	39.7	38.05	-1.65
(D) I get clear feedback about how well I am doing my job	n/a	18.4	21.4	24.5	26.3	28.7	26.36	-2.34
(C) Job provides variety of interesting things	83.2	84.7	82.5	78.8	80.1	80.3	75.55	-4.75*
(C) Choice in deciding how to do job	58.4	58.6	53.2	46.8	53.4	59.9	54.71	-5.19*
(P) My patients trust my generalist professional skills	n/a	n/a	n/a	n/a	90.6	91.3	83.1	-8.2***

Note: (C) = Job Control, (W) = Workload, (D) = Job Design, (P) = Work Pressures.

Note: Proportion-tests performed for Change '20-'19: \*\*\* P ≤ 0.001, \*\* P ≤ 0.01, \* P ≤ 0.05

## 5. Hours of Work

### 5.1. Sessions Worked per Week

We asked respondents “how many sessions do you work in a typical week?”. Respondents most frequently reported working 6 sessions per week, with a second peak at 8 sessions per week (Figure 1).

The median number of sessions respondents worked was 6 (interquartile range 5 to 8). The mean number of sessions worked was 6.3 (S.D. = 1.9 sessions).

Figure 1. Sessions worked in a typical week (2021)

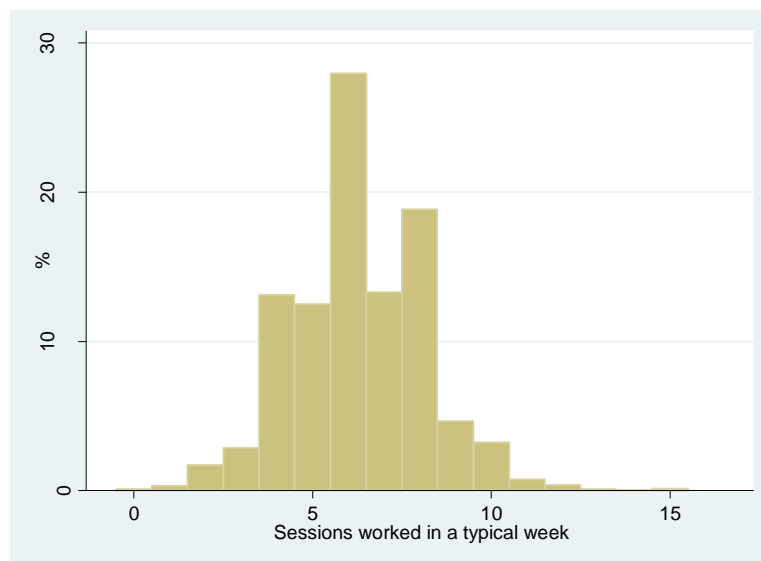


Figure 2. Sessions worked in a typical week by contract type (2021)

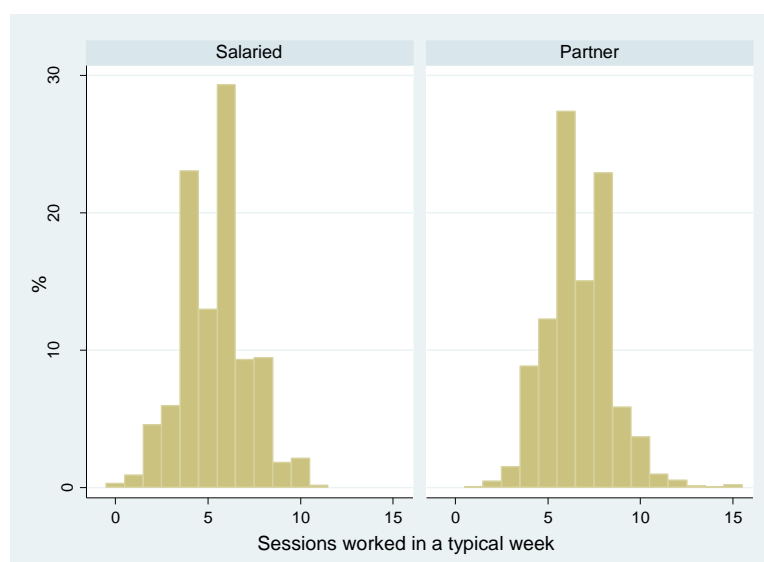


Figure 2 shows that the most common number of sessions worked for both partner and salaried GPs in 2021 is 6 sessions per week. However, partner GPs tend to work more sessions, the proportion of partner GPs who work more than 6 sessions is considerably higher than the proportion of salaried GPs who work more than 6 sessions per week.

The mean number of sessions worked in 2021 (6.3 sessions) is slightly lower than that observed in 2019 (6.6 sessions). Table 10 shows how the number of sessions worked per week by GPs has changed over the years 2010, 2012, 2015, 2017 and 2019. The proportion of GPs who reported working 4 or less sessions per week has increased from 2019 to 2021. Over this same period, the proportion of GPs who reported working more than 7 sessions per week has also increased.

In addition to a decrease in GPs reporting working more than 9 sessions per week, GPs who worked more than 9 hours per week also tended to work on average less hours than GPs who reported working this amount of sessions did in 2019. However, although there was an increase in GPs reporting working 5 or less sessions per week from 2019 to 2021, GPs in these categories worked more hours in 2021 than in 2019.

GPs were also asked to report when they worked their sessions in a typical week. Table 11 shows the proportion of respondents to the 2021 survey who stated they worked a given session in a typical week. Morning sessions throughout the working week, and afternoon sessions earlier in the week were the most likely to be worked by respondents. With the exception of Saturday mornings, less than 1.5% of respondents worked weekend sessions.

From 2019 to 2021, Monday and Tuesday mornings, the two most worked sessions of the week, saw a decline in the number of respondents who worked them. With the exception of Sunday evenings, the proportion of respondents who reported doing evening sessions decreased for all days of the week from 2019 to 2021.

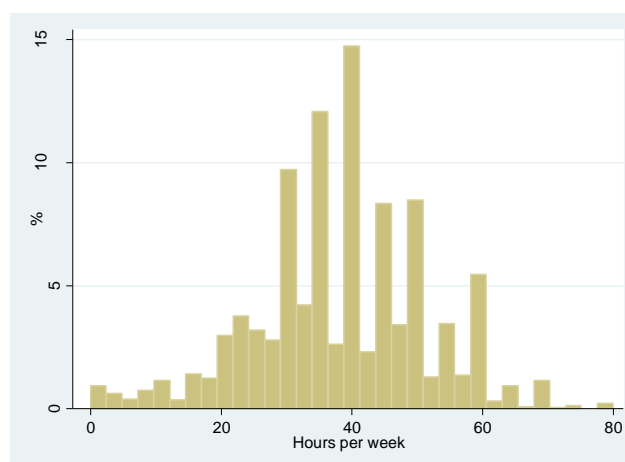
## 5.2. Average Hours Worked per Week

In every survey since 2008, we have asked GPs:

“How many hours do you spend, on average, per week, doing NHS GP-related work? (Please include ALL clinical and non-clinical NHS work)”

The mean number of weekly hours worked by respondents to the 2021 survey was 38.4 (standard deviation 13.4). The median number of weekly hours worked was 40 (inter-quartile range 30 to 48).

Figure 3. Distribution of average weekly hours worked in 2021.



Note: Six outlier values over 80 hours trimmed from the graph

Table 10: Sessions worked

Session categories	2010		2012		2015		2017		2019		2021	
	% of GPs	Average Hours Worked	% of GPs	Average Hours Worked	% of GPs	Average Hours Worked	% of GPs	Average Hours Worked	% of GPs	Average Hours Worked	% of GPs	Average Hours Worked
S<=4	9.5	23.7	9.6	26	10.9	24.2	13.1	25	13.8	22.7	18.1	25.7
4<S<=5	9	30.5	9.9	31.3	11	31.8	10.1	34.5	11.9	31.2	12.4	34
5<S<=6	12.9	35	16.7	35.4	19.9	36.8	21.5	38.3	24.4	36.9	27.9	36.6
6<S<=7	9.6	39.4	11	41.4	11.1	42.7	10.9	42.5	11.3	44.5	13.4	42.5
7<S<=8	23.7	46.3	23.4	46	24.7	47	22.1	48.3	23	47.6	18.9	47.3
8<S<=9	25	47.3	20.5	50.1	15.6	50.7	12	52.1	9.5	48.6	4.7	49.6
9<S<=10	6.8	49.6	6.4	50	4.6	53.3	3.5	55.6	5	56.3	3.2	48.7
10<S	3.6	55.1	2.6	53.5	2.2	53.1	6.9	50.8	1.2	57.9	1.4	54.6

Table 11: Proportions of respondents working sessions at each times of the week

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
2021	Morning	70.7%	67.2%	65.0%	66.6%	62.5%	5.1%	1.3%
	Afternoon	63.5%	57.7%	54.8%	55.2%	50.3%	0.9%	0.6%
	Evening	18.4%	15.4%	13.6%	12.8%	9.9%	0.4%	0.7%
2019	Morning	74.8%	71.2%	65.9%	64.4%	65.6%	8.3%	1.2%
	Afternoon	61.6%	59.1%	53.6%	50.7%	52.8%	1.3%	0.3%
	Evening	26.8%	19.0%	17.9%	14.9%	11.4%	0.8%	0.5%

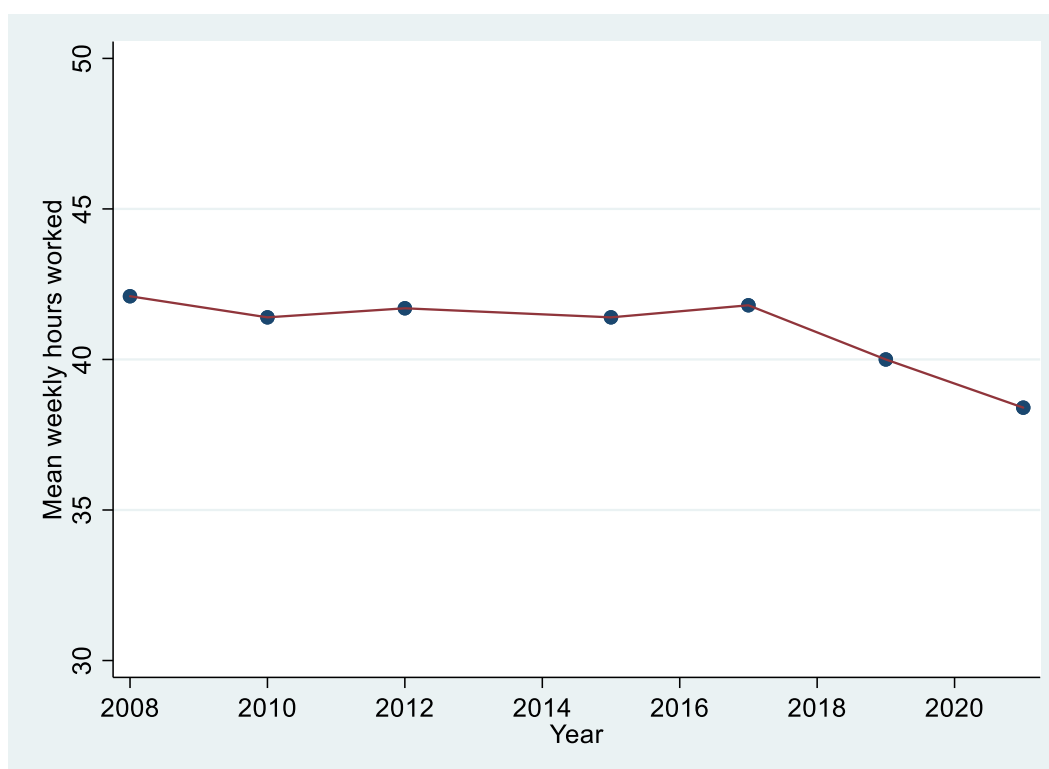
### 5.3 Trends in Average Hours Worked per Week

Table 12 shows the mean number of weekly hours worked per week by GPs for the years 2008, 2010, 2012, 2015, 2017, 2019 and 2021. There was a statistically significant decrease in the mean number of hours worked by respondents from 2019 to 2021 of 1.6 hours ( $p=0.013$ ). This is the second survey in a row where we have seen substantial decreases in mean hours worked from the previous edition, which is notable as there is little survey-to-survey variation in mean hours worked by respondents from 2008 to 2017.

Table 12: Summary statistics for average weekly hours worked: 2008-2021

Year	N	Mean	Std. Dev.	95% Conf. Interval
2008	634	42.1	13.0	41.1, 43.1
2010	1,054	41.4	12.9	40.6, 42.2
2012	1,112	41.7	13.0	40.9, 42.5
2015	1,113	41.4	14.1	40.6, 42.2
2017	869	41.8	13.4	40.9, 42.7
2019	576	40	15.2	38.8, 41.3
2021	2,253	38.4	13.4	37.9, 39.0

Figure 4. Mean weekly hours worked, 2008 to 2021





## 5.4. Extended Opening Hours

GPs were asked whether their practice offered extended hours access (early-morning, late evening or weekend access). Table 13 shows that 32.8% of respondents worked in practices that offered extended hours access on weekends (747 out of 2,277), 78.7% of respondents worked in practices that offered extended hours access on weekdays (1,791 out of 2,277), and 26.9% of respondents worked in practices that offered extended hours access on both weekdays and weekends (613 out of 2,277).

The percentage of respondents working in practices that offer extended hours have decreased relative to 2019, and are now at levels similar to those reported in 2017. The percentage of respondents who worked in practices offering extended hours on weekdays decreased from 89.3% to 78.7% from 2019 to 2021. The percentage of respondents who worked in practices offering extended hours on weekends decreased from 39% to 32.8% from 2019 to 2021. The percentage of respondents who worked at practices that offered extended hours on both weekdays and weekends decreased from 33.4% to 26.9% from 2019 to 2021, while the percentage of respondents working at practices that did not offer extended hours access increased from 5.4% to 15.3% over that same period.

Table 13. Extended hours access 2010-2021

	2010	2012	2015	2017	2019	2021
Does your practice have extended hours access?	N = 1,054	N = 1,165	N = 1,160	N = 949	N = 598	N = 2,277
On Weekdays	858 (81.4%)	882 (75.7%)	829 (71.5%)	713 (75.1%)	534 (89.3%)	1,791 (78.66%)
On Weekends	419 (39.8%)	372 (31.9%)	356 (30.7%)	312 (32.9%)	233 (39.0%)	747 (32.81%)
On Weekdays and Weekends	330 (31.3%)	277 (23.8%)	242 (20.9%)	252 (26.6%)	252 (33.4%)	613 (26.92%)
No Extended Hours access	107 (10.2%)	188 (16.1%)	217 (18.7%)	144 (15.2%)	32 (5.4%)	349 (15.33%)

## 5.5 Percentage of Time Spent on Various Activities

In addition to asking GPs about how many hours they worked on an average week, we asked GPs how many hours they devoted to particular activities per week.

The activities were:

- Direct patient care (e.g. surgeries, clinics, telephone consultations, home visits)
- Indirect patient care (e.g. referral letters, arranging admissions)
- Administration (e.g. practice management etc)
- Other (e.g. continuing education/ development, research, teaching)
- External meetings (e.g. CCG meetings).

This allowed us to estimate the percentage of time GPs devote to each task per week. Table 14 shows the average percentages of time respondents have devoted to each task for the years 2005, 2008, 2010, 2012, 2015, 2017, 2019 and 2021.

In 2021, respondents to the survey spent 59.9% of their time on direct patient care, and 19.7% of their time on indirect patient care. These are little changed from 2019. It can also be seen in Table 11 and Figure 5 that 9.2% of GPs time was spent on administration, and 4.4% of their time was spent on external meetings, this represents no change from 2019.

Figure 5. Percentage of time allocated to different activities

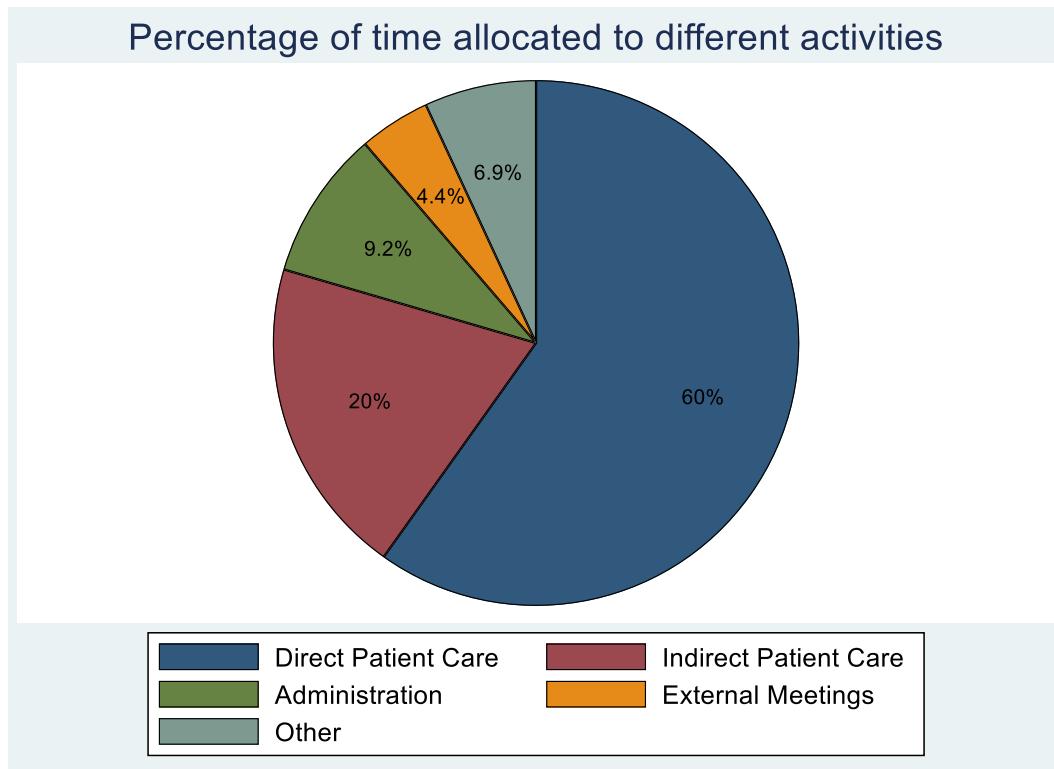


Table 14. Percentage of time spent on different activities 2008-2020

Type of Activity	2008	2010	2012	2015	2017	2019	2021	21-'19
Direct Patient Care	63.0%	63.1%	62.3%	62.1%	61.0%	59.0%	59.9%	0.9%
Indirect Patient Care	17.5%	18.6%	19.3%	19.7%	21.0%	20.8%	19.7%	-1.2%
Administration	12.0%	10.7%	10.9%	8.4%	8.4%	9.2%	9.2%	0.0%
External Meetings	n/a	n/a	n/a	3.5%	3.7%	4.4%	4.4%	0.0%
Other	7.5%	7.6%	7.5%	6.3%	5.9%	6.7%	6.9%	0.2%

## 6. Intentions to Quit or Change Working Hours

### 6.1 Likelihood of Leaving the Workforce

Respondents were asked how likely it was that they would leave direct patient care within the next five years. This has been shown to be a valid predictor of intentions to quit and actual quitting behaviour (Hann et al., 2011a). For older GPs, intentions to leave direct patient care may be dominated by retirement plans, early or otherwise. Therefore, we also asked respondents at what age they planned to retire and how likely this was to happen. Using this information we can distinguish planned retirements from other reasons for leaving direct patient care.

Table 15 shows the likelihood of leaving direct patient care stratified by whether or not the GP was currently aged less than 50 years. 33.4% of GPs said there was a considerable or high likelihood of them leaving 'direct patient care' within 5 years. Amongst those aged 50 or over this figure was 60.5%, the vast majority of these (47.1%) indicated that the likelihood was high. The corresponding figure was considerably lower for GPs under 50 at 15.5%, with 43.2% of these GPs stating there was no chance of them leaving within the next five years.

For GPs who had stated a planned retirement age that was not within the next 5 years; 41.9% stated there was no chance of them retiring, 14.9% of these GPs stated there was a considerable or high likelihood of them leaving direct patient care within five years.

Table 15: Likelihood of leaving 'direct patient care' within five years in 2021

Likelihood of leaving 'direct patient care' within five years	All GPs		GPs not within 5 years of planned retirement age		GPs aged <50		GPs aged ≥50	
	N	%	N	%	N	%	N	%
None	705	31.17%	640	41.91%	583	43.19%	119	13.40%
Slight	526	23.25%	456	29.86%	384	28.44%	136	15.32%
Moderate	274	12.11%	203	13.29%	174	12.89%	96	10.81%
Considerable	254	11.23%	149	9.76%	129	9.56%	119	13.40%
High	502	22.19%	79	5.17%	80	5.93%	418	47.07%

Table 16 shows the responses to the same likelihood to leave direct patient care question, broken down by gender of the respondents. Males are overall more likely to select a considerable or high likelihood of leaving direct patient care within 5 years in both the under fifty and the fifty or over age categories.

Table 16: Likelihood of leaving 'direct patient care' within five years in 2021

Likelihood of leaving 'direct patient care' within five years	All GPs		GPs aged <50		GPs aged ≥50	
	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
None	28.50%	33.40%	38.50%	46.60%	15.60%	11.70%
Slight	22.40%	24.10%	28.80%	28.40%	13.60%	16.90%
Moderate	12.30%	11.80%	14.00%	11.90%	10.10%	11.30%
Considerable	12.90%	9.90%	11.60%	8.10%	14.40%	12.80%
High	24.00%	20.80%	7.20%	5.00%	46.40%	47.30%

Table 17 shows the likelihood of leaving 'direct patient care' within five years broken down by contract type (partner or salaried).

Table 17: Likelihood of leaving 'direct patient care' within five years, by employment type

Likelihood of leaving 'direct patient care' within five years	Partners		Salaried	
	N	(%)	N	(%)
None	473	30.00%	232	33.90%
Slight	356	22.60%	170	24.80%
Moderate	185	11.70%	89	13.00%
Considerable	183	11.60%	71	10.40%
High	380	24.10%	122	17.80%

Table 18 shows that for GPs under 50, the proportion who had a considerable or high intention to leave direct patient care within five years has increased since 2019 and at its highest level compared to previous surveys. However, the percentage of GPs over the age of 50 who expressed a considerable/high intention to quit is lower than 2019 and at its lowest level since 2015.

Table 18. Trends in intentions to quit

Considerable/high intention to leave direct patient care within five years	All GPs	GPs aged <50	GPs aged >=50
2008	21.90%	7.10%	43.20%
2010	21.90%	6.40%	41.70%
2012	31.20%	8.90%	54.10%
2015	35.30%	13.10%	60.90%
2017	39.00%	13.50%	61.80%
2019	36.70%	11.00%	62.50%
2021	33.40%	15.50%	60.50%

Figure 6. Considerable/High intentions to leave direct patient care with 5 years amongst GPs <50

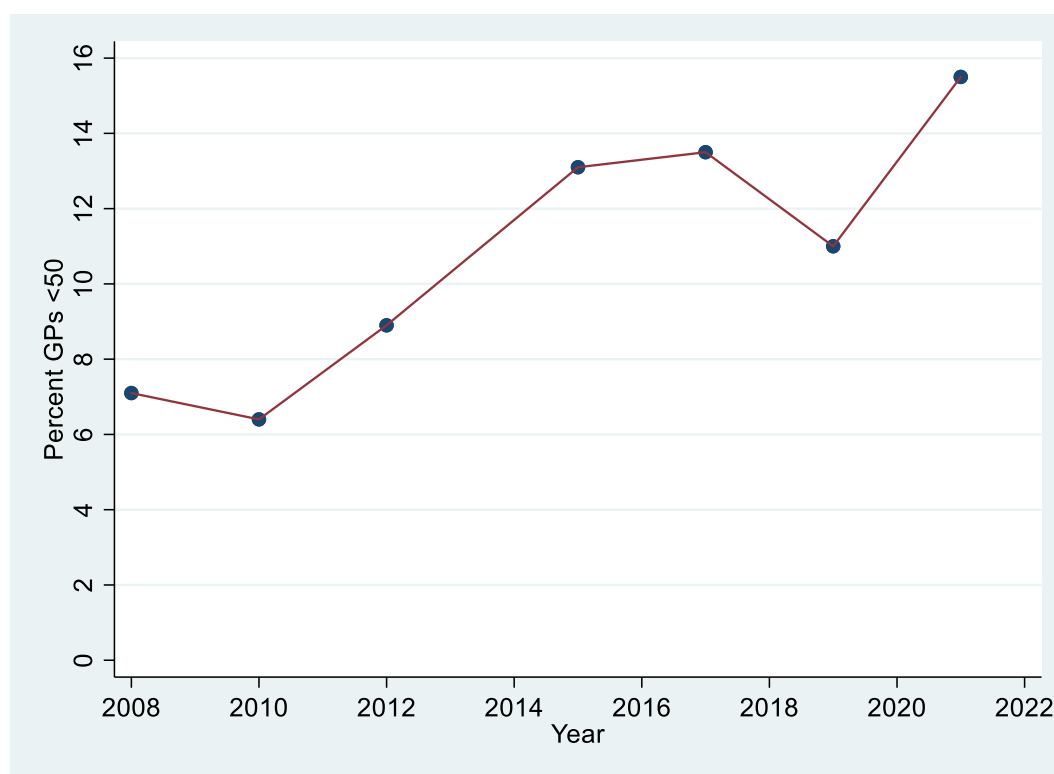
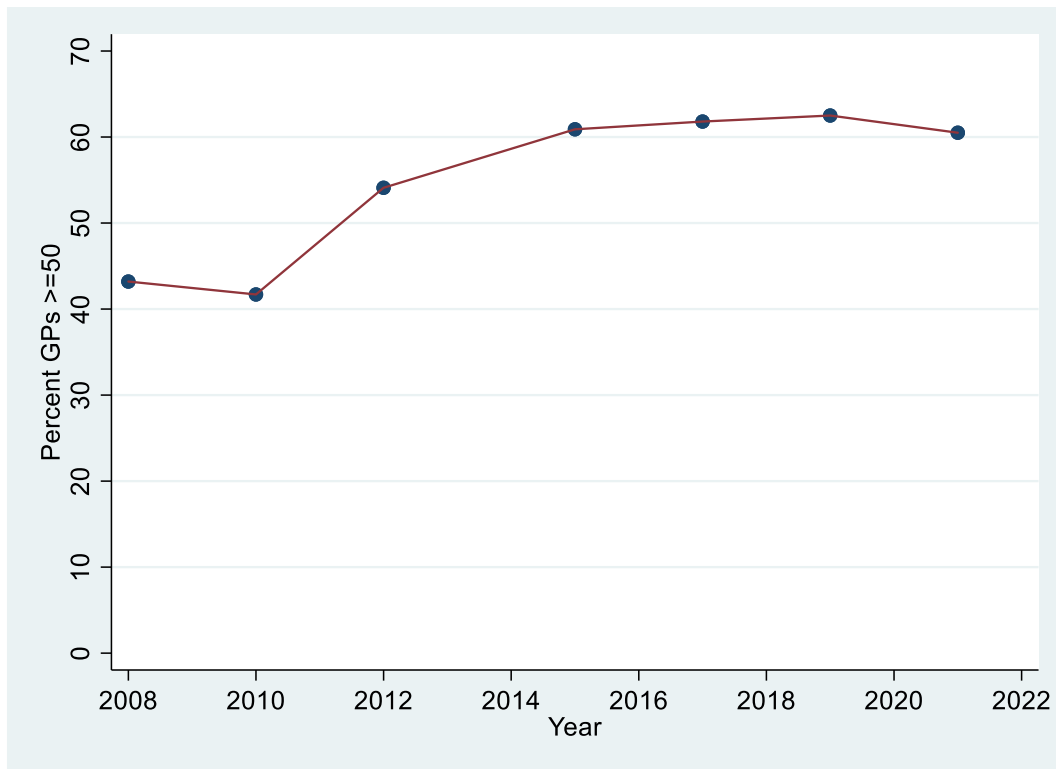


Figure 7. Considerable/High intentions to leave direct patient care with 5 years amongst GPs  $\geq 50$



In addition to retirement, GPs were also asked to consider the likelihood of other changes to their work in the next five years. The results of these questions can be seen in Table 19.

The first three rows contain data on the likelihood of three different types of departure they would make from their current work. The final row indicates the percentage of GPs who expressed they had a considerable or high intention to leave the UK, leave direct patient care or leave medical work entirely within five years.

Of the GPs who gave a reason, 37.7% indicated they had a considerable or high intention to make at least one of these three changes to their work commitments in the next five years. For those GPs under the age of 50, 20.8% indicated they had a considerable or high intention to make one of these three changes, and for GPs over 50; 63.1% indicated they had a considerable or high intention to make one of these three changes.

Table 19. Considerable/high intention to leave direct patient care, leave medical work or leave the UK

Considerable / high intention to:	All GPs			Partners			Salaried		
	All GPs	Age <50	Age =>50	All GPs	Age <50	Age =>50	All GPs	Age <50	Age =>50
Continue with medical work but outside UK within five years	8.20%	9.70%	5.60%	7.50%	8.40%	6.10%	9.80%	12.10%	3.70%
Leave direct patient care within five years	33.40%	15.50%	60.50%	35.70%	15.50%	60.80%	28.20%	15.40%	59.30%
Leave medical work entirely within five years	28.70%	10.30%	56.40%	30.90%	10.10%	56.60%	23.80%	10.60%	55.70%
At least one of the above	37.70%	20.80%	63.10%	39.20%	19.50%	63.60%	34.20%	23.00%	61.30%



## 6.2 Likelihood of Changing Working Hours

Respondents were also asked a question about whether they would increase the number of hours they worked, and also if they would reduce the number of hours they worked.

Over half of respondents (50.7%) expressed a considerable or high intention to reduce their working hours within five years, 37.9% of GPs under the age of 50 stated there was a considerable or high intention of reducing their work hours. In contrast, only 5.1% of all GPs who responded stated they had a considerable or high intention of increasing their work hours within five years, with 76.23% of GPs stating there was no likelihood of them increasing their work hours within five years.

Only 15.1 of GPs who responded stated there was no likelihood of them reducing work hours within five years. Again responses were different by age, 70.1% of GPs age 50 or over stated there was a considerable/high intention to reduce their work hours within five years, compared to only 37.9% of those under the age of 50.

As with intentions to quit, there were considerable differences in responses between GPs under the age of 50 and those age 50 or over. 6.6% of GPs under 50 stated there was a considerable or high likelihood of them increasing work hours, similar to 2019. The corresponding figure for those over 50 was lower at 2.5%, higher than in 2019.

Table 20. Likelihood of changing working hours within five years

Considerable / high intention to:	All GPs		GPs aged <50		GPs aged >=50	
	2019	2021	2019	2021	2019	2021
Increase hours work within five years	4.00%	5.10%	6.60%	6.60%	1.70%	2.50%
Reduce hours work within five years	55.40%	50.70%	38.10%	37.90%	73.40%	70.10%

## 7. Levels of Income

NHS Digital publishes national data on a sample of contractor/partner and salaried GPs on an annual basis. These ‘GP Earnings and Expenses’ figures are based on GP self-assessment returns, supplied by HMRC, and include earnings not related to GP work. These figures also do not include information on contracted or worked hours. Therefore, any change to GP earnings cannot be separated from changes to working hours (Atkins et al., 2020).

We asked respondents to indicate their income from GP work:

*‘What is your total individual annual income from your job as a GP? This is the amount you receive before taxes but after deducting allowable expenses.’*

Respondents could select from eight income bands.

In Tables 21 and 22 we display the percentage of respondents who reported each income band. Figures are reported for the surveys in the period over which the income bands have been consistent: 2010, 2012, 2015, 2017, 2019 and 2021. We also report the median hours worked per week by respondents in each income category. Table 20 shows responses from partner GPs, and table 21 shows responses from salaried GPs.

The 2021 survey shows the percentage of GP partners that fell into the category of earning less than £50,000 at 3.1%, higher than 2019. This also coincided with an increase in the median hours GPs from 2019 for those who reported an income level in this category. The percentage of respondents who earned £110,000 or more (those in the top four categories), fell from 34.6% in 2010 to 31.0% in 2015, rose to 44.6% in 2019, and then fell considerably in 2021 to 40.6%.

The proportion of salaried GPs earning less than £50,000 rose from 49.0% in 2010 to 61.2% in 2017, fell dramatically to 42.1% in 2019 and have gone further down to 41.5% in 2021. The median hours that GPs in this category worked per week in 2021 reduced to 2012 and 2015 levels (24 hours per week), having steadily increased from 22 to 24 hours between 2019 and 2021.

Table 21. Income and median hours worked per week 2010-2021 (Partners)

	Proportion of respondents (%)						Median hours worked per week					
	2010	2012	2015	2017	2019	2021	2010	2012	2015	2017	2019	2021
Less than £50,000	4.5	4.4	4.9	5.1	2.1	3.1	28	30	30	26	29	30
£50,000 to £69,999	13.6	13.1	13.2	11.4	10.6	12.1	30	31.5	33	35	33.5	34
£70,000 to £89,999	17.2	17.8	21.7	20.3	17	19.8	40	40	40	40	40	39.5
£90,000 to £109,999	30.2	30.6	29.3	30.7	25.5	24.1	47	45.5	48	45	42	40
£110,000 to £129,999	18.6	19.6	16.5	17.7	21	19.6	47	50	50	50	45	45
£130,000 to £149,999	10.1	8.4	7.5	7.7	10.6	10.4	48.5	48	50	50	50	45
£150,000 to £169,999	3.3	2.9	4	3.4	5.9	4.6	48	50	50	49	50	48
£170,000 or more	2.6	3.2	3	3.7	7.1	6	50	50	50	51.5	55	50
Mean GP Hours per week	-	-	-	-	-	-	43	43.5	43.4	43.9	43	41.5
Observations	854	929	904	508	423	1,534	854	929	904	508	423	1570

Table 22. Income and median hours worked per week 2010-2021 (Salaried)

	Proportion of respondents (%)						Median hours worked per week					
	2010	2012	2015	2017	2019	2021	2010	2012	2015	2017	2019	2021
Less than £50,000	49	50	54	61.2	42.1	41.5	22	24	24	25	22	24
£50,000 to £69,999	32	31	28	20	35.3	38.5	36	35	36	33	35	34
£70,000 to £89,999	13	17	15	13	16.5	12.8	40	40	40	41	38	40
Mean GP hours per week	-	-	-	-	-	-	30.6	31.8	30.6	31.6	31.2	31.2
Observations	132	151	153	116	133	680	132	151	153	116	129	683

## 8. Trends Within the Survey Period

The 2021 sampling window was longer than in previous waves due to the Covid-19 pandemic. During this time period there were several peaks in virus cases and multiple changes to Covid-19 policy that may have impacted survey responses due to particular pressures, constraints or other factors coinciding with the time of survey completion.

To test for these effects we split the survey period into four approximately equal time periods:

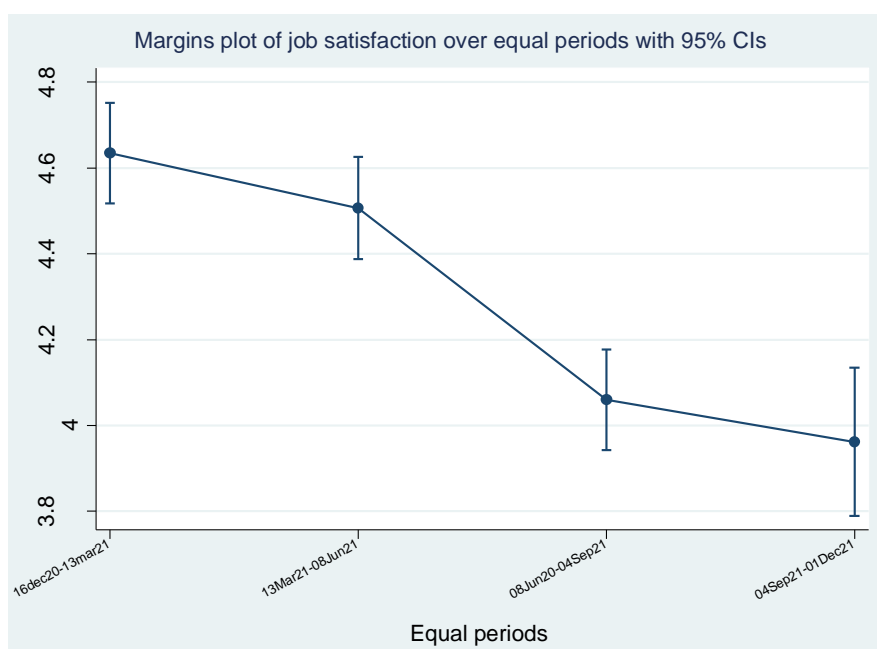
1. 16-Dec-20 to 13-Mar-21
2. 14-Mar-21 to 08-Jun-21
3. 09-Jun-21 to 04-Sep-21
4. 05-Sep-21 to 01-Dec-21

The mean values of key variables are shown in Table 23.

Some of these differences may be due to differences in respondent characteristics over time. Therefore, we conducted multiple regression analysis of important outcome variables, such as job satisfaction and intentions to quit, on period of response adjusting for a range of additional control variables such as age, gender, ethnicity, partner/salaried and region.

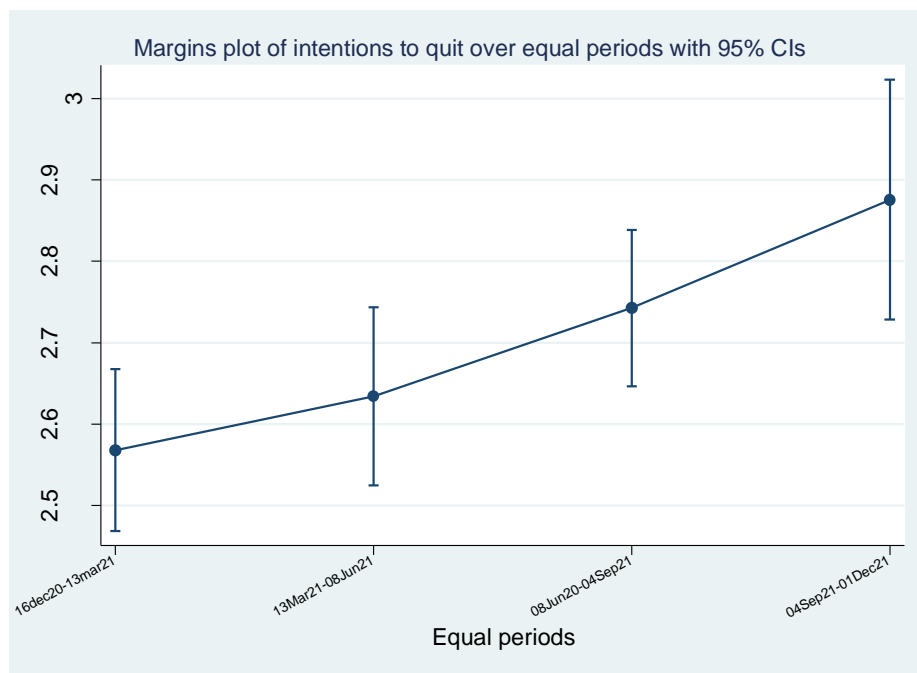
Our results, presented in Figures 8 and 9, show a decline in job satisfaction and increase in intentions to quit in the later response periods, even after controlling for potential observable differences between respondents. A full comparison of key characteristic and outcome variables is presented in Table 23.

Figure 8. Predicted job satisfaction and intentions to quit by response period.



Note: Adjusted for age, gender, ethnicity, partner/salaried and region

Figure 9. Predicted intentions to quit by response period.



Note: Adjusted for age, gender, ethnicity, partner/salaried and region

Table 23 Comparison of key variables within the sample period

		<b>Periods (online data)</b>				
	<b>Total</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
<b>Start Date</b>	16-Dec-20	16-Dec-20	14-Mar-21	09-Jun-21	05-Sep-21	
<b>End Date</b>	01-Dec-21	13-Mar-21	08-Jun-21	04-Sep-21	01-Dec-21	
<b>Number of days</b>	350	87	87	88	88	
<b>Observations</b>	2182	632	567	691	292	
<b>Job satisfaction</b>	<b>1= extremely dissatisfied; 7= extremely satisfied</b>					
Observations	2177	631	565	690	291	
Mean (std.dev)	4.30 (1.54)	4.64 (1.45)	4.48 (1.43)	4.02 (1.58)	3.85 (1.57)	
<b>Intentions to quit</b>	<b>1= None; 2= Slight; 3= Moderate; 4= Considerate; 5= High</b>					
Observations	2167	627	562	687	291	
Mean (std.dev)	2.69 (1.54)	2.57 (1.54)	2.55 (1.51)	2.78 (1.57)	2.96 (1.54)	
<b>Working hours</b>						
Observations	2166	624	564	687	291	
Mean std.dev	38.61 (13.71)	38.20 (13.83)	38.94 (13.50)	38.32 (13.42)	39.56 (14.55)	
<b>Age</b>						
Observations	2157	626	562	682	287	
Mean std.dev	46.62 (9.13)	46.79 (9.13)	45.96 (8.94)	46.76 (9.17)	47.21 (9.39)	
<b>Gender (%female)</b>						
Observations	2158	623	563	685	287	
Mean std.dev	0.59 (0.49)	0.61 (0.49)	0.62 (0.48)	0.55 (0.50)	0.58 (0.49)	
<b>Ethnicity (%white)</b>						
Observations	2182	632	567	691	292	
Mean std.dev	0.79 (0.41)	0.80 (0.40)	0.74 (0.44)	0.81 (0.39)	0.76 (0.43)	
<b>Experience (years since qualified)</b>						
Observations	2154	626	562	681	285	
Mean std.dev	18.47 (10.61)	19.20 (10.65)	17.75 (10.23)	18.51 (10.60)	18.18 (11.17)	
<b>Contract type (%Partner)</b>						
Observations	2182	632	567	691	292	
Mean std.dev	0.70 (0.46)	0.70 (0.46)	0.71 (0.45)	0.69 (0.46)	0.67 (0.47)	

## 9. Concluding Comments

The University of Manchester has undertaken a national survey of GPs' working lives approximately every two years since 1998. This report has described the results from the eleventh survey, conducted during 2021. When comparing the findings of this survey with those of previous surveys, it is important to note that the changing context within general practice in England at this time due to the covid-19 pandemic.

These changes fall into three groups. Firstly, in terms of providing day to day patient care, there was a rapid shift to remote working, with much of the day to day work of general practice taking place on the telephone or online. Secondly, GP practices were required to undertake additional work related to the pandemic. Thirdly, these changes were underpinned by a new approach to oversight by NHS England and Improvement. In summary, this survey covered a period of time in which the requirements from general practice were unprecedented and care was required to be delivered in very different ways.

Additionally distribution of invitations to participate in the 2021 wave of the GP Worklife Survey differs from preceding surveys in this series with the introduction of electronic invitations sent to practices by the Clinical Research Networks replacing the former direct mail outs of paper surveys to individual GPs. To examine whether this change in method leads to differences in response we randomly sampled 2500 GPs who were sent paper questionnaires. A comparison of the online and paper responses shows only marginal differences between the characteristics of the respondents and key outcome variables.

The mean level of overall satisfaction decreased significantly from 4.49 to 4.30 between 2019 and 2021. Satisfaction with different domains changed to varying degrees from 2019 to 2021. Satisfaction with recognition for good work decreased from 4.61 to 4.37 (-0.24), and satisfaction with variety in the job decreased from 5.29 to 5.06 (-0.23), both changes were statistically significant. Overall satisfaction has now reduced to a level similar to 2015 having increased in 2017 and 2019.

There was a statistically significant decrease in the mean number of hours worked by GPs from 2019 to 2021 from 40 to 38.4 hours. This is the second survey in a row where we have seen substantial decreases in mean hours worked from the previous survey. This is notable because we saw very little survey-to-survey variation in mean hours worked by respondents from 2008 to 2017.

GPs reported the greatest stress due to increasing workloads, increased demands from patients, having insufficient time to do the job justice, paperwork (including electronic), long working hours and dealing with problem patients. They reported the least stress with finding a locum, doing patient forms (e.g. Fit Notes, Blue Badges), and interruptions by emergency calls during surgery consultations. More than eight out of 10 GPs reported experiencing considerable or high pressure from increasing workloads and increased demands from patients.

All average reported pressures decreased between 2019 and 2021 except for 'adverse publicity by the media', 'dealing with problem patients' and 'increased demands from patients'. Although all average reported pressures have decreased by varying amounts between 2019 and 2021, they

remain at a relatively high level compared with earlier surveys. Particularly high average levels of pressure are reported in ‘increasing workloads’, ‘increased demands from patients’, ‘having insufficient time to do the job’, and ‘paperwork (including electronic)’.

Over a third (33.4%) of GPs said there was a considerable or high likelihood of them leaving ‘direct patient care’ within 5 years. Amongst those aged 50 or over this figure was 60.5%, the vast majority of these (47.1%) indicated that the likelihood was high. The corresponding figure was considerably lower for GPs under 50 at 15.5%, with 43.2% of these GPs stating there was no chance of them leaving within the next five years. For GPs under 50, the proportion who had a considerable or high intention to leave direct patient care within five years has increased since 2019 and is at its highest level compared to previous surveys. However, the percentage of GPs over the age of 50 who expressed a considerable/high intention to quit is lower than 2019 and at its lowest level since 2015.



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