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Tenth National GP Worklife Survey

2019

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The National GP Worklife Survey is a national survey of General Practitioners (GPs) in England, which has been undertaken ten times since 1999. The survey focuses upon GPs' experiences of their working lives, asking questions about: satisfaction with various aspects of their work (including physical working conditions, remuneration, job variety, and ability to use their skills); sources of pressure at work (including resource pressures, demands from a variety of sources, and workload); overall experience of their work (including complexity and a need to work quickly); and future working intentions (including intentions to increase or decrease working hours or quit practice).

The survey targeted two samples of GPs: 5,000 randomly-sampled GPs (cross-sectional sample) and 1,612 GPs who had replied to the 2017 survey (longitudinal sample). Questionnaires were distributed between November 2019 and January 2020. We received responses from 1332 GPs by the end of March 2020. The cross-sectional response rate was 12.2% (605 out of 4976). The longitudinal response rate was 48.1% (772 out of 1612).

Job satisfaction

The mean level of overall satisfaction, measured between 1 (extremely dissatisfied) and 7 (extremely satisfied), increased by 0.24 (95% CI: 0.08, 0.40) points from 4.25 in 2017 to 4.49 in 2019. Mean levels of satisfaction increased between 2017 and 2019 to varying degrees in all nine domains of job satisfaction. The largest increases in satisfaction were in remuneration (+0.37 points, 95% CI: 0.19, 0.54), recognition for good work (+0.24, 95% CI: 0.08, 0.41), opportunity to use abilities (+0.23, 95% CI: 0.08, 0.38), and amount of responsibility given (+0.22, 95% CI: 0.05, 0.39). All four of these increases are statistically significant.

Though average overall job satisfaction increased between 2017 and 2019, it was still below the levels reported in the surveys prior to 2015.

Hours of work

The average number of hours worked per week decreased by 1.8 hours (95%CI: -3.33, -0.27) from 41.8 hours in 2017 to 40.0 hours in 2019. This change is notable given there had been virtually no changes in average hours worked over the seven surveys undertaken between 2005 and 2017. There was also a sizeable decrease in the average hours worked by the longitudinal sample (mean reduction of 2.5 hours per week).

Stressors and job attributes

Average levels of pressure reported on all stressors decreased by varying amounts between 2017 and 2019, although they remain at a relatively high level compared with previous surveys. Particularly high average levels of pressure are reported in 'increasing workloads', 'increasing demands from patients', 'having insufficient time to do the job justice', 'paperwork', and 'changes to meet requirements from external bodies'. The average levels of these pressures have decreased since their peak in 2015, but remained high compared to the surveys undertaken before 2015. Stress caused by changes to meet requirements from external bodies has been in the top five stressors in every survey .

We asked respondents to indicate their level of agreement with a series of positive and negative statements about attributes of their job. The percentage of respondents who agreed with the negative statements had decreased or stayed the same since 2017. The largest decrease in agreement was for the statement 'I am required to do unimportant tasks which prevent me completing more important ones'. There have been consistently high levels of agreement with the statements 'I have to work very intensively' and 'the patients I see are presenting with increasingly complex care needs'.

Agreement has increased with ten out of the 12 positive statements between 2017 and 2019. This is a continuation of the increase in agreement for seven out of ten positive statements between 2015 and 2017. There have been consistently high levels of agreement with the statements 'my patients trust my generalist professional skills' and 'my job provides me with a variety of interesting things'.

Intentions to quit

Amongst GPs aged 50 or over, 49.0% reported a high likelihood of leaving direct patient care within the next five years and an additional 13.5% reported that the likelihood was considerable. Amongst GPs aged under 50 years, 11.0% reported a high or considerable likelihood and 44.5% reported no chance of them leaving within the next five years. The percentage of GPs over the age of 50 who expressed a considerable/high intention to quit was higher in 2019 compared to all previous surveys. However, the percentage of GPs under the age of 50 expressing a considerable/high intention to quit decreased from 13.5% in 2017 to 11.0% in 2019.

Income

The proportion of partner GPs self-reporting that they earn £110,000 per year, or greater, increased from 32.5% in 2017 to 44.6% in 2019, whilst the proportion reporting that they earned less than £70,000 per year decreased from 16.5% in 2017 to 12.7% in 2019. For salaried GPs the proportion self-reporting that they earn £70,000 per year, or greater, increased from 13.0% in 2017 to 16.5% in 2019, whilst those reporting earning less than £50,000 a year reduced from 61.2% in 2017 to 42.1% in 2019.

Conclusions

Between 2017 and 2019 there have been several positive developments in the working lives of GPs. Levels of job satisfaction have increased, attitudes to attributes of the job have improved, levels of pressure have decreased and working hours have reduced. Nonetheless, levels of pressure and job satisfaction remain worse than they were prior to 2015 and intentions to quit amongst older GPs are at the highest level ever recorded. Efforts to improve GPs' working lives will need to continue if retention problems are to be solved, especially in the light of the challenges created by the coronavirus pandemic since this latest survey was undertaken.

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., 2005, 2006a), 2005 (Whalley et al., 2006b, 2008), 2008 (Hann et al., 2009), 2010 (Hann et al., 2011), 2012 (Hann et al, 2013), 2015 (Gibson et al., 2015) and 2017 (Gibson et al, 2017). We undertook the tenth in this series in 2019.

This series of questionnaires spans twenty-two 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 on them.

The 2019 survey performed two important functions:

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

Each survey wave contains a set of questions relevant to recent policy changes or topical issues. In the 2019 survey, we included questions that addressed Primary Care Networks (PCNs) and new workforce roles (e.g. Physician Associates). Analysis of these questions will be released in future reports and academic publications.

2. Methods

Respondents were asked to participate in the study through an invitation posted to their practice. Participants were able to contribute either by completing a paper questionnaire or by completing an online version of the same questionnaire. The web link for the online questionnaire was included in the postal invitation. This was the third wave of the GP Worklife Survey in which GPs were given the option to complete the questionnaire online. The questionnaires and invitations were distributed between November 2019 and January 2020.

2.1 Target Sample

The target sample consisted of GP providers, salaried GPs and GP retainers practising in England. The sample was drawn from the publicly available General Medical Practitioners Prescribing Database for England and Wales.

Following the methodology employed in previous surveys, two samples of GPs were drawn from the database:

1. A cross-sectional sample – a random sample of 4,976 GPs[1], excluding GP registrars, representing approximately 1/10th of the GP population;
2. A longitudinal sample of 1,917 GPs who responded to the previous wave of the survey.

The final cross-sectional sample, excluding GPs who we were notified had changed address or retired, was 4,976 GPs. Unlike in previous waves of the survey we resampled to replace respondents with erroneous addresses. **The final total target sample was 6,775 individual GPs.** This compares with 6,280 individuals in the target sample in 2017. Our final target sample of 6,775 is smaller than the total of the cross-sectional sample (4,976) plus the longitudinal sample (1,917) due to 118 GPs appearing in both samples due to random sampling.

2.2 Mail out and Response

Questionnaires were first posted to GPs on 14th November 2019. If the GPs did not want to participate they were asked to return the blank questionnaire, to avoid being sent unnecessary reminders. A second questionnaire was sent on the 28th of November 2019 if the original questionnaire had not been returned. A reminder in the form of a postcard invitation was sent to GPs who had yet to respond on the 8th January.

A third questionnaire booklet was sent out on the 19th of March. However, due to the UK Covid-19 lockdown, responses received after the 1st April are not included in the analysis presented in this report. Paper questionnaires were included up to the lockdown date of 23 March 2020 and online responses were received until the end of March.

[1] In previous years, 3,000 GPs were sampled for the cross sectional element. Over sampling was conducted due to issues with the prescribers' database. For instance, doctors' names were missing from some records and other records were for retired GPs.

495 responses (37% of the total returns) were received between 18th November and 26th November 2019, 418 (31%) responses were received between 27th November 2019 and 5th January 2020 and 439 (32%) responses were received between 6th of January and 1st April 2020. Only 19 (1%) responses were received from 13th March onwards, so it is unlikely that preparations for lockdown greatly affected the findings of this report.

2.3 Representativeness

The cross sectional response rate was 12.2% (605 out of 4976) and the longitudinal response rate was 40.3% (772 out of 1917). This compares with 25.2% and 52.6%, respectively, in 2017. 45 respondents appear in both the cross sectional and longitudinal samples due to random sampling.

We used the same methodology for the 2019 survey as we had for the 2017 survey. We used a professional printing company to distribute the questionnaires and provide further analysis of proposed respondent address list to reduce the numbers of erroneous invitations, for instance if a GP had moved address. Furthermore, we sent sampled GPs a reminder postcard after the second invitation. These changes were minor, and we did not make substantive changes that might explain the reduced response rate, such as the questionnaire style or number of reminders. For the first time, we resampled to replace GPs in the initial random sample who were found to have an erroneous address.

To examine whether response date was predictive of some of the variables of interest we divided responses between the return dates shown in Figure 1. Significant differences between those replying earlier versus later in the response period may suggest that the early cut-off, due to the Covid-19 pandemic, has biased the sample by preventing the inclusion of more late responses. However, as shown in Figure 1 the responses to 'Overall Job Satisfaction' are similar across the response periods. We found no statistically significant relationships between the timing of the response and the mean main outcomes of interest such as job satisfaction and intentions to quit.

Figure 1. Overall job satisfaction by questionnaire return date (cross section sample)

Note: 1= extremely dissatisfied,7=extremely satisfied

The age, gender and contract type breakdowns of the 605 respondents from the cross-sectional sample of GPs are presented in Table 1. These are presented alongside headcount data for GPs in England from December 2019 published by NHS Digital[2]. The table indicates that the cross-sectional respondents are an overrepresentation of GPs aged 45-59 years and under representative of GPs aged under 40 years. Additionally the sample over represents GP providers compared to the population of GPs in England.

Table 1. Sample and population demographics

	Qualified Permanent GP Practitioners in England (December 2019)		GPWLS 2019 Cross-sectional Sample	
	34,773		605	
Age:				
Under 35	4,463	13.5%	32	5.4%
35-39	5,623	17.0%	54	9.1%
40-44	5,508	16.7%	94	15.9%
45-49	4,958	15.0%	112	18.9%
50-54	5,588	16.9%	113	19.1%
55-59	4,161	12.6%	120	20.3%
60-64	1,557	4.7%	46	7.8%
65 and over	1,215	3.7%	20	3.4%
Total (excluding missing data)	33,073		591	
Gender:				
Male	14,148	42.3%	305	51.8%
Female	19,284	57.7%	284	48.2%
Total (excluding missing data)	33,432		589	
Employment Contract:				
GP Providers	21,011	61.1%	442	76.1%
Salaried	13,362	38.9%	136	17.9%
Total (excluding missing data)	34,373		578	

[2]https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/final-31-december-2019

2.4 Questionnaire Content

To permit tracking of long-term trends, many of the questions used in the 2019 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

Respondents were asked to rate the amount 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 2019 survey, we included questions that addressed Primary Care Networks (PCNs) and new workforce roles (e.g. Physician Associates). Analysis of these questions will be released in future reports and academic publications.

2.5 Analysis

We focus the analysis on the cross sectional sample to compare with results from previous years. We also check whether some of the key changes are consistent in the longitudinal sample, which restricts the analysis to the same set of GPs.

3. Job Stressors and Job Attributes

3.1 Job Stressors

3.1.1 Levels of Job Stressors in 2019

Respondents were asked to rate 14 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 2.

Table 2. Job stressors

Job Stressor	Mean rating	% reporting considerable/ high pressure
Increasing workloads	4.48	88.6%
Having insufficient time to do justice to the job	4.31	82.1%
Paperwork (including electronic)	4.28	79.7%
Increased demands from patients	4.22	81.9%
Changes to meet requirements from external bodies (e.g. CQC, NHS England, CCG)	4.21	77.7%
Long working hours	4.04	70.1%
Meeting requirements for quality-linked payments (e.g. QOF, local quality schemes)	3.88	64.5%
Dealing with problem patients	3.85	63.5%
Dealing with earlier discharges from hospital	3.83	64.4%
Unrealistically high expectation of role by others	3.69	60.7%
Worrying about patient complaints/litigation	3.58	52.4%
Running a practice (e.g. premises, staff)	3.54	59.3%
Insufficient resources within the practice	3.51	52.3%
Doing patient forms (e.g. Fit Notes, Blue Badges)	3.29	42.3%
Adverse publicity by the media	3.23	44.8%
Interruptions by emergency calls during surgery	3.18	40.1%
Finding a locum	2.96	36.9%

The stressors are ranked in descending order of the mean score. GPs reported the most stress with increasing workloads, having insufficient time to do the job justice, paperwork (including electronic), and increased demands from patients. They reported the least stress with finding a locum, interruptions by emergency calls during surgery, and adverse publicity by the media. More than eight out of 10 GPs reported experiencing considerable or high pressure from increasing workloads, having insufficient time to do the job justice, and increased demands from patients.

3.1.2 Changes in Job Stressors Since 2017

The changes in mean stress ratings between the cross-sectional samples in 2017 and 2019 are shown in Table 3. The stressors are ranked from the largest decrease in rating to the smallest. Average stress ratings reported on the same questions in the nine previous surveys are also shown.

Although all average reported pressures have decreased by varying amounts between 2017 and 2019, they remain at a relatively high level compared with previous surveys. Particularly high average levels of pressure are reported in 'increasing workloads', 'increasing demands from patients', 'having insufficient time to do the job justice', 'paperwork', and 'changes to meet requirements from external bodies'. 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 3 shows that the reported pressures which increased between 2015 and 2017 have not continued to increase between 2017 and 2019. The largest change between 2017 and 2019 is a decrease in pressure related to adverse publicity by the media. Other significant decreases between sample means in 2017 and 2019 were seen for 'Insufficient resources within the practice', 'Dealing with problem patients' and 'Increasing workloads'. Increases in average reported pressure have not been reported in any of the domains, whereas between 2015 and 2017 five pressure areas showed increases.

Table 3: Changes in mean job stressor ratings: cross-sectional samples

	Mean Stress Rating										Change
Job Stressor	1998	2001	2004	2005	2008	2010	2012	2015	2017	2019	'19-'17
Adverse publicity by the media	2.66	3.57	3.09	2.86	3.65	3.2	3.26	3.92	3.56	3.23	-0.33***
Insufficient resources within the practice	2.42	3.19	3.13	2.86	2.98	2.94	3.15	3.62	3.69	3.51	-0.18**
Dealing with problem patients	3.50	3.42	3.28	3.13	3.37	3.48	3.70	3.93	3.96	3.85	-0.11*
Increasing workloads	3.78	4.24	4.08	3.79	4.04	4.02	4.40	4.59	4.58	4.48	-0.10**
Changes to meet requirements from external bodies	3.44	4.00	3.82	3.76	4.01	3.74	3.98	4.46	4.30	4.21	-0.09
Unrealistically high expectation of role by others	3.17	3.53	3.20	2.70	3.14	3.11	3.44	3.83	3.77	3.69	-0.08
Increased demands from patients	3.77	4.09	3.74	3.62	3.70	3.81	4.05	4.31	4.29	4.22	-0.07
Dealing with earlier discharges from hospital	2.93	3.21	3.25	3.14	3.23	3.27	3.62	3.88	3.90	3.83	-0.07
Having insufficient time to do justice to the job	3.41	4.14	3.99	3.61	3.88	3.88	4.18	4.40	4.38	4.31	-0.07
Long working hours	3.13	3.60	3.43	2.90	3.41	3.44	3.68	4.06	4.11	4.04	-0.07
Worrying about patient complaints/litigation	3.26	3.57	3.20	3.07	3.06	3.08	3.32	3.58	3.63	3.58	-0.05
Paperwork (including electronic)	3.47	4.18	4.15	3.86	3.97	3.96	4.22	4.38	4.32	4.28	-0.04
Interruptions by emergency calls during surgery	2.87	2.94	3.00	2.73	2.75	2.72	2.92	3.22	3.21	3.18	-0.03
Finding a locum	2.71	3.19	3.64	3.24	2.45	2.61	2.74	3.25	2.97	2.96	-0.01

Note: Two sample t-tests performed only on the change between 2017 and 2019:
*** $P \leq 0.001$, ** $P \leq 0.01$, * $P \leq 0.05$

3.2. Job Attributes

3.2.1 Levels of Job Attributes in 2019

Table 4 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' (97.7%), 'I have to work very intensively' (93.8%), and 'my patients trust my generalist professional skills' (91.3%).

Respondents were most likely to disagree with statements that 'relationships at work are strained' (58.7%), 'changes to my job in the last year have led to better patient care' (52.7%), 'my working time can be flexible' (40.0%), and 'I am consulted about changes that affect my work' (35.0%).

3.2.2 Changes in Job Attributes Since 2017

The percentage of respondents to the 2019 survey agreeing to some extent with each of the 18 statements are compared to previous surveys in Table 5. The table shows that the percentage of respondents who agree or strongly agree with the negative statements has either decreased or stayed the same between 2017 and 2019. 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'. 'Have to work very intensively' and 'the patients I see are presenting with increasingly complex care needs' have consistently seen high levels of agreement.

For the positive statements the percentage of respondents agreeing to some extent has risen in ten out of 12 statements between 2017 and 2019. This is a continuation of the increase in agreement for seven out of ten positive statements between 2015 and 2017. 'My patients trust my generalist professional skills' and 'my job provides me with a variety of interesting things' have consistently seen high levels of agreement.

Table 4. Job attributes in 2019

Job Aspect	% disagree/strongly disagree	% Neutral	% agree/strongly agree
Negative Statements			
(P) Relationships at work are strained	58.7 %	18.3%	23.0%
(P) Required to do unimportant tasks, preventing completion of more important ones	11.1%	12.6%	76.4%
(P) Do not have time to carry out all my work	9.8%	13.5%	76.8%
(W) Have to work very fast	3.5%	11.1%	85.4%
(W) Have to work very intensively	1.3%	4.9%	93.8%
(P) Patients are presenting with increasingly complex needs	0.7%	1.7%	97.7%
Positive Statements			
(P) My patients trust my generalist professional skills	2.4%	6.4%	91.3%
(C) Job provides variety of interesting things	5.9%	13.8%	80.3%
(D) Always know what responsibilities are	12.0%	18.2%	69.9%
(C) Choice in deciding how to do job	20.6%	19.6%	59.9%
(D) Involved in decisions on changes introduced that affect my work	30.3%	18.7%	51.1%
(D) Consulted about changes that affect work	35.0%	21.7%	43.4%
(C) Can decide on my own how to go about doing my work	27.0%	32.6%	40.5%
(C) Choice in deciding what to do at work	33.1%	27.2%	39.7%
(C) Working time can be flexible	40.0%	26.7%	33.3%
(D) Quality-linked payment schemes (e.g. QOF) promote good quality care for my patients	28.3%	39.6%	32.2%
(D) I get clear feedback about how well I am doing my job	32.2%	39.1%	28.7%
(D) Changes to my job in the last year have led to better patient care	52.7%	32.9%	14.4%

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

Table 5. Trends in job attributes

	% agree/ strongly agree							
Job Aspect	2005	2008	2010	2012	2015	2017	2019	'19-'17
Negative Statements								
(P) Required to do unimportant tasks, preventing completion of more important ones	69.7	71.7	67.2	71.2	79.7	81.1	76.4	-4.7*
(W) Have to work very fast	70.7	77.1	77.9	84.1	88.7	88.8	85.4	-3.4
(P) Do not have time to carry out all my work	66.7	68.7	67.1	73.4	79.7	79.9	76.8	-3.1
(W) Have to work very intensively	81.6	91.0	91.5	95.0	95.2	95.5	93.8	-1.7
(P) Patients are presenting with increasingly complex needs	n/a	n/a	n/a	n/a	n/a	98.2	97.7	-0.5
(P) Relationships at work are strained	n/a	n/a	18.7	21.4	21.4	23.0	23.0	0.0
Positive Statements								
(C) Choice in deciding how to do job	62.5	58.4	58.6	53.2	46.8	53.4	59.9	6.5*
(C) Can decide on my own how to go about doing my work	n/a	n/a	41.3	37.7	36.6	36.0	40.5	4.5
(D) Involved in decisions on changes introduced that affect my work	48.7	48.8	50.5	46.3	41.6	46.8	51.1	4.3
(C) Choice in deciding what to do at work	28.3	44.7	44.7	38.7	33.1	36.2	39.7	3.5
(D) Always know what responsibilities are	57.8	68.3	73.5	70.2	69.6	66.7	69.9	3.2
(D) Consulted about changes that affect work	34.4	34.6	39.7	37.7	34.6	40.4	43.4	3.0
(D) I get clear feedback about how well I am doing my job	17.6	n/a	18.4	21.4	24.5	26.3	28.7	2.4
(D) Changes to my job in the last year have led to better patient care	30.1	13.6	13.2	10.0	8.9	13.1	14.4	1.3
(P) My patients trust my generalist professional skills	n/a	n/a	n/a	n/a	n/a	90.6	91.3	0.7
(C) Job provides variety of interesting things	81.5	83.2	84.7	82.5	78.8	80.1	80.3	0.2
(C) Working time can be flexible	46.8	44.8	42.6	41.7	37.2	35.5	33.3	-2.2
(D) Quality-linked payment schemes (e.g. QOF) promote good quality care for my patients	n/a	n/a	n/a	n/a	n/a	34.5	32.2	-2.4

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

Note: Proportion-tests performed for Change '19-'17: *** P ≤ 0.001, ** P ≤ 0.01, * P ≤ 0.05

4. Hours of Work

We asked respondents "how many sessions do you work per week", the responses to this question can include out of hours work. Respondents most frequently reported working 6 sessions per week, with a second peak at 8 sessions per week (Figure 2).

The median number of sessions worked in a typical week was 6.25 (inter-quartile range 5 to 8). The mean was 6.6 sessions per week (standard deviation = 1.9 sessions).

The mean number of sessions worked in 2019 is slightly lower than that observed in 2017, which was 6.7 sessions per week (standard deviation = 1.9 sessions).

Figure 2. Sessions worked in a typical week (2019)

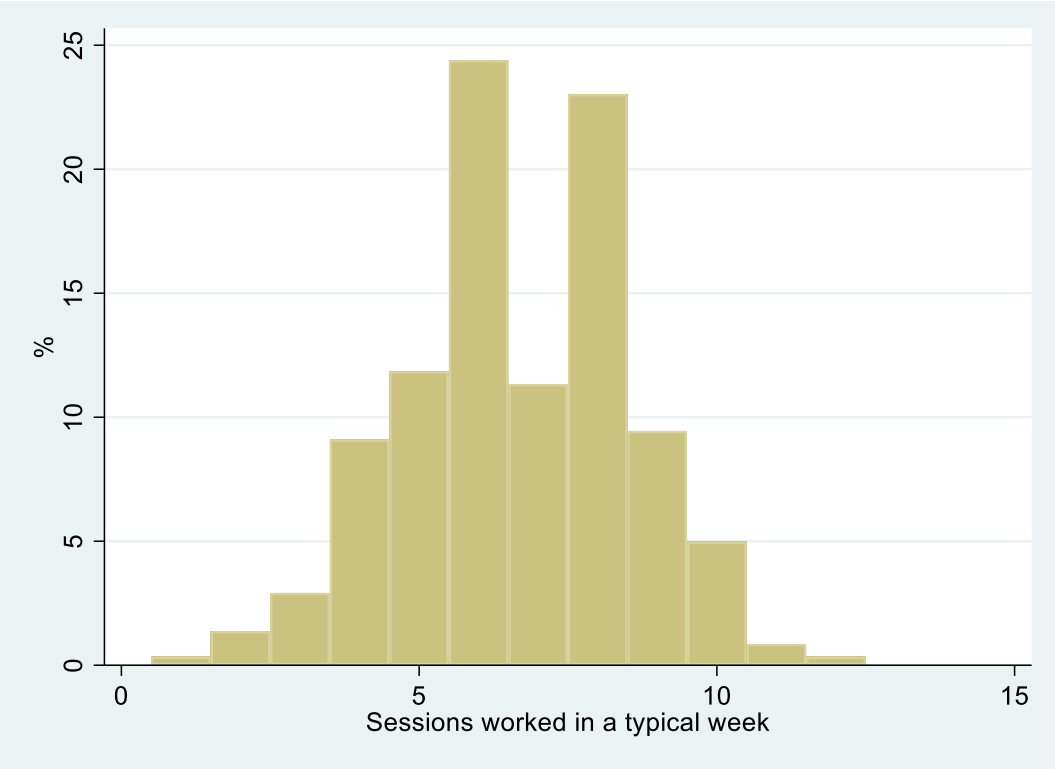


Figure 3. Sessions worked in a typical week by contract type (2019)

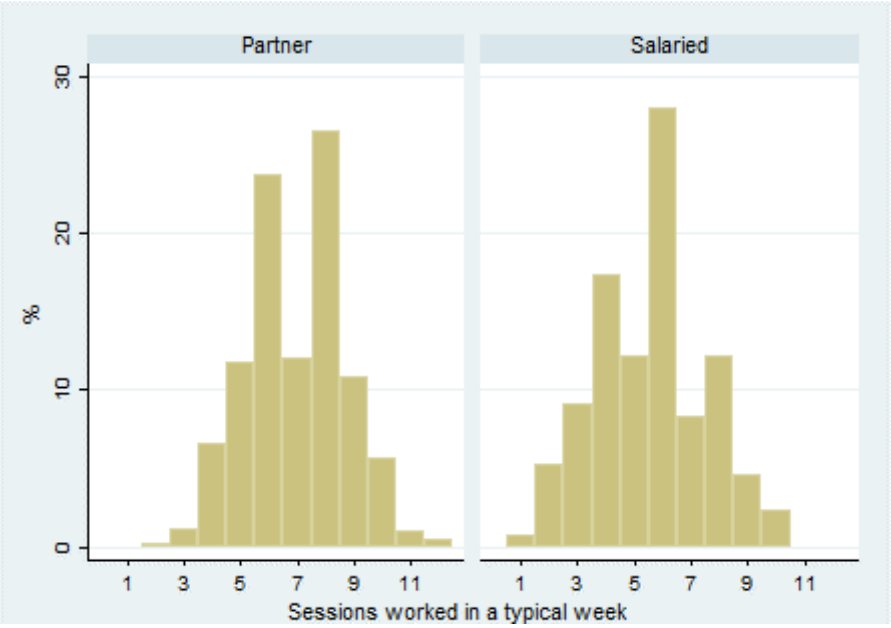


Figure 3 shows that the most common number of sessions worked was 8 for partners, and 6 for salaried GPs. The proportion of salaried GPs who worked 3 or less sessions per week was considerably higher than the proportion of partner GPs who worked 3 or less sessions per week.

Table 6 shows how the number of sessions worked per week by GPs has changed over the years 2010, 2012, 2015, 2017 and 2019. It can be seen that the proportion of GPs working 9 sessions per week has decreased from 2017 to 2019, while the proportion of GPs working 4 sessions per week has increased over this period.

The number of individuals who have stated they work 10 or more sessions has decreased between 2017 and 2019, however GPs who stated they worked this amount of sessions reported working considerably more hours per week than in 2017. For all other categories except two, hours decreased from 2017 to 2019.

We also asked GPs when they worked their sessions in an average week. Table 7 shows the proportions of respondents to the 2019 survey who stated they worked a given session. Mornings during the week and afternoons at the start of the week were the most common sessions for individuals to work. With the exception of Saturday morning, all of the weekend sessions were worked by less than 1.5% of respondents. Evening work was more likely to be reported at the start of the week (specifically Monday).

Table 6: Sessions worked

Session categories	2010 % of GPs	2010 Average Hours Worked	2012 % of GPs	2012 Average Hours Worked	2015 % of GPs	2015 Average Hours Worked	2017 % of GPs	2017 Average Hours Worked	2019 % of GPs	2019 Average Hours Worked
S<=4	9.5	23.7	9.6	26	10.9	24.2	13.1	25	13.8	22.7
4<S<=5	9	30.5	9.9	31.3	11	31.8	10.1	34.5	11.9	31.2
5<S<=6	12.9	35	16.7	35.4	19.9	36.8	21.5	38.3	24.4	36.9
6<S<=7	9.6	39.4	11	41.4	11.1	42.7	10.9	42.5	11.3	44.5
7<S<=8	23.7	46.3	23.4	46.0	24.7	47.0	22.1	48.3	23.0	47.6
8<S<=9	25	47.3	20.5	50.1	15.6	50.7	12.0	52.1	9.5	48.6
9<S<=10	6.8	49.6	6.4	50	4.6	53.3	3.5	55.6	5.0	56.3
10<S	3.6	55.1	2.6	53.5	2.2	53.1	6.9	50.8	1.2	57.9

Table 7: Proportions of respondents working sessions at each times of the week

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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%
2017	**Morning**	82.3%	71.3%	67.3%	68.1%	66.1%	9.9%	0.4%
	Afternoon	66.0%	54.5%	52.4%	49.6%	49.6%	1.4%	0.6%
	Evening	30.7%	21.3%	21.2%	18.5%	16.2%	0.7%	0.4%

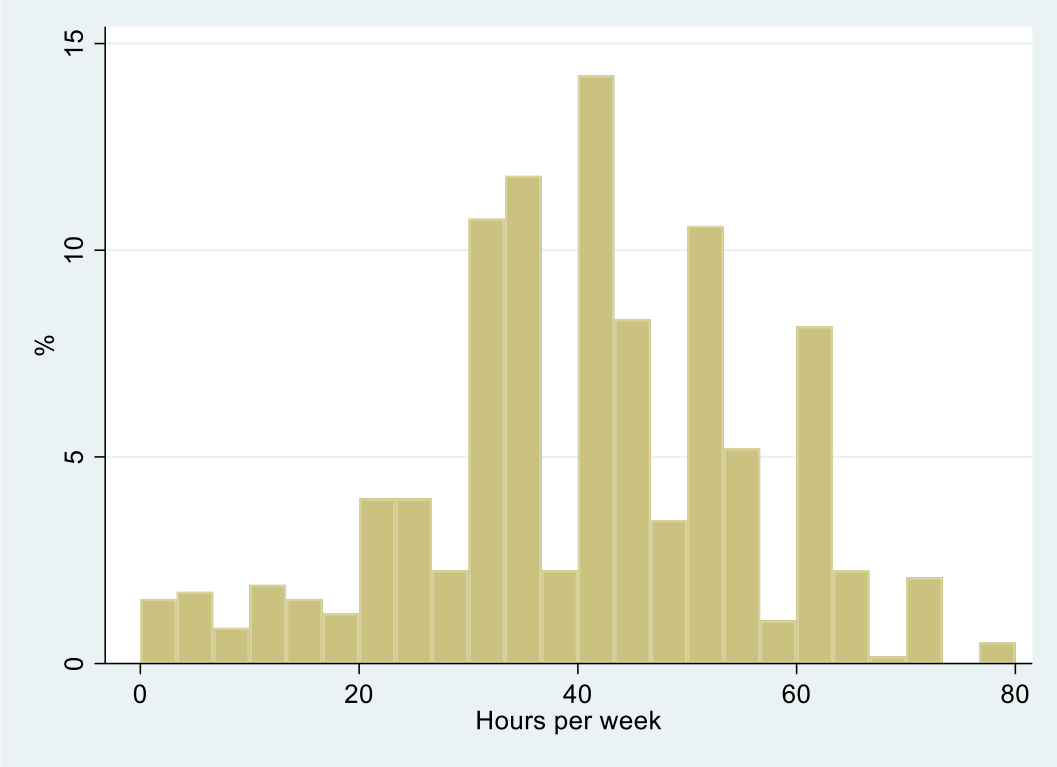
4.2 Average hours worked per week in 2019

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 576 of the cross-sectional respondents was 40 hours (standard deviation 15.2). The median number of weekly hours worked was 40 (Inter-Quartile Range = 31.3 to 50).

Figure 4. Distribution of average weekly hours worked in 2019.



Note: 3 outliers trimmed above 80 hours

4.3 Trends in average hours worked per week

The average number of weekly hours worked per week decreased significantly from 2017 to 2019 (table 8), this change was statistically significant (p=0.021). This is a notable change given there has been virtually no change in the average weekly hours worked between 2005 and 2017 (Figure 5).

Table 8: Summary statistics for average weekly hours worked: 2008-2019

Year	N	Mean	Std. Dev.	95% Conf. Interval
2008	634	42.1	13	41.1, 43.1
2010	1,054	41.4	12.9	40.6, 42.2
2012	1,112	41.7	13	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	40.0	15.2	38.8, 41.3

Figure 5. Trends in average weekly hours worked: 1998-2019

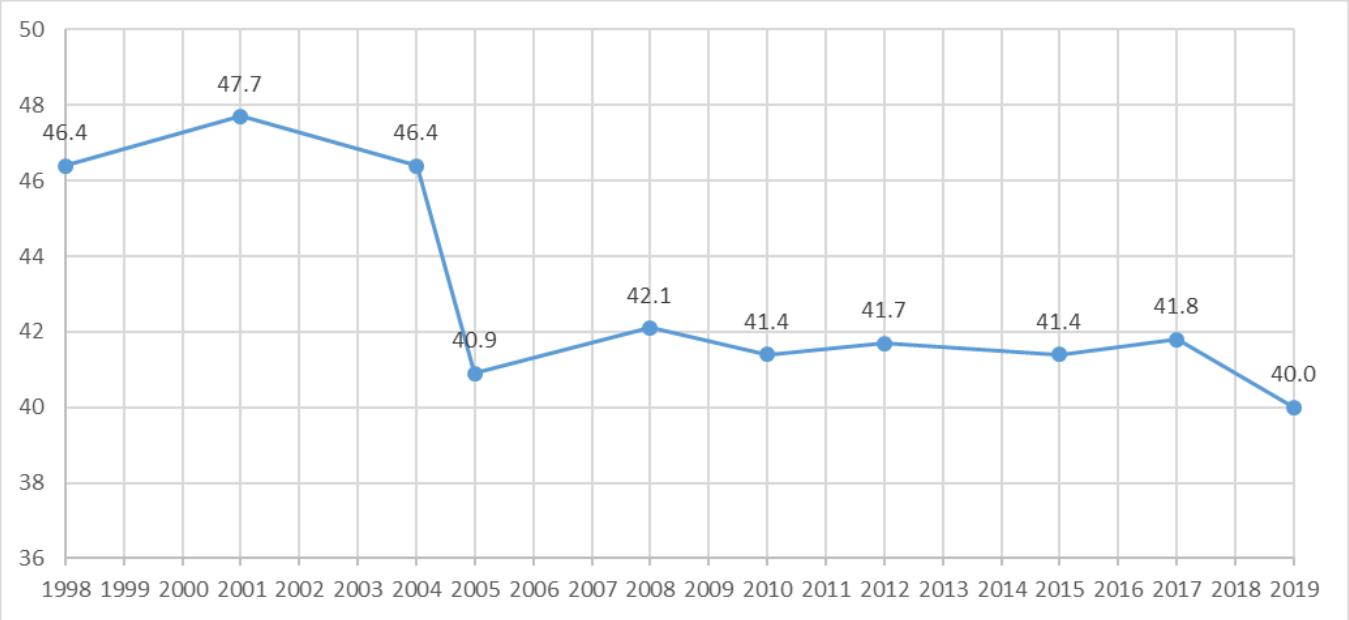
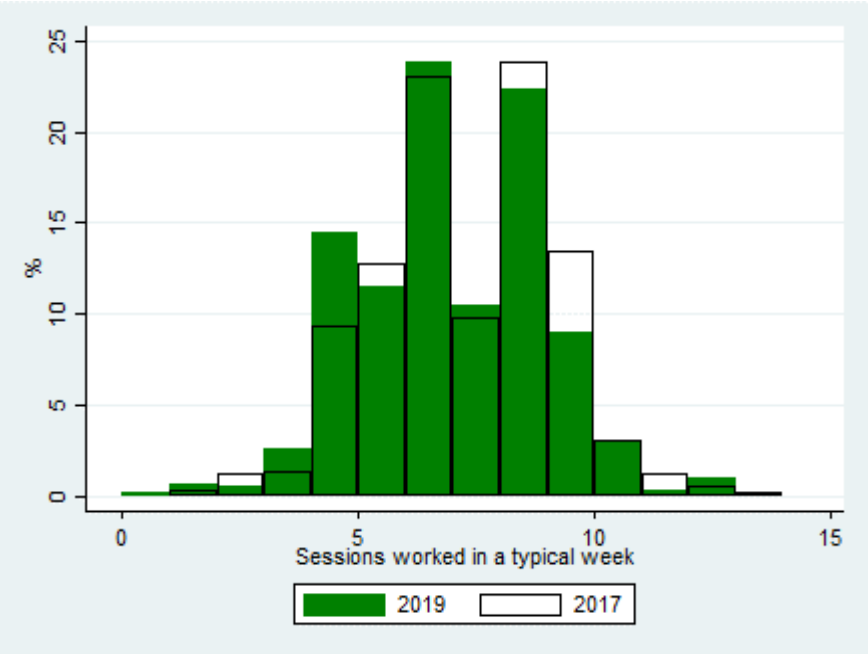


Figure 6. Distribution of hours worked in the longitudinal sample: 2017 and 2019



4.4 Extended opening hours

GPs were asked whether their practice offered extended hours access (early-morning, late evening or weekend access). Table 9 shows that 39% of respondents worked in practices that offered extended hours access on weekends (233 out of 598), 89.3% worked in practices that offered extend hours access on weekdays (534 out of 598), 33.4% worked in practices that offered extended hours on weekdays and weekends (252 out of 598).

The percentage of respondents working in practices that offer extended hours have increased relative to 2017, which in itself was an increase relative to 2015. The percentage of respondents who worked at practices offering extended opening hours on weekends increased from 32.9% to 39.0%, for practices offering extended opening hours on weekdays there was an increase from 75.1% to 89.3%, and the corresponding rise for practices offering extended hours on both weekends and weekdays was from 26.6% to 33.4%. The percentage of respondents reporting that their practice offered no extended hours access fell from 15.2% to 5.4%.

Table 9. Extended hours access 2010-2019

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

4.5 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 tasks 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 garner estimates of the percentage of time GPs devote to each task per week. Table 10 shows average percentages of time GPs in the cross-sectional sample have devoted to each task for the years 2005, 2008, 2010, 2012, 2015, 2017 and 2019. There are also estimates for the percentage of time the longitudinal sample devote to each task for the years 2017 and 2019.

In 2019; GPs from the cross-sectional sample spent 59.0% of their time on direct patient care, and 20.8% of it on indirect patient care. These are little changed from 2017. The longitudinal sample did not see much change in the time spent on either of these activities from 2017 to 2019. Table 10 and Figure 7 also shows that the 2019 cross-sectional sample of GPs spent 9.2% of their time on administration, 4.4% of their time on external meetings, and 6.7% of their time doing other activities.

Figure 7. Pie chart of time allocated between tasks (2019)

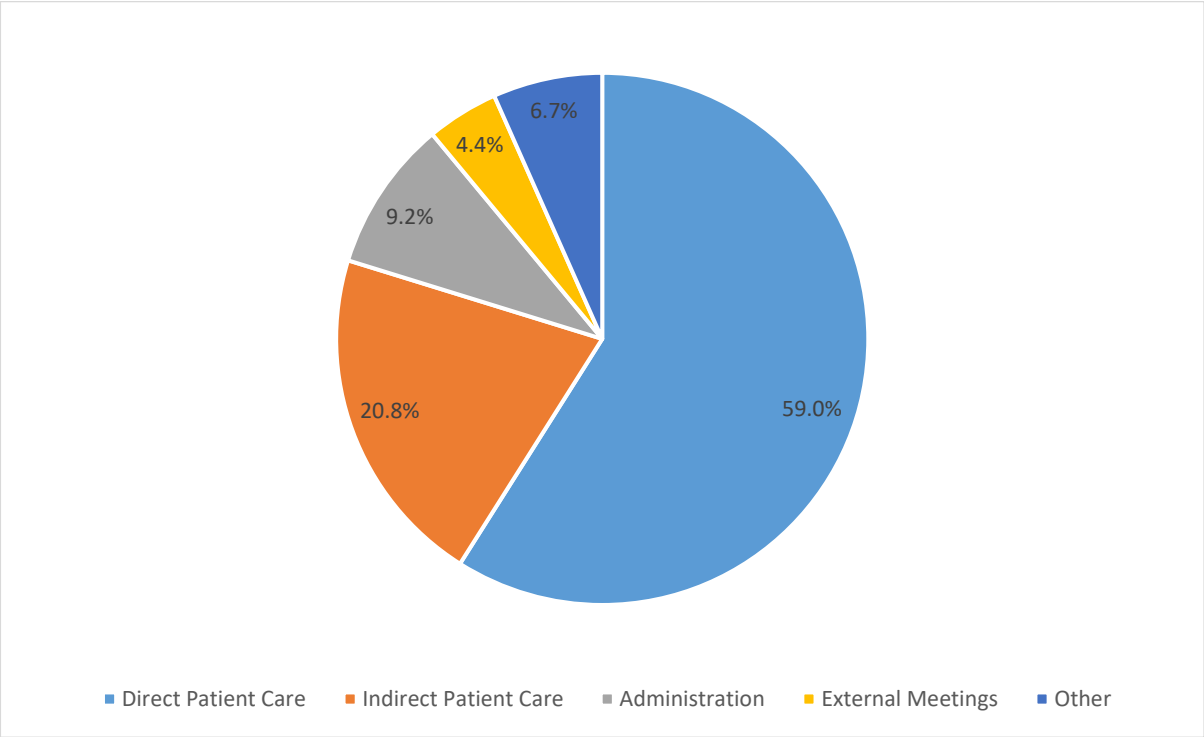


Table 10. Percentage of time spent on different activities 2005-2019

Type of Activity	Cross-sectional Sample								Longitudinal Sample		
	2005	2008	2010	2012	2015	2017	2019	'19-'17	2017	2019	'19 - '17
Direct Patient Care	63.3%	63.0%	63.1%	62.3%	62.1%	61.0%	59.0%	-2.0%	58.2%	59.0%	0.8%
Indirect Patient Care	18.2%	17.5%	18.6%	19.3%	19.7%	21.0%	20.8%	-0.2%	21.3%	21.2%	-0.1%
Administration	11.3%	12.0%	10.7%	10.9%	8.4%	8.4%	9.2%	0.8%	9.0%	8.9%	0.0%
External Meetings	n/a	n/a	n/a	n/a	3.5%	3.7%	4.4%	0.7%	5.1%	4.0%	-1.1%
Other	7.1%	7.5%	7.6%	7.5%	6.3%	5.9%	6.7%	0.8%	6.3%	6.8%	0.5%

5. Job Satisfaction

Questions on job satisfaction have been included in GP surveys since 1987. This section of this report provides summary statistics on these elements of the survey and analysis of recent trends. Respondents were asked to rate their satisfaction on nine specific domains and for their job 'overall' on a seven-point scale from 'extremely dissatisfied' (=1) to 'extremely satisfied' (=7).

5.1 Job Satisfaction Levels in 2019

Summary statistics for the cross-sectional sample (Table 11) show that mean overall job satisfaction is 4.49 points. More than half of the respondents (59.0%) reported being satisfied with their job overall (score = 5 or more). 25.1% reported being dissatisfied.

Table 11. Summary statistics for job satisfaction in 2019

Satisfaction domain	Mean	% Dissatisfied	% Neutral	% Satisfied
Your colleagues and fellow workers	5.76	6.3%	7.8%	85.9%
Amount of variety in your job	5.29	9.3%	14.9%	75.8%
Physical working conditions	5.18	13.2%	12.7%	74.0%
Opportunity to use your abilities	5.15	12.7%	13.5%	73.8%
Amount of responsibility you are given	5.01	17.3%	14.9%	67.9%
Freedom to choose your own method of working	4.77	18.6%	17.6%	63.8%
Recognition you get for good work	4.61	22.0%	19.3%	58.7%
Your remuneration	4.59	26.2%	16.9%	56.9%
Your hours of work	3.74	45.6%	16.4%	38.0%
Overall satisfaction	4.49	25.1%	15.9%	59.0%

The nine individual aspects of the job are ranked in descending order of the mean score in Table 11. Respondents reported most satisfaction with their colleagues and fellow workers and the amount of variety in their job. These domains had both the highest mean satisfaction scores and the greatest percentage of GPs indicating 'satisfaction'.At least three out of every four respondents were satisfied with these aspects of the job. Respondents reported least satisfaction with their hours of work: only 38.0% of respondents were satisfied with their hours of work and 45.6% were dissatisfied.

5.2 Changes in Satisfaction Ratings from 2017

The changes in mean satisfaction ratings between 2017 and 2019 in the cross-sectional sample are shown in Table 12, along with mean satisfaction scores from 1998, 2001, 2004, 2005, 2008, 2010, 2012, 2015, 2017, and 2019. The satisfaction domains are ranked from the largest change in ratings between 2017 and 2019 to the smallest change.

The mean level of overall satisfaction increased from 4.25 in 2017 to 4.49 in 2019, a change which is statistically significant. Mean levels of satisfaction have increased to varying degrees in all nine individual domains. The largest increases in satisfaction are in remuneration (+0.37), recognition for good work (+0.24), opportunity to use abilities (+0.23), and amount of responsibility given (+0.22). All four of these increases are statistically significant.

Whilst overall job satisfaction has increased between 2017 and 2019, it is still below the levels reported in the surveys prior to 2015.

An increase of 0.05 points in overall satisfaction was observed in the sample of 602 GPs who participated in both the 2017 and 2019 surveys (Table 13). Mean levels of satisfaction declined on three individual domains: physical working conditions, freedom to choose their own method of working, and their colleagues and fellow workers. The greatest increase in satisfaction was in remuneration (+0.27).

Table 12: Average satisfaction ratings over time

Satisfaction domain	1998	2001	2004	2005	2008	2010	2012	2015	2017	2019	Changes '19 - '17
Physical working conditions	4.99	4.86	4.91	5.08	5.07	5.23	5.3	5.2	5.15	5.18	0.03
Freedom to choose own method of working	4.87	4.35	4.66	5	4.65	4.91	4.78	4.58	4.71	4.77	0.06
Colleagues and fellow workers	5.31	5.37	5.6	5.65	5.49	5.54	5.56	5.71	5.71	5.76	0.05
Recognition for good work	4.21	3.57	4.28	4.8	4.46	4.65	4.52	4.25	4.37	4.61	0.24**
Amount of responsibility given	4.99	4.59	5.05	5.43	5.2	5.33	5.16	4.85	4.79	5.01	0.22*
Remuneration	3.48	3.51	4.38	5.3	4.73	4.87	4.56	4.2	4.22	4.59	0.37***
Opportunity to use abilities	4.64	4.27	4.85	5.19	5.01	5.11	5.08	4.87	4.92	5.15	0.23**
Hours of work	3.7	3.32	3.94	4.86	4.21	4.39	4.09	3.56	3.57	3.74	0.17
Amount of variety in job	4.94	4.76	5.06	5.26	5.23	5.38	5.28	5.16	5.11	5.29	0.18*
Overall Satisfaction	4.65	3.96	4.62	5.21	4.68	4.87	4.54	4.14	4.25	4.49	0.24**

Table 13. Changes in satisfaction ratings 2015-2017 – longitudinal sample

Job Aspect	Mean satisfaction rating		
	2017	2019	Difference
Your remuneration	4.37	4.64	0.27***
Recognition you get for good work	4.34	4.55	0.21***
Your hours of work	3.57	3.76	0.19*
Opportunity to use your abilities	5.07	5.20	0.13
Amount of variety in your job	5.24	5.33	0.10
Amount of responsibility you are given	4.91	4.94	0.02
Your colleagues and fellow workers	5.81	5.79	-0.02
Physical working conditions	5.26	5.18	-0.07
Freedom to choose your own method of working	4.82	4.73	-0.08
Overall Satisfaction	**4.32**	**4.37**	0.05

Note: Domains ranked by largest positive change. Range of N: 598-604

6. Intentions to quit

We asked respondents 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, Reeves & Sibbald, 2011). For older GPs, intentions to leave direct patient care may be dominated by retirement plans, early or otherwise. Respondents were, therefore, asked 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 14 shows the likelihood of leaving direct patient care stratified by whether or not the GP was currently aged less than 50 years. 36.8% 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 62.5%, the vast majority of these (49.0%) indicated that the likelihood was high. The corresponding figure was considerably lower for GPs under 50 at 11.0%, with 44.5% 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; 42.5% stated there was no chance of them retiring, 16.4% of these GPs stated there was a considerable or high likelihood of them leaving direct patient care within five years.

Table 14: Likelihood of leaving 'direct patient care' within five years in 2019

	All GPs		GPs not within 5 years of planned retirement age		GPs aged <50		GPs aged>=50	
Likelihood of leaving 'direct patient care' within five years	N	%	N	%	N	%	N	%
None	184	30.9%	179	42.5%	129	44.5%	50	16.9%
Slight	123	20.6%	116	27.6%	88	30.3%	33	11.2%
Moderate	70	11.7%	57	13.5%	41	14.1%	28	9.5%
Considerable	60	10.1%	32	7.6%	20	6.9%	40	13.5%
High	159	26.7%	37	8.8%	12	4.1%	145	49.0%

Table 15 shows the results from the same likelihood to leave direct patient care question but instead broken down by sex. Men are overall more likely to say the likelihood of them leaving direct patient care was considerable or high. This was also the case for those in the 50 or over category. However, for those in the under 50 category, women were slightly more likely to state there was a considerable or high likelihood of them leaving direct patient care.

Table 15: Likelihood of leaving 'direct patient care' within five years in 2019

Likelihood of leaving 'direct patient care' within five years	All GPs		GPs aged <50		GPs aged>=50	
	Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
None	25.8%	35.6%	40.2%	47.3%	15.8%	19.0%
Slight	17.2%	24.2%	27.9%	32.1%	9.6%	12.9%
Moderate	12.9%	10.7%	21.3%	9.1%	7.3%	12.9%
Considerable	11.3%	9.3%	6.6%	7.3%	14.7%	12.1%
High	32.8%	20.3%	4.1%	4.2%	52.5%	43.1%

Table 16 shows the likelihood of leaving 'direct patient care' within five years broken down by contract type (partner or salaried).

Table 16: 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	121	27.8%	52	38.5%
Slight	87	20.0%	34	25.2%
Moderate	53	12.2%	14	10.4%
Considerable	44	10.1%	12	8.9%
High	131	30.1%	23	17.0%

Table 17 shows that for GPs under 50, the proportion who had a considerable or high intention to leave direct patient care within five years has decreased since 2010. However, the percentage of GPs over the age of 50 who expressed a considerable/high intention to quit is higher than in all previous surveys.

Table 17. Trends in intentions to quit

Considerable/high intention to leave direct patient care within five years	All GPs	GPs aged <50	GPs aged >=50
2005	19.4%	6.1%	41.2%
2008	21.9%	7.1%	43.2%
2010	21.9%	6.4%	41.7%
2012	31.2%	8.9%	54.1%
2015	35.3%	13.1%	60.9%
2017	39.0%	13.5%	61.8%
2019	36.7%	11.0%	62.5%

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 18.

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, 40.5% (240 out of 593) 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, 15.9% (46 out of 289) indicated they had a

considerable or high intention to make one of these three changes, and for GPs over 50; 65.3% (192 out of 294) indicated they had a considerable or high intention to make one of these three changes.

Table 18. Considerable / high intention to leave direct patient care, leave medical work or leave the UK

	All GPs			Partners			Salaried		
2019: Considerable / high intention to:	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	8.3%	8.6%	7.9%	7.4%	8.4%	6.4%	10.5%	8.8%	15.0%
Leave direct patient care within five years	36.7%	11.0%	62.5%	40.1%	10.5%	64.3%	25.9%	12.1%	58.5%
Leave medical work entirely within five years	32.6%	6.9%	58.2%	35.9%	6.3%	59.9%	21.6%	7.7%	55.0%
At least one of the above	40.5%	15.9%	65.3%	43.9%	15.3%	67.4%	29.6%	16.5%	61.0%

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 (55.4%) expressed a considerable or high intention to reduce their working hours within five years, 38.1% of GPs under the age of 50 stated there was a considerable or high intention of reducing their work hours. In contrast, only 4.0% of all GPs who responded stated they had a considerable or high intention of increasing their work hours within five years, with 77.8% of GPs stating there was no likelihood of them increasing their work hours within five years.

Only 15.2% of GPs who responded stated there was no likelihood of them reducing work hours within five years. Again responses were different by age, 73.38% of GPs age 50 or over stated there was a considerable/high intention to reduce their work hours within five years, compared to only 38.06% 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, the corresponding figure for those over 50 was lower at 1.7%.

Table 19. Likelihood of changing working hours within five years

2019: Considerable / high intention to:	All GPs		GPs aged <50		GPs aged >=50	
	2017	2019	2017	2019	2017	2019
Increase hours work within five years	7.2%	4.0%	10.5%	6.6%	4.4%	1.7%
Reduce hours work within five years	57.0%	55.4%	34.8%	38.1%	76.8%	73.4%

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, 2019).

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.'

There were eight income bands that respondents could select from.

In Tables 20 and 21 we display the percentage of respondents who fall into each income band. Figures are reported for 2010, 2012, 2015, 2017 and 2019. 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 2019 survey contained the lowest percentage of partner respondents that fell into the category of earning less than £50,000 at 2.1%, this also coincided with an increase in the median hours GPs from 2017 for those who fell into 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 32.5% in 2017, and then rose considerably in 2019 to 44.6%.

The proportion of salaried GPs earning less than £50,000 rose from 49.0% in 2010 to 61.2% in 2017, but then fell dramatically to 42.1% in 2019. The median hours that GPs in this category worked per week in 2019 returned back to 2010 levels (22 hours per week), having steadily increased from 22 to 25 hours between 2010 and 2017.

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Table 20. Income and median hours worked per week 2010-2019 (Partners)

	Proportion of respondents (%)					Median hours worked per week				
	2010	2012	2015	2017	2019	2010	2012	2015	2017	2019
Less than £50,000	4.5	4.4	4.9	5.1	2.1	28	30	30	26	29
£50,000 to £69,999	13.6	13.1	13.2	11.4	10.6	30	31.5	33	35	33.5
£70,000 to £89,999	17.2	17.8	21.7	20.3	17.0	40	40	40	40	40
£90,000 to £109,999	30.2	30.6	29.3	30.7	25.5	47	45.5	48	45	42
£110,000 to £129,999	18.6	19.6	16.5	17.7	21.0	47	50	50	50	45
£130,000 to £149,999	10.1	8.4	7.5	7.7	10.6	48.5	48	50	50	50
£150,000 to £169,999	3.3	2.9	4	3.4	5.9	48	50	50	49	50
£170,000 or more	2.6	3.2	3	3.7	7.1	50	50	50	51.5	55
Mean GP Hours per week	-	-	-	-	-	43	43.5	43.4	43.9	43.0
Observations	854	929	904	508	423	854	929	904	508	423

Table 21. Income and median hours worked per week 2010-2019 (Salaried)

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

Note: Median hours for income categories containing less than 5 respondents have been omitted

Note: Five largest income categories not presented as few (8 in 2019) respondents selected these categories.

8. Discussion

We commenced data collection for the 10th National GP Worklife Survey in November 2019. We received responses from 1332 GPs by the end of March 2020. By that date, the cross-sectional response rate was 12.2% (605 out of 4976). The longitudinal response rate was 48.1% (772 out of 1612). Data collection was truncated by the coronavirus pandemic.

Between 2017 and 2019 there have been several positive developments in the working lives of GPs. Levels of job satisfaction have increased, attitudes to attributes of the job have improved, levels of pressure have decreased and working hours have reduced. Nonetheless, levels of pressure and job satisfaction remain worse than they were prior to 2015 and intentions to quit amongst older GPs are at the highest level ever recorded. Efforts to improve GPs' working lives will need to continue if retention problems are to be solved, especially in the light of the challenges created by the coronavirus pandemic since this survey was undertaken.

In each wave of the survey, we include questions about topical policy and practice issues. In the 2019 survey, we included questions on Primary Care Networks and new workforce roles. These findings will be published in further reports and academic publications. We will also issue an additional report from the survey if there are substantial differences in the responses received after the beginning of April.

We are planning to undertake the 11th National GP Worklife Survey later this year, to investigate whether and how the coronavirus pandemic has affected GPs' working lives in the medium-term. The report of this survey should be published in 2021.

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