Final figures for headcount and Full Time Equivalent (FTE) General Practice staff groups working in England.

Key findings

- The total GP headcount is 41,891 at 31 March 2017.
- The total GP FTE is 33,921 at 31 March 2017.
- The total GP (excluding Locums) FTE is 32,972 at 31 March 2017. This is 1,252 (3.7%) less than at 31 March 2016 (34,225).
- At 31 March 2017, the headcount was 22,737 for Nurses, 17,585 for Direct Patient Care staff and 92,405 for Admin/Non-Clinical staff.

Comparisons between December 2016 and March 2017 figures for GPs should be treated with caution due to the currently unknown seasonality effect given this is the first annual cycle of the quarterly GP figures.
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This is an Experimental Statistics publication

This document is published by NHS Digital, part of the Government Statistical Service

Experimental statistics are official statistics which are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage. It is important that users understand that limitations may apply to the interpretation of this data. More details are given in the report.

All official statistics should comply with the UK Statistics Authority’s Code of Practice for Official Statistics which promotes the production and dissemination of official statistics that inform decision making.


This report may be of interest to a wide range of organisations, policy officials and other stakeholders to make local and national comparisons to General Practice workforce information and to monitor the quality and effectiveness of General Practice services.
**Introduction**

This publication presents detailed statistics relating to the general practice workforce in England as at 31 March 2017. Accompanying this publication you will find Excel tables, Comma Separated Values (CSV) files and an interactive web based visualisation report to enable users to complete their own analysis.

The primary data source for General and Personal Medical statistics changed in September 2015 from the National Health Authority Information System (NHAIS) to the workforce Minimum Data Set (wMDS) collected via the Primary Care Web Tool (PCWT) Workforce Census module and the workforce Minimum Data Set Collection Vehicle (wMDSCV). 93.0% of eligible general practices provided fully valid GP data for the March 2017 collection, with GP data for the remaining 7.0% of practices estimated. In March 2017, the main data source for this collection was the PCWT. Data was also received on behalf of some practices via 4 Health Education England (HEE) Region Tools. In September 2015, the main data source was the same (PCWT) however additional data was only received from 3 HEE Regions.

The wMDS data items agree to national workforce standards as detailed in the National Workforce Dataset (NWD). This means all practices should follow these standards providing information broken down as per details contained with the standards. The PCWT contains and only allows NWD items, however 1 or more of the HEE regional tools allows for non-standard items to be entered from September 2015 – March 2016. These data items were classified as ‘Not Stated’ where it was not possible to map them to an NWD item. Due to data quality improvements, these Not Stated job roles have now been eliminated.

The Not Stated job role has now been retrospectively eliminated for GPs for all previous collections. Therefore, job role-level figures for GPs can be compared over time however figures for practice staff only cannot be compared at job role level over time. For further information, please see the Revisions and Issues section of the Data Quality Statement.

Care needs to be taken when interpreting these figures as they are labelled as Experimental.

Comprehensive definitions can be found later in this publication. Within the detailed statistics for General and Personal Medical Services it is important to understand the term General Practice and what it means in terms of this bulletin. It is defined as an organisation which offers Primary Care medical services by a qualified General Practitioner who is able to prescribe medicine and where patients can be registered and held on a list. Generally, the term describes what is traditionally thought of to be a high street family doctor’s surgery. Definitions of each job role can be found in the PCWT User Guidance, located at:


For the purposes of this publication the term General Practice does not include Prisons, Army Bases, Educational Establishments, Walk-In Centres or Specialist Care Centres including Drug Rehabilitation Centres.

**New Areas of Analysis**  – This publication provides new and additional information for:-

- Sustainability and Transformation Partnerships (STPs) – the Excel Detailed Tables contain information by STP and the appendix of this document contains maps highlighting key statistics by STP area.
- The Excel Bulletin Tables contain information on the number of minutes GPs have available to patients.
Experimental
Due to the changes in the collection tool and the need to produce estimates for all staff groups for practices that did not provide fully valid data, the General and Personal Medical Services, England March 2017 workforce report has been badged ‘Experimental statistics’.

Given the classification of ‘Experimental statistics’ NHS Digital invites comments and feedback on the methodology applied. Feedback is welcomed via email at gp-data@nhs.net
Analysis and Commentary

General Practitioners Summary

Comparisons between December 2016 and March 2017 figures should be treated with caution due to the currently unknown seasonality effect given this is the first annual cycle of the quarterly GP figures.

March 2017 figures which include Locum information are not comparable with previous collections.

Comparisons at job role-level with September 2015 and March 2016 data are now possible as data quality improvements have resulted in all GPs recorded with a Not Stated job role in previous publications being retrospectively allocated the correct job role.

As at 31 March 2017:

All GPs

- There are 41,891 headcount GPs working in general practices.
- This represents 33,921 FTE GPs.

GPs (excluding Locums)

- There are 39,660 headcount GPs (excluding Locums). This is a decrease of 963 (2.4%) since 31 March 2016.
- This represents 32,972 FTE GPs (excluding Locums). This is a decrease of 1,252 (3.7%) since 31 March 2016.

GPs (excluding Registrars (i.e. trainees), Retainers & Locums)

- There are 34,427 headcount GPs (excluding Registrars, Retainers & Locums).
- This represents 28,092 FTE GPs (excluding Registrars, Retainers & Locums).

GPs (excluding Registrars, Retainers & Locums) by Gender

- 52.9% of headcount GPs (excluding Registrars, Retainers & Locums) are female.

GPs (excluding Locums) Joiners

- Between January 2017 and March 2017, 789 headcount GPs (excluding Locums) joined general practice. This represents 585 FTE joiners.
- During this period, 74 headcount joiners were GP Providers and 415 headcount joiners were Salaried/Other GPs.

---

1 Figures for headcount and FTE from September 2015 – September 2016 include estimates for non-submitting practices unless stated otherwise. Submissions were provided by 88.1% practices in September 2015, 92.7% practices in March 2016 and 94.2% practices in September 2016. Figures for headcount and FTE from December 2016 onwards include estimates for practices that did not provide fully valid data. Fully valid GP data was provided by 92.6% practices in December 2016 and 93.0% practices in March 2017.

2 Following the December 2016 collection, further guidance was provided to GP Practices around the recording of all staff, including GP Locums, on the wMDS return. Hence the subsequently higher GP Locum numbers reported in March 2017 are not comparable to previous figures in the time series due to indications that this additional guidance has led to more accurate reporting of GP Locum staff. Further information is available in the Data Quality Statement later in this document.
GPs (excluding Locums) Leavers

- From January 2017 to March 2017, 830 headcount GPs left general practice. This represents 653 FTE leavers.

GP Vacancies

- Based on the 1,218 practices who submitted Vacancy data, there were 277 FTE GP vacancies from October 2016 – March 2017.
- The GP job role with the highest number of vacancies in this time period was Salaried/Other GPs with 205 FTE vacancies.

GP Absence

- Based on the 1,421 practices who submitted Absence data, there were 2,512 GP absence periods from October 2016 – March 2017.
- The most common absence for the GP staff group during this period was Sickness with 893 (35.5%) absence periods, followed by study leave at 31.7%

NHS Digital welcomes any feedback relating to the collection and presentation of this data by email at gp-data@nhs.net.
**Practitioners by Job Role**

**Figure 2: GPs by job role at 31 March 2017 (Headcount and FTE)**

The figure shows that the 33,921 FTE GP workforce are made up of 61.0% (20,702 FTE) GP Providers, with Salaried/Other GPs being the next highest staff group with 21.8% (7,390 FTE) and then GP Registrars with 14.1% (4,799 FTE).

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3 Following the December 2016 collection, further guidance was provided to GP Practices around the recording of all staff, including GP Locums, on the wMDS return. Hence the subsequently higher GP Locum numbers reported in March 2017 are not comparable to previous figures in the time series due to indications that this additional guidance has led to more accurate reporting of GP Locum staff. Further information is available in the Data Quality Statement later in this document.
Practitioners by Work Commitment

Figure 3: Practitioners (excluding Registrars, Retainers & Locums) Work Commitment FTE by job role at 31 March 2017 (Headcount)

The figure shows the headcount numbers of Practitioners (excluding Registrars, Retainers & Locums) by their FTE work commitment, where 37.5 hours a week is equal to one full time equivalent staff member.

The job role with the highest proportion working an FTE of 1+ is GP Provider (40.6%) and GP Providers also have the lowest proportion (2.1%) working an FTE of less than or equal to 0.4 (15 hours per week).

---

4 Headcount by work commitment figures do not include estimates for the 7.0% practices who did not provide fully valid GP data
**Practitioners by Gender**\(^5\) and **Age**\(^6\)

**Figure 4: Practitioners (excluding Registrars, Retainers & Locums) by Gender and Age at 31 March 2017 (Headcount)**

Based on those GPs (excluding Registrars, Retainers & Locums) whose gender was stated, 52.9% are female. 0.9% of GPs (excluding Registrars, Retainers & Locums) with a known age are under 30 years old and 4.0% are aged 65 and over. The majority (5,456 headcount) of GPs (excluding Registrars, Retainers & Locums) are aged 40-44.

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\(^5\) Data excludes records where gender is not stated, unknown and for practices not providing a return

\(^6\) Figures based on those practices providing a return and where the age has been stated in the return
Map 1: Percentage of Practitioners (excluding Registrars, Retainers & Locums) aged 55 and over at 31 March 2017 by Clinical Commissioning Group (CCG) (Headcount)

This map is presented by Sustainability and Transformation Partnership (STP) in the Appendix.

**NHS England (Region, local office)**

London has the highest proportion of practitioners aged 55 and over (27.3%) followed by Midlands and East (East) (25.2%) and then Midlands and East (West Midlands) (23.7%). Midlands and East (North Midlands) has the lowest proportion aged 55 and over at 20.1%. See NHS England Region Detailed Tables 3a/b accompanying this publication for full regional breakdowns.
Practice Numbers and Size

Map 2: Average number of Patients per Practice by CCG at 31 March 2017

This map is presented by STP in the Appendix.

At 31 March 2017, there were 7,454 general practices in England, a decrease of 159 (2.1%) since 31 March 2016. We continue to exclude, where possible, other prescribing locations like hospices, out-of-hours and most walk-in centres.

NHS England (Region, local office)

Average practice list size varies between 6,337 in North (Greater Manchester) and 9,780 in England South (Wessex) compared to the national average of 7,818. See NHS England Region Detailed Table 5 accompanying this publication for full regional breakdowns.

Total registered patients in England have increased from 57.3 million at 31 March 2016 to 58.3 million (an increase of 1.8%) at 31 March 2017. It should be noted that ONS resident
population for 2016 is only 54.8 million based on mid-year 2015 estimates from the 2011 Census. This discrepancy is known as ‘list inflation’ and may be due to patients being registered at a general practice who no longer exist due to death, emigration, moving home or due to registered patients not completing the 2011 Census (for example, patients who are refugees or homeless).

Practitioners and the Population

Map 3: Number of Practitioners (excluding Registrars, Retainers & Locums) per 100,000 population at 31 March 2017 by CCG (Headcount)

This map is presented by STP in the Appendix.

NHS England (Region, local office)

Midlands and East (Central Midlands) has the lowest number of practitioners (excluding Registrars, Retainers & Locums) per 100,000 population (57.6), which compares with the highest number in South (South West) (73.7) per 100,000 population. See NHS England Region Detailed Table 5 accompanying this publication for full regional breakdowns.
Map 4: Number of patients per GP (excluding Registrars, Retainers & Locums) at 31 March 2017 by CCG (Headcount)

South (South West) has the lowest number (1,414) of patients per GP (excluding Registrars, Retainers & Locums) compared with the highest number (1,850) in Midlands and East (Central Midlands). See NHS England Region Detailed Table 5 accompanying this publication for full regional breakdowns.
Country of Primary Medical Qualification (PMQ)\textsuperscript{7,8}

78.5% of practitioners (excluding Registrars, Retainers & Locums) qualified in the UK.

**Figure 5: Practitioners (excluding Registrars, Retainers & Locums) Country of Qualification — main groups at 31 March 2017 (Headcount)**

<table>
<thead>
<tr>
<th>Country of Qualification</th>
<th>Percentage of Practitioners (excluding Registrars, Retainers &amp; Locums)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>78.5%</td>
</tr>
<tr>
<td>EEA</td>
<td>4.4%</td>
</tr>
<tr>
<td>Elsewhere</td>
<td>17.2%</td>
</tr>
<tr>
<td>- of which Africa</td>
<td>3.0%</td>
</tr>
<tr>
<td>- of which South Asia</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

Source: NHS Digital

**Figure 6: Registrars Country of Qualification — main groups at 31 March 2017 (Headcount)**

<table>
<thead>
<tr>
<th>Country of Qualification</th>
<th>Percentage of Registrars</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>83.0%</td>
</tr>
<tr>
<td>EEA</td>
<td>3.4%</td>
</tr>
<tr>
<td>Elsewhere</td>
<td>13.6%</td>
</tr>
<tr>
<td>- of which Africa</td>
<td>3.5%</td>
</tr>
<tr>
<td>- of which South Asia</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

Source: NHS Digital

\textsuperscript{7} Based on data where Country of PMQ is known
\textsuperscript{8} The EEA (excluding the UK) includes Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Irish Republic, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and Switzerland.
South Asia is made up of Bangladesh, India, Pakistan, Maldives, Nepal and Sri Lanka.
The proportion of GP Registrars (headcount) obtaining their primary medical qualification in the UK is 83.0%. The proportion of GP Registrars obtaining their primary medical qualification outside the EEA is 13.6%.

**Map 5: Percentage of Practitioners (excluding Registrars, Retainers & Locums) qualified outside the UK at 31 March 2017 by CCG (Headcount)**

Midlands and East (East) has the highest percentage of Practitioners (excluding Registrars, Retainers & Locums) qualified outside the UK (29.9%), compared with the lowest percentage in South (South West) (7.9%). See NHS England Region Detailed Table 4a of the accompanying this publication for full regional breakdowns.
Type of Contract

Figure 7: Contract Type of GP Practices at 31 March 2017

There are 5,140 practices (69.1%) holding General Medical Service (GMS) contracts. See Bulletin Table 4 accompanying this publication for further figures.

Practice Staff Summary

As at 31 March 2017:

Nurses

- There are 22,737 headcount Nurses. This is a decrease of 415 (1.8%) since 31 March 2016, or a decrease of 404 (1.7%) since 30 September 2016.
- There are 15,528 FTE Nurses. This is a decrease of 225 (1.4%) since 31 March 2016, or a decrease of 298 (1.9%) since 30 September 2016.
- Between January 2017 and March 2017, there were 727 Nurses joiners and 563 leavers.
- The Nurses job role with the highest number of both joiners and leavers in this time period was Practice Nurses with 482 joiners and 420 leavers.
- Based on the 1,218 practices who submitted Vacancy data, there were 237 FTE Nurses vacancies from October 2016 – March 2017.
- The Nurses job role with the highest number of vacancies in this time period was Practice Nurse with 148 FTE vacancies.
- Based on the 1,421 practices who submitted Absence data, there were 2,188 Nurses absence periods from October 2016 – March 2017 relating to 1,143 individuals.

Footnote:

Figures for headcount and FTE from September 2015 – September 2016 include estimates for non-submitting practices unless stated otherwise. Submissions were provided by 88.1% practices in September 2015, 92.7% practices in March 2016 and 92.4% practices in September 2016. Figures for headcount and FTE from December 2016 onwards include estimates for practices that did not provide fully valid data. Fully valid GP data was provided by 92.6% practices in December 2016 and 93.0% practices in March 2017.
The most common absence type for Nurses during this period was Sickness with 1,314 (60.1%) recorded absence periods.

**Direct Patient Care**
- There are 17,585 headcount Direct Patient Care staff. This is an increase of 2,587 (17.2%) since 31 March 2016, or an increase of 2,259 (14.7%) since 30 September 2016.
- There are 11,413 FTE Direct Patient Care staff. This is an increase of 1,720 (17.2%) since 31 March 2016, or an increase of 1,404 (14.0%) since 30 September 2016.
- Between January 2017 and March 2017, there were 358 Direct Patient Care joiners and 295 leavers.
- The Direct Patient Care job role with the highest number of both joiners and leavers in this time period was Health Care Assistants with 169 joiners and 155 leavers.
- Based on the 1,218 practices who submitted Vacancy data, there were 87 FTE Direct Patient Care vacancies from October 2016 – March 2017.
- The Direct Patient Care job role with the highest number of vacancies in this time period was Health Care Assistant with 41 FTE vacancies.
- Based on the 1,421 practices who submitted Absence data, there were 1,471 Direct Patient Care absence periods from October 2016 – March 2017 relating to 816 individuals.
- The most common absence type for Direct Patient Care staff during this period was Sickness with 1,065 (72.4%) recorded absence periods.

**Admin/Non-Clinical**
- There are 92,405 headcount Admin/Non-Clinical staff. This is a decrease of 1,521 (1.6%) since 31 March 2016, or a decrease of 1,890 (2.0%) since 30 September 2016.
- There are 64,043 FTE Admin/Non-Clinical staff. This is a decrease of 949 (1.5%) since 31 March 2016, or a decrease of 1,292 (2.0%) since 30 September 2016.
- Between January 2017 and March 2017, there were 2,243 Admin/Non-Clinical joiners and 2,049 leavers.
- The Admin/Non-Clinical job role with the highest number of both joiners and leavers in this time period was Receptionists with 1,589 joiners and 1,253 leavers.
- Based on the 1,218 practices who submitted Vacancy data, there were 437 FTE Admin/Non-Clinical vacancies from October 2016 – March 2017.
- The Admin/Non-Clinical job role with the highest number of vacancies in this time period was Receptionist with 278 FTE vacancies.
- Based on the 1,421 practices who submitted Absence data, there were 8,221 Admin/Non-Clinical absence periods from October 2016 – March 2017 relating to 4,586 individuals.
- The most common absence type for Admin/Non-Clinical staff during this period was Sickness with 6,476 (78.8%) recorded absence periods.
Nurses

Nurses by Job Role

Figure 8: Nurses by job role at 31 March 2017 (Headcount and FTE)

The figure shows that the 15,528 FTE Nursing workforce is made up of 73.3% (11,379 FTE) Practice Nurses, with Advanced Nurse Practitioner being the next highest staff group with 18.2% (2,832 FTE) and then Extended Role Practice Nurse with 3.9% (611 FTE).
Nurses by Gender and Age

Figure 9: Nurses by Gender\textsuperscript{10} and Age\textsuperscript{11} at 31 March 2017 (Headcount)

Based on those Nurses whose gender was stated, 98.1\% are female. 3.2\% of Nurses with a known age are under 30 years old and 3.1\% are aged 65 and over. The majority (4,953 headcount) of Nurses are aged 50-54.

\textsuperscript{10} Data excludes records where gender is not stated, unknown and for practices not providing a return

\textsuperscript{11} Figures based on those practices providing a return and where the age has been stated in the return
Direct Patient Care Staff

Figure 10: Direct Patient Care staff by job role at 31 March 2017 (Headcount and FTE)

The figure shows that the 11,413 FTE Direct Patient Care workforce is made up of 57.3% (6,544 FTE) Health Care Assistants, with Dispensers being the next highest staff group with 20.4% (2,332 FTE) and then Phlebotomists with 6.6% (748 FTE).
Direct Patient Care Staff by Gender and Age

Figure 11: Direct Patient Care staff by Gender\(^{12}\) and Age\(^{13}\) at 31 March 2017 (Headcount)

Based on those Direct Patient Care staff whose gender was stated, 94.3% are female. 10.9% of Direct Patient Care staff with a known age are under 30 years old and 3.3% are aged 65 and over. The majority (2,671 headcount) of Direct Patient Care staff are aged 50-54.

\(^{12}\) Data excludes records where gender is not stated, unknown and for practices not providing a return

\(^{13}\) Figures based on those practices providing a return and where the age has been stated in the return
**Admin/Non-Clinical Staff**

**Admin/Non-Clinical staff by Job Role**

Figure 12: Admin/Non-Clinical staff by job role at 31 March 2017 (Headcount and FTE)

The figure shows that the 64,043 FTE Admin/Non-Clinical workforce is made up of 53.0% (33,942 FTE) Receptionists, with Other being the next highest staff group with 20.5% (13,154 FTE) and then Managers with 15.1% (9,701 FTE).
Admin/Non-Clinical staff by Gender and Age

Figure 13: Admin/Non-Clinical staff by Gender\textsuperscript{14} and Age\textsuperscript{15} at 31 March 2017 (Headcount)

Based on those Admin/Non-Clinical staff whose gender was stated, 94.9\% are female. 13.4\% of Admin/Non-Clinical staff with a known age are under 30 years old and 5.9\% are aged 65 and over. The majority (14,048 headcount) of Admin/Non-Clinical staff are aged 50-54.

\textsuperscript{14} Data excludes records where gender is not stated, unknown and for practices not providing a return
\textsuperscript{15} Figures based on those practices providing a return and where the age has been stated in the return
Data Quality Statement

Revisions and Issues

This section relates to the revision of the data relating to the snapshots at September 2015 and March 2016 General and Personal Medical Services, England publications.

The wMDS data items agree to national workforce standards as detailed in the National Workforce Dataset (NWD). This means all practices should follow these standards providing data broken down as per details contained within the standards. The PCWT contains and only allows NWD items, however 1 or more of the HEE regional tools allows for non-standard items to be entered. These data items were classified as ‘Not Stated’ where it has not been possible to map them to a NWD item.

All ‘Not Stated’ GP records have been retrospectively mapped to NWD job roles and the tables have been revised as part of this publication. This is applicable to both headcount and full-time equivalent GP tables.

Accuracy

1. Methodology

The data collection changed from December 2016 quarter onwards. Prior to December 2016, practice users were given a submission window in which to log in, make any changes and hit a ‘Submit’ button once completed. For all future collections, the system has moved to a quarterly extraction to ease the burden on practices. Practices are now requested to have their workforce data up-to-date on the system on each extraction date, at which point the extract is taken from the PCWT and HEE Region Tools automatically without the need for users to confirm their submission.

2. Mandatory Fields

For collection rounds prior to December 2016, all staff entered onto the PCWT were automatically rejected and removed from the dataset where one or more of the following mandatory fields were not completed:

Staff Group, Job Role, Contracted Hours, Date Joined, Gender, Date Of Birth, Ethnicity.

Due to the change in methodology, from December 2016 onwards only staff with blank Staff Group, Job Role or Contracted Hours fields are removed from the dataset. All other previous mandatory fields are recorded as ‘Unknown’ and included in the dataset. This change should increase the number of individual-level staff records and reduce the number of estimates. Work is ongoing to improve the completeness of mandatory fields.

3. Source

The data collection method used for this collection has been, where possible, for the data provider to use their existing data from the previous submission, making changes to individual records as appropriate. Completed data are provided either through an extract taken from the PCWT Workforce Census module or, 4 HEE Regions provide a CSV file via the workforce wMDSCV containing all the practices they are providing a return for.

In March 2017, the main data source for this collection was the PCWT Workforce Census Module. Data was also received on behalf of some practices from 4 HEE Regions.
In addition, data has been extracted from the Electronic Staff Record (ESR) covering mainly registrar data. For provisional GP data, ESR figures for the previous quarter are used for registrars. Final figures include ESR data for the relevant quarter.

4. Duplicate records

Where data for the same individual has been supplied via either the PCWT or HEE Region Tool and via ESR then the PCWT or HEE data has overridden ESR.

Where data for the same practice has been received through both the PCWT and HEE Region, the HEE Region data has been taken as final following discussions with HEE regions. The duplicate PCWT data has been disregarded unless the HEE data contained 0 GPs, in which case the GP records only were retained from the PCWT data.

### Table 1: Number of practices providing data to the collection since September 2015

<table>
<thead>
<tr>
<th></th>
<th>HEE Practices</th>
<th>HEE %</th>
<th>PCWT Practices</th>
<th>PCWT %</th>
<th>No data Practices</th>
<th>No data %</th>
<th>Total Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep 2015 submission</td>
<td>1,154</td>
<td>15.0</td>
<td>5,607</td>
<td>73.1</td>
<td>913</td>
<td>11.9</td>
<td>7,674</td>
</tr>
<tr>
<td>Mar 2016 submission</td>
<td>1,584</td>
<td>20.8</td>
<td>5,473</td>
<td>71.9</td>
<td>556</td>
<td>7.3</td>
<td>7,613</td>
</tr>
<tr>
<td>Sep 2016 submission</td>
<td>1,542</td>
<td>20.5</td>
<td>5,414</td>
<td>71.9</td>
<td>571</td>
<td>7.6</td>
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<tr>
<td>Dec 2016 extraction(1)</td>
<td>1,917</td>
<td>25.6</td>
<td>5,426</td>
<td>72.5</td>
<td>140</td>
<td>1.9</td>
<td>7,483</td>
</tr>
<tr>
<td>Mar 2017 extraction(1)</td>
<td>2,020</td>
<td>27.1</td>
<td>5,314</td>
<td>71.3</td>
<td>120</td>
<td>1.6</td>
<td>7,454</td>
</tr>
</tbody>
</table>

Source: NHS Digital

(1) The collection mechanism changed in December 2016 whereby all data was extracted for all practices with data on a tool, rather than a percentage of practices submitted data (see Accuracy section). Therefore, the counts of practices for December 2016 and March 2017 include all practices where any, but not necessary all, data extracted (from any of the staff groups) was valid.

For Sept 2015 – Sept 2016, ‘no data’ means that either no valid data (for any staff group) was provided or a practice did not submit any data.

For December 2016 and March 2017, ‘no data’ means that no valid data (for any staff group) was provided.
Comparability

1. Recording of GP Locums

The March 2017 Locum figures and the All Practitioners figures for both headcount and FTE are not comparable with previously published figures.

Locum data was first collected at the introduction of the wMDS. The wMDS remit has always been to collect all instances of staff working, including Locums, at a General Practice at a snapshot in time. The collection method has changed from December 2016 so that data is now extracted quarterly from the systems to enable more frequent data in the least burdensome way possible. Guidance to practices ensures that all staff are recorded on the system and kept up to date. This enables the capture of all staff working within a period as well as at the snapshot date.

Following the September 2016 data provisional publication in January 2017, NHS Digital received feedback expressing concern over the numbers of Locum GPs which had been published all indicating that the published number of Locums providing services appears to potentially be understated. Following this valuable feedback, NHS Digital sent out a communication on 27th February 2017 to all General Practices to reiterate that all instances of staff, including Locums, working at practices at the collection date should be recorded.

A number of practices then contacted NHS Digital for clarification of how to record locum information and indicated that they had failed to accurately record Locums previously. We received valuable feedback from these practices which made us aware that every instance of Locum work may not have been recorded and that practices have a number of concerns regarding the way that Locum data is recorded.

These concerns have been highlighted below:-

i) Locum Details

A number of fields are required to be completed by practices for all members of their workforce, but for Locums this data is proving difficult to obtain. Practices are reporting difficulties in obtaining National Insurance numbers, GMC numbers and Dates of Birth, as Locums are often supplied via third party companies and agencies.

ii) Termination Date

This collection requires that users input a Termination Date along with a Reason For Leaving and Destination On Leaving for all staff members when they leave the practice.

If a practice enters a Termination Date for a Locum and the Locum then returns to the same practice a week later, this Locum will need re-entering on the system as a new starter, thus creating numerous records for the same Locum and increased burden for practices.

If a practice does not enter a Termination Date for the Locum then they will appear as a permanent member of the workforce.

iii) The number of Locums in GP practices

It was reported that locally the numbers of Locums within GP practices are increasing and points (i) and (ii) are becoming more of a concern for practices.
The impact of this additional data quality work with practices to ensure that all Locums are being accurately recorded has resulted in the total headcount of GP Locums rising considerably from December 2016 to March 2017, from 1,591 to 2,535 (59%). For the same period the FTE figure for Locums increased from 663 to 949 (43%).

There are 5,295 practices (71%) that have provided at least one valid GP record in every collection since September 2015. Table 2 shows the number of GP Locums for both headcount and FTE over time for only these 5,295 practices so these figures do not include any estimated data or newly opened/closed practices. The headcount of Locums within these practices has increased much more between December 2016 and March 2017 than between any of the other previous collections.

Table 2: GP Locum headcount and FTE, for only GP Practices that recorded at least one valid GP record in every collection since September 2015

<table>
<thead>
<tr>
<th></th>
<th>Headcount</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2015</td>
<td>885</td>
<td>373</td>
</tr>
<tr>
<td>March 2016</td>
<td>825</td>
<td>351</td>
</tr>
<tr>
<td>September 2016</td>
<td>995</td>
<td>410</td>
</tr>
<tr>
<td>December 2016</td>
<td>1,002</td>
<td>411</td>
</tr>
<tr>
<td>March 2017</td>
<td>1,733</td>
<td>632</td>
</tr>
</tbody>
</table>

Source: NHS Digital

Table 3: GP Locum Headcount of FTE for GP practices providing Locum data in December 2016 or March 2017

<table>
<thead>
<tr>
<th>Locums included in:</th>
<th>Practices</th>
<th>Dec-16</th>
<th>Mar-17</th>
<th>Change Dec-16 to Mar-17</th>
<th>% Change Dec-16 to Mar-17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HC</td>
<td>FTE</td>
<td>HC</td>
<td>FTE</td>
<td>HC</td>
</tr>
<tr>
<td>Both Dec-16 and Mar-17</td>
<td>1,404</td>
<td>577</td>
<td>1,484</td>
<td>590</td>
<td>80</td>
</tr>
<tr>
<td>Dec-16 but not Mar-17</td>
<td>79</td>
<td>40</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar-17 but not Dec-16</td>
<td>919</td>
<td>298</td>
<td>919</td>
<td>298</td>
<td></td>
</tr>
<tr>
<td>No Locums included in:</td>
<td>Practices</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec-16</td>
<td>6,400</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar-17</td>
<td>6,023</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: NHS Digital

431 (5.8%) GP practices included Locums in their March 2017 data but had not recorded any Locums in December 2016. It is unlikely that none of these practices previously had any Locums working at the practice, suggesting that the communication led to an increase in the capture of these Locum staff and that the December 2016 (and previous) Locum figures had been understated in previous publications.
It is presently unclear if all Locums have now been captured, however NHS Digital will continue to work with practices and key stakeholders in understanding the completeness and quality of the Locum data.

Given that practices are now more accurately capturing instances of Locums working on the collection date, the latest March 2017 figures for both the ‘GP Locums’ and hence the ‘All Practitioners’ figures are not directly comparable with previous information and should be treated with caution.

The information presented within this publication is for those Locums actively working at a practice at the extraction date and does not include Locums who provided services between extraction dates.

Information on Locum work during the period but not on the extraction date is not available and thus not provided in this publication.

Efforts are ongoing to improve the recording of GP Locums in subsequent collections.

Analysis on the comparability of Locum information is ongoing and further information will be published when available.

2. Incomplete Job Role field

The wMDS data items agree to national workforce standards as detailed in the National Workforce Dataset (NWD). This means all practices should follow these standards providing data broken down as per details contained within the standards. The PCWT contains and only allows NWD items, however 1 or more of the HEE regional tools allows for non-standard items to be entered. These data items were classified as ‘Not Stated’ where it has not been possible to map them to a NWD item.

As the quality of the HEE data has improved, the number of ‘Not Stated’ job roles included in each collection has decreased. ‘Not Stated’ GPs have now been retrospectively corrected so for GPs, job role level data can now be compared from September 2015 onwards. However for the March 2017 data both the job role of Locum and hence the overall ‘All Practitioners’ figures are not comparable due to changes in recording methods at practices.

Table 4: FTE 'Not Stated' General Practice staff by staff group since September 2015

<table>
<thead>
<tr>
<th></th>
<th>GP</th>
<th>Nurses</th>
<th>Direct Patient Care</th>
<th>Admin/Non-Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2015</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>March 2016</td>
<td>-</td>
<td>1,978</td>
<td>340</td>
<td>3,159</td>
</tr>
<tr>
<td>September 2016</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>December 2016</td>
<td>-</td>
<td>NC</td>
<td>NC</td>
<td>NC</td>
</tr>
<tr>
<td>March 2017</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: NHS Digital, - denotes zero, NC – Not Commissioned to collect or publish

March 2016 and September 2016 practice staff figures still contain some Not Stated job roles, therefore practice staff numbers cannot be compared across the entire time series at job role level.
3. Unknown Data

Data is not available for all individuals by age or gender. In these instances data is shown as unknown in the relevant tables. Estimated FTE and headcount data are presented as ‘Unknown’ for these categories; therefore this data is not comparable over time.

4. Validations

The PCWT has inbuilt validations such as limiting the job roles to those permitted within NWD, numbers are entered for numeric fields with range limits set which reduces data input errors.

GP Providers

Investigations, both during and after the collection period, highlighted issues in the recording of people who have ownership of the organisation rather than those who are employees. While efforts were made to address this during the collection period some organisations may be under reporting the number of Senior Partners and Partner/Providers. This may also affect the number of Practice Nurse Partners recorded, however this issue was not specifically identified within this collection. The guidance was amended following the September 2015 collection and improved to highlight to practices how to record all job roles. However, there may still be practices which have recorded GP Providers (and other GP categories) incorrectly for this collection. NHS Digital are continuing to review and query directly with practices when anomalies arise.

GP Registrars

The number of GP Registrars recorded by practices using the PCWT Workforce Census module and wMDSCV is still lower than expected for this collection. Investigation found that some GP Registrars are still not being recorded by data providers as they are supernumerary, i.e. not employed directly by the organisation but paid through a central registrar scheme. A number of those GP Registrars not submitted by practices were found to be recorded within the ESR system. These GP Registrars recorded in the ESR system are included in this publication. For provisional GP data, ESR figures for the previous quarter are used for registrars. Final figures include ESR data for the relevant quarter. Due to the level of data available for these GP Registrars on ESR, they cannot be assigned to a specific organisation or Clinical Commissioning Group (CCG), but are included in aggregations for higher level geographical units. The guidance was amended following the September 2015 collection and improved to highlight to practices how to record GP Registrars.
Estimations

In March 2017, 93.0% of eligible general practices provided fully valid GP data, with headcount and FTE for the remaining 7.0% of practices estimated.

Table 5: Practices providing valid GP records from December 2016 onwards

<table>
<thead>
<tr>
<th></th>
<th>Total practices</th>
<th>Any GP records extracted</th>
<th>%</th>
<th>Fully valid GP records</th>
<th>%</th>
<th>% practices to estimate GPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2016</td>
<td>7,483</td>
<td>7,445</td>
<td>99.5</td>
<td>6,928</td>
<td>92.6</td>
<td>7.4</td>
</tr>
<tr>
<td>March 2017</td>
<td>7,454</td>
<td>7,415</td>
<td>99.5</td>
<td>6,935</td>
<td>93.0</td>
<td>7.0</td>
</tr>
</tbody>
</table>

Source: NHS Digital

The March 2017 estimates include all high level data by job role for both FTE and headcount. It has not been possible to estimate for vacancy, absence, joiners/leavers, age, gender and country of qualification, therefore estimates are not available for these areas. The estimated data has been included in the ‘Unknown’ figures for age and gender.

Where estimates will be used

Headcount and FTE estimations are calculated for each GP job role. There are two scenarios which will lead to a practice’s data being estimated:

1) Where a practice did not provide any data in a staff group.

2) Where data from a practice contains at least one GP record with a blank Staff Group, Job Role or Contract Hours, every GP record for this practice is removed and the GP FTE and headcount is estimated for this practice. (Please note, as issues were identified surrounding the recording of hours for some Locums in the March 2017 data, any Locums with 0 hours were removed from the data prior to this record removal process).

Each GP job role is estimated: Senior Partner, Partner/Provider, Salaried By Practice, Salaried By Other, Junior Doctor, Registrar F1/2, Registrar ST3/4, Retainer, Locum - Covering Sickness/Maternity/Paternity, Locum - Covering Vacancy, Locum – other.

Method

Registered patient population data is known for the majority (over 99%) of practices in each collection period, including those that did not submit data. For those practices within unknown patient numbers (predominantly new practices) the average patients per practice of the known practices was used.

The estimates are then produced as follows:-

i. Firstly, a ratio of FTE per registered patient for each job role is calculated for each practice that supplied valid data and for which their patient numbers are known

ii. This figure is then used as a multiplier (practice patients * multiplier) to derive aggregated CCG-level estimates by job role for practices that did not submit data.

iii. The same process is used to calculate headcount estimates.

iv. NHS England, Commissioning and HEE Regions are then assigned using the CCG code.

Estimates for all staff groups are calculated following the same process.
As the estimation methodology takes practice population into account, this addresses the potential issue that could arise if a greater proportion of smaller or larger sized practices did not return data.

This collection is now quarterly, raising the possibility of seasonality factors. However, as the estimation process generates ratios using the current collection, any seasonality is addressed within the methodology.

**Accuracy**

From December 2016 to March 2017, the total (including estimates) GP headcount has increased by 302 with a decrease of 205 for FTE. However, ‘Practitioners (excluding Locums)’ headcount and FTE have decreased by 539 and 491 respectively. This is likely to be the result of an increase in the number of practices who have been inputting Locums on the PCWT due to communications that were sent out to practices prior to the March 2017 extraction (see page 8). Therefore the ‘All Practitioners’ figure for March 2017 is not comparable with previous figures.

**Relevance**

Relevance of NHS workforce data is maintained by reference to working groups who oversee both data and reporting standards. Major changes to either are subject to approval by the Data Coordination Board (DCB) which replaced the Standardisation Committee for Care Information (SCCI) on 1 April 2017.

Significant changes to workforce publications (e.g. frequency or methodology) are subject to consultation, in line with the Code of Practice for Official Statistics.

**Timeliness and punctuality**

General and Personal Medical Services in England changed from a bi-annual to a quarterly publication for GP data from December 2016.

Provisional GP data is now published quarterly. Data is no longer ‘submitted’ bi-annually by practices, it is now extracted quarterly from the PCWT and HEE Region Tools at the end of March, June, September and December. Provisional data (GPs only) will be published the second month after each extraction has taken place. Final data (including all staff groups) from each extraction will be released twice yearly; in February and August.

**Table 6: Future publication timetable for each quarterly data extraction**

<table>
<thead>
<tr>
<th>Data Extraction</th>
<th>30 September</th>
<th>31 December</th>
<th>31 March</th>
<th>30 June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisional data published in:</td>
<td>November</td>
<td>February</td>
<td>May</td>
<td>August</td>
</tr>
<tr>
<td></td>
<td>GP only</td>
<td>GP only</td>
<td>GP only</td>
<td>GP only</td>
</tr>
<tr>
<td>Final data published in:</td>
<td>February</td>
<td>August</td>
<td>August</td>
<td>February</td>
</tr>
<tr>
<td></td>
<td>All Staff</td>
<td>GP only</td>
<td>All Staff</td>
<td>GP only</td>
</tr>
</tbody>
</table>

Source: NHS Digital
Final data for all staff groups is published and available in this publication. Excel spreadsheets, CSV files and all data items collected are available via www.digital.nhs.uk and data.gov.uk. Further detailed analyses may be available on request, subject to resource limits, charges and compliance with disclosure control requirements.

Performance cost and respondent burden

This collection has been through NHS Digital’s Burden Advice and Assessment Service (BAAS) process. The burden assessment process forms part of the assurance processes that all organisations asking to collect health or adult social care data must complete. This included acceptance by SCCI, now the DCB. The assessment methodology includes panels, discussions, surveys and visits.

Confidentiality, Transparency and Security

The standard NHS Digital data security and confidentiality policies have been applied in the production of these statistics.

Table Conventions

FTE figures appear rounded to the nearest whole number. Totals may not add to the sum of their components as a result of rounding. The following general notes apply to all tables; additional notes affecting individual tables are given as footnotes to the table.

The following symbols have been used in tables:
- .. not applicable
- - zero
- 0 greater than zero but less than 0.5

Definitions

This section states the definitions used within this publications. The following general notes apply to all tables. Additional notes affecting individual tables are given as footnotes to the tables concerned.

Full Time Equivalent (FTE) is a standardised measure of the workload of an employed person. An FTE of 1.0 means that the hours a person works is equivalent to a full time worker, an FTE of 0.5 signals that the worker is half time. This measure allows for the work of part-time staff to be converted into an equivalent number of full time staff. It is calculated by dividing the total number of hours worked by staff in a specific staff group by 37.5.

A General Practice is an organisation which offers Primary Care medical services by a qualified General Practitioner who is able to prescribe medicine and where patients can be registered and held on a list. Generally, the term describes what is traditionally thought of to be a high street family doctor’s surgery. For the purposes of this bulletin the term General Practice does not include Prisons, Army Bases, Educational Establishments, Specialist Care Centres including Drug Rehabilitation Centres and Walk-In Centres, although the increasing trend for Walk-In Centres to develop as Equal Access Treatment Centres that register patients now
makes it harder to distinguish them from true general practices and as such these centres are included within this bulletin.

A Single-Handed Practice is a practice which has only 1 working (Provider or Salaried/Other) GP, although a GP registrar or GP retainer may work in the practice.

NHS England is the preferred name for NHS Commissioning Board.

NHS England Regions (Local Office) – Localised regions within NHS England. The roles of area teams is to commission high quality primary care services, support and develops CCGs and assess and assure performance. They manage and cultivate local partnerships and stakeholder relationships, including representation on health and wellbeing boards.

Clinical Commissioning Groups (CCGs) were established as statutory organisations from April 2013. CCGs are groups of GP Practices responsible for buying health and care services for patients, taking over the role from Primary Care Trusts.

General Medical Services (GMS) is the contract under which most GPs are employed. It is a national agreement between the provider and NHS England which sets out the financial arrangements, the services to be provided and support arrangements.

Personal Medical Services (PMS) were first introduced in 1998. They allow the provider to negotiate a local agreement for the services they will provide and payments they will receive, taking into account specific local healthcare needs.

Alternative Provider Medical Services (APMS) allow contracts to be bid for by the private, voluntary and public sectors. They offer greater flexibility in the nature of service provision which is decided in agreement between the provider and the commissioner.

Vacancy is where the practice has a substantive post which is currently not filled.

Absence is a period in time when a member of staff was not available for normal duties. Absence information includes study periods.
Further Information

Further information is available at the following links:

Previous GP workforce publications in this series

http://content.digital.nhs.uk/searchcatalogue?topics=1/Workforce/Staff+numbers&kwd=GP+staff&geo=England&sort=Relevance&size=10&page=1#top

Dental General Practice

http://content.digital.nhs.uk/primary-care

General Ophthalmic Services

http://digital.nhs.uk/workforce

Other UK publications

Scotland
http://www.isdscotland.org/Health-Topics/General-Practice/GPs-and-Other-Practice-Workforce/

Wales
http://www.statswales.wales.gov.uk

Northern Ireland
Not available
Appendix

Maps presented by Sustainability and Transformation Partnership (STP)

The Appendix contains the maps presented earlier in the report by Sustainability and Transformation Partnership (STP) rather than Clinical Commissioning Group (CCG).

Map 1: Percentage of Practitioners (excluding Registrars, Retainers & Locums) aged 55 and over at 31 March 2017 by STP (Headcount)
Map 2: Average number of Patients per Practice by STP at 31 March 2017
Map 3: Number of Practitioners (excluding Registrars, Retainers & Locums) per 100,000 population at 31 March 2017 by STP (Headcount)
Map 4: Number of patients per GP (excluding Registrars, Retainers & Locums) at 31 March 2017 by STP (Headcount)
Map 5: Percentage of Practitioners (excluding Registrars, Retainers & Locums) qualified outside the UK at 31 March 2017 by STP (Headcount)