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Richmond House
79 Whitehall
London SW1A 2NS

Telephone 01-210 5963

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MAJOR CHANGES IN NUMBERS OF GENERAL MEDICAL PRACTITIONERS

The number of general medical practitioners (GPs) in England and Wales increased by 20 per cent between 1977 and 1987, while the average patient list size fell by 13 per cent, according to a Statistical Bulletin* published today by the Department of Health.

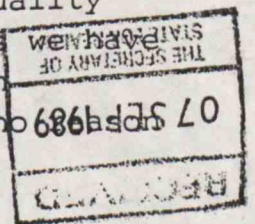
Commenting on the bulletin, David Mellor, Minister of Health, said: "These statistics once again underline the tremendous expansion in general practitioners which has taken place under this Government. It once again gives the lie to those who suggest we scaled the service down. Rather, we have expanded it to a quite unprecedented degree.

"Furthermore, these figures also give the lie to BMA claims that the new contract will give GPs no time for their patients. With the ever-increasing numbers of doctors in general practice, the average GP has fewer patients than at any time since the start of the NHS. So there can be no excuse for poor quality services, and every reason to strive for improvements as done. Patients deserve the best and with the increase in resources and manpower shown in the bulletin, there is no why they should not get the best."

The bulletin includes information on the number of general practitioners and trends in age, sex, list size, partnership structure, country of birth and ancillary staff employed. Regional figures are also included.

* Department of Health Statistical Bulletin 4/5/89: Statistics for General Medical Practitioners in England and Wales, 1977-1987, price £2, is available from the Department of Health, Information Division, Canons Park, Government Buildings, Honeypot Lane, Stanmore, Middlesex HA7 1AY. ISBN 1 85197 393 1

[MORE]



Some key changes between 1977 and 1987 were:

- the number of GPs increased by 20 per cent to 26,509;
- the number of women GPs grew at a faster rate than men, so that by 1987 they represented 21 per cent of GPs, compared with 14 per cent in 1977;
- the average list size fell from 2,322 to 2,010 patients;
- the number of whole-time equivalent ancillary staff employed per GP rose by nearly 40 per cent - in particular the number of nurses employed by GPs increased by 260 per cent over the decade;
- the number of trainees more than doubled from 932 to 1,876;
- the average age of GPs has reduced: while the number of GPs aged under 40 increased from 30 per cent to 38 per cent, the number of GPs aged 70 or more fell from 3 per cent to 1 per cent.

NOTES FOR EDITORS

The term General Medical Practitioner (GMP) comprises restricted principals, unrestricted principals, assistants and trainees. By far the largest category is that of unrestricted principals who provide the full range of medical services, and whose lists are not restricted to any particular group of people.

The ancillary staff figures refer to staff for whom direct reimbursement of salary is allowed. These are largely receptionist/secretarial staff. Practice nurses and health visitors are not included.

[ENDS]

STATISTICAL BULLETIN

DEPARTMENT OF HEALTH

£2.00

Bulletin 4/5/89

STATISTICS FOR GENERAL MEDICAL PRACTITIONERS IN ENGLAND AND WALES: 1977 TO 1987

This bulletin presents a summary of the latest statistics on General Medical Practitioners in England and Wales. It concentrates in particular on unrestricted principals (referred to throughout the bulletin as 'GPs') and highlights some of the major trends over the ten year period between 1977 and 1987.

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SUMMARY OF THE LATEST FIGURES

IN 1987

- The number of GPs rose to 26,509 (up 2 per cent from 1986)
- The number of women GPs rose from 5,109 to 5,456 (a rise of 7 per cent)
- The average list size fell by over 1 per cent to 2010 patients
- The number of whole-time ancillary staff per GP rose by 4 per cent to 1.25
- The number of trainees rose from 1,814 to 1,876 (a rise of 3 per cent)

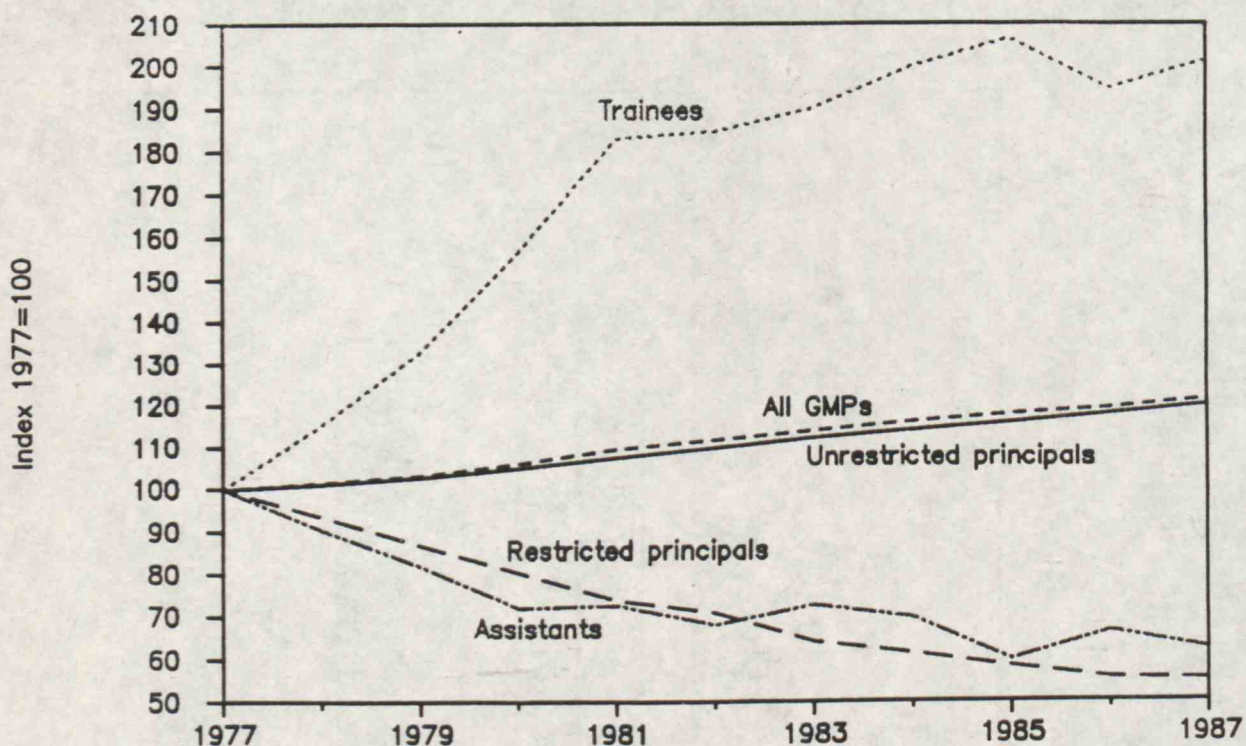
ANALYSIS OF GENERAL MEDICAL PRACTITIONERS BY TYPE (Table 1)

1. The term general medical practitioner (GMP) comprises restricted principals, unrestricted principals, assistants and trainees (for detailed definitions see page 23). By far the largest category is that of unrestricted principals who provide the full range of medical services and whose list is not restricted to any particular group of people.

	Total %	Unrestricted Principals %	Restricted Principals %	Trainees %	Assistants %
1977	100.0	93.2	1.2	3.9	1.7
1987	100.0	92.1	0.6	6.5	0.9

2. Between 1977 and 1987 the number of general medical practitioners rose by 21 per cent from 23,721 to 28,793. The category of GMP experiencing the most rapid rate of growth was that of trainees - their numbers more than doubled from 932 in 1977 to 1,876 in 1987. In contrast the number of restricted principals reduced significantly from 294 to 162 and the number of assistants fell from 395 to 246.

Figure 1. Annual growth in number of GMPs, 1977 to 1987



3. Over the decade males outnumbered their female counterparts in all categories of GMPs except among assistants. In 1987 women represented

57 per cent of all assistants - this a slightly higher proportion than in 1977 (53 per cent). By 1987 there were 141 females compared to 105 males.

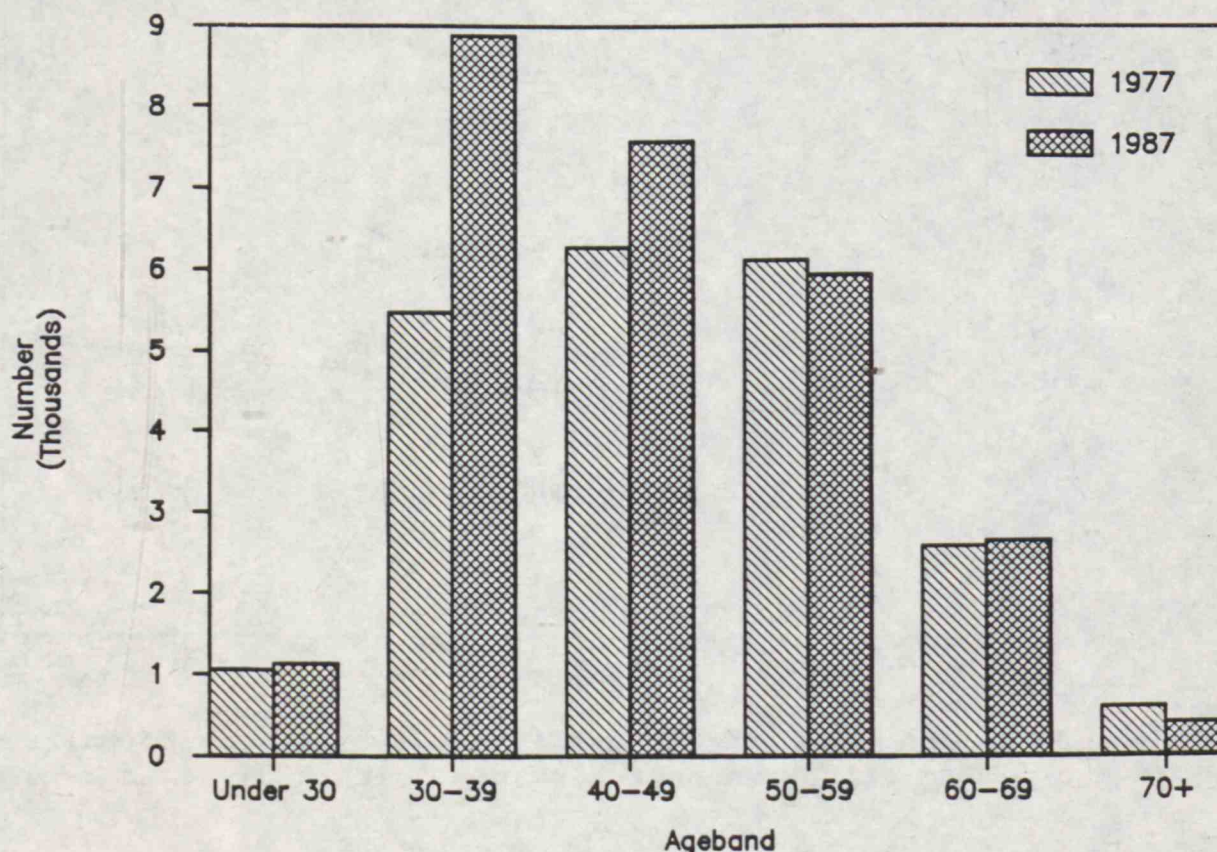
UNRESTRICTED PRINCIPALS (Tables 2 - 8)

4. The number of unrestricted principals (referred to hereafter as 'GPs') rose consistently in the 10 years between 1977 and 1987. In 1977 there were 22,100 GPs in England and Wales compared with 26,509 in 1987. This represents an increase of 20 per cent over the decade. In addition because the rate of growth in their numbers has been faster than the population growth, by 1987 there were more GPs per 100,000 population (52.8) than in 1977 (44.7).

5. **By 1987, in every region in England and Wales there were at least 50 GPs per 100,000 population.** Trent had the lowest figure with 50 while both North West Thames (57.0) and Wales (56.0) had relatively high figures. Table 2 gives a detailed breakdown of the regional figures for 1987.

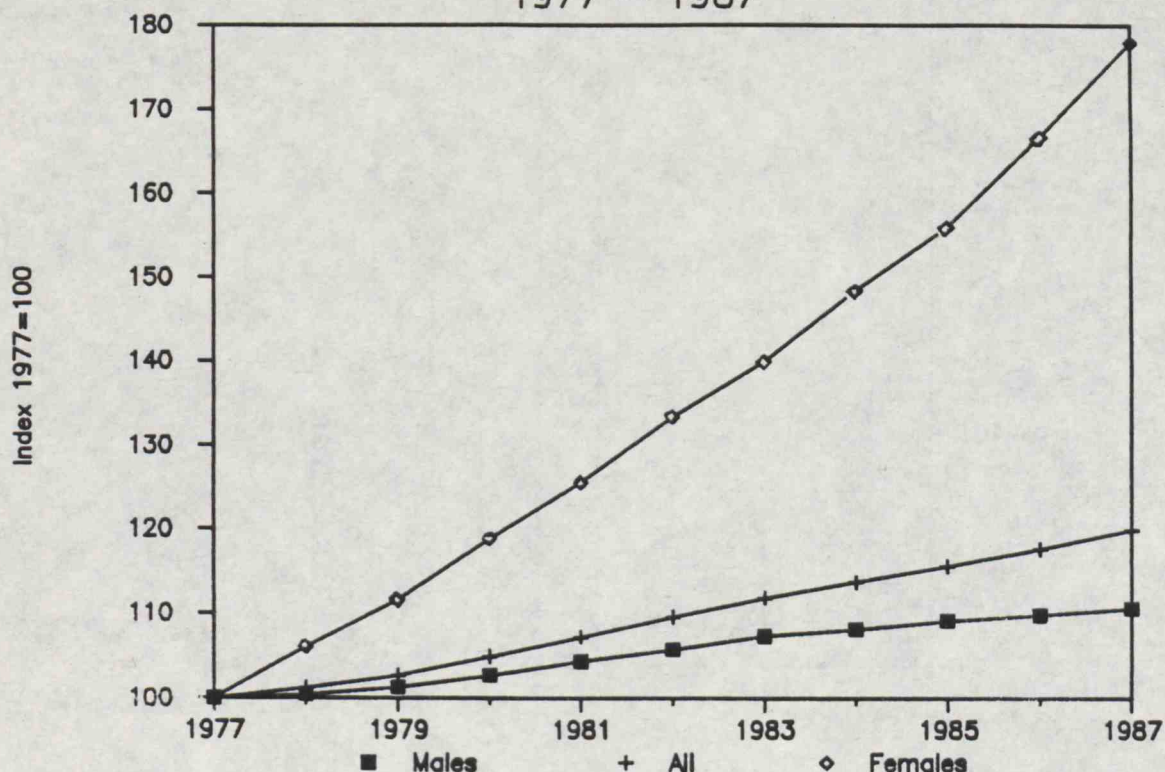
6. **Over the course of the decade the average age of GPs has fallen.** Between 1977 and 1987, the number of GPs aged between 30 and 39 rose from 5,479 to 8,874. Conversely, over the same period, there was a sharp reduction in the number of older GPs. In particular, the number of GPs aged over 70 fell by a third. In 1977 there were 598 elderly GPs compared with only 397 in 1987.

Figure 2. Comparison of GPs by ageband, 1977 and 1987



7. In 1977 about 13 per cent of all GPs were female. The following decade saw a significant increase in the number of female GPs - from 3,067 to 5,456 (78 per cent). This compares with an 11 per cent increase in male doctors. By 1987 21 per cent of GPs were women.

**Figure 3. Annual growth in number of GPs
1977 - 1987**



LIST SIZES (Tables 2, 5 and 6)

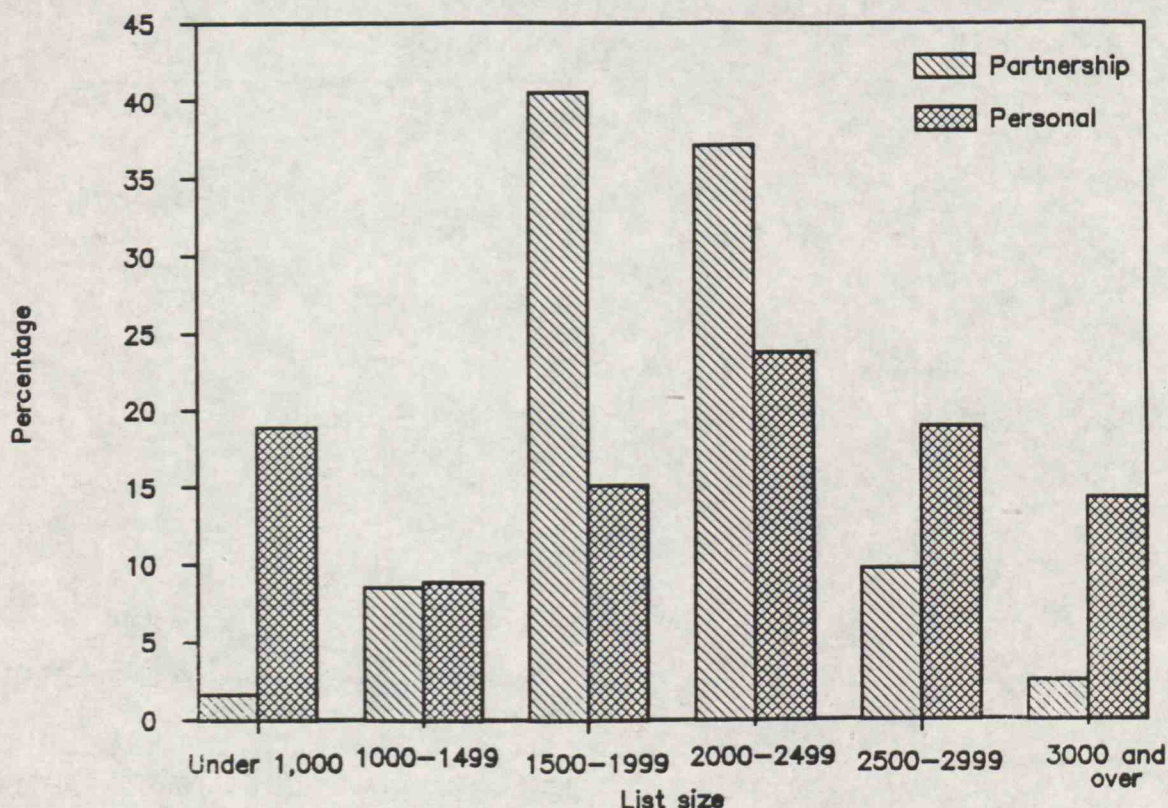
8. There are two possible measures of list size. One is personal list size the other is partnership list size. The former is a count of the number of patients registered with an individual GP whereas the latter is the total number of patients averaged over the number of GPs in the partnership. A personal list size may not be the most accurate indicator of the number of patients a GP actually sees because often patients on one GP's list may be seen by another partner.

9. There is more variation in personal list sizes because they refer to individual GPs rather than an average over the partnership. As figure 4 below illustrates, whereas the vast majority of GPs are concentrated in the partnership list size bands between 1,500 and 2,499, GPs are more evenly distributed between the personal list size bands.

10. Just 2,700 (10 per cent) of GPs had a partnership average list size of under 1,500, while nearly 3 times as many (7,361) had a personal list of this size. A similar pattern can be seen in the distribution of GPs

with partnership and personal lists of 2,500 or more (3,242 and 8,827 respectively). At the extreme end of the scale nearly 10 times as many GPs (1,437) had a personal list of 3,500 or more compared with only 136 with a similar average partnership list size.

Figure 4. Comparison of personal and partnership list sizes



PERSONAL LIST SIZE (Table 6)

11. In the early stages of a career in general practice a GP is still building up his or her personal list. Generally, therefore, younger GPs will have fewer patients on their list than their older colleagues. **In 1987, while the average GP was looking after 2,010 patients, GPs under 30 were caring for 774 patients on average.** The average number of patients per GP increased thereafter with each successive five year age band up to 60-64, peaking at 2,502. After this it fell back again slowly. GPs aged 70 and over had on average 1,968 patients registered with them.

12. **In 1987 there was an average of 2,170 patients registered with male GPs compared with 1,390 patients with female GPs.** Throughout the age bands, male GPs consistently had larger personal lists of patients than their female counterparts. After the mid-forties however the discrepancy between the number of patients registered with male GPs compared with female GPs diminishes. There may be a number of explanations for this including the fact that women doctors are more likely than their male colleagues to interrupt their early careers for family reasons. They then resume their careers as their family grows up.

PARTNERSHIP LIST SIZE (Tables 2 and 5)

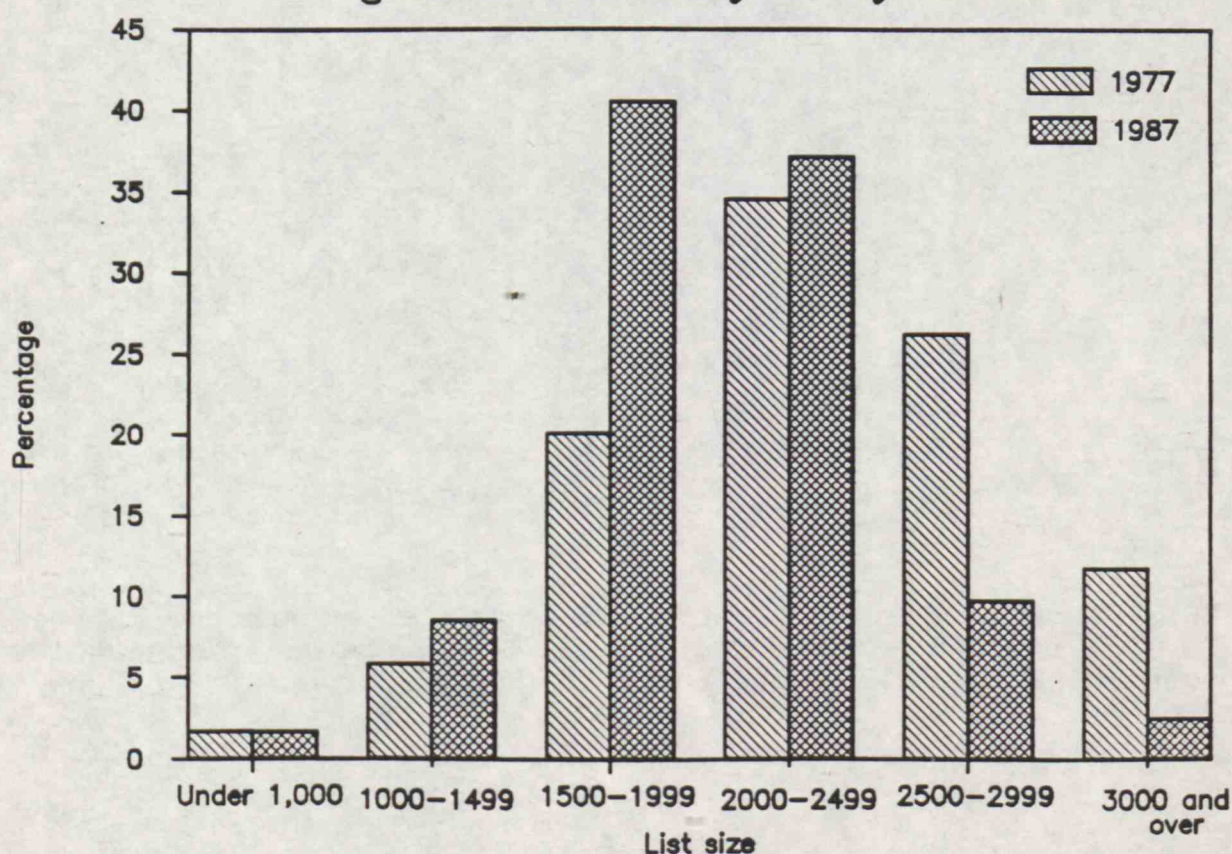
13. In 1987 the average GP was looking after considerably fewer patients than in 1977. Whereas in 1977 the average partnership list size was 2,322, by 1987 it had fallen to 2,010. This represents a drop of 13 per cent over the 10 year period.

14. Single-handed GPs tend to have larger than average list sizes. Thereafter the larger the partnership, the larger the average list size. The table below illustrates the average list size by size of partnership in 1987.

	Number of GPs	Average list size
All	26,509	2,010
Single-handed GPs	3,007	2,104
Partnerships of		
2 GPs	4,098	1,876
3 GPs	5,211	1,969
4 GPs	4,820	2,002
5 GPs	4,130	2,059
6 and more GPs	5,243	2,068

15. During the course of the decade GPs have moved progressively away from large lists. In 1977 1 GP in 10 practised in a partnership where the average number of patients exceeded 3,000, but by 1987 this ratio had reduced to just 1 in 40. At the other end of the scale, the number of GPs with small lists (under 1500 patients) increased by more than 63 per cent to just over 2,700 GPs. The largest increase over the 10 year period was in the number of GPs with lists between 1,500 and 1,999 which more than doubled from 4,437 to 10,731. Figure 5 below shows that by 1987 the vast majority of GPs (78 per cent) had partnership average list sizes between 1,500 and 2,499 patients.

Figure 5. GPs analysed by list size



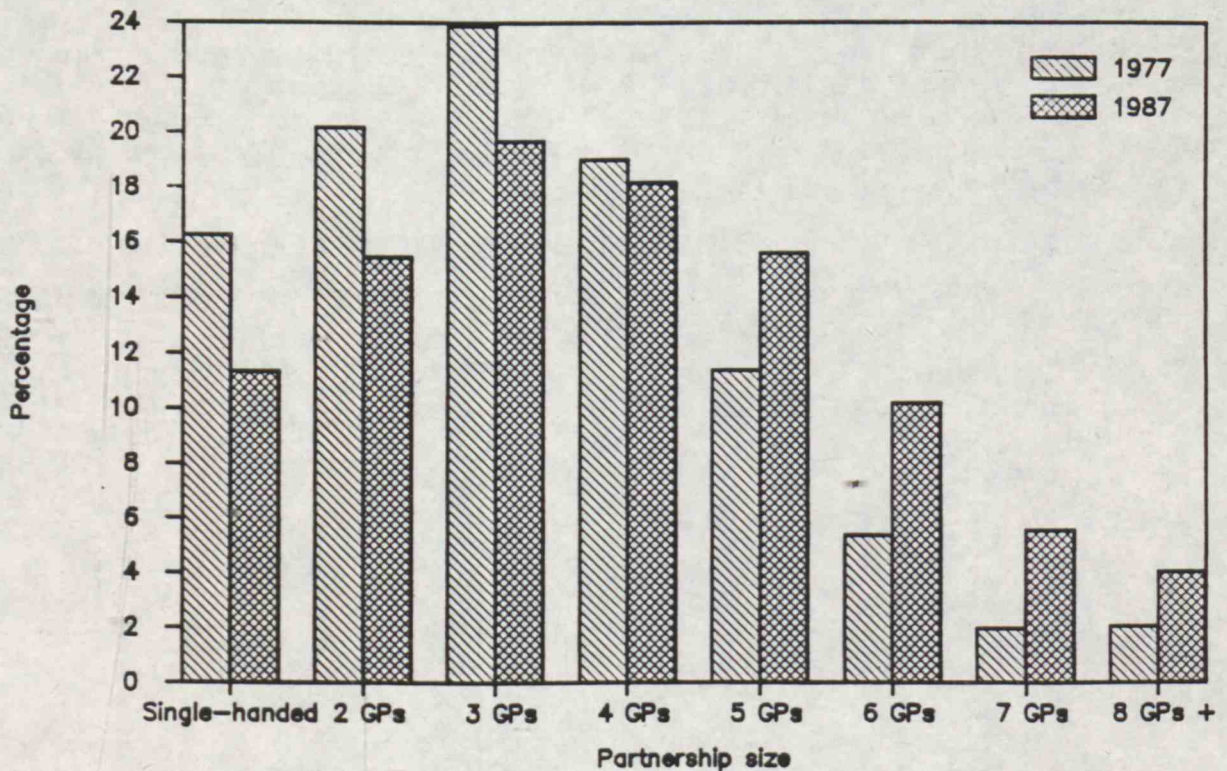
16. Average list sizes vary from region to region. Not unexpectedly the larger lists are to be found in the densely populated urban areas. By 1987 the four Thames regions, North Western and Trent regions all had average list sizes in excess of 2050 patients. In contrast the average list size was below 1900 in both South Western (1872) and Wales (1849).

17. The regions with the highest proportion of GPs with average lists of over 3,000 were North East Thames (5.5 per cent) and North West Thames (4.8 per cent). In contrast only 0.4 per cent of GPs in Wessex and 0.2 per cent in South Western regions had large lists. Wales had the highest proportion of GPs with small lists under 1,500 (16.4 per cent) while South West Thames had the lowest proportion (6.1 per cent).

PARTNERSHIP STRUCTURE (Tables 2 and 5)

18. Over the 10 year period between 1977 and 1987, there has been a marked change in the pattern of partnership size. **GPs have tended over the years to form larger partnerships.** In 1977 over 60 per cent of GPs were in partnerships of 3 or fewer compared with 46 per cent in 1987. Conversely in 1977 fewer than 1 in 10 GPs were in partnerships of 6 or more but by 1987 2 in 10 GPs were in partnerships of this size.

Figure 6. Comparison of partnership structure, 1977 and 1987



19. There is a wide variation in partnership structure between regions. In 1987 in both Wessex and Oxford, GPs in large partnerships of six or more actually outnumbered those in partnerships of 3 or fewer - in both

regions over one third of all doctors were practising in large partnerships. Conversely, in North East Thames and North Western regions partnerships of 3 or fewer represented nearly 60 per cent of their GP population whereas large partnerships accounted for only 13 per cent and 11 per cent of GPs respectively.

PARTNERSHIPS BY NUMBER OF PATIENTS

20. In 1987 just under a third of partnerships had a total list size of under 3,000 patients and slightly more than a third had a list size of 3,000-6,999. At the other end of the scale, **10 per cent of partnerships had a list size of over 11,000.** Of these, 221 partnerships had 15,000 or more patients on their partnership list.

PARTNERSHIP LIST SIZE	NUMBER OF PARTNERSHIPS	%
Under 3,000	3,091	32.2
3,000- 6,999	3,680	38.3
7,000-10,999	1,875	19.5
11,000-14,999	739	7.7
15,000+	221	2.3
Total	9,606	100.0

PARTNERSHIPS BY SEX

21. In 1987 just 420 female GPs operated singlehandedly (8 per cent of all females compared with 12 per cent of male GPs). The remainder were most commonly found in partnership with male colleagues. Of the 6,599 partnerships (excluding singlehanders), 3,852 (58 per cent) were made up of GPs of both sexes. In addition, there were 2,636 (40 per cent) all-male GP partnerships and only 111 partnerships (2 per cent) containing solely female GPs. In other words, about 60 per cent of all partnerships included at least one female GP. The vast majority of all-female partnerships contained just two GPs. The table below illustrates the distribution of male and female GPs in 1987 by partnership size.

NUMBER OF PARTNERSHIPS BY SEX

PARTNERSHIP SIZE	TOTAL	ALL MALE	ALL FEMALE	MIXED
Single-handed Partnerships of	3,007	2,587	420	--
2 GPs	2,049	1,088	93	868
3 GPs	1,737	745	12	980
4 GPs	1,205	431	5	769
5 GPs	826	234	1	591
6+GPs	782	138	0	644

22. There was a wide variation at regional level in the distribution of single handed women GPs in 1987. The percentages varied from 0.1 per cent in East Anglia to 3.7 per cent of all partnerships in North West

Thames. In all four Thames regions single handed women doctors represented more than two per cent of all GPs.

MEDICAL PRACTICES COMMITTEE CLASSIFICATION OF AREA

23. Family Practitioner Committee Areas are subdivided into practice areas which are then classified according to the patient/doctor ratio. A Restricted or Intermediate classification indicates areas which are considered generally to be well or adequately doctored and Open or Designated indicates those considered under-doctored.

24. **As a consequence of the increase in the GP population the number of designated and open areas has fallen sharply and the number of intermediate areas has risen correspondingly.** The number of areas by Medical Practices Committee classification for 1977 and 1987 are given below.

	Number of MPC areas in	
MPC AREA	1977	1987
Designated	132	NIL
Open	276	71
Intermediate	540	789
Restricted	602	614
Total	1,550	1,474

25. **By 1987 there were very few under-doctored areas - less than 5 per cent of the MPC areas were under-doctored - and there were no longer any designated areas.** The number of open areas had fallen by nearly 75 per cent and the number of intermediate areas had increased by 46 per cent.

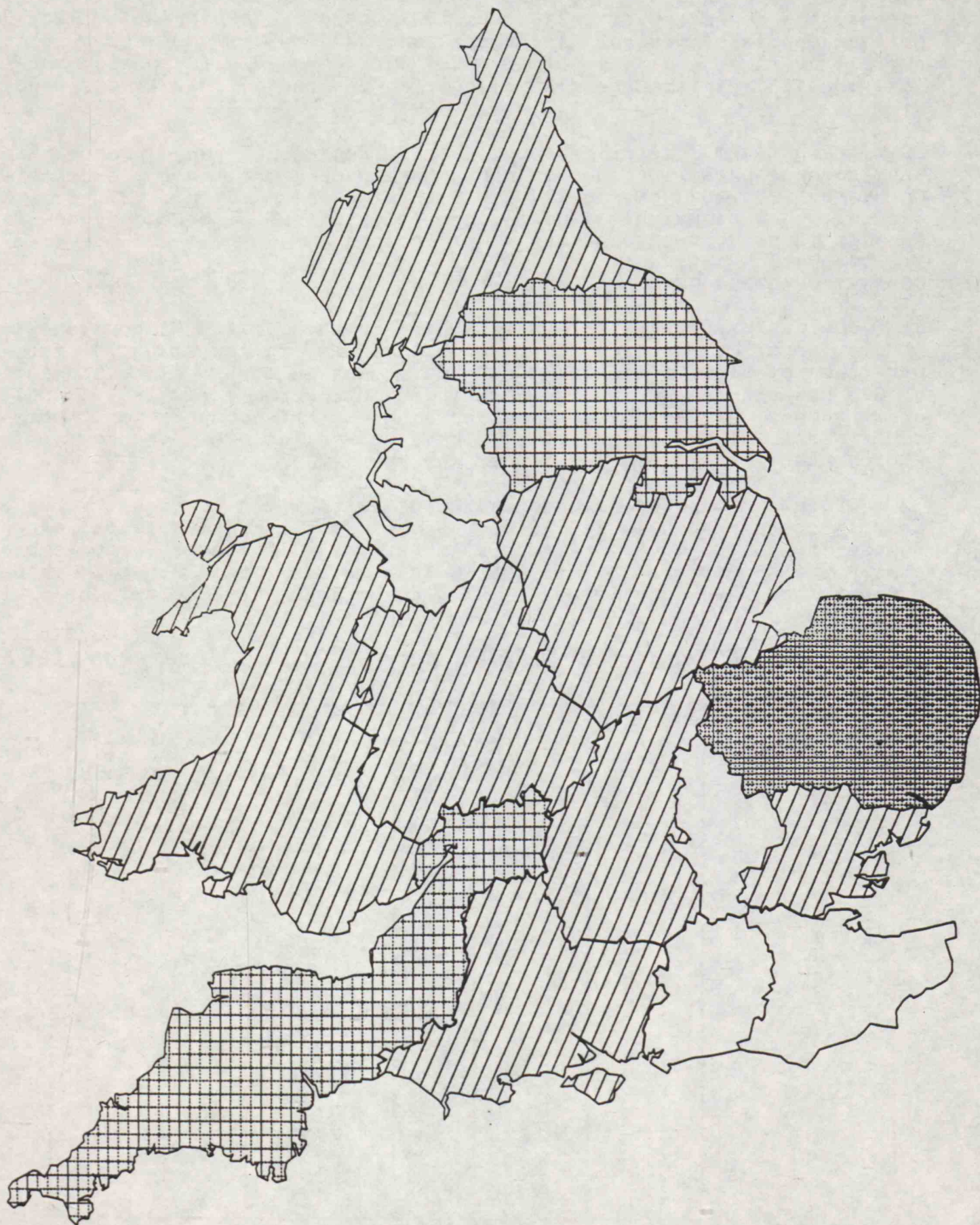
26. In 1977 the distribution of GPs between designated and open areas and intermediate areas was approximately equal with 9,153 GPs (41 per cent) working in under-doctored areas and 9,250 (42 per cent) in intermediate areas. By 1987 only 2,036 (8 per cent) of GPs were working in open areas, while three quarters of all GPs were in intermediate areas.

DISPENSING GENERAL PRACTITIONERS (Table 8)

27. Although most GPs may only write prescriptions some GPs are authorised both to prescribe and dispense prescriptions. This authorisation is given only in respect of those patients who have difficulty in reaching a chemist due to inadequacy of means of communication or because they live at a distance of more than a mile from a dispensing chemist.

28. **Since 1977 the number of dispensing GPs has remained at about 13 per cent of all GPs.** In 1977 there 2,802 GPs authorised to dispense prescriptions compared with 3,523 in 1987. There was a significant variation in the regional distribution of dispensing GPs. In the more densely populated areas of the south east and the north west fewer than 1 in 10 GPs were authorised to dispense. In contrast in East Anglia, dispensing GPs numbered 469, representing over 45 per cent of the GP population in this region.

Dispensing GPs as a percentage of all GPs
analysed by region; 1987



	0% - 9%		10% - 19%
	20% - 29%		30%+

29. Because authorisation to dispense prescriptions is given only by virtue of geographical considerations, a limited number of patients will satisfy the necessary criteria. **By 1987 the average dispensing list (as this category of patient is known) was 927.** This compares with the overall average list size of 2,010. Over the 10 year period between 1977 and 1987 the average dispensing list reduced by over 14 per cent.

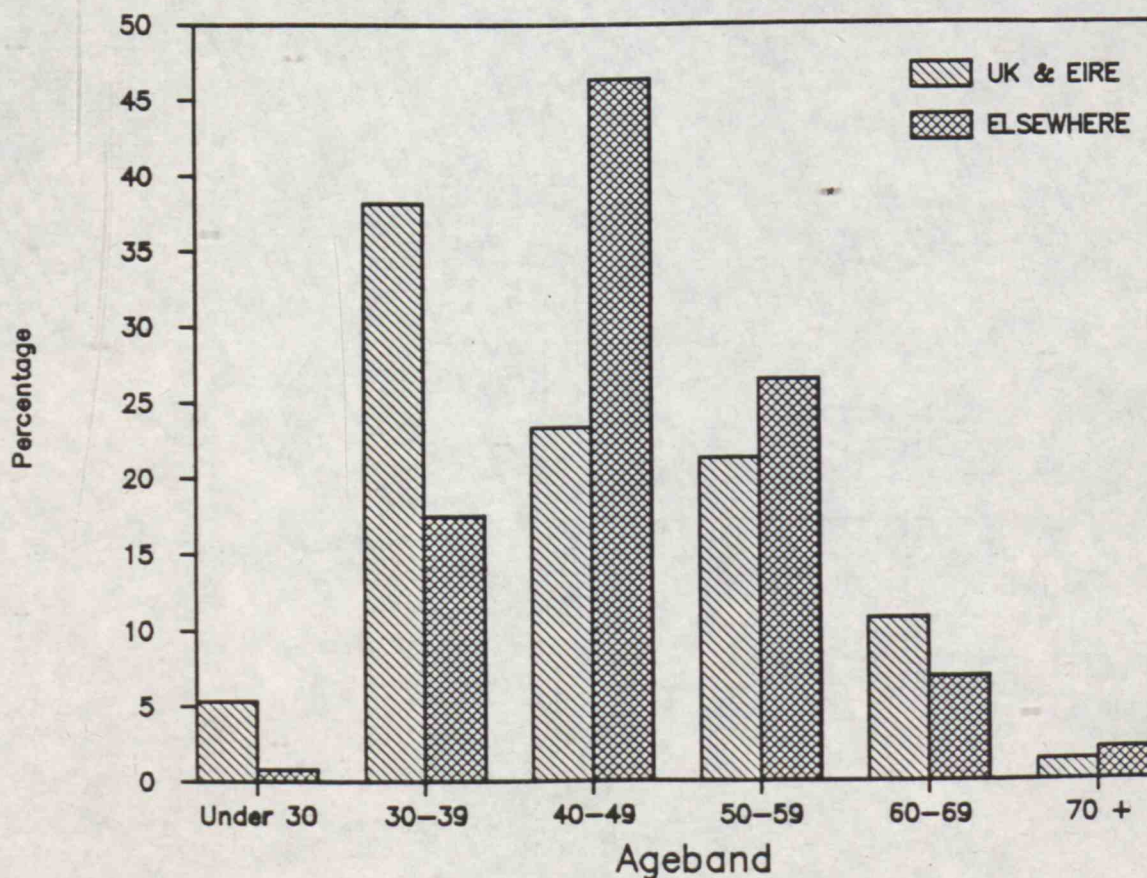
30. Each item prescribed by a GP represents one prescription. Therefore a prescription form may contain more than one prescription. On average in 1987 dispensing doctors dispensed 7.3 prescriptions per patient. The comparable figure for prescriptions dispensed by pharmacy and appliance contractors was 7.1 per person.

COUNTRY OF BIRTH (Tables 2 and 4)

31. **The vast majority of GPs were born in the United Kingdom or Eire.** However, over the decade their incidence has fallen slightly from 81 per cent of all GPs in 1977 to 77 per cent in 1987 due to the influx of GPs born in the Indian sub-continent during the early 1980s. Only a small number of GPs currently practising in this country were born in other parts of Europe and this figure has fallen over the decade from 2.6 per cent of all GPs to 1.4 per cent by 1987.

32. **GPs born overseas are generally older than the average.** They are heavily concentrated in the 40 to 49 age-group and, to a lesser extent, in the 50 to 59 group. Taken together these two age groups embrace almost three-quarters of all GPs born abroad. It is notable that an overseas born GP is twice as likely to be aged 70 or older than a GP born in UK or Eire

Figure 8. Comparison of GPs born in UK and overseas, 1987



HEALTH CENTRES

33. Health Centres are generally owned by the Health Authorities and are made available to group practices for the provision of primary health care. **In the 10 years between 1977 and 1987 the number of Health Centres in England and Wales increased from 848 to 1,266, an increase of nearly 50 per cent.** In addition the number of GPs practising from Health Centres has risen by 68 per cent. By 1987, 7,412 GPs (28 per cent) had a surgery in a health centre.

	1977	1985	1986	1987
All GPs	22,100	25,588	26,009	26,509
With surgery in Health Centre	4,411	7,111	7,155	7,412
Number of Health Centres	848	1,223	1,251	1,266

GROUP PRACTICES

34. Whereas partnerships are a business arrangement between 2 or more GPs, a group practice is a working arrangement between GPs whereby cover for one another is organised on a rota basis. As the number of GPs practising in health centres has increased, so has the number of group practices. **In the 10 year period from 1977, the number of GPs in group practice has increased by 34.8 per cent.** By 1987 78 per cent of all GPs were in a group practice.

	1977	1986	1987	% change 1977-87
All GPs	22,000	26,009	26,509	+20.0
Number in group practice	15,372	20,214	20,725	+34.8
As a % of the whole	69.6	77.7	78.2	

TRAINERS

35. A GP who has been appointed as a trainer may supervise and train practitioners in general practice. **In 1987 there were 2,792 trainers - an increase of 75 per cent since 1977.** However, although GPs may have been approved as a trainer they do not always have responsibility for a trainee. In 1987 there were 2,792 trainers and only 1876 trainees. Over the period from 1977, the number of trainees has risen at a faster rate than the number of trainers, but by 1987 the latter still outnumbered trainees by 916.

	1977	1986	1987	% change 1977-87
Number of GPs approved as trainers	1,595	2,769	2,792	+75.0
Number of trainees	932	1,814	1,876	+101.3
Ratio of trainers to trainees	1.71:1	1.53:1	1.49:1	

ANCILLARY STAFF (Table 9)

36. GPs work closely with nurses, midwives and health visitors who are employed by the District Health Authority and who may be attached to

their practice. However, in addition to these staff, GPs may directly employ staff for a number of tasks including nursing, secretarial and clerical work, receptionist duties and dispensing. **In the 10 years between 1977 and 1987 the number of both part-time and full-time staff directly employed by GPs increased by 73 per cent from 32243 to 55815.** By 1987 there were on average 1.25 WTE staff per GP compared with 0.9 in 1977. The majority of these ancillary staff work only part-time. However, this can be converted to give a whole-time equivalent (WTE) giving a total of 33198 WTE staff in 1987 - an increase of 68 per cent on 1977.

37. Receptionists represent the largest category of ancillary staff - by 1987 they numbered 44 per cent of all ancillary staff. A further 30 per cent of staff were employed on secretarial and/or receptionist duties. However, **there was a significant rise in the number of staff undertaking nursing duties.** Although their numbers remained relatively low, there was an increase of 244 per cent between 1977 and 1987. Dispensers remained the smallest category of employed staff. By 1987, despite their numbers rising from 209 to 414, they nevertheless still constituted only just over 1.0 per cent of WTE ancillary staff.

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TABLE 1. General medical practitioners by sex and status, 1977-87

	1977	1984	1985	1986	1987	% change 1977-87

Total male and female						
All practitioners	23,721	27,449	27,889	28,248	28,793	21.4
Unrestricted principals	22,100	25,132	25,558	26,009	26,509	20.0
Restricted principals	294	180	171	163	162	-44.9
Assistants	395	275	236	262	246	-37.7
Trainees	932	1,862	1,924	1,814	1,876	101.3
Males						
All practitioners	20,072	21,971	22,130	22,193	22,351	11.4
Unrestricted principals	19,033	20,579	20,775	20,900	21,053	10.6
Restricted principals	210	109	103	102	102	-51.4
Assistants	184	121	100	110	105	-42.9
Trainees	645	1,162	1,152	1,081	1,091	69.1
Females						
All practitioners	3,649	5,478	5,759	6,055	6,442	76.5
Unrestricted principals	3,067	4,553	4,783	5,109	5,456	77.9
Restricted principals	84	71	68	61	60	-28.6
Assistants	211	154	136	152	141	-33.2
Trainees	287	700	772	733	785	173.5
Unrestricted principals						
per 100,000	44.7	50.5	51.2	51.9	52.8	
population (1)						

(1) Uses home population estimates.

TABLE 2. Unrestricted principals, selected regional figures, 1987

Unrestricted principals						
Regions	Total	No. per 100,000 popula- tion	% female	% dispen- sing GPS	Age	
					% under 30	% 65 & over
England and Wales	26,509	52.8	20.6	13.3	4.3	4.0
England	24,922	52.6	20.9	13.2	4.2	4.0
Northern	1,584	51.5	17.4	14.0	6.0	2.9
Yorkshire	1,883	52.2	18.5	20.1	5.8	3.8
Trent	2,335	50.0	19.0	17.4	4.9	3.2
East Anglia	1,043	51.8	16.0	45.0	4.1	1.1
NW Thames	1,971	57.0	29.2	5.8	3.5	7.1
NE Thames	1,992	53.6	23.6	10.0	3.0	6.8
SE Thames	1,933	53.2	21.5	9.2	3.0	5.2
SW Thames	1,537	52.9	25.4	6.2	3.0	5.5
Wessex	1,534	53.6	21.1	14.4	4.4	1.7
Oxford	1,301	52.0	21.6	19.4	4.6	1.8
S Western	1,869	55.2	17.5	20.5	2.9	1.9
W Midlands	2,694	51.8	19.0	10.7	3.5	3.9
Mersey	1,259	52.3	22.0	3.4	6.0	6.2
N Western	1,987	50.2	20.0	2.2	5.0	3.6
Wales	1,587	56.0	15.9	14.6	5.2	3.3

	% Single- handed	Average list size	% with average list		% from outside UK, Irish Rep	WTE anc- illary staff per GP
			<1,500	2,500+		
England & Wales	11.3	2,010	10.2	12.2	22.8	1.26
England	11.5	2,020	9.8	12.6	23.0	1.26
Northern	7.6	2,002	9.0	10.4	17.7	1.37
Yorkshire	10.8	1,985	10.0	9.7	21.3	1.27
Trent	10.3	2,060	11.5	16.9	22.1	1.21
East Anglia	3.5	1,952	6.3	3.5	11.0	1.43
NW Thames	17.2	2,065	10.7	15.7	30.4	1.20
NE Thames	19.4	2,078	11.0	19.4	41.3	1.12
SE Thames	15.4	2,069	11.3	18.7	28.9	1.20
SW Thames	10.0	2,103	6.1	17.0	20.0	1.21
Wessex	5.4	1,922	9.0	5.3	7.7	1.37
Oxford	4.5	2,007	7.1	7.7	15.1	1.35
S Western	5.7	1,872	11.8	3.8	6.4	1.28
W Midlands	14.2	2,010	11.0	12.8	30.3	1.30
Mersey	8.7	2,012	10.5	11.7	20.1	1.31
N Western	18.0	2,081	7.7	15.6	31.3	1.23
Wales	8.3	1,849	16.4	5.7	19.6	1.24

(1) In some cases there are minor differences between the geographical regions described on this table and Regional Health Authority areas. These arise where overlaps exist between the boundaries of Regional Health Authorities and Family Practitioner Committees.

(2) There is a difference between the relative positions of regions in respect of the number of GPs per 100,000 population and average list size. This is due to list inflation i.e. patients who remain on a GP's list who have moved away or died. This is greater in the 4 Thames regions than elsewhere.

TABLE 3. Unrestricted principals by age group, 1977-87

	1977	1984	1985	1986	1987	% change 1977-87
Total	22,100	25,132	25,558	26,009	26,509	20.0
Under 30	1,054	1,109	1,024	1,072	1,128	7.0
30-39	5,479	7,960	8,343	8,624	8,874	62.0
40-49	6,276	6,742	6,928	7,194	7,569	20.6
50-59	6,110	6,153	6,082	6,015	5,936	-2.8
60-64	1,850	1,938	1,991	1,961	1,947	5.2
65-69	733	704	686	686	658	-10.2
70-74	317	321	320	278	252	-20.5
75 and over	281	205	184	179	145	-48.4
Percentage breakdown						
Total	100.0	100.0	100.0	100.0	100.0	
Under 30	4.8	4.4	4.0	4.1	4.3	
30-39	24.8	31.7	32.6	33.2	33.5	
40-49	28.4	26.8	27.1	27.7	28.6	
50-59	27.6	24.5	23.8	23.1	22.4	
60-64	8.4	7.7	7.8	7.5	7.3	
65-69	3.3	2.8	2.7	2.6	2.5	
70-74	1.4	1.3	1.3	1.1	1.0	
75 and over	1.3	0.8	0.7	0.7	0.5	

TABLE 4. Unrestricted principals by country of birth, 1977-1987

	1977	1984	1985	1986	1987	% change 1977-87
Total	22,100	25,132	25,558	26,009	26,509	20.0
Great Britain	16,459	18,471	18,830	19,212	19,630	19.3
Other UK, Irish Republic	1,339	971	933	884	841	-37.2
Other Europe	582	452	425	416	366	-37.1
Indian sub-continent (1)	2,708	4,028	4,116	4,202	4,290	58.4
Other Commonwealth (2)	514	698	734	770	814	58.4
Other	498	512	520	525	568	14.1
Percentage breakdown						
Total	100.0	100.0	100.0	100.0	100.0	
Great Britain	74.5	73.5	73.7	73.9	74.1	
Other UK, Irish Republic	6.1	3.9	3.7	3.4	3.2	
Other Europe	2.6	1.8	1.7	1.6	1.4	
Indian sub-continent (1)	12.3	16.0	16.1	16.2	16.2	
Other Commonwealth (2)	2.3	2.8	2.9	3.0	3.1	
Other	2.3	2.0	2.0	2.0	2.1	

(1) India, Pakistan, Sri Lanka, Bangladesh.

(2) Commonwealth countries excluding the United Kingdom and Indian sub-continent countries.

TABLE 5. Unrestricted principals by average partnership list size, 1977-87

	1977	1984	1985	1986	1987	% change 1977-87
Average no. of patients						
All	2,322	2,080	2,059	2,033	2,010	-13.4
Aged 65 & over	337	313	317	317	315	-6.5
of which: 65-74	N/A	178	180	179	177	
75 & over	N/A	136	137	137	138	
Distribution of GPs by list size						
Total	22,100	25,132	25,558	26,009	26,509	20.0
Under 1,000	370	442	438	460	433	17.0
1,000-1,499	1,283	2,079	2,096	2,250	2,267	76.7
1,500-1,999	4,437	8,440	9,139	9,933	10,731	141.9
2,000-2,499	7,626	9,635	9,797	9,774	9,836	29.0
2,500-2,999	5,785	3,559	3,244	2,792	2,585	-55.3
3,000 and over	2,599	977	844	800	657	-74.7
Percentage breakdown						
Total	100.0	100.0	100.0	100.0	100.0	
Under 1,000	1.7	1.8	1.7	1.8	1.6	
1,000-1,499	5.8	8.3	8.2	8.7	8.6	
1,500-1,999	20.1	33.6	35.8	38.2	40.5	
2,000-2,499	34.5	38.3	38.3	37.6	37.1	
2,500-2,999	26.2	14.2	12.7	10.7	9.8	
3,000 and over	11.8	3.9	3.3	3.1	2.5	

NOTES

- (1) The term 'list size' refers to the average number of patients per GP.
- (2) This table is based on average partnership list size. For partnerships of 2 or more GPs the total number of patients of all the GPs in the partnership has been divided by the number of GPs in the partnership.
- (3) 'N/A' means not available.

TABLE 6. Average personal list size by age and sex, 1987

Age of GP	Male	Female	All GPs
All	2,170	1,391	2,010
Under 30	871	594	774
30-34	1,624	1,019	1,444
35-39	2,006	1,280	1,841
40-44	2,170	1,458	2,027
45-49	2,360	1,671	2,222
50-54	2,560	1,900	2,452
55-59	2,584	1,896	2,485
60-64	2,556	2,058	2,502
65-69	2,299	2,100	2,282
70 and over	1,984	1,822	1,968

TABLE 7. Unrestricted principals by partnership structure, 1977-87

	1977	1984	1985	1986	1987	% change 1977-87
Total	22,100	25,132	25,558	26,009	26,509	20.0
Single-handed	3,596	3,060	3,048	3,058	3,007	16.4
Partnerships of						
2 GPs	4,452	4,108	4,130	4,060	4,098	-8.0
3 GPs	5,274	5,460	5,322	5,306	5,211	-1.2
4 GPs	4,200	4,668	4,740	4,758	4,820	14.8
5 GPs	2,510	3,690	3,845	4,075	4,130	64.5
6 GPs	1,188	2,286	2,412	2,526	2,700	127.3
7 GPs	427	1,064	1,162	1,287	1,470	244.3
8 or more GPs	453	796	899	939	1,073	136.9
Percentage breakdown						
Total	100.0	100.0	100.0	100.0	100.0	
Single-handed	16.3	12.2	11.9	11.8	11.3	
Partnerships of						
2 GPs	20.1	16.3	16.2	15.6	15.5	
3 GPs	23.9	21.7	20.8	20.4	19.7	
4 GPs	19.0	18.6	18.5	18.3	18.2	
5 GPs	11.4	14.7	15.0	15.7	15.6	
6 GPs	5.4	9.1	9.4	9.7	10.2	
7 GPs	1.9	4.2	4.5	4.9	5.5	
8 or more GPs	2.0	3.2	3.5	3.6	4.0	

(1) Including single-handed GPs as a partnership of one GP.

(2) In some cases partnerships may include restricted principals who are not counted in the above table. This is why some of the numbers in the table are not exactly divisible by the number of GPs in the partnership e.g. the 1986 figure of 5,306 GPs in partnerships of 3 is not divisible by 3; this is because there was also one restricted principal who was included in a partnership of 3 GPs.

TABLE 8. Dispensing GPs (unrestricted principals only), 1977-1987 (1)

	1977	1984	1985	1986	1987	% change 1977-87
DISPENSING GPs						
Dispensing GPs (2)	2,802	3,205	3,325	3,364	3,523	25.7
As a % of all GPs	12.7	12.8	13.0	12.9	13.3	
Average dispensing list size	1,084	1,024	990	978	927	-14.5
Patients for whom drugs dispensed (000s)						
Total prescriptions for these patients (000s) (3)	18,179	22,182	22,691	23,332	24,713	35.9
Average prescriptions per patient (3)	6.0	6.8	6.9	7.1	7.6	
Non-dispensing GPs						
Average prescriptions per patient (4)	6.6	7.1	7.0	7.1	7.2	

(1) Calendar year figures.

(2) Includes capitation and drug tariff GPs up to 1983; capitation fee GPs were abolished on 1 July 1984.

(3) Figures up to 1984 exclude prescriptions covered by the capitation fee, but include prescriptions prescribed by capitation fee GPs which were on a drug tariff basis.

(4) Includes prescriptions for personal administration.

TABLE 9. Ancillary staff employed by general practitioners, 1977-87 (1)

	Thousands					% change
	1977	1984	1985	1986	1987	1977-87
Total number of staff	32.2	46.7	49.3	52.1	55.8	73.1
WTE staff by type (2)						
Total	19.8	27.6	29.0	31.3	33.2	67.7
Secretary	2.0	3.1	3.2	3.3	3.5	75.8
Receptionist	7.8	11.7	12.6	13.7	14.6	87.6
Sec/Receptionist	5.6	5.8	5.9	6.2	6.4	14.0
Dispenser	0.2	0.3	0.4	0.4	0.4	98.1
Nurse	0.9	2.0	2.3	2.6	3.1	260.0
Combinations of above	3.3	4.7	4.7	5.1	5.2	55.5
Percentage breakdown						
Total	100.0	100.0	100.0	100.0	100.0	
Secretary	9.9	11.1	11.1	10.5	10.4	
Receptionist	39.4	42.4	43.2	43.7	44.1	
Sec/Receptionist	28.4	20.9	20.2	19.8	19.3	
Dispenser	1.1	1.2	1.3	1.3	1.2	
Nurse	4.3	7.3	8.0	8.4	9.3	
Combinations of above	16.9	17.0	16.2	16.2	15.7	
WTE staff per unrestricted principal	0.90	1.10	1.14	1.20	1.25	

(1) Staff employed on qualifying duties for whom direct reimbursement is allowed under para. 52 of the Statement of Fees and Allowances.

(2) Whole Time Equivalent

SOURCES, DEFINITIONS AND NOTES

SOURCES

Doctors Index

The Doctors Index is a computerised register of general medical practitioners who are in contract with the Family Practitioner Committees in England and Wales. It includes details for each practitioner such as name, sex, age, list size, partnership details, country of birth and qualification, whether certain allowances are payable (eg group practice, rural practice payments) etc.

The information is supplied by Family Practitioner Committees via a number of returns, some quarterly and some annual. These include an annual census to obtain up-to-date details about each GPs list, partnership structure, trainers and trainees, allowances payable etc., and annual returns to collect details such as health centre usage.

In addition the return, ANC4, collects details from Family Practitioner Committees about the number of ancillary staff employed by each general medical practitioner. Details collected include the actual number of staff and the whole-time equivalent number of staff with a breakdown by type of staff ie. secretary, receptionist, secretary/receptionist, dispenser, nurse and combinations of these.

The information collected is used extensively to provide factual information to the Doctors and Dentists Review Body, in discussions with the British Medical Association, to monitor changes (and the effects of proposed changes) in fees and allowances, and to monitor short and long term manpower requirements.

Prescriptions

The prescriptions figures are supplied by the Prescription Pricing Authorities for England and for Wales.

DEFINITIONS

- i. Only practitioners whose 'Responsible Family Practitioner Committee' is within England and Wales have been included. The 'Responsible Family Practitioner Committee' is usually the one in which the majority of the patients of the practice to which the practitioner belongs reside, and who is responsible for payment of all fees and allowances.
- ii. The term general medical practitioner is used to refer to all the different types of medical practitioner ie. unrestricted and restricted principals, assistants and trainees.
- iii. An unrestricted principal is a practitioner who is in contract with an FPC to provide the full range of general medical services and whose list is not limited to any particular group of persons.

Most people have an unrestricted principal as their general practitioner.

- iv. A **restricted principal** is a practitioner who is in contract with an FPC to either provide the full range of general medical services but whose list is limited (eg. to the staff of particular hospitals or other institutions), or to provide maternity medical services and/or contraceptive services only.
- v. An **assistant** is a fully registered practitioner employed by a principal to act as his/her assistant.
- vi. A **trainee** is a fully registered practitioner who is being trained for general practice under an arrangement approved by the Secretary of State.
- vii. A **trainer** is a practitioner approved as suitable to supervise and train practitioners in general practice.
- viii. A **single handed GP** is one who has no partners, although he may have an assistant or a trainee. For this bulletin a single handed GP is defined as being a partnership of one doctor.
- ix. A **partnership** is a financial arrangement between 2 or more GPs.
- x. The **partnership list size** for a single-handed principal is the number of persons for whose treatment the principal is responsible. For principals in partnership it is the total number of persons for whom the partnership is responsible divided by the number of principals in the partnership.
- xi. GPs are defined as belonging to a **group practice** if they are in receipt of the group practice allowance. A group must consist of not fewer than three principals (except in some rural areas) and work in close association from a common main surgery.
- xii. A **dispensing GP** is a principal who provides drugs to patients who either have serious difficulty in obtaining drugs from a chemist, or who live at a distance of more than a mile from a chemist.
- xiii. A **prescription** refers to a single item prescribed by a GP on a prescription form. For example, if a prescription form includes 3 items this is counted as 3 prescriptions.
- xiv. **Ancillary staff employed by general practitioners.** These are staff employed on qualifying duties for whom direct reimbursement of the major part of the expenses of employment (ie. 70 per cent of salary, total national insurance and superannuation contributions and 70 per cent of training costs) is allowed under the conditions set out in paragraph 52 of the Statement of Fees and Allowances. Qualifying duties are defined as nursing and treatment, secretarial and clerical work (including records and filing), receiving patients, making appointments, and dispensing.

- xv. **The Medical Practices Committee (MPC)** is an independent body originally set up in 1948. Its principal function is to control the distribution of general medical practitioners in England and Wales with the aim of ensuring that there will be adequate numbers of GPs throughout.

NOTES ON THE TABLES

1. Except where otherwise stated all the figures relate to 1 October of the year stated and to England and Wales.
2. For the estimates of unrestricted principals per 100,000 population in Tables 1 and 3 mid-year home population figures issued by the Office of Population, Censuses and Surveys have been used.
3. Figures for 1986 have not been supplied by Kingston and Richmond Family Practitioner Committee. Estimates for this FPC have therefore been included in the tables.
4. Percentages and figures given in thousands may not add to the totals shown because of rounding.

EDITORIAL INFORMATION

1. The general purpose of these Statistical Bulletins is to highlight some of the statistics that are available within the Statistic and Management Division of the DoH, and to draw attention to important changes and trends over time. The Bulletins are intended to be usable in their present form without reference to other sources, although further information is available if needed.

2. Further information can be obtained from

Statistics and Management Division
Branch SM11A
Room 518
Department of Health
14 Russell Square
London WC1B 5EP

Telephone 01-636-6811 Ext 3198

3. Further copies of this Bulletin, price £2.00, can be obtained from

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