

# **General Practice Workforce Survey 2019**

Publication date: 26/10/2021

## This is an Experimental Statistics publication

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, further details of which are presented in this report.

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## Introduction

This release by Public Health Scotland provides information on estimated Whole Time Equivalent (WTE) of General Medical Practitioners (GPs) in Scotland up to 2019, broken down by age and sex, GP designation and NHS Board. It also provides estimates of Headcount and WTE for nurses at General Practices in Scotland.

This information was originally due to be published in 2020, however it was delayed due to the COVID-19 pandemic.

The [National Primary Care Workforce Survey](#) was last carried out in 2017. It was replaced in 2019 by a [GP Data Collection Tool](#), which continued to collect data on the GP, nurse and other professional workforce in general practice. It also collected aggregate finance information on the income and expense of running a general practice, which is being analysed internally by the Scottish Government. Information on the Primary Care out of hours workforce was published separately in the [Primary Care Out Of Hours Workforce Survey 2019](#).

This report summarises the results from the workforce element of the survey. A full list of charts and tables are available to view (and download to Excel) in the accompanying [Interactive Dashboard](#).

Information up to 2020 on GP Headcount in Scotland, by NHS Board, GP designation, age and sex is already available to view in the annual [GP Workforce And Practice List Sizes](#) National Statistics publication. This will be updated to include data for 2021 in December.

Due to the new method of collecting data, quality assurance was carried out by PHS to ensure reliability of the data. Figures for GP WTE, Nurse WTE and Nurse Headcount are all estimates.

GP WTE figures have been scaled to correspond to GP headcount figures derived from the National Primary Care Clinicians Database (NPCCD), which is maintained by NHS Boards and is the source database for the [GP Workforce And Practice List Sizes](#) publication. Figures for estimated GP headcount and WTE presented in previous surveys (from 2013 to 2017) have also been scaled to match the NPCCD headcount in order to provide a comparable trend. Specialist Trainees/Performer Registrars (medical practitioners in a GP training program) are excluded from this publication in order to be comparable to previous surveys.

For more details on the methodology used, see the Methodology section of this report.

## Main points

- The estimated GP (excluding Specialist Trainees) WTE increased from estimated 3,520 in 2017 to 3,613 in 2019, an increase of just under 3%.
- Female GPs were more likely to work part-time than male GPs and account for the majority of younger GPs. On average there was 0.74 WTE for every female GP and 0.95 WTE for every male GP.
- Maternity Leave was the biggest source of GP absence (approx. 33,000 estimated sessions in 2018/19), closely followed by Sick Leave (approx. 30,000 estimated sessions).
- The estimated WTE for all nurses in General Practice was 1,690 (based on 37 hours or more per week being full time), representing a rise of 149 (10%) compared to the previous survey.
- The largest group of nurses in General Practice were General Practice Nurses, accounting for 55% (headcount) and 51% (WTE).
- There were an estimated 627 Health Care Assistants (headcount) and 410 (WTE) at General Practices in Scotland in 2019.
- There were an estimated 104 Phlebotomists (headcount) and 54 (WTE) at General Practices in Scotland in 2019.

## Results and commentary

This report summarises the results from the [Data Collection Tool](#). A full list of charts and tables are available to view in the accompanying [Interactive Dashboard](#).

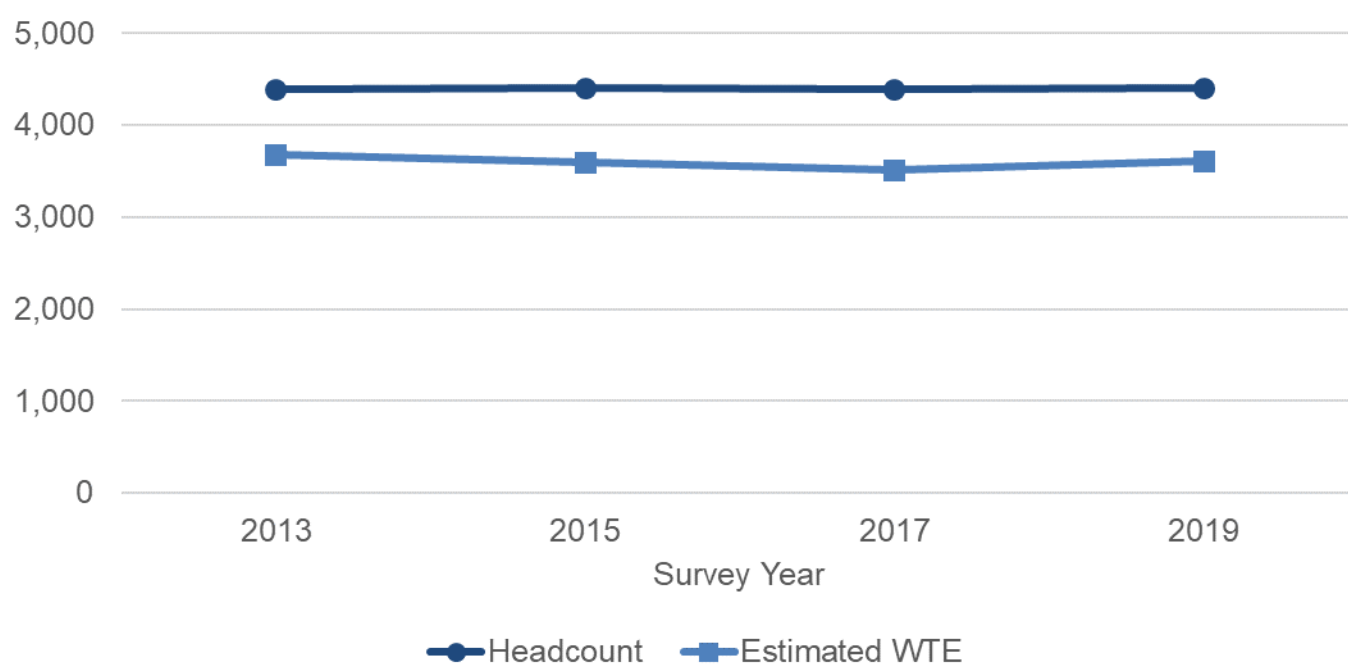
### General Practitioners

#### Headcount and Estimated Whole Time Equivalents (WTEs)

This section will explore the GP headcounts and estimated Whole Time Equivalents over time; by NHS Board; by GP designation; and by age group and sex.

Figure 1 charts the GP headcount and estimated WTE over the last four survey years.

**Figure 1: Trend in GP Headcount<sup>1</sup> and Estimated WTE<sup>2,3,4</sup>, 2013-2019<sup>5</sup>**



1. Headcount from the NPCCD and excludes Registrar Trainee GPs
2. The estimated WTE (in the absence of a 100% survey response rate) was based on scaling the sample headcount from the survey to match the national headcount from NPCCD. For more details see the Methodology section.
3. Previous survey WTEs (up to 2017) have been adjusted according to the NPCCD headcount to ensure a consistent trend. Previously this was estimated using population and differed slightly from the NPCCD (then GPCD) headcount ([see Table A3 of the 2017 publication](#)).
4. One WTE is defined in this report as eight weekly contracted GP sessions.
5. As at 31 March for 2019, 31 August for 2017 and 2015, and 31 January for 2013.

Figure 1 shows that the estimated WTE increased from 3,520 in 2017 to 3,613 in 2019, an increase of just under 3%. This followed small decreases in estimated WTE between 2013 and 2017.

Table 1 displays the GP Headcount and estimated WTE for the 2019 survey year, split by NHS Board.

**Table 1: GP Headcount<sup>1,2</sup> and Estimated WTE<sup>3,4,5</sup>, by NHS Board; 31 March 2019**

NHS Board	Headcount	Estimated WTE	WTE per Headcount	WTE Per 10,000 Patients
Ayrshire & Arran	299	244	0.82	6.3
Borders	114	98	0.86	8.3
Dumfries & Galloway	107	99	0.92	6.4
Fife	265	227	0.85	5.9
Forth Valley	246	181	0.74	5.7
Grampian	459	356	0.78	6.0
Greater Glasgow & Clyde	921	765	0.83	5.9
Highland	359	296	0.83	9.0
Lanarkshire	391	336	0.86	4.9
Lothian	815	634	0.78	6.6
Orkney	35	29	0.83	13.3
Shetland	28	25	0.91	11.1
Tayside	357	295	0.83	6.9
Western Isles	27	22	0.81	8.2
<b>Scotland</b>	<b>4,400</b>	<b>3,613</b>	<b>0.82</b>	<b>6.3</b>

1. Headcount from the NPCCD and excludes Registrar Trainee GPs
2. GPs can work in more than one Board and so the Scotland total for Headcount does not equal the sum of each Board.
3. The estimated WTE (in the absence of a 100% survey response rate) was based on scaling the sample headcount from the survey to match the national headcount from NPCCD. For more details see the Methodology section.
4. One WTE is defined in this report as eight weekly contracted GP sessions.
5. The WTE for Scotland has been estimated separately from the WTE for each Board, so the Scotland total is slightly different than the sum of the Boards WTE.

Table 1 shows that five rural NHS Boards (Orkney, Shetland, Highland, Borders and Western Isles) have the highest WTE per population, above 8.0 WTE per 10,000 patients, while Lanarkshire, Forth Valley, Fife and Greater Glasgow and Clyde reported the lowest, below 6.0 WTE per 10,000 patients.

It also shows that Dumfries and Galloway (0.92 WTE per GP) and Shetland (0.91 WTE per GP) had the highest WTE per GP, while Lothian and Grampian (0.78 WTE per GP) and Forth Valley (0.74 WTE per GP) had the lowest.

**Table 2: GP Headcount<sup>1,2</sup> and Estimated WTE<sup>3,4,5</sup>, by Designation; 31 March 2019**

Designation	Headcount	Estimated WTE	WTE per headcount
Performer	3,347	2,875	0.86
Performer Salaried	998	669	0.67
Performer Retainer	75	34	0.45
<b>All GPs</b>	<b>4,400</b>	<b>3,613</b>	<b>0.82</b>

1. Headcount from the NPCCD and excludes Registrar Trainee GPs
2. GPs can work in more than one designation, so the Scotland total for Headcount does not equal the sum of each designation.
3. The estimated WTE (in the absence of a 100% survey response rate) was derived by multiplying the proportion of the responding practice headcount to the NPCCD headcount with the responding WTE figure.
4. One WTE is defined in this report as eight weekly contracted GP sessions.
5. The WTE for Scotland has been estimated separately from the WTE for each designation, so the Scotland total is slightly different than the sum of the designations WTE.

From Table 2, the GP designation surveyed with the largest headcount was Performer GPs, who had an average of 0.86 WTE per GP. Performer Salaried (0.67 WTE per GP) and Performer Retainer (0.45 WTE per GP) were more likely to work part time.

**Table 3: GP Headcount<sup>1</sup> and Estimated WTE<sup>1,2,3,4</sup>, by Sex; 31 March 2019**

	Headcount	Estimated WTE	WTE per Headcount
Male	1,787	1,689	0.95
Female	2,613	1,933	0.74
<b>All GPs</b>	<b>4,400</b>	<b>3,613</b>	<b>0.82</b>

1. Headcount from the NPCCD and excludes Registrar Trainee GPs
2. The estimated WTE (in the absence of a 100% survey response rate) was derived by multiplying the proportion of the responding practice headcount to the NPCCD headcount with the responding WTE figure.
3. One WTE is defined in this report as eight weekly contracted GP sessions.
4. The WTE for Scotland has been estimated separately from the WTE for both males and females, so the Scotland total is slightly different than the sum of the estimated male and female WTE.

Table 3 shows that, overall, there was 0.74 WTE for every female GP and 0.95 WTE for every male GP.

Figure 2 explores the GP Headcounts and Estimated WTE by age and sex in a population pyramid. While the orange shades represent the figures for females and blue for male figures, the darker shades of these colours represent the Headcount and the lighter shades represent the Estimated WTE.

**Figure 2: GP Headcount<sup>1</sup> and Estimated WTE<sup>1,2,3</sup>, by Age and Sex; 31 March 2019**



1. Headcount from the NPCCD and excludes Registrar Trainee GPs
2. The estimated WTE (in the absence of a 100% survey response rate) was based on scaling the sample headcount from the survey to match the national headcount from NPCCD. For more details see the Methodology section.
3. One GP WTE is defined in this report as eight weekly contracted GP sessions.



The difference between headcount and estimated WTE was higher in females than males within every age group, except for those aged 65 and above. However this could be due to small numbers as there were only 7 female GPs in this age group.

The demographic groups with the lowest rate of WTE per GP headcount were female GPs aged 30-34 (0.71 WTE per headcount) and female GPs aged 35-39 (0.72 WTE per headcount). Males between the ages of 45 and 54 had the highest rates of WTE per GP headcount, with an average estimate of 0.99 WTE per GP. This suggests that almost all males within this age group were working full time, where full time is defined as 8 sessions per week.

## Absences and Use of locum/sessional GP time

This section will explore the use of locum and sessional GP time, along with the reasons for GP absences.

Table 4 shows the percent of responding practices that used a locum GP along with the Estimated Locum GP WTEs, displayed by NHS Board. In this report, one locum GP WTE is defined as 416 sessions over 2018/19 – an average of eight sessions per week during the financial year.

**Table 4: Estimated Locum/Sessional GP WTE<sup>1,2,3</sup>, by NHS Board;  
1 April 2018 to 31 March 2019**

NHS Board	Percent of Responding Practices Using a Locum GP	Estimated Locum WTE
Ayrshire & Arran	66.7%	10
Borders	84.6%	7
Dumfries & Galloway	100.0%	11
Fife	88.2%	16
Forth Valley	73.7%	9
Grampian	93.8%	18
Greater Glasgow & Clyde	90.5%	79
Highland	75.0%	18
Lanarkshire	79.2%	25
Lothian	97.4%	57
Orkney	80.0%	2
Shetland	100.0%	1
Tayside	93.1%	17
Western Isles	100.0%	4
<b>Scotland</b>	<b>86.4%</b>	<b>273</b>

1. Locum GP WTE calculated as the total number of locum sessions filled during 2018/19 divided by 416 (the eight sessions that make up a weekly WTE multiplied by the 52 weeks in the financial year).
2. The estimated WTE (in the absence of a 100% survey response rate) was based on scaling the sample headcount from the survey to match the national headcount from NPCCD. For more details see the Methodology section.
3. The WTE for Scotland has been estimated separately from the WTE for each Board, so the Scotland total is slightly different than the sum of the Boards' WTE.

Table 4 shows that, overall, 86% of all responding practices reported the use of a locum GP during 2018/19, with the estimated use of 273 Locum GP WTEs. In three Boards (Dumfries and

Galloway, Shetland and Western Isles), 100% of responding practices reported using a locum GP, while the figure was lowest for Ayrshire & Arran (67%), Forth Valley, (74%) and Highland (75%).

Further details covering the use of Locum GPs can be found in the [Interactive Dashboard](#) accompanying this report.

Table 5 shows the estimated number of absent GP sessions by the reason for absence. The number of absent sessions from the responding practices were scaled up to produce estimates based on the proportions of the sample headcount and the headcount from NPCCD. For more details see the Methodology section.

**Table 5: Number of Estimated<sup>1</sup> Absent GP Sessions, by Reason for Absence; 1 April 2018 to 31 March 2019**

NHS Health Board	Estimated Number of Sessions			
	Sick Leave	Maternity Leave	Parental Leave	Special Leave
<b>Scotland</b>	<b>29,967</b>	<b>33,483</b>	<b>380</b>	<b>4,393</b>

1. The estimated number of absent sessions (in the absence of a 100% survey response rate) was based on scaling the sample headcount from the survey to match the national headcount from NPCCD. For more details see the Methodology section.

From Table 5, the largest estimated numbers of absent GP sessions were due to Maternity Leave and Sick leave, with an estimate of 33,483 absent GP sessions due to Maternity Leave, and an estimate of 29,967 absent GP sessions due to Sick Leave.

A further breakdown of these data by NHS Board can be found in the [Interactive Dashboard](#) accompanying this report.

## Reported GP vacancies

This section will explore the vacancy rates reported by responding practices.

Table 6 details the percent of responding practices reporting a vacancy, by NHS Board. The vacancy rate, defined as the number of vacancy sessions per 100 total GP sessions, is also shown.

From Table 6, just under one third of the responding GP Practices reported a vacancy at their practice during 2018/19. The overall vacancy rate was 7.7 vacant GP sessions for every 100 total GP sessions. The vacancy rate varied by NHS Board. Discounting the Island Boards rates which are subject to volatility due to small numbers, the vacancy rate ranged from 5.6 vacancy sessions per 100 GP sessions in Forth Valley, to 11.4 vacancy sessions per 100 GP session in Dumfries and Galloway.

**Table 6: Vacant GP Sessions<sup>1</sup> and Vacancy Rates<sup>1,2</sup>, by NHS Board;  
1 April 2018 to 31 March 2019**

NHS Board <sup>1</sup>	Percent of Responding Practices Reporting a Vacancy	Vacancy Rate <sup>2</sup>
Ayrshire & Arran	33.3%	7.3
Borders	30.8%	5.9
Dumfries & Galloway	56.3%	11.4
Fife	41.2%	8.9
Forth Valley	31.6%	5.6
Grampian	34.4%	8.0
Greater Glasgow & Clyde	23.2%	6.0
Highland	29.5%	10.2
Lanarkshire	39.6%	8.3
Lothian	33.3%	5.8
Orkney	20.0%	3.6
Shetland	0.0%	0.0
Tayside	31.0%	10.2
Western Isles	25.0%	15.2
<b>Scotland</b>	<b>32.3%</b>	<b>7.7</b>

1. Figures for Island Boards may be impacted by small numbers

2. Vacancy rate is the number of vacancy sessions per 100 total GP sessions

## Nurses, Health Care Assistants, Phlebotomists and Other Staff

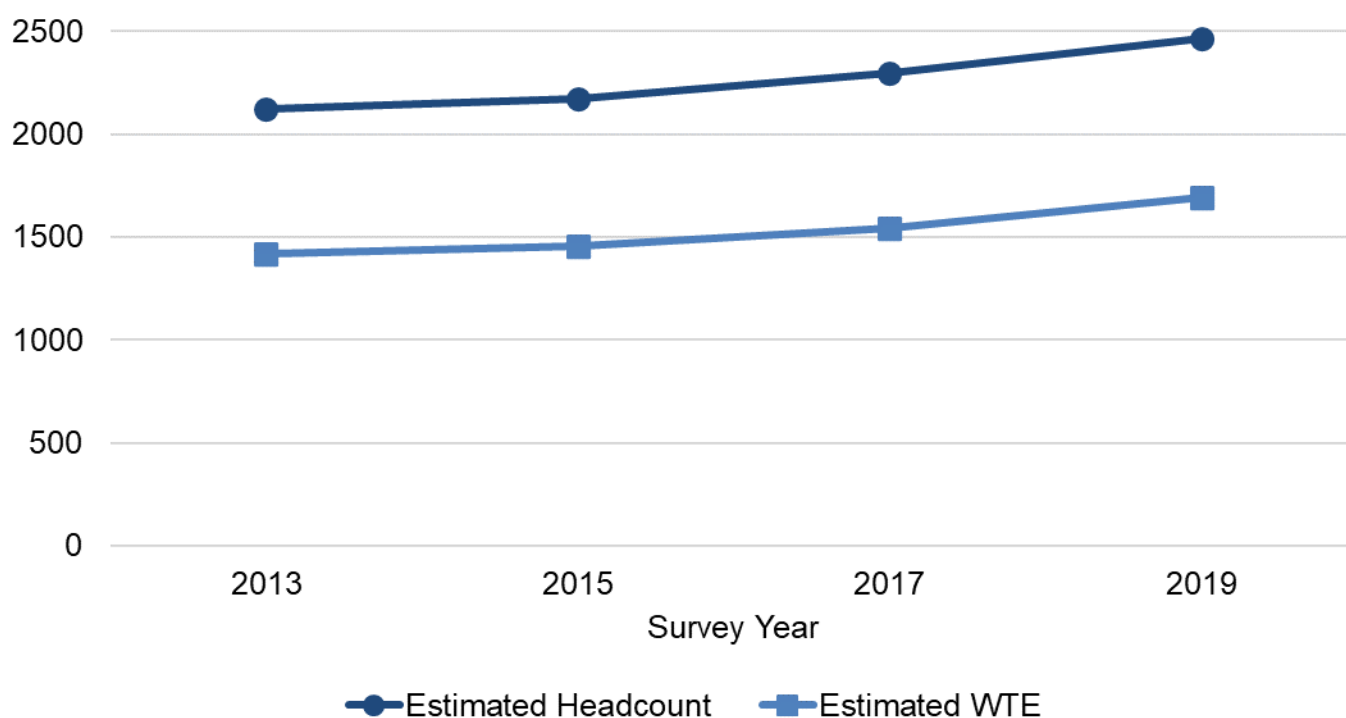
### Nurses

#### Estimated Headcount and Whole Time Equivalent (WTE)

This section will explore the estimated Nurse headcounts and estimated Whole Time Equivalent over time; by NHS Board; by designation; and by age group.

Figure 3 charts the estimated headcount and WTE of Nurses working in General Practices over the last four survey years.

**Figure 3: Trend in Nurses Estimated<sup>1,2</sup> Headcount and WTE; 2013-2019<sup>3</sup>**



1. Figures are estimates based on population of practices returning data.
2. One Nurse WTE is defined as 37 weekly contracted hours.
3. As at 31 March for 2019, 31 August for 2017 and 2015, and 31 January for 2013.

The estimated number (headcount) of registered nurses working in GP practices in Scotland in 2019 was 2,465, an increase of 168 from the previous survey. The estimated WTE for all nurses was 1,690 (based on 37 hours or more per week being full time), representing a rise of 149 compared to the previous survey. Figure 3 shows that the estimated number of nurses increased by 16% between 2013 and 2019 (from 2,125 to 2,465), and the estimated WTE increased by 19% (from 1,420 to 1,690) in the same period.

Table 7 displays the Nurses estimated headcount and WTE by NHS Board.

**Table 7: Nurses in General Practices - Estimated Headcount and WTE<sup>1,2</sup> by NHS Board; 31 March 2019**

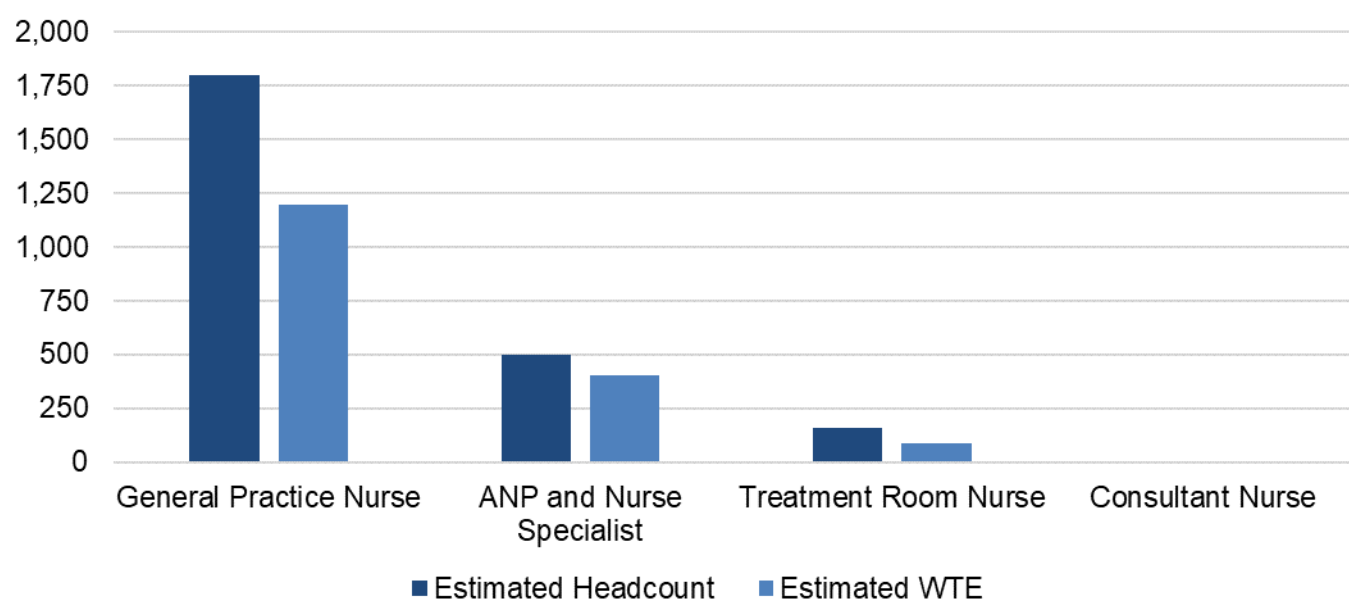
NHS Board	Estimated Headcount	Estimated WTE	Estimated WTE per 10,000 patients
Ayrshire & Arran	184	142	3.68
Borders	45	31	2.61
Dumfries & Galloway	76	51	3.30
Fife	141	97	2.52
Forth Valley	116	75	2.35
Grampian	392	257	4.29
Greater Glasgow & Clyde	438	294	2.26
Highland	223	137	4.16
Lanarkshire	224	172	2.51
Lothian	342	224	2.32
Orkney	16	9	4.20
Shetland	17	17	7.51
Tayside	221	158	3.68
Western Isles	26	21	7.90
<b>Scotland</b>	<b>2,465</b>	<b>1,690</b>	<b>2.94</b>

1. Figures are estimates based on population of practices returning data. Small numbers may increase the volatility of estimates for some Boards.
2. One Nurse WTE is defined as 37 weekly contracted hours.
3. The estimates for Scotland have been calculated separately from the estimates for each Board, so the Scotland totals are slightly different than the sum of the Boards.

The average rate of estimated WTE per 10,000 patients in Scotland was 2.94. This varies by NHS Board, with Grampian and Highland showing the highest rates of estimated WTE (discounting the Island Boards rates which are subject to volatility due to small numbers) and Greater Glasgow and Clyde and Lothian showing the lowest rates.

Figure 4 shows the estimated headcount of nurses and estimated WTE for each designation.

**Figure 4: Nurses in General Practices - Estimated Headcount & WTEs<sup>1,2</sup>, by Designation; 31 March 2019**



1. Figures are estimates based on population of returning practices.
2. One Nurse WTE is defined as 37 weekly contracted hours.

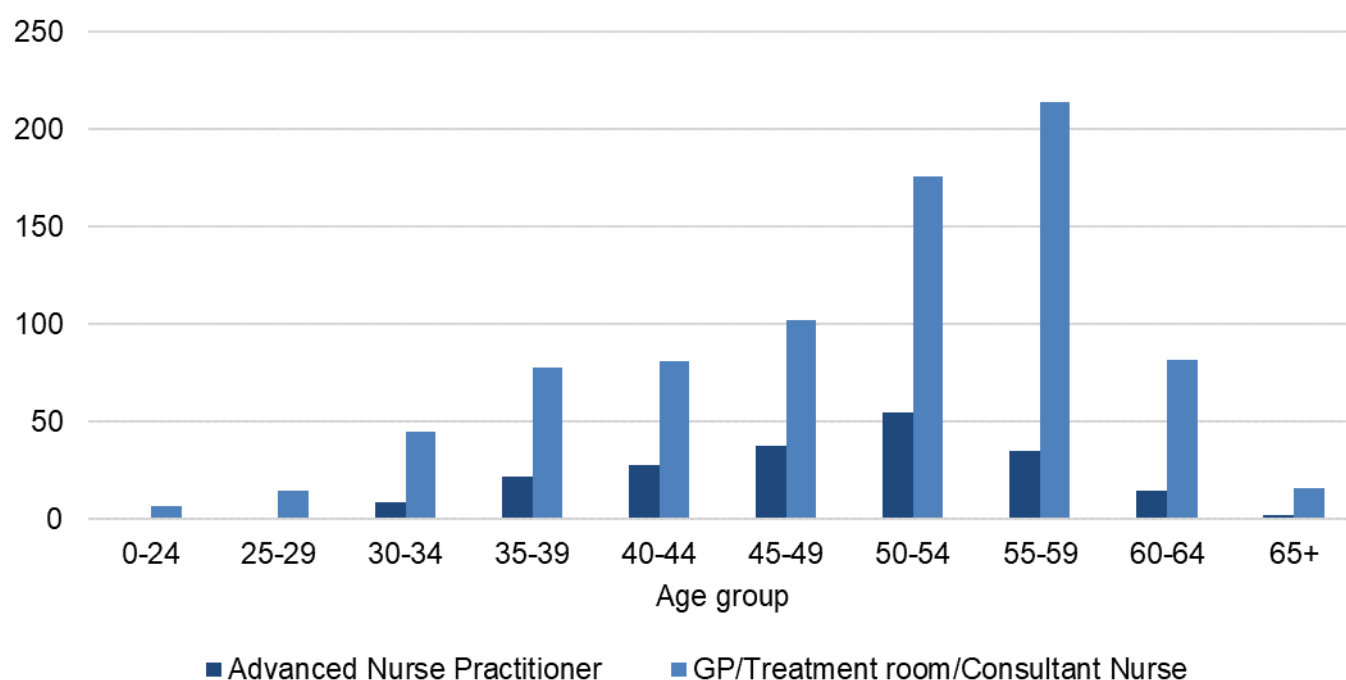
The largest group of nurses working at General Practices were General Practice Nurses, accounting for 73% of the estimated Nurse headcount and 71% of the estimated Nurse WTE.

The next largest group are Advanced Nurse Practitioners (ANPs) and Nurse Specialists, accounting for 20% of the estimated Nurse headcount and 24% of the estimated Nurse WTE.

These data, along with further details surrounding Nurse designation, can be found within the [Interactive Dashboard](#) accompanying this report.

Figure 5 illustrates the number of nurses in practices, by age group. Over half (58%) of all nurses registered at practices were aged 50 years and over, and almost all (98%) were female.

**Figure 5: Registered Nurses Employed by Responding Practices<sup>1</sup>, by Age Group;  
31 March 2019**



1. One Nurse WTE is defined as 37 weekly contracted hours.

## Full and part-time working of Nurses

With respect to the patterns of working hours in the nurse staff:

- The majority of Advanced Nurse Practitioners (65%) were contracted for 30 hours or more, compared to the General Practice Nurses, in which 33% of them were contracted for the same range of hours.
- More than half of General Practice Nurses (57%) and Treatment Room Nurses (57%) were contracted for between 16 and 29 hours, while 28% of Advanced Nurse Practitioners were contracted for these hours.
- A smaller proportion of all designation groups were contracted for fewer than 16 hours; for instance, 7% of Advanced Nurses Practitioners and 14% of General Practice Nurses belong to this category.

## Nurse vacancies

- The vast majority of responding practices (83%) reported that they did not have Nurse vacancies during 2018/19.
- Less than 4% of responding practices reported vacancies for Advanced Nurse Practitioners, while almost 14% reported vacancies for general practice/treatment room nurses.
- The overall vacancy rate for Nurses working out of responding practices was 7.4%.

For more information please see the [Interactive Dashboard](#) accompanying this report.

## Health Care Assistants and Phlebotomists

### Headcount and Estimated Whole Time Equivalent (WTE)

There were an estimated 627 (headcount) Health Care Assistants and 410 (WTE) working in Scottish general practice in 2019 (as at March 31). This shows a lower headcount (estimated 787 in 2017) but slightly higher WTE (399 in 2017) compared with the previous survey.

For phlebotomists, there were an estimated 104 (headcount) and 54 (WTE) working at General Practices in Scotland in 2019. This shows a lower headcount (estimated 281 in 2017) and WTE (89 in 2017) compared with the previous survey.

*Please note that these are estimates only - there is likely a higher margin of error due to the smaller numbers involved, and incomplete practice returns (see Methodology section for more information).*

### Health Care Assistants & Phlebotomists vacancies

- Almost all responding practices (99%) reported that they did not have HCA or Phlebotomists vacancies.

Further details, including Board estimates, can be found in the [Interactive Dashboard](#) accompanying this report.



## Other Staff

Table 8 shows the estimated headcount of other staff working at GP practices in Scotland.

**Table 8: Estimated Headcount<sup>1</sup> of Other Staff at GP Practices; 31 March 2019**

Staff Group	Job Role	Estimated Headcount
Non-Clinical	Receptionist	5,393
	Other <sup>2</sup>	1,213
	Practice Manager/Manager	1,167
	Medical Secretary	948
	Estates and Ancillary	362
	Management Partner	24
	Telephonist	17
	Apprentice	14
Other Direct Patient Care	Dispenser	55
	Pharmacist	43
	Other Clinical Role <sup>3</sup>	57

1. Figures are estimates based on population of returning practices.

2. Non-Clinical – Other: Any other administrative staff working within the practice/individuals working across a number of Admin/Non-Clinical roles.

3. Other Direct Patient Care – Other Clinical Role: Any other professional employed by the GP practice who is directly involved in the treatment and care of patients.

There were an estimated 5,393 receptionists (headcount) employed in General Practices in 2019 (as at March 31). The next largest group was Practice Manager/Manager, with 1,167.

## Glossary

### **Advanced Nurse Practitioner**

ANPs are educated at Masters level and are competent to work at advanced level as part of multidisciplinary teams across all clinical settings, dependent on their area of expertise. They are clinical leaders with the freedom and authority to act, and accept responsibility and accountability for those actions. The role is characterised by high-level autonomous decision-making, including assessing, diagnosing and treating (including prescribing for) patients with complex multidimensional problems.

### **Consultant Nurse**

Consultant nurses work at a very high level of clinical expertise and have responsibility for contributing to national, as well as local, developments in their recognised area of expertise.

### **General Practice Nurse**

A General Practice Nurse is a qualified and registered nurse involved in almost every aspect of patient care and treatment, for people of all ages.

### **GP Locum**

A GP who provides temporary cover. This can be, for example, to cover whilst a regular GP is on leave, or when a General Practice is short staffed.

### **GP Performer**

A GP who has entered into a contract to provide services to patients and is effectively self-employed; usually a practice partner.

### **GP Performer Retainer**

A GP who works part time and can be utilised by a practice as required.

### **GP Performer Salaried**

A GP who is employed by the practice or by the NHS Board on a salaried basis. Also known as a salaried GP.

### **GP Performer Registrar/Specialist Trainee**

A medical practitioner who is being trained in general practice.

### **GP Whole Time Equivalent**

In this report, one GP Whole Time Equivalent is defined as eight contracted weekly GP sessions.

### **Headcount**

A count of the number of staff in post, regardless of whether individuals work full or part-time.

### **Health Care Assistant**

Health Care Assistants work under the guidance of a qualified healthcare professional, usually a nurse. Sometimes known as nursing assistants, nursing auxiliaries or auxiliary nurses.

**Lead General Practice Nurse**

Has a higher degree of clinical decision-making, autonomy and responsibility than general practice nurses in the clinical environment and has completed the appropriate level of education.

**NPCCD**

National Primary Care Clinicians Database. A centralised database of GP and general practice details held at NSS but with data maintained by NHS Boards.

**Nurse Whole Time Equivalent**

In this report, one Nurse Whole Time Equivalent is defined as 37 contracted weekly hours.

**Phlebotomist**

A Phlebotomist collects blood samples from patients.

**Senior General Practice Nurse**

Senior GPNs will have some advanced skills, will be the expert in general practice nursing team leadership and management and will predominantly see patients who have an established diagnosis.

**Treatment Room Nurse**

Assist in the care of patients including treatments, preventative care and screening as well as education undertake tasks which are delegated.

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## Further information

Further information and data for this publication are available from the [publication page](#) on our website.

## Open data

Data from this publication is available to download from the [Scottish Health and Social Care Open Data Portal](#).

## Rate this publication

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## Appendices

### Appendix 1 – Background information

The [National Primary Care Workforce Survey](#) was last carried out in 2017. It provided aggregate information on general practice workforce, including:

- GPs in practice
- Practice-employed nurses / healthcare support workers / phlebotomists in post
- GP and nurse / healthcare support worker / phlebotomist vacancies and recruitment to posts
- Temporary cover for sessions / hours
- Other staff working out of or based at GP practice premises

The survey was replaced in 2019 by a [GP Data Collection Tool](#), which continued to collect data on the GP and nurse workforce in general practice. It also collected aggregate finance information on the income and expense of running a general practice, which is being analysed internally by the Scottish Government.

Due to Covid-19 the publication of this data was delayed from 2020 to 2021.

Information on the Primary Care out of hours workforce was published separately in the [Primary Care Out Of Hours Workforce Survey 2019](#).

For the in-hours survey, the questions asked in 2017 were also asked in 2019. However there were some questions that had slightly different definitions, some that were no longer asked at all and some that had been replaced with a question providing related data.

Full details of the changes can be seen in Table A1:

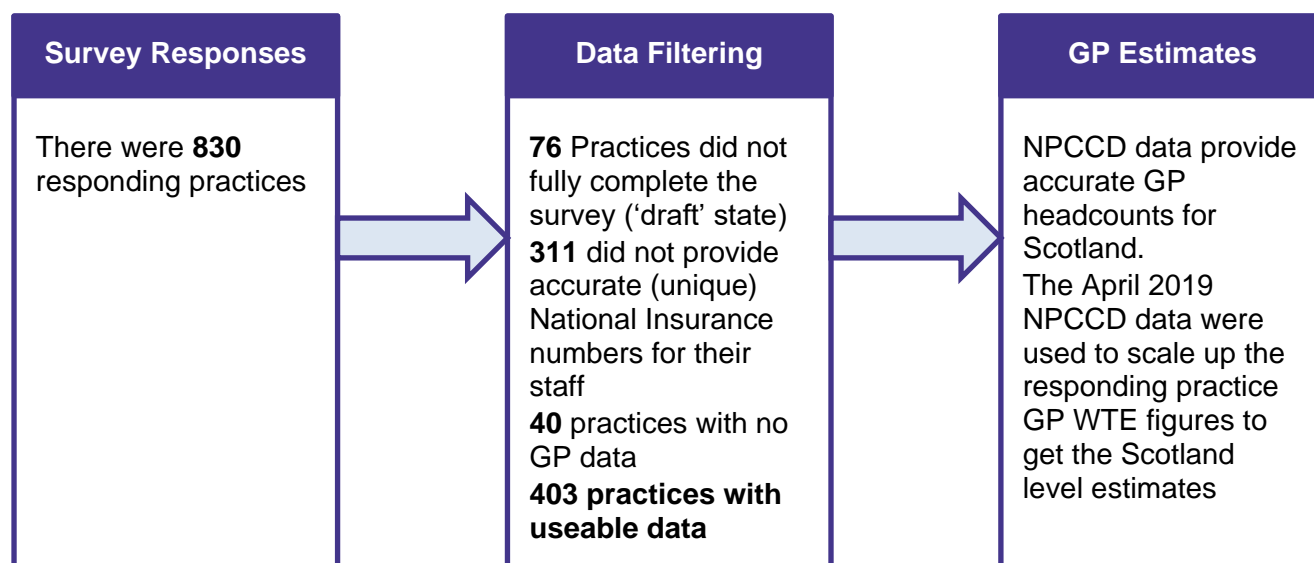
**Table A1: Tables from 2017 not included for 2019 (in-hours survey)**

Table number (2017)	Description	Reason for not being included/replaced
Table 1.11	Reported GP hours worked per week by designation	Poorly recorded
Table 1.14	Frequency of locum/sessional GP recruitment	Replaced with absences data
Table 1.15	Experience of locum/sessional GP recruitment	Not in 2019 data collection tool.
Table 1.16	Were events requiring locum/sessional GP cover typical?	Not in 2019 data collection tool.
Table 1.17	Recruitment of locum/sessional GPs on a regular basis	Not in 2019 data collection tool.
Table 1.18	Locum/sessional GP sessions worked by regular locum(s)	Replaced with temporary cover data (sessions filled externally)
Table 1.26	Experience of recruiting to vacant GP posts	Not in 2019 data collection tool.
Table 1.27	Challenges of recruiting to vacant GP posts	Not in 2019 data collection tool.

Table 2.1	Estimated headcount and WTE numbers of Nurse Practitioners/Advanced Nurse Practitioners	Different classifications of Nurses
Table 2.2	Estimated headcount and WTE numbers of Advanced Nurse Practitioners and Nurse Practitioners (inc Specialist Nurse Practitioner)	Different classifications of Nurses
Table 2.16	Estimated locum nurse WTE by area	Replaced with absences data.
Table 2.17	Number of locum nurse hours used	Replaced with absences data.
Table 2.18	Frequency of locum nurse recruitment	Replaced with absences data.
Table 2.19	Experience of locum nurse recruitment	Not in 2019 data collection tool.
Table 2.20	Were events requiring locum nurse cover typical?	Not in 2019 data collection tool.
Table 2.21	Estimated nurse "internal locum" WTE by area	Replaced with absences data.
Table 2.22	Estimated Health Care Support Worker (HCSW) "internal locum" WTE by area	Replaced with absences data.
Table 2.23	Estimated Phlebotomist "internal locum" WTE by area	Replaced with absences data.
Table 2.31	Experience of recruiting to vacant Nurse Health Care Support Worker (HCSW) and Phlebotomist posts	Not in 2019 data collection tool.
Table 2.32	Challenges of recruiting to vacant Nurse Health Care Support Worker (HCSW) and Phlebotomist posts	Not in 2019 data collection tool.

Further background information and reference files for practices are available on the [PHS Website](#).

## Appendix 2 – Methodology



### Data

There were 830 responding practices overall. Of these, 76 did not fully complete the survey, 311 did not provide suitable unique identifiers (National Insurance Numbers) for their staff, and 40 practices submitted no GP data. This left 403 practices with usable survey response data.

National Insurance (NI) numbers were deemed to be unsuitable should they be non-unique. That is, no two submissions with the same NI number should have differing age, sex or staff group (GP, Nurse, etc.) fields. Practices using NI numbers which did not meet these criteria were removed from the data to ensure estimates were made with accurate and distinct records.

### GP WTE Estimates

Scaling factors for calculating the Estimated GP WTEs were calculated as follows:

$$\text{Scale Factor} = \text{NPCCD GP Headcount} / \text{Responding Practice GP Headcount}$$

This scale factor was calculated for each NHS Board, GP Designation, and each age group and sex, allowing more accurate estimates to be calculated when disaggregating by these groups. The estimates from previous surveys presented in this report (2013, 2015, 2017) have been recalculated using the NPCCD scaling factor to ensure consistent methodology.

### Nurse Headcount and WTE Estimates

Nurse headcount and WTE estimates were calculated based on population share. Scaling factors were calculated in the following way:

$$\text{Scale Factor} = \text{Total List Size} / \text{Responding Practice List Size}$$

The nurse scale factor was also calculated for each NHS Board, GP designation, age group and sex.

## Appendix 3 – Publication metadata

### Publication title

General Practice Workforce Survey 2019

### Description

WTE of GPs, WTE of Nurses and headcount of nurses in general practices in Scotland in 2019.

### Theme

Health and Social Care

### Topic

General Practice

### Format

PDF Report and R-Shiny dashboard

### Data source(s)

[GP Data Collection Tool](#)

### Date that data are acquired

2020

### Release date

26 October 2021

### Frequency

Tbc.

### Timeframe of data and timeliness

Data as at 31 March 2019.

### Continuity of data

Continuous

### Revisions statement

-

### Revisions relevant to this publication

-

### Concepts and definitions

See Glossary and Methodology sections of this report for further information.



## **Relevance and key uses of the statistics**

Some 90% interactions with the health service are made through primary care. This publication makes information available to the Scottish Government and NHS Boards for planning and provision of primary care services.

## **Accuracy**

Figures presented from this survey are estimates based on a sample of 403 practices in Scotland. Every effort has been taken to make the estimates as accurate as possible but they are not exact figures. For more information see the Methodology section of this report.

## **Completeness**

Estimates are based on 403 practices in Scotland out of more than 900.

## **Comparability**

Scottish GP workforce information is broadly comparable with GP workforce information for the other UK countries. However, there are some variations in how the individual GP designations/contract types are described, and care must be taken to ensure that like for like groups are being compared (e.g. whether GP trainees or retainers are or are not included in each group being compared).

Some Scotland-level trends are presented comparing data from 2019 to previous National Primary Care Workforce Surveys and every effort has been made to make figures for 2019 comparable to 2017 and before. Due to the different method of collecting data in 2019, direct comparisons to data from 2019 to that released in the 2017 National Primary Care Workforce Survey should be made with caution, especially at NHS Board level.

## **Accessibility**

It is the policy of Public Health Scotland to make its web sites and products accessible according to published guidelines. More information on accessibility can be found on the [PHS website](#).

## **Coherence and clarity**

An Interactive Dashboard is available to view on the PHS Website.

## **Value type and unit of measurement**

Numbers and percentages.

## **Disclosure**

The [PHS protocol on Statistical Disclosure Protocol](#) is followed.

## **Official Statistics designation**

Experimental Statistics

## **UK Statistics Authority Assessment**

N/A.

## **Last published**

N/A.

**Next published**

TBC.

**Date of first publication**

26/10/2021.

**Help email**

[phs.generalpractice@phs.scot](mailto:phs.generalpractice@phs.scot)

**Date form completed**

30 September 2021.

## Appendix 4 – Early access details

### **Pre-Release Access**

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", PHS is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

### **Standard Pre-Release Access:**

Scottish Government Health Department

### **Early Access for Quality Assurance**

These statistics will also have been made available to those who needed access to help quality assure the publication:

## Appendix 5 – PHS and Official Statistics

### About Public Health Scotland (PHS)

PHS is a knowledge-based and intelligence driven organisation with a critical reliance on data and information to enable it to be an independent voice for the public's health, leading collaboratively and effectively across the Scottish public health system, accountable at local and national levels, and providing leadership and focus for achieving better health and wellbeing outcomes for the population. Our statistics comply with the [Code of Practice for Statistics](#) in terms of trustworthiness, high quality and public value. This also means that we keep data secure at all stages, through collection, processing, analysis and output production, and adhere to the '[five safes](#)'.