

BBC – GPs Survey

METHODOLOGY NOTE

ComRes interviewed 1,004 GPs online between 21st and 28th January 2015. Data were weighted to be representative of all British doctors with all respondents verified via their GMC number. ComRes is a member of the British Polling Council and abides by its rules.

To commission a voting intention poll or a public opinion survey please contact Katharine Peacock:

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To register for Pollwatch, a monthly newsletter update on the polls, please email: pollwatch@comres.co.uk

Recruitment and retention of GPs in the NHS
ONLINE Fieldwork Dates: 21st-28th January 2015

Absolutes/col percents

Table 1

Q1 At the current time, do you expect to retire or leave General Practice in the UK before you become 60 years old?

Base: All respondents under 60 years of age

	Total	S3 - Region																				S3 - England		S3 - England NHS Networks														
		London		South East Coastal		South Central		South West		West Midlands		East Midlands		East of England		Yorkshire & Humber		North East		North West		Scotland	Wales	Northern Ireland	England	NHS London	NHS South of England	NHS Midlands and East SHA	NHS North of England									
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R																			
Yes definitely	236	25%	26	24%	18	D30%	14	21%	13	15%	25	D33%	18	D29%	19	24%	22	D28%	11	26%	36	D33%	21	22%	8	20%	5	19%	202	26%	26	24%	45	21%	62	29%	69	P30%
Yes probably	284	30%	33	30%	11	18%	21	32%	32	BI36%	23	31%	19	30%	32	BIK41%	31	BIK39%	7	17%	32	30%	24	25%	11	28%	8	30%	241	31%	33	30%	64	30%	74	34%	70	31%
Probably not	300	32%	36	H33%	28	CEFGHJ46%	18	27%	32	H36%	19	25%	18	29%	21	27%	15	19%	16	H38%	29	27%	41	CEGHJ42%	16	H40%	11	h41%	232	30%	36	33%	78	QR36%	58	27%	60	26%
Definitely not	60	6%	7	6%	3	5%	6	9%	4	5%	6	8%	4	6%	6	8%	6	8%	3	7%	6	6%	5	5%	2	5%	2	7%	51	7%	7	6%	13	6%	16	7%	15	7%
Don't know	54	6%	7	6%	1	2%	7	BG11%	7	G8%	2	3%	4	6%	1	1%	5	6%	5	G12%	5	5%	6	6%	3	8%	1	4%	44	6%	7	6%	15	7%	7	3%	15	7%
Total	934	100%	109	100%	61	100%	66	100%	88	100%	75	100%	63	100%	79	100%	79	100%	42	100%	108	100%	97	100%	40	100%	27	100%	770	100%	109	100%	215	100%	217	100%	229	100%

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Absolutes/col percents

Table 2

Q2 Which of the following do you believe is the main reason why fewer medical students and foundation doctors are choosing to specialise in the general practice than used to?

Base: All respondents

Total	S3 - Region																S3 - England		S3 - England NHS Networks																			
	London	South East Coastal	South Central	South West	West Midlands	East Midlands	East of England	Yorkshire & Humber	North East	North West	Scotland	Wales	Northern Ireland	England	NHS London	NHS South of England	NHS Midlands and East SHA	NHS North of England																				
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R																				
Pay	87	9%	15	DIL13%	9	DIL13%	9	DIL13%	3	3%	8	9%	6	9%	10	DIL11%	5	6%	1	2%	9	8%	9	L9%	1	2%	2	7%	75	9%	15	13%	21	9%	24	10%	15	6%
Volume of consultations	275	27%	23	19%	15	22%	16	23%	22	23%	29	A34%	16	24%	20	23%	25	29%	9	21%	37	A33%	27	27%	22	ABCDJFGIK46%	14	abcdfghik52%	212	26%	23	19%	53	23%	65	27%	71	O29%
Working hours	194	19%	22	18%	10	15%	13	19%	22	23%	15	18%	20	BKLm30%	19	22%	16	19%	7	16%	26	23%	15	15%	6	13%	3	11%	170	20%	22	18%	45	19%	54	23%	49	20%
Standing within the profession	197	20%	32	CEJ27%	12	18%	10	14%	22	J23%	11	13%	10	15%	18	J20%	17	J20%	11	J26%	11	10%	26	EJ26%	11	J23%	6	22%	154	19%	32	QR27%	44	19%	39	16%	39	16%
Other (please specify)	216	22%	25	m21%	18	Lm27%	21	Lm30%	22	Lm23%	20	Lm24%	11	17%	16	18%	18	m21%	14	Lm33%	25	Lm22%	19	19%	5	10%	2	7%	190	23%	25	21%	61	26%	47	20%	57	24%
Don't know	35	3%	2	2%	3	4%	0	0%	4	Cm4%	2	2%	3	5%	5	Cm6%	4	Cm5%	1	2%	5	Cm4%	3	3%	3	6%	0	0%	29	3%	2	2%	7	3%	10	4%	10	4%
Total	1004	100%	119	100%	67	100%	69	100%	95	100%	85	100%	66	100%	88	100%	85	100%	43	100%	113	100%	99	100%	48	100%	27	100%	830	100%	119	100%	231	100%	239	100%	241	100%

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Absolutes/col percents

Table 4

Q2 Which of the following do you believe is the main reason why fewer medical students and foundation doctors are choosing to specialise in the general practice than used to?

Base: All respondents

	Total		S2 - GP type								D3 - Gender				D4 - Year of qualification						D6 - Age						D8 - CCG Involvement											
			GP Principal		Salaried GP		GP Registrar		Locum GP		Male	Female			1979 or earlier		1980-1989		1990-1999		2000-2010		Under 30	30 - 39		40 - 49		50 - 59		60 or over		I am, or plan to be, an active member of my CCG governing board		I am, or plan to be, a GP representative		I do not take an active part in my CCG		
			A	B	C	D	E	F	G	H	I	J	K	L	M	N	O																					
Pay	87	9%	61	c10%	18	c8%	0	0%	8	c6%	54	10%	33	8%	10	10%	14	6%	35	H11%	28	8%	0	0%	31	k8%	31	k10%	19	k8%	6	k9%	7	9%	15	9%	55	9%
Volume of consultations	275	27%	163	c25%	68	c30%	0	0%	44	c32%	151	27%	124	28%	27	26%	70	30%	77	25%	101	28%	3	38%	96	26%	80	26%	76	30%	20	29%	21	27%	42	26%	153	26%
Working hours	194	19%	131	20%	36	16%	1	50%	26	19%	103	18%	91	21%	22	22%	38	16%	63	20%	71	20%	1	13%	77	21%	61	20%	39	16%	16	23%	17	22%	31	19%	122	20%
Standing within the profession	197	20%	128	20%	45	20%	1	50%	23	17%	108	19%	89	20%	15	15%	48	21%	64	21%	70	19%	2	25%	71	19%	66	21%	48	19%	10	14%	16	20%	31	19%	109	18%
Other (please specify)	216	22%	135	c21%	52	c23%	0	0%	29	c21%	124	22%	92	21%	25	25%	51	22%	59	19%	81	23%	1	13%	85	23%	58	19%	55	22%	17	24%	15	19%	37	23%	138	23%
Don't know	35	3%	22	c3%	5	c2%	0	0%	8	c6%	27	F5%	8	2%	3	3%	10	4%	13	4%	9	3%	1	13%	7	2%	13	4%	13	L5%	1	1%	3	4%	7	4%	19	3%
Total	1004	100%	640	100%	224	100%	2	100%	138	100%	567	100%	437	100%	102	100%	231	100%	311	100%	360	100%	8	100%	367	100%	309	100%	250	100%	70	100%	79	100%	163	100%	596	100%

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Absolutes/col percents

Table 5
Q1 At the current time, do you expect to retire or leave General Practice in the UK before you become 60 years old?

Base: All respondents under 60 years of age

	Total		D2 - Practice Location					D1 - Overall practice size				D5 - Dispensing Practice		D7 - Number of patients on practice list																				
			Rural area		Urban area		Other	1-2	3-5	6-10	11 or more	Yes	No	1-2500	2501-5000	5001-7500	7501-10000	10001+																
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P																		
Yes definitely	236	25%	23	25%	91	25%	60	26%	61	24%	1	33%	18	32%	102	26%	101	24%	15	22%	46	25%	190	25%	16	31%	39	24%	55	28%	59	24%	67	24%
Yes probably	284	30%	26	29%	101	28%	76	33%	80	32%	1	33%	19	34%	115	30%	129	31%	21	31%	60	33%	224	30%	17	33%	56	35%	57	29%	69	28%	85	30%
Probably not	300	32%	31	e34%	115	e32%	75	e33%	79	e31%	0	0%	13	23%	120	31%	142	34%	25	37%	53	29%	247	33%	13	25%	47	29%	57	29%	88	36%	95	34%
Definitely not	60	6%	9	C10%	25	C7%	7	3%	18	C7%	1	33%	4	7%	24	6%	27	6%	5	7%	17	9%	43	6%	2	4%	9	6%	12	6%	17	7%	20	7%
Don't know	54	6%	2	2%	27	Ae8%	10	e4%	15	e6%	0	0%	2	4%	28	7%	22	5%	2	3%	6	3%	48	6%	3	6%	11	7%	13	7%	13	5%	14	5%
Total	934	100%	91	100%	359	100%	228	100%	253	100%	3	100%	56	100%	389	100%	421	100%	68	100%	182	100%	752	100%	51	100%	162	100%	194	100%	246	100%	281	100%

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Absolutes/col percents

Table 6
Q2 Which of the following do you believe is the main reason why fewer medical students and foundation doctors are choosing to specialise in the general practice than used to?

Base: All respondents

	Total		D2 - Practice Location					D1 - Overall practice size					D5 - Dispensing Practice		D7 - Number of patients on practice list																			
			Rural area	Urban area	Semi-rural area	Suburban area	Other	1-2	3-5	6-10	11 or more	Yes	No	1-2500	2501-5000	5001-7500	7501-10000	10001+																
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P																		
Pay	87	9%	11	e11%	36	e9%	17	e7%	23	e9%	0	0%	11	I16%	35	I8%	39	I9%	2	3%	17	9%	70	9%	10	16%	14	8%	17	8%	26	10%	20	7%
Volume of consultations	275	27%	24	24%	92	24%	82	B34%	75	28%	2	50%	16	24%	114	27%	128	29%	17	24%	50	25%	225	28%	14	22%	50	28%	59	28%	62	24%	90	31%
Working hours	194	19%	18	18%	75	19%	46	19%	54	20%	1	25%	12	18%	70	17%	93	21%	19	27%	40	20%	154	19%	12	19%	29	16%	38	18%	46	18%	69	23%
Standing within the profession	197	20%	27	De27%	85	De22%	46	e19%	39	e15%	0	0%	9	13%	90	21%	85	19%	13	19%	40	20%	157	19%	15	24%	32	18%	40	19%	53	20%	57	19%
Other (please specify)	216	22%	17	e17%	89	e23%	49	e20%	61	e23%	0	0%	14	21%	97	23%	89	20%	16	23%	41	21%	175	22%	10	16%	43	24%	48	23%	64	P25%	51	17%
Don't know	35	3%	4	4%	12	3%	3	1%	15	C6%	1	25%	5	7%	16	4%	11	2%	3	4%	10	5%	25	3%	2	3%	9	5%	7	3%	9	3%	8	3%
Total	1004	100%	101	100%	389	100%	243	100%	267	100%	4	100%	67	100%	422	100%	445	100%	70	100%	198	100%	806	100%	63	100%	177	100%	209	100%	260	100%	295	100%

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Absolutes/col percents

Table 7

Q2 Which of the following do you believe is the main reason why fewer medical students and foundation doctors are choosing to specialise in the general practice than used to?

Base: All respondents

Q2
ability to do the job without interference and in the best interest of the patients
administrative burden
Adverse press
adverse publicity, bureaucracy
all of above and excessive workload
all of the above
all of the above
all of the above
all of the above
All of the above and the daily mail and repeated bashing from the likes of Jeremy Hunt
All of the above plus poor treatment and attitude by patients, NHS, other doctors and healthcare professionals.... Very heavy workload probably main factor
All of the above plus too much being demanded of us by the government and hospital services
ALL OF THE ABOVE WORK PRESSURE AND VILIFICATION IN THE PRESS, LOW STANDING AMONGST SOME COLLEAGUES
All of the above. Especially more to 8-8 7 day working but also due to continuous negative spin in the press,
all the above
all the above and low morale
Amount of non clinical work. Moral of the GPs they meet. Destruction of family general practice
Attack from govrnment and media
Bad press
bad press and future government plans
bad press from journalists-gp bashing has never helped
bad press staged by the government
Bad press, increased pressures from government targets
bad press, stress
Bad publicity via the media and the government spin
bad treatment of GMC and NHS
being valued by the NHS
Better opportunities for specialist training
briefings against
bureacracy
Bureacracy and over regulation
bureacracy and micro management
bureacracy/CQC/protocol driven medicine/loss of professional autonmy
Changes that the Conservative government has made
Choosing too soon in their career
Combination of bad mouthing from government and in the press together with increased work load and decreased pay
Combination of impossible workload, worsening working hours & stagnant pay
constant daily mail gp bashing
Constant denigration
constant denigration and lack of trustworthiness of government as contractor
Constant media attacks
constant media bashing
Constant negative press, mnassive workload
constantly being run down and criticised by politicians and the press, saying we don't work hard enough and are paid too much
continual criticism in the press and endless interference by govt, and impossible expectations

Continual ratcheting up of pressure on GPs
continuous denigration in the media and by politicians giving the impression that all GPs are work shy incompetents
criticism and constant negative whinging
demands, changes to nhs, politicians
Difficult to say one issue, too many. but definitely the work load and expectations.
dumping ground for work
dumping on GP. gps blamed for everything . GPs not being remunerated for the amount of wok they do and risk they take, none standign up for GPs GPs unable ti stand up for themselves. Free at the point of abuse.
General public taking no responsibility for their own health. abusing GP and hospital services by the feckless
easier to be hosp dr
Excessive workload
General negative publicity
General stress
General workload
generally poor working conditions leading to suboptimal patient care with no-one prepared to listen or act on this
Gmc, compliants
GP Bashing by all and sundry
GP being a political hotpotato
GP being given a negative view by media etc
harder to change jobs than in other areas
have already left partnership as workload unsustainable
highworkloadand admin. lots of negative publicity that all the problems in the health service are caused by lazy GPs
hours/constant erosion of standing in the community by media(Daily mail) comparatively low pay ,lack of funding/lack of support from politicians etc etc
i don` t think there is one main reason is an accumulation of a variety
increased paper work
Increased workload from secondary care and contempt shown by managers and politicians
Increased workload, increased pressure/targets, vilification by the media, uncertainty over GP role inthe future
increasing pressure and changing demands secondary to govement policy decisions
increasing workload
Increasing workload with expectations that are impossible to fullfill
intensity of workload
intensity of workload
it's all gone wrong
Lack of certainty of future of GP and negative press it has received.
lack of investment in primary care causing problems in all the above areas
Lack of moral, increasing workload, bad press
lack of opportunity tp practice good medicine and watching current partners burn out
lack of respect
Lack of understanding of future role in health care (many more will be based in community) Negative view of GP from consultants and politicians, lack of real experience in Good GP.
long term plan since early 1990's
long working hours, stress and constant negative impression by media
Low Morale
low morale
low morale
Low morale & bad press
low morale and perceived low pay
management interference
media
media
media
media and government spin
Media and regulator abuse
Media bashing
Media bashing
Media bashing endorsed by the government to blame everything on GPs
media belittling general practice
media bias

media image
Media portrayal
media sniping/criticism
media/political
medical schools promote secondary and tertiary care as the norm, ignoring th fact that it is not
morale
Multiple pressures within profession and persistent negative press in media
Multitude of reasons. Volume of work, paperwork, media bashing, "dumping ground" for patient care from secondary care
Naha/medicine is political football and lots of news items almost all negative to GPs
Neagtive protrayal by the media and government
negative Govt and media, increased pressure with no recognition
negative impression, RCGP training e portfolio daftness and too much reflection
negative media
negative media
negative media portrayal
Negative media portrayal and lack of UG and FY exposure to GP
Negative media publicity
negative news and negative government comments
Negative news in the media
negative perception from colleagues in secondary care and the media
negative portrayal through media,doctors,etc
Negative press
Negative press
Negative press
negative press and HMG media campaign against GPs
Negative press, deteriorating pay, worsening conditions (7/7 12hr)
Negative press, poor morale
negative press,political and other professional comment
negativity from media and government and unacceptable workload levels
Negativity in the media
nointerest
non clinical workload
not as highl thought of as hospital consultants and constan changes to contract and uncertainty about the future
not keen take responsibilites
observations of being attacked by successive Governments by having remuneration reduced in exchange for work rates & target achievements to go up. This is criminal - no wonder there is an imminent mutiny within Primary Care
oppurtunities in hospital
Overall workload
paper work ie computer tick boxing
paperwork
pay , changes and working hrs
pension changes
perceived lack of investment and stress levels
perceived workload
Persistent & vindictive press attacks on General practice prompted by the current government that has abrogated responsibility for healthcare due to the Health & Soc Care Act
persistent political interference
political interference
Political negative spin
political pressure to do more for less with less and less respect for what we do
poor image of GP due to continual media criticism
poor image that is media driven
Poor morale, high workload, lowest pay of all Doctors
poor pay, increased work, not valued, longer working hours, unfunded demand, poor morale, poor retention of staff, dumping work on priary care, CQC, revalidation hopes,
Poor press
Poor press coverage, volume/pressures of work
press

workload and poor morale
Workload and pressure of work
Workload in general, not just volume of consultations, there is a lot of workweek have to pick up from secondary care when patients are discharged , we initiate these contacts over and above our consultations. Working 12 hrs a day with no breakdoes not seem to cover the ever increasing workload.
Workload Issues
Workload, uncertainty of pay in future, political and media vilefication
wrong people selected for undergraduate traing

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