# Doctors' labour supply: 1994-2014

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E·S·R·C ECONOMIC & SOCIAL RESEARCH COUNCIL

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## Background

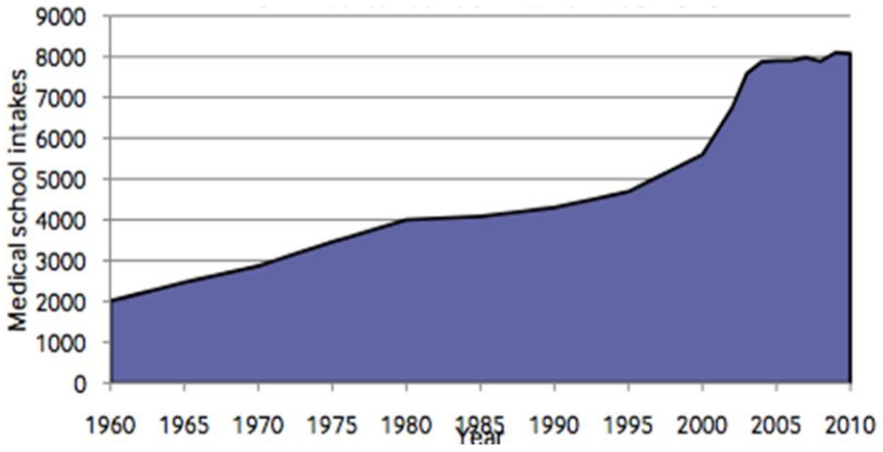
- Demand for GP time is rising
  - Headcount supply is increasing
- 50% target for GPs/Total
- Training doctors expensive, borne by NHS
- Strong feminisation of doctor workforce
  - Especially GPs
- GPs **say** they are unhappy (BMA surveys)
  - And overworked and depressed
  - And they would like to PT/retire/quit/emigrate
- LFS analysis of the labour supply of doctors
  - Detailed info on hours and background X's

## LFS Data

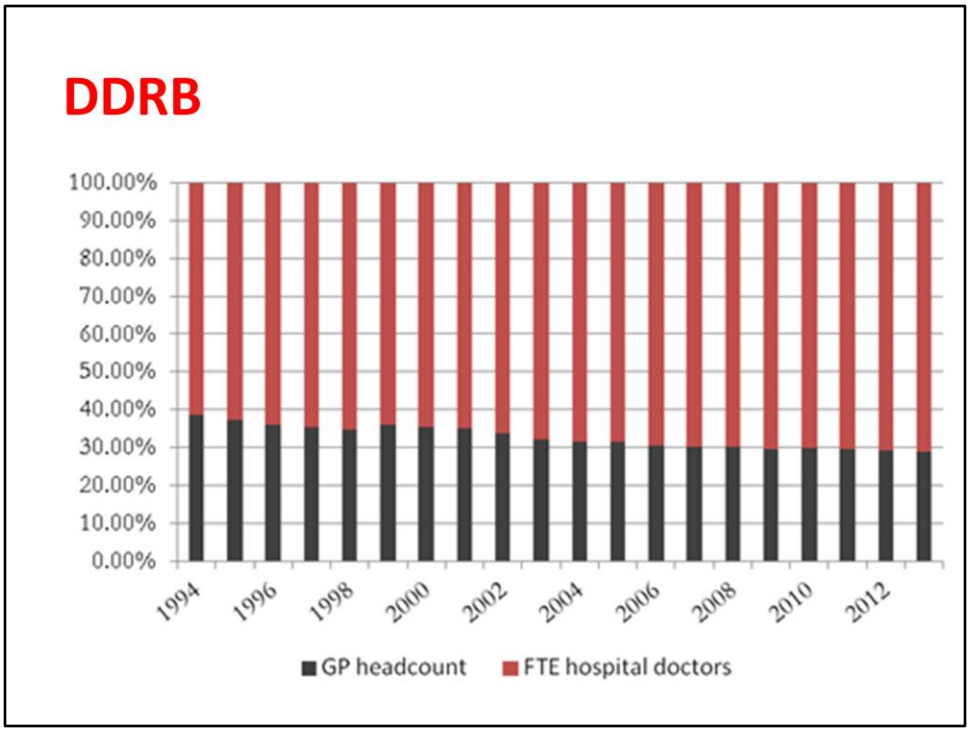
- Pooled cross-sectional 1994-2014
  - Complex, comprehensive, detailed
- Big enough to yield approx 1.2k Drs pa
- Strong on occupation, education, hours, earnings, employment type
- Some limitations
  - Self reports, attrition in short panel, falling response rate, possible differential non-response

# Inflow

## Medical School intake (HEFCE)

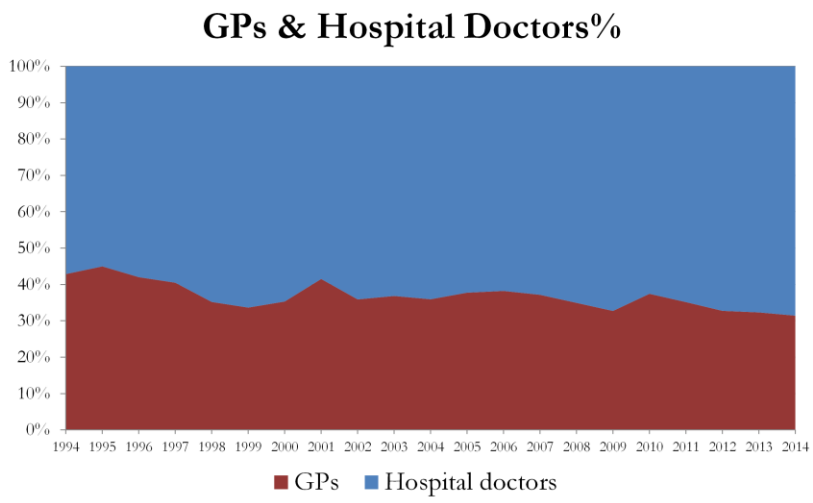



Shows HEFCE intake into Medical Schools. No gender breakdown easily available. Of course, intake of all subjects rising with higher university participation rates so need to compare with more general growth. But much of more general growth was happening in the 90's – not 2000-2005 as here arising from the opening on new Med School. Of the 8000 intake the BMA reckons that more than 7000 are registered as trainees – but amongst these 7000 the split between GP and hospital training is still less than 50% GP.



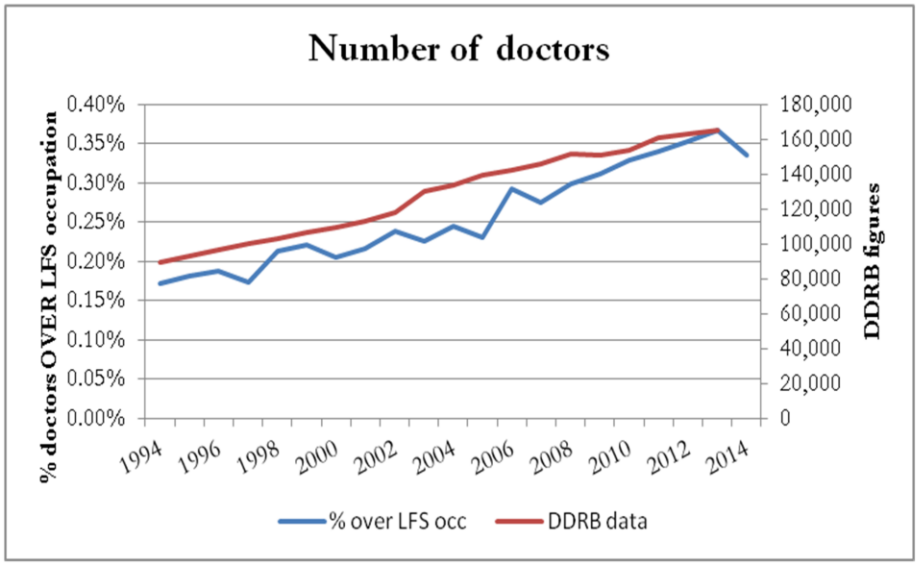

Proportion of all doctors as recorded by DDRB (ie NHSIC) who are GPs. Looks like we are moving further away from 50% GP target. Note that we don't (until very recently have FTE GPs). Its is not clear how FTE's are calculated.

# Gender trends in doctor type



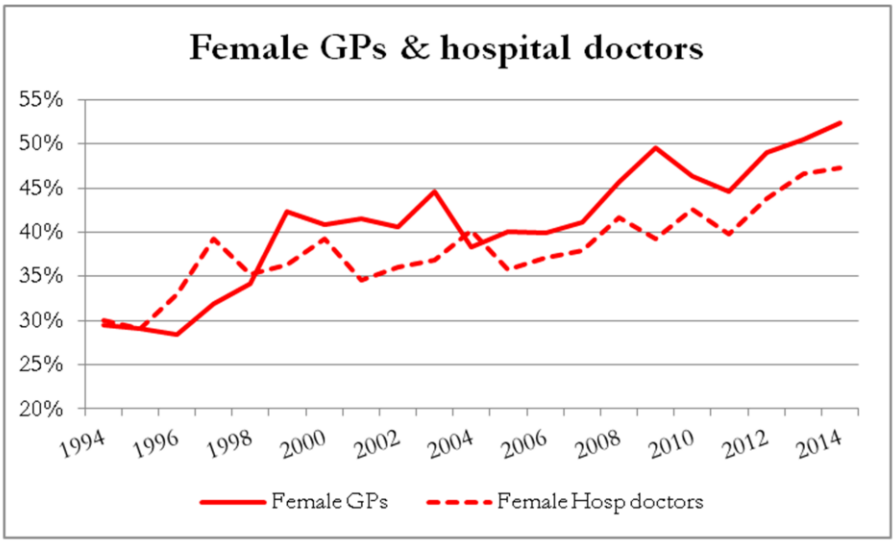

LFS ratio of GPs and hospital doctors – same overall trend as NHSIC figures – although the LFS is a small sample so some noise.

# LFS Doctors vs DDRB Headcount



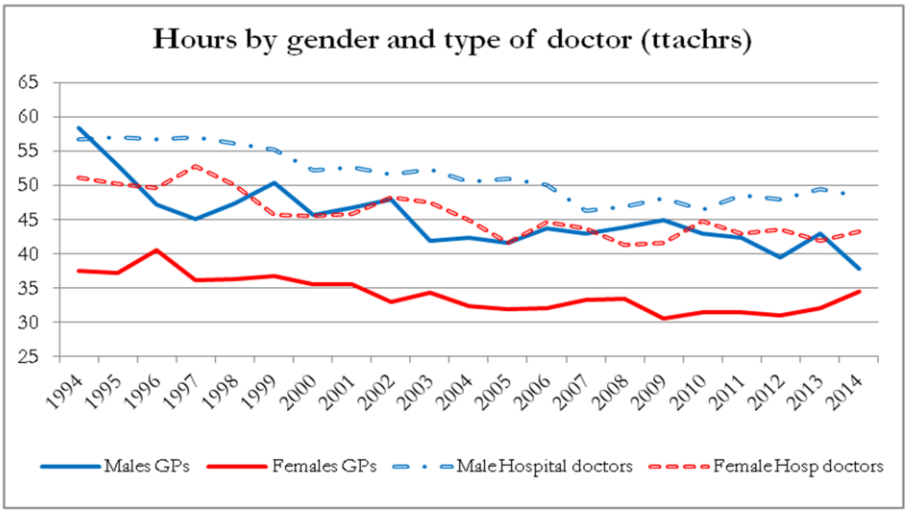

Red line shows DDRB/NHSIC figures for headcount – see RHS scale. Blue line (LHS scale) shows the proportion of all workers who are doctors. So it looks like LFS broadly tracks the growth in doctor numbers. There are several sources of error ….. Doctors may be less likely to respond to LFS than people on average; and the number of all workers has also grown in UK. We will be trying to "gross up" LFS numbers to get a better picture.

# Huge feminisation



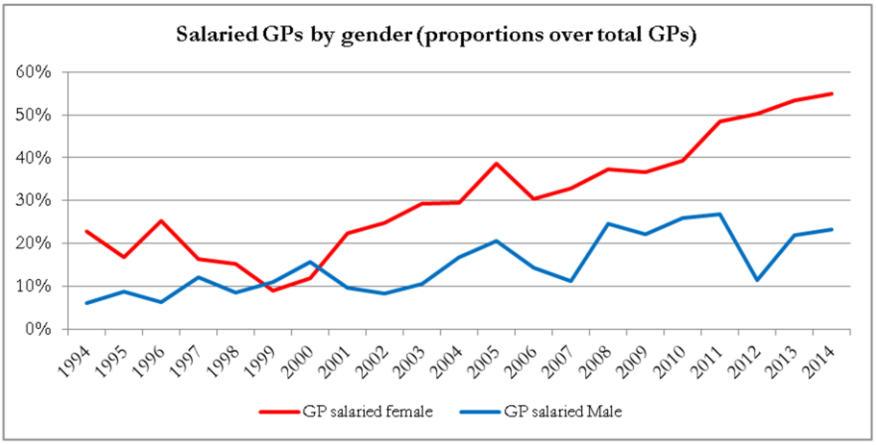

Just using LFS we can get a feel for the rising  proportion of female doctors (separately for GPs and hospital doctors). Strong growth – so stick of doctors is better reflecting thei patients.

# Hours: Hospital Drs vs GPs



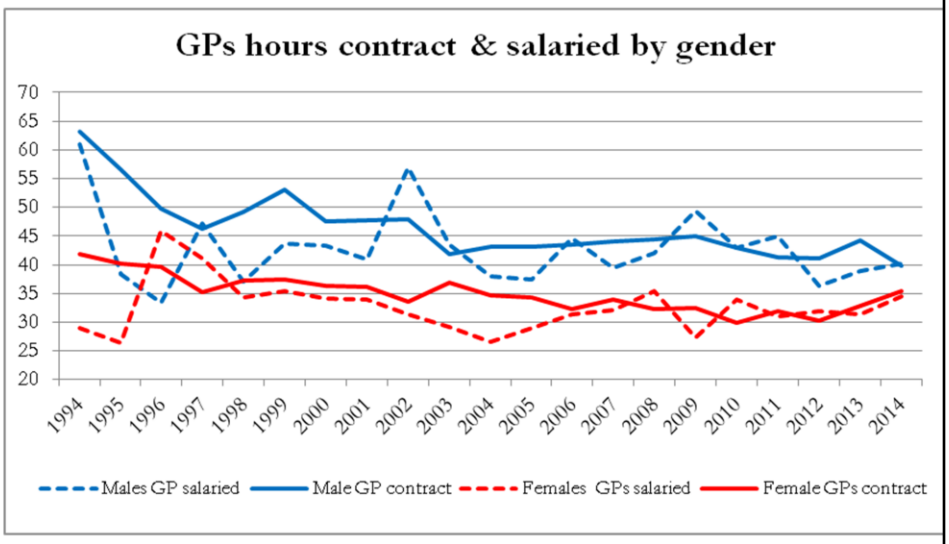

But, according to what doctors tell the LFS, their hours of work per week is falling – for all doctor types. Moroever GPs work fewer hours than hospital doctors, especially amongst women. Hours here atr TOTAL – paid and unpaid - but in their "main job". Many GPs have second jobs – see slide later.

# GP salaried vs contracted %



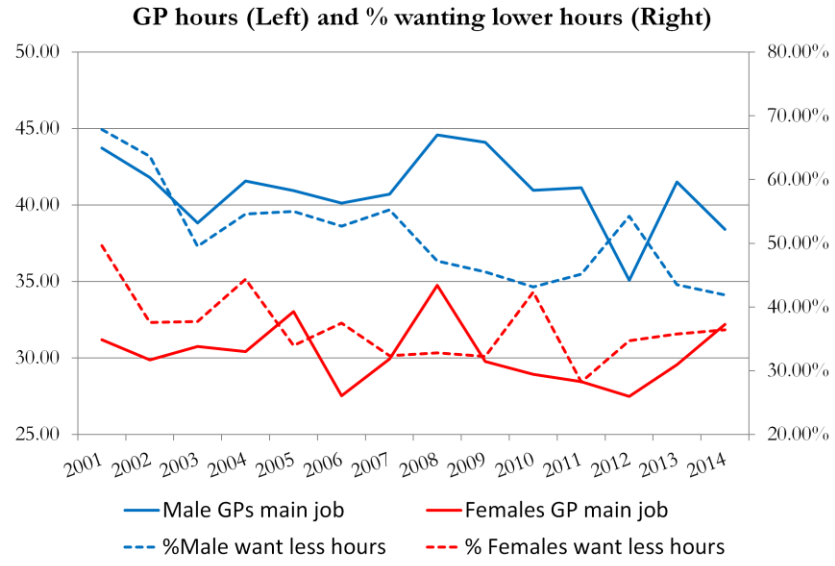

There has been a large rise in “salaried” GPS (ie GPs who are employees of a practice, not practice partners) especially among women. BMA has suggested, in evidence to DDRB in the past, that partners are having to work harder because they find it difficult to get their employees to work hard. If this were true then this trend would be worrying.

# Partners vs Salaried GPs: hours

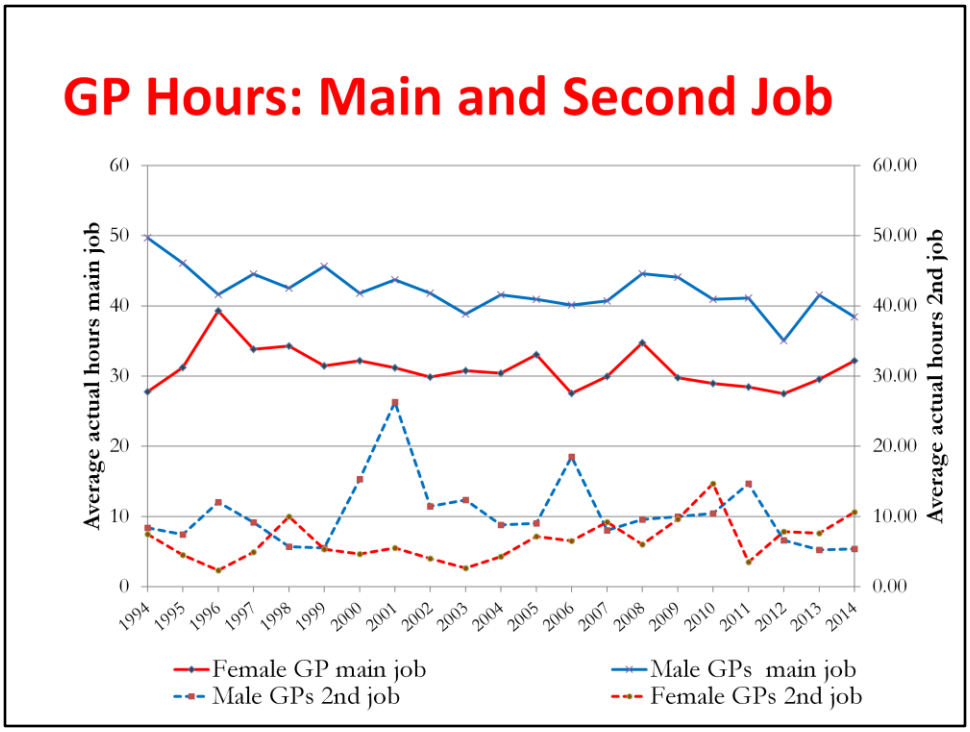



But its not true. GP partners say they work about as hard as their employees who are GPs. Both types of female GP work less than corresponding males.

# Hours and Overwork (2001+ only)

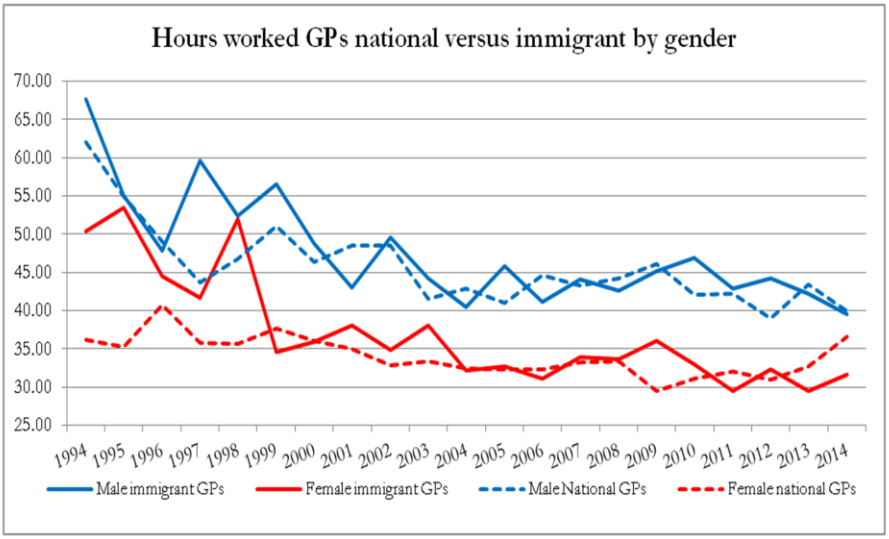



RHS scale shows proportion of GPs who say they would like to work fewer hours – around 1/3. The proportion who say this has been falling slightly over time as their hours of work have been falling slightly.

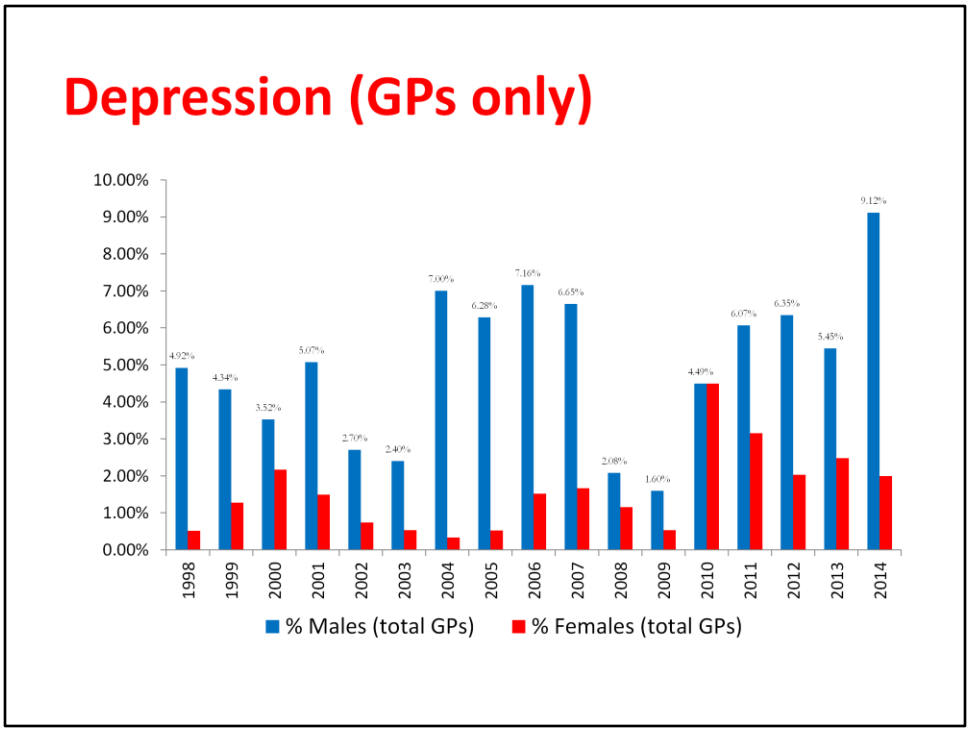



Main job hours have been falling slightly over time – recently to around 40 for men and around 30 for women. But second job hours (are quite volatile) but have been around 10 hours per week. Unclear WHY many complain about working too hard but nonetheless work in second job.

# Hours: Native vs Immigrants

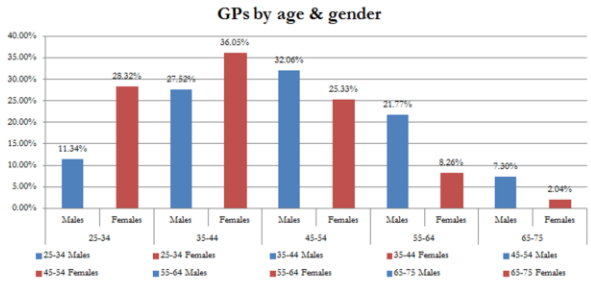


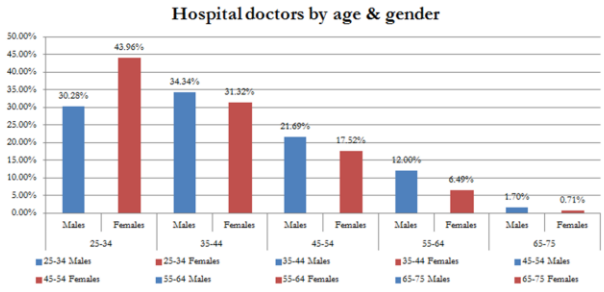

Around 1/3 of doctors are not UK born (of course, many who are nonetheless UK trained). But their working patterns are very close to UK born for all types of GP.




These figures are very provisional. They seem very volatile and its hard to believe that GPs were unstressed in the financial crisis. Check with authors for an update before citing.

# Age and gender distribution




Hospital doctors are younger on average then GPs and women are younger than men. Ultimately we aim to provide pseudo lifecycles for successive birth cohorts of doctors. And we are particularly interested in retirement behaviour – where LFS provides information on last occupation for those that have recently retired.

## GP shortage

- RCGP reckons 8k shortage (FTEs)
  - That's about 12k in terms of headcount
- You can't force trainees to opt for GP rather than a hospital career
  - So on present trends it looks you would need to train about 27k more doctors to get 12k
  - That's about 1k more pa over 30 years working life
  - About a 15% rise in entrants
- But there appears to be a lot of "spare" capacity in the sense of increasing number of part-time GPs
- Incentivising PT GPs to work FT may be a lot cheaper than training many more doctors

## To do

- Lots here! And more ….
- Retirement (LFS)
  - Construct pseudo-panels from pooled LFS
  - And exploit short panel
- Doctor geographical mobility (DHLEs / LFS)
  - Inter-regional mobility
  - Effect of new Med Schools on destinations of hospital doctors
- Social mobility (LSYPE / UCAS)
  - Who wants to be a doctor?

In addition we will be looking at hospital and GP working weeks – looking at the incidence of weekend and evening work for example.