

VIEWS AND REVIEWS



NO HOLDS BARRED

Margaret McCartney: We need more openness on GPs' pay

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Boris Johnson has done it. So has Jeremy Corbyn. Jacob Rees-Mogg said that he didn't want to be the last. In Norway, which lacks British shyness, everyone's is public. In some political circles tax returns have gone full frontal—what you earn and who from, published with offshore profits and share dividends for all to see.

General practice would benefit from similar openness. English general practices are now required to publish the average earnings of GPs in the practice. But this is presented as average wages without the hours worked or the role performed.

General practice used to be mainly a profession of partners. The building may or may not have been co-owned, but the contract to provide NHS services was shared, as were on-call duties and management of the building, staff, and services. There were always some people not working as partners—salaried assistants, for example—but the landscape has changed.

As the general practice model has changed from corner shop (local, limited goods, personal knowledge of patrons, continuous care) to supermarket (open more hours, big digital data gathering substituted for personal care, less continuity), the risk of exploiting workers on the shop floor looms larger.

A few practices have mushroomed and taken over smaller, peripheral services. Critically, however, the trend has been for a few GPs to assume the role of owner-managers and to employ salaried doctors to work the sessions required. This would not have been possible before the emergence of out-of-hours cooperatives to cover evening and weekend work. It has led to inequality in wages. Neither England's publication of earnings nor the figures published by the Health and Social Care

Information Centre distinguished part time from full time GPs, but partnered GPs appear to earn about twice as much as salaried GPs.

About 550 GPs earn more than £200 000 (£254 000; \$287 000) a year (690 earn less than £30 000).¹ This may be a small number of doctors, but the effects are disproportionately large: a small number of GPs now act as chief executives—seeing few patients but managing many other doctors. This means that face to face consulting, the essential work of a GP, is devalued monetarily next to the corporate activities of the mega-manager.

GPs, at best, have worked in egalitarian, cooperative groups. They may have been independent contractors but felt bound to the NHS in their values and dedication. Groups of newer and more experienced GPs working together are a time honoured method of transferring skills between generations.

We need more openness about pay at the top end of the scale: huge differentials in power are not a good basis for building the future of general practice.

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¹ Health and Social Care Information Centre. GP earnings and expenses 2013/14. 10 Sep 2015. www.hscic.gov.uk/catalogue/PUB18375/gp-earn-ex-1312-rep.pdf.

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