

MR 28
Ymchwiliad i recriwtio meddygol
Inquiry into medical recruitment
Ymateb gan: Dr Heidi Phillips
Response from: Dr Heidi Phillips

I have been a GP for past 15 years and am currently a Partner in a deprived urban practice in Swansea. I have been Director of Admissions for the Swansea Graduate Entry Medicine programme for the past 5 years and am undertaking a Masters degree in research into the recruitment and retention of GPs in Wales.

My response to the enquiry is based primarily on my own research and may not be representative of Swansea University Medical School. It is focused on General Practice in Wales.

The capacity of the medical workforce to meet future population needs, in the context of changes to the delivery of services and the development of new models of care.

As part of my research I have developed a database of all medical students who have been accepted onto the Swansea Graduate Entry Medical Programme (GEM) and tracked them from area of origin and area of domicile through application, medical school and into the workforce. I will present some figures from this research. Appendix A

Also, as part of my research, I carried out a questionnaire survey of current medical students in Swansea, in part to gauge their impression of remaining in Wales and of working in general practice. Appendix B

Finally I have conducted an e-questionnaire that was sent out to all GPs in Wales last May and June as to their impressions of general practice. Appendix C

822 medical students have been accepted onto the GEM course in Swansea. For details relating to the data please see Appendix A. 28% were documented as being Welsh domiciled ie having a Welsh address at the time of application. For those of whom we have secondary school data 25% went to secondary school in Wales with 67% having attended a secondary school in England.

Of the 603 that have graduated, 36 (nearly 6%) are either not registered with the GMC or do not have a current license to practice.

Of those whose current location is known, 20% are undertaking GP training (58% in Wales) and 11% are GPs (52% in Wales). In other words 80 of the 520 doctors either are or are likely to be GPs in Wales. 166 graduates from Swansea went to a Welsh secondary school (27%) and 122 (67%) are still in Wales.

Figures from my e-questionnaire show that 34.2% of GPs mention retirement when questioned what factors may lead to them leaving GP in the next 5 or 10 years, 21.9% describe an intention to retire within 5 years. It also shows that 33.7% have indicated that they are '*highly likely*' to leave General Practice within the next 5 years due to retirement or otherwise. There are approx. 2000 GPs in Wales; if extrapolated, this figure suggests that as many as 400 GPs are considering leaving general practice within the next 5 years and will need to be replaced just to maintain the status quo.

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The factors that influence the recruitment and retention of doctors, including any particular issues in certain specialties or geographic areas.

Factors affecting recruitment

210 students currently studying in Swansea University across all 4 years of the GEM programme answered a questionnaire survey carried out by a final year medical student (Tom McBride). 39 students (18.6%) went to a Welsh secondary school.

8.6% strongly agreed that they did not want to work in Wales once qualified, with 35% strongly disagreeing with this statement. Only 20% indicated that they were keen to leave Wales to pursue their higher training. Almost 32% indicated that the Junior Doctor contract in England has influenced this choice. By far the most popular reason for staying in Wales is due to the cost of living (78%), with 50% indicating that the supportive clinical environment is a positive factor. The greatest reason for students wanting to leave Wales (61%) is due to having family based outside Wales or friendships/relationships outside of Wales (51%).

20% indicate that they strongly agree with the statement that they are considering GP as a career, with the majority undecided. However, only 8% strongly agree that they would like to remain in Wales to work as a GP. Reasons given for considering GP are, for the majority, the desire to combine a medical career with family life (67%) and the variety that GP offers (59%). The reasons for preferring to specialise is the perception by 60% of respondents that hospital medicine is more interesting/challenging and it allows them to focus on a particular area of interest (57%). For 51%, it is the acute nature of hospital medicine that attracts them. The majority of respondents are undecided as to whether they want to work in Wales as a GP.

There exists opportunity, therefore, to attract the majority of medical students who are undecided as to their choice and location of career to remain in Wales and consider General practice as a career choice. Financial considerations are paramount – leaving university following 2 degrees with large student loans has implications for general practice – students do not want to buy into practices with the huge initial financial outlay. They also want variety and to feel intellectually stimulated by the acute nature of hospital care. There is the perception amongst medical students that general practice is not intellectually stimulating and that anything interesting gets referred to secondary care.

Factors affecting retention

1997 GPs throughout Wales were sent an e-questionnaire survey with 430 responding (22% response rate).

48% were born in Wales with 52% having moved here later. Of those that weren't born in Wales, more than 50% moved here specifically for work, with almost 24% having moved here for university.

54% went to a Welsh secondary school and 44% to a Welsh medical school

GPs currently working in Wales were not more likely to have gone to a Welsh secondary school or to have studied medicine in a Welsh university.

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The factors that made our current GP workforce attracted to general practice as a career are similar to those expressed by our current medical students: namely that variety and the ability to combine a career with family life are the most important factors.

GPs were asked if they had ever worked outside Wales, how long it was before they returned to Wales – 41% returned to Wales within 5 years

From the data it is also clear that >75% of GPs have either never worked outside of Wales or had returned to Wales within 5 years. Factors causing them to return were far and away the fact that it was their home, or that they had family living here.

Of concern is the fact that 51% of respondents have considered leaving Wales with 34 % most likely to leave within the next 5 years.

Of those that are contemplating leaving the profession within the next 5 years – 29% cite retirement as the main reason with excessive workload cited by 24% of respondents. For a small number, they have already “had enough” and have resigned. Reasons cited for leaving the profession include the pressure of deferred work from secondary care and the perceived lack of worth:

“The negativity of the press and GP bashing from all sides”

“GPs are over-worked and under-valued. More and more pressure being passed on to GPs without the added support needed.”

“I have handed in my notice and am leaving the NHS”

“GP has become the cesspit and dumping ground of the NHS”

In addition GPs are concerned for their own mental health and well-being and fear being burnt out and exhausted.

“Each day seems to be getting harder, and my ability and endurance is becoming less.. I don't know why this is, it should be a good job”.

“Excessive demand and workload. (I) fear I can't do the job as well as it needs to be done”

“I cannot continue to subject myself to the adverse effects of the job. My wife and family deserve a father, not an empty shell”.

So why is this happening? For GPs, who themselves admit that the job should be pleasurable and varied, the lack of morale is multi-factorial. Concerns over litigation, lack of support from political masters, lack of resources and relentless demand are all factors that are playing a part in the impending recruitment and retention crisis.

“Concerns over litigation and lack of understanding from public and politicians of the pressure that this causes GPs”.

“Relentless demand-led workload (in) recent years-I still feel I am helping patients but not bearable were it not for seeing light at end of tunnel (retirement) getting nearer”.

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“Increasing workload and unrealistic expectations on what primary care can achieve with very limited resources”

However, the lack of morale and increasing exhaustion are not echoed throughout all the responses. For some, General practice still provides the career that attracted them in the first place.

By far the majority of GPs (61%) would still recommend a career in General Practice to students.

Of the GPs that said they would not recommend a career as a GP, the reasons given were that they felt overwhelmed by the work-load and stress, under-resourced, undermined and under-valued. For some, the admission of the fact that they would not recommend GP as a career was tinged with guilt:

“I feel awful writing this. I teach undergraduates ... and am passionate about general practice and primary care. I love it and think we are of great value to the health service. Unfortunately the politics and cuts that are ongoing with the plans to combine practices into supercentres will take away all that I value most and the part of the job that keeps me going, my close relationship with my patients”

For those that would continue to recommend GP, a quarter of these respondents have responded with caveats, citing significant workload and stress and would want to ensure that students were fully appraised of the current situation, whilst expressing cautious optimism that the current situation must surely improve. For the remainder, general practice offers positive affirmation of the reasons why they originally chose this career – an extremely rewarding job that is varied, allows autonomy and is immensely satisfying.

46.5% of GPs would not consider leaving general practice in the next 5 years but this does not tell the whole picture. 30% of the respondents who responded “NO” to this question clarified that this is because they are close to retirement anyway, so will be staying out of necessity rather than active choice. Only 32% of respondents would actively choose to remain in general practice over the next 5 years and in actual fact for only 6.7% this is because they love General Practice and enjoy the work. For the vast majority, the reasons for staying in General Practice are because they feel trapped and unable to do anything else. This paints a depressing picture of life as a GP.

“Even though I enjoy my work it is stressful and sometimes a thankless job. There are jobs out there that can help people, have interaction with people that do not have the stresses of General Practice.”

“I would love to be able to consider something else...like palliative care. I feel I have a wealth of experience but couldn’t bear the prospect of the whole re-training thing. There should be ways to switch between specialties to re-vitalise the profession – dual qualification should be an option”

It is clear then that recruitment difficulties co-existing with retention issues are creating a “perfect storm” with respect to General Practice in Wales. GPs are demoralised, demotivated and burnt out. Demand for services by patients, coupled with increasing sub-specialisation in secondary care means that GPs, who were previously autonomous, specialists in community care feel that have become de-skilled and micro-managed. There is the perception amongst trainees that anything interesting, challenging and intellectually stimulating is referred to secondary care.

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In order to inspire medical students to consider a career in General Practice, it needs to be innovative, exciting and challenging with considerable intellectual stimulation; in addition, students need to be exposed to such an arena throughout their training. Evidence shows that the environment in which medical students are taught has an effect on their final career choice (Stagg et al, 2012). Students are also more likely to choose branches of medicine where they have seen successful role models with whom they can identify (Hin Hin Ko et al, 2015). Within Swansea University 71 weeks of the curriculum is spent in secondary care, with just 12 weeks in Primary Care. The majority of teachers on the programme are secondary care clinicians.

The Health Professional Education Investment Review, completed in March 2015, recommends that “the emphasis on hospital-based training and development needs to be adjusted to embrace community settings”. In response to this, and taking into account the evidence presented above, there is a pressing need not only to attract students to consider general practice as a career but also to retain the existing workforce.

Within Swansea, I have proposed the development of a Primary Care Academy which sees GPs as Consultants in Community Care guiding patient care through a more integrated team of professionals including nurses, physiotherapists, pharmacists, physician’s associates, district nurses, health visitors etc. with truly inter-professional working and learning.

Inter-professional working will mean that patients are directed towards the most appropriate professional at the point of contact, freeing up GPs to deal with more relevant issues and utilising their knowledge and skills more effectively. Freeing up GPs time from those aspects of practice that are more appropriate for other professionals will result in GPs seeing a more appropriate, challenging and intellectually stimulating workload. This would result in increased autonomy, improved job satisfaction and better time efficiency.

90% of interactions of patients with the NHS occur in primary care and it makes sense for learning to take place at this primary interface between patients and the health service. Medical students will develop an understanding of the patient journey and learn about the relevant specialties in an iterative way. Expansion of the Academy sees the education of Physician’s associates and community nurses as well as FY1s, FY2s and VTS trainees. In due course, training in other specialties could also occur in primary care academies including physiotherapists, osteopaths, health visitors, podiatrists, phlebotomists and all those other professionals who support people in the community.

This approach, “based on teams, which make the most of the skills of this wide range of professionals, will be the core operational model of the future” (Welsh Government, 2014).

Rather than the development of another medical school in North Wales, Academies could be developed throughout Wales, recruiting locally and making use of local GP educational supervisors and trainers to deliver teaching through a primary care lens. Instead of their learning being based in Swansea University with placements in local trusts as well as the current GP placements, students could be selected onto the programme from their local areas within Wales and teaching delivered within the community in those areas by qualified, experienced GPs. Support from other primary care staff is paramount in order to be able to deliver this model.

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Hin Hin Ko M, Tim K. Lee P, Yvette Leung M, Bruce Fleming M, Elena Vikis M, Eric M. Yoshida M, FRCPC. Factors influencing career choices made by medical students, residents, and practising physicians. BCMJ. 2007;49:482-489 Articles.

Stagg P, Prideaux D, Greenhill J, Sweet L. (2012). Are medical students influenced by preceptors in making career choices, and if so how? A systematic review. Rural and Remote Health (Internet) 2012; 12: 1832. Available:<http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=1832>

Welsh Government (2014). A planned Primary Care workforce for Wales. Approach and development actions to be taken in support of the plan for a primary care service in Wales up to 2018. Retrieved on 22 June 2016 from:
<http://gov.wales/docs/dhss/publications/151106plannedprimarycareen.pdf>

The extent to which recruitment processes/practices are joined-up, deliver value for money and ensure a sustainable medical workforce.

Currently recruitment is not a priority for medical schools in Wales. With approximately 1000 applications for 70 places in Swansea there has never been any incentive for universities to be concerned about recruitment for medical school places. Equality and diversity legislation means that Welsh universities cannot “ring-fence” places for students who are Welsh domiciled (unlike Scotland).

In 2016, Cardiff and Swansea Universities joined forces to identify areas of collaboration and ‘admissions’ was seen as an area where this would be beneficial. As part of this collaboration, it has become clear that there is a pressing need for a joined up approach to medical school recruitment.

Currently graduate students in Wales who are considering medicine have to choose between two medical schools. With a limited choice of 4 medical schools from which to pick, it does not make sense for Swansea and Cardiff to compete for graduate entrants. I propose that Cardiff University drops its graduate entry track, allowing the dedicated course at Swansea to pick up these students. Swansea and Cardiff can then work collaboratively to identify students at an early age and work towards encouraging them to apply to medical school in Wales.

Numerous individuals, with the best of intentions, duplicate work and deliver inaccurate and/or out of date information about medical school entry. The RCGP, the BMA, the MSC, all offer advice and glossy documents about medical school entry, work experience, entry requirements etc. Reaching Wider and the Mullany Fund work with children from widening access schools to encourage them to consider university and in some cases a medical/allied medical career. Combining this not insubstantial resource in Wales may have the result of ensuring that there is valid, reliable information that is up to date and accurate. Money saved from the resource duplication could ensure that there is a single, reliable information source.

In order to do this, the following strategic objectives have been identified from the Selecting for Excellence Executive sub-group.

1. To develop a programme of widening access activity that includes introductory, developmental and consolidation activities, to plant the seed for a future career in medicine and support the sense that medical school is “for people like me”.
- 2 To use the skills, expertise, knowledge and resources to help organise the activities and develop promotional materials.
3. To encourage engagement with schools from across Wales, concentrating on those areas that are under-represented in medical school and university.
4. To develop supportive processes to encourage school students’ understanding and confidence in their ability and suitability for a career in the health service and transition to university.
- 5 To incorporate evaluation as an integral part of the programme to ensure a continual cycle of quality improvement.

Last year Cardiff and Swansea ran a widening access work experience pilot project where aspiring medical students in year 11 and 12 across Wales were offered a 3 day work experience placement with GPs in Wales, with the intention of inspiring and enthusing these students to consider a career

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in medicine and with particular emphasis on general practice. The project was a success with increased collaboration between Cardiff and Swansea Admissions teams and the identification of school students who are now more enthused about medicine in general and general practice in particular. Expansion of this project, with a dedicated recruitment team to administer outreach to hard to reach schools, and to widen application to other health care professions would be beneficial to recruitment.

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Appendix A: Origins and Destinations of GEM Students - Data

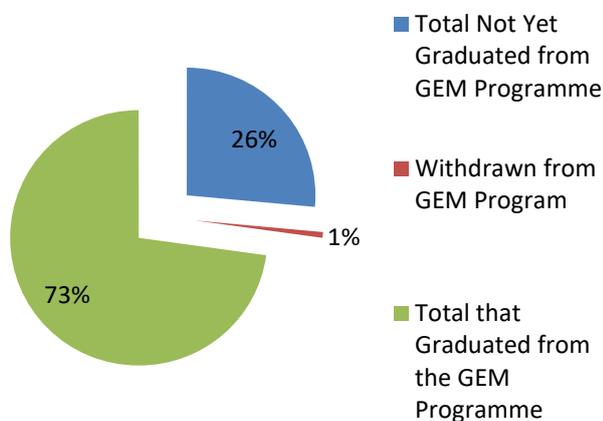
	Qty	%
Total Enrolled in GEM since inception	822	100.00%
Welsh Domiciled	236	28.71%
Went to a Communities First School	33	4.01%
Had prior WA Activity	0	0.00%
Was first generation to go to Uni	124	15.09%
Came from a Polar 3 location	46	5.60%
Was 'In Care' at any stage	0	0.00%
Came from an 'Under performing school'	36	4.38%
Total Enrolled for whom we have secondary school data	804	97.81%
Went to a school in Wales	205	25.50%
Went to a school in England	539	67.04%
Went to a school in Scotland	9	1.12%
Went to a school in Northern Ireland	8	1.00%
Went to a school in Ireland	25	3.11%
Went to a Non-UK/Irish School	18	2.24%
Went to an Independent School	165	20.52%
Total Not Yet Graduated from GEM Programme	219	26.64%
Withdrawn from GEM Program	6	0.73%
Total that Graduated from the GEM Programme	603	73.36%
Have done some PG training in Wales	327	54.23%
Not registered with GMC	4	0.66%
Relinquished registration	13	2.16%
Registered with no license	19	3.15%
Practising but current Role is Unknown	79	13.10%
Practising but current Location is Unknown	83	13.76%

			No.In Wales	% in Wales	No.Outside Wales	% Outside Wales
Of those Currently Practising with a known location	520	86.24%	262	50.38%	258	49.62%
Currently in Foundation training	188	31.18%	94	50.00%	94	50.00%
Eligible to have entered GP training (Alumni)	459	76.12%	143	31.15%	316	68.85%
Those who are undertaking GP training	93	20.26%	54	58.06%	39	41.94%
Those who are GPs	50	10.89%	26	52.00%	24	48.00%
Graduated and Welsh Domiciled	189	31.34%	125	66.14%	64	33.86%
Graduated and Welsh Secondary School	166	27.53%	112	67.47%	54	32.53%

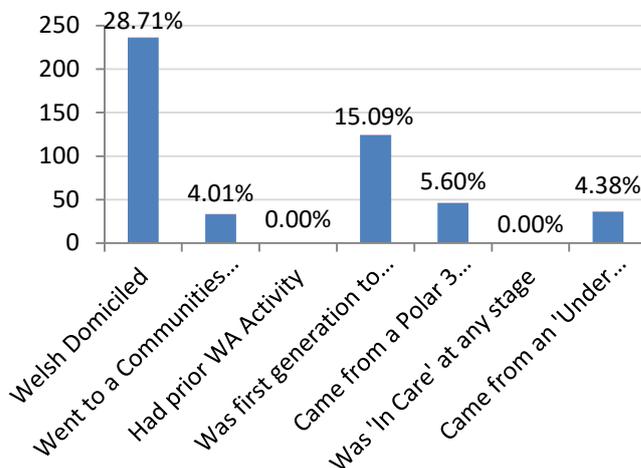
Origins and Destinations of GEM Students - Graphs

GEM Cohort as at 2017

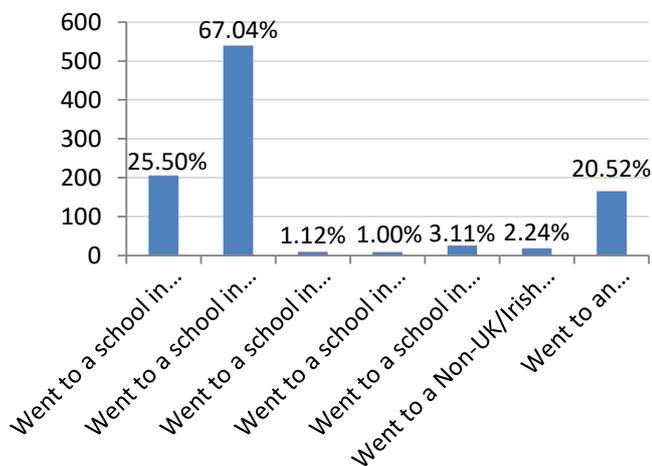
(Total 822 since 2004)



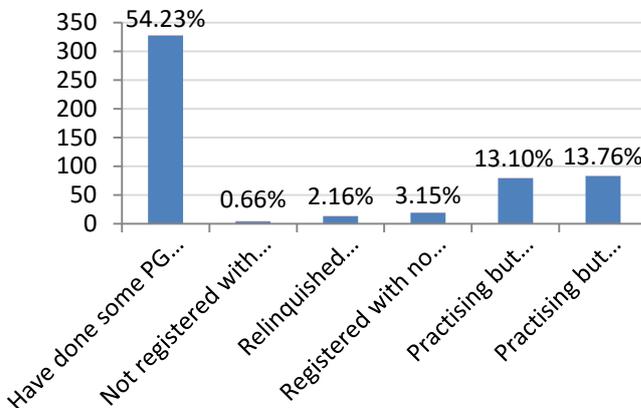
Of the Total Enrolled in GEM Programme (822)



GEM Cohort Secondary School Location

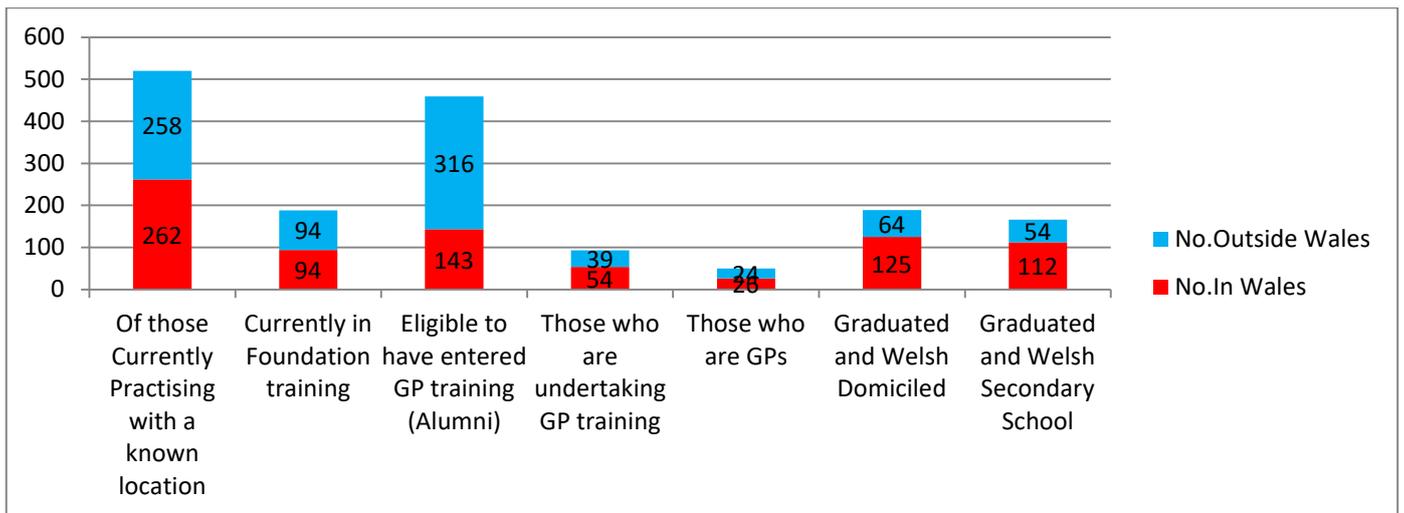


Of those that have Graduated from the GEM Programme (603)



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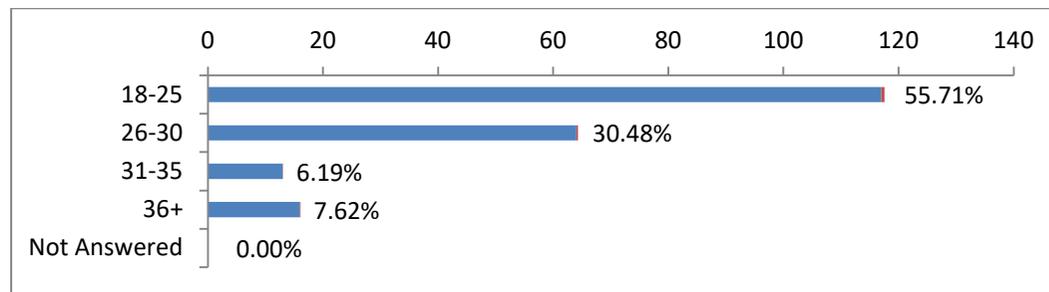
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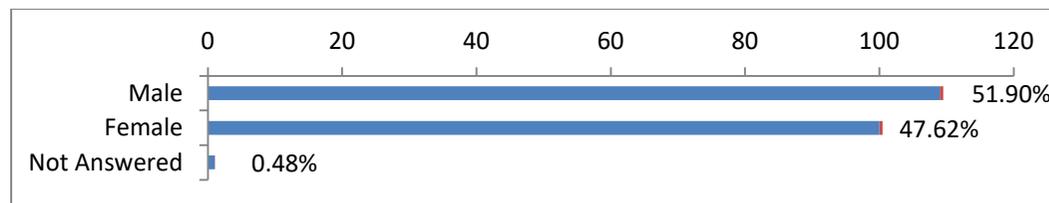
Appendix B: Swansea Student Survey

Total Responses **210**

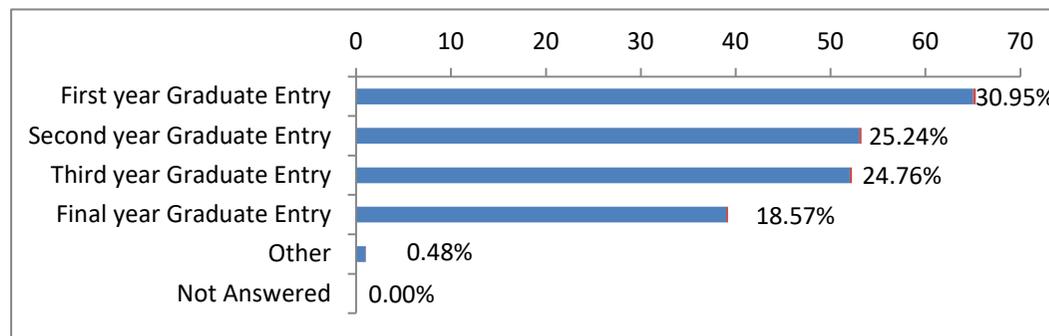
Age	Responses	%
18-25	117	55.71%
26-30	64	30.48%
31-35	13	6.19%
36+	16	7.62%
Not Answered	0	0.00%



Gender	Responses	%
Male	109	51.90%
Female	100	47.62%
Not Answered	1	0.48%



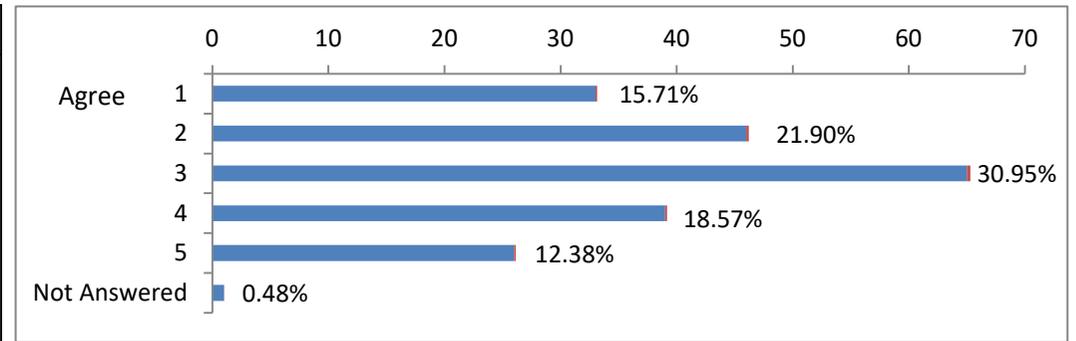
Year of Study	Responses	%
First year Graduate Entry	65	30.95%
Second year Graduate Entry	53	25.24%
Third year Graduate Entry	52	24.76%
Final year Graduate Entry	39	18.57%
Other	1	0.48%
Not Answered	0	0.00%



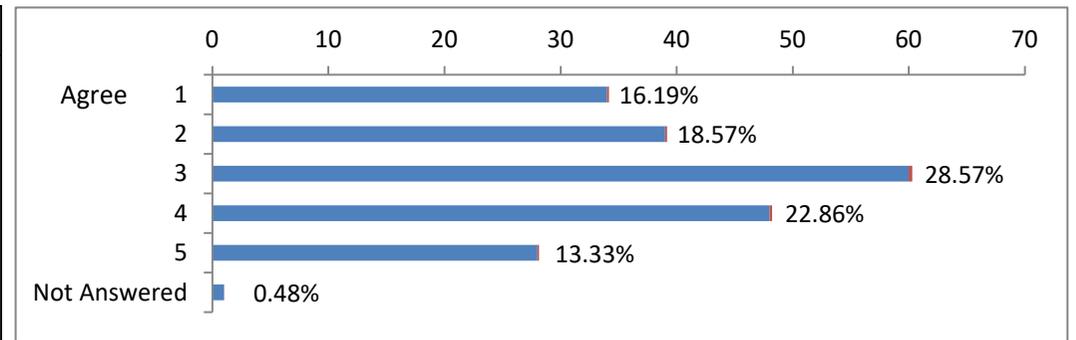
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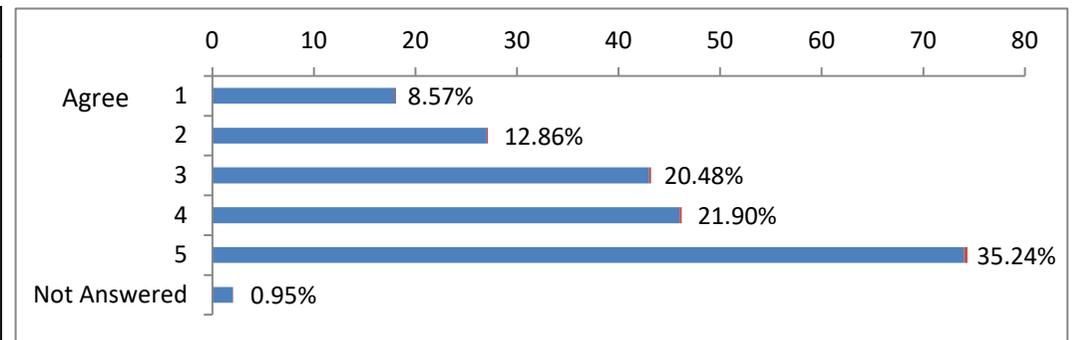
Junior in Wales, Speciality Elsewhere	Responses	%
1	33	15.71%
2	46	21.90%
3	65	30.95%
4	39	18.57%
5	26	12.38%
Not Answered	1	0.48%



Junior in Wales, Speciality in Wales	Responses	%
1	34	16.19%
2	39	18.57%
3	60	28.57%
4	48	22.86%
5	28	13.33%
Not Answered	1	0.48%



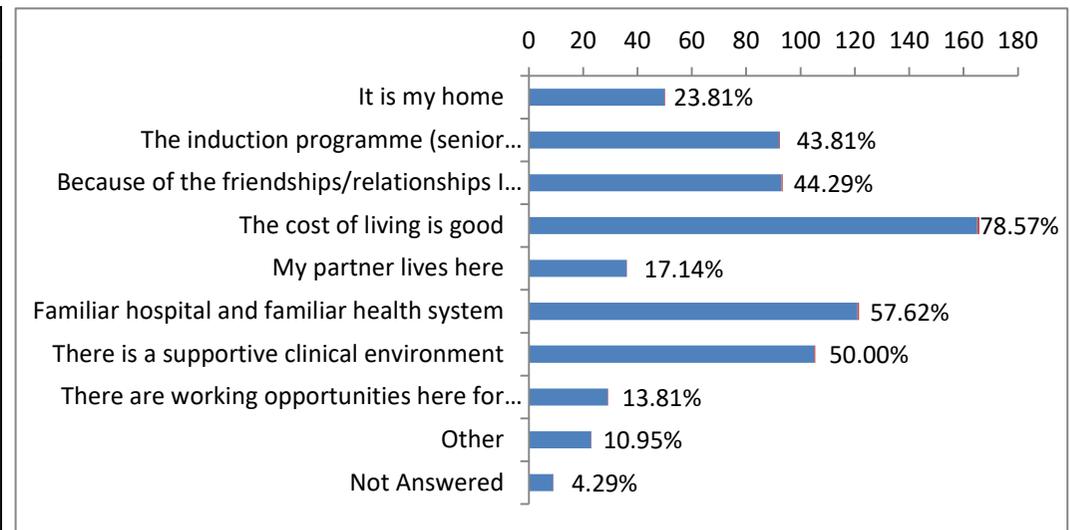
Do not wish to work in Wales	Responses	%
1	18	8.57%
2	27	12.86%
3	43	20.48%
4	46	21.90%
5	74	35.24%
Not Answered	2	0.95%



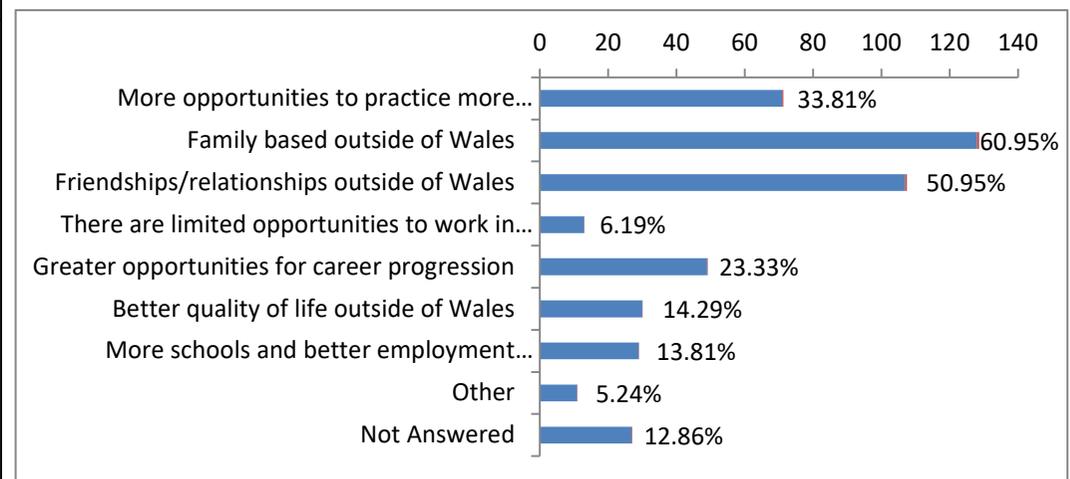
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Pros and Cons of Working in Wales	Responses	%
It is my home	50	23.81%
The induction programme (senior assistantship)	92	43.81%
Because of the friendships/relationships I have made	93	44.29%
The cost of living is good	165	78.57%
My partner lives here	36	17.14%
Familiar hospital and familiar health system	121	57.62%
There is a supportive clinical environment	105	50.00%
There are working opportunities here for my partner	29	13.81%
Other	23	10.95%
Not Answered	9	4.29%



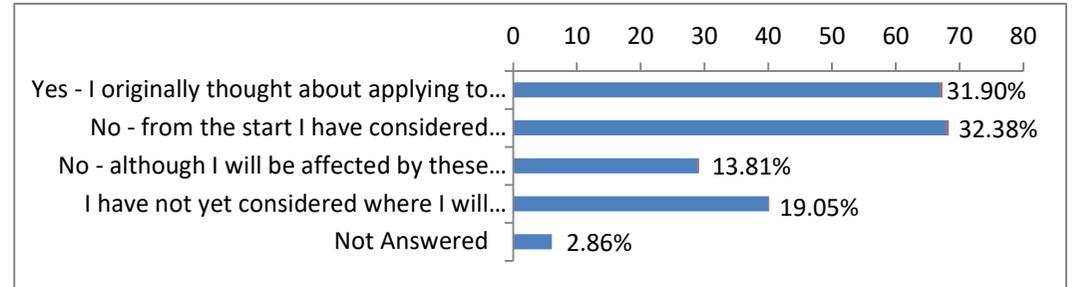
Factors not to want to work in Wales	Responses	%
More opportunities to practice more specialised medicine outside of Wales	71	33.81%
Family based outside of Wales	128	60.95%
Friendships/relationships outside of Wales	107	50.95%
There are limited opportunities to work in my desired location in Wales	13	6.19%
Greater opportunities for career progression	49	23.33%
Better quality of life outside of Wales	30	14.29%
More schools and better employment opportunities outside of Wales	29	13.81%
Other	11	5.24%
Not Answered	27	12.86%



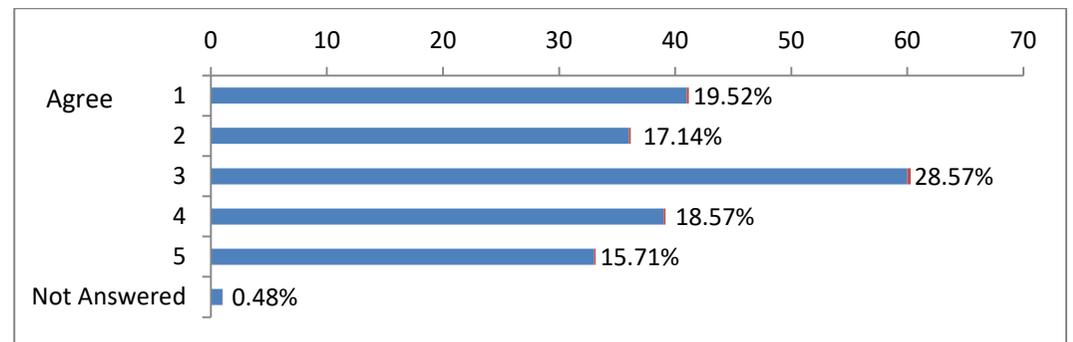
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Have changes to Junior contract affected your choice	Responses	%
Yes - I originally thought about applying to another deanery however, these changes have made me consider Wales as my primary option	67	31.90%
No - from the start I have considered applying to Wales therefore, these	68	32.38%
No - although I will be affected by these changes I still intend to work in England therefore, I will apply outside Wales	29	13.81%
I have not yet considered where I will apply for my foundation post	40	19.05%
Not Answered	6	2.86%



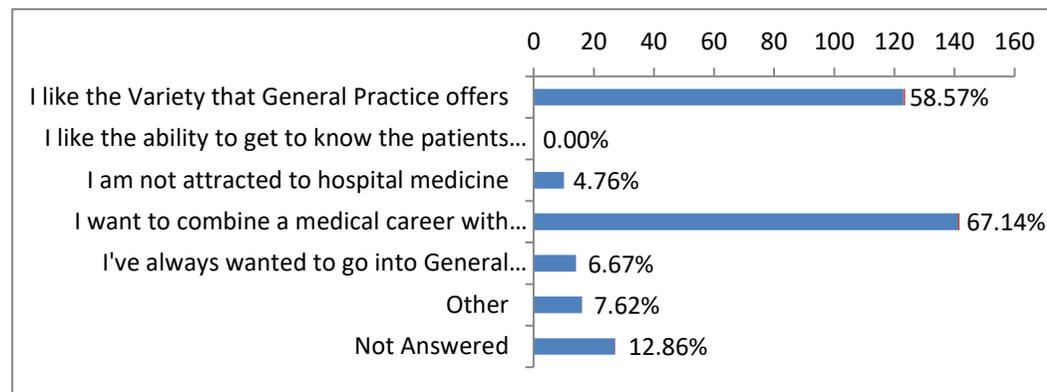
I am considering GP as a career	Responses	%
1	41	19.52%
2	36	17.14%
3	60	28.57%
4	39	18.57%
5	33	15.71%
Not Answered	1	0.48%



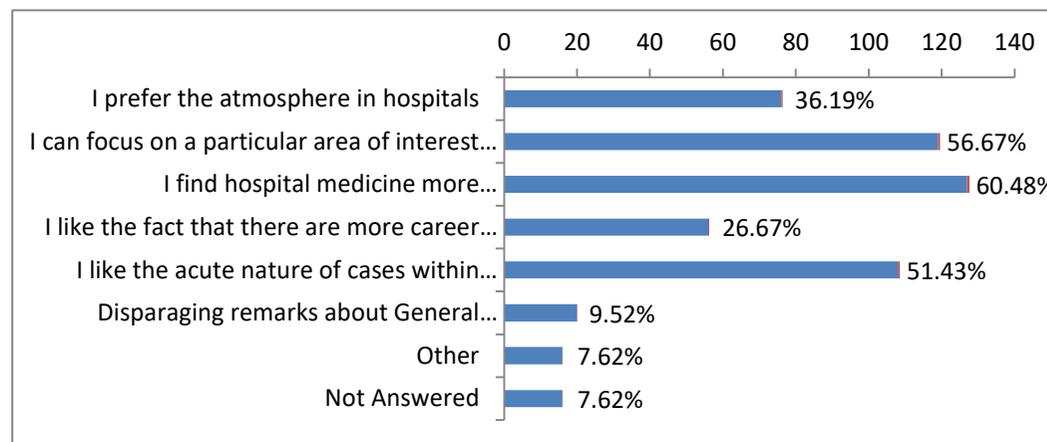
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Aspects that have made you consider a career in GP	Responses	%
I like the Variety that General Practice offers	123	58.57%
I like the ability to get to know the patients and their needs	0	0.00%
I am not attracted to hospital medicine	10	4.76%
I want to combine a medical career with family life	141	67.14%
I've always wanted to go into General Practice	14	6.67%
Other	16	7.62%
Not Answered	27	12.86%



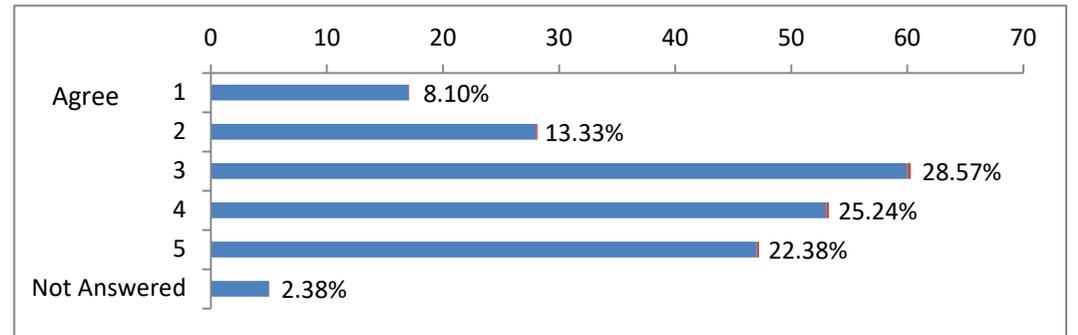
Aspects that have discouraged you from considering a career in GP	Responses	%
I prefer the atmosphere in hospitals	76	36.19%
I can focus on a particular area of interest if I specialise	119	56.67%
I find hospital medicine more interesting/challenging	127	60.48%
I like the fact that there are more career pathways offered by hospital medicine	56	26.67%
I like the acute nature of cases within hospital medicine	108	51.43%
Disparaging remarks about General Practice from secondary care clinicians	20	9.52%
Other	16	7.62%
Not Answered	16	7.62%



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I would like to work in Wales as a GP	Responses	%
1	17	8.10%
2	28	13.33%
3	60	28.57%
4	53	25.24%
5	47	22.38%
Not Answered	5	2.38%



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Appendix C: All Wales GP Survey - Data

Gender	Respondents	%
Male	212	49.3%
Female	218	50.7%
Total	430	100.0%

Age	Respondents	%
<30	6	1.4%
30-44	165	38.4%
45-54	156	36.3%
55-64	98	22.8%
>64	2	0.5%
Unknown	3	0.7%
Total	430	100.0%

Born in Wales	Respondents	%
Yes	206	47.9%
No	224	52.1%
Total	430	100.0%

Welsh 2' School	Respondents	%
Yes	235	54.7%
No	195	45.3%
Total	430	100.0%

Welsh Med School	Respondents	%
Yes	188	43.7%
No	242	56.3%
Total	430	100.0%

Sessions Per Week	Respondents	%
1-2	9	2.1%
2-4	56	13.0%
5-6	135	31.4%
7-8	163	37.9%
9-10	67	15.6%
Total	430	100.0%

Retirement	Respondents	%
Mentions Retirement	147	34.2%
Does not mention Retirement	283	65.8%
Mentions Retirement in 5 yrs	94	21.9%
Under 50 & Mentions Retirement in 5 yrs	9	2.1%
Mentions Retirement in 10 yrs	82	19.1%
Under 40 & Mentions Retirement in 5 yrs	1	0.2%

When did you move to Wales?	Respondents	%
As a young child	4	1.9%
During primary school	15	7.2%
During secondary school	3	1.4%
For university	50	23.9%
For work	106	50.7%
For partner's work	3	1.4%
Marriage	5	2.4%
Live in England, work in Wales	4	1.9%
	190	

Response to Welsh Government Consultation on Medical recruitment

Dr Heidi Phillips

Considered leaving Wales?	Respondents	%
Yes	219	50.9%
No	211	49.1%
Total	430	100.0%

Leave GP within 5 years	Respondents	%
1 (most likely)	145	33.7%
2	66	15.3%
3	73	17.0%
4	39	9.1%
5 (least likely)	107	24.9%
Total	430	100.0%

Leave GP within 10 years	Respondents	%
1 (most likely)	83	19.3%
2	46	10.7%
3	60	14.0%
4	45	10.5%
5 (least likely)	196	45.6%
Total	430	100.0%

Recommend a GP Career	Respondents	%
Yes	264	61.4%
No	166	38.6%
Total	430	100.0%

Distance from Secondary School	Respondents	%
Unknown	55	12.8%
0 to 25 miles	134	31.2%
25 to 50 miles	47	10.9%
50 to 75 miles	31	7.2%
75 to 100 miles	23	5.3%
100+ miles	140	32.6%
Total	430	100.0%

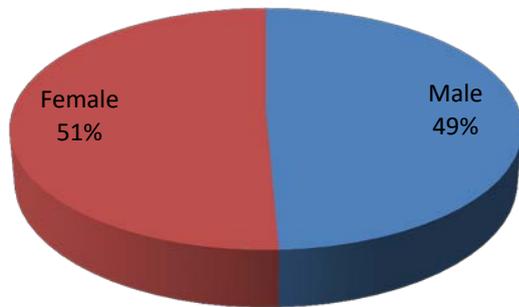
Distance from Welsh Secondary School	Respondents	%
0 to 25 miles	124	56.9%
25 to 50 miles	38	17.4%
50 to 75 miles	20	9.2%
75 to 100 miles	10	4.6%
100+ miles	26	11.9%
Total	218	100.0%

Distance from Welsh Secondary School	Respondents	%
0 to 10 miles	64	44.4%
10 to 20 miles	44	30.6%
20 to 30 miles	25	17.4%
30 to 40 miles	11	7.6%
40 to 50 miles	18	12.5%
Total	144	100.0%

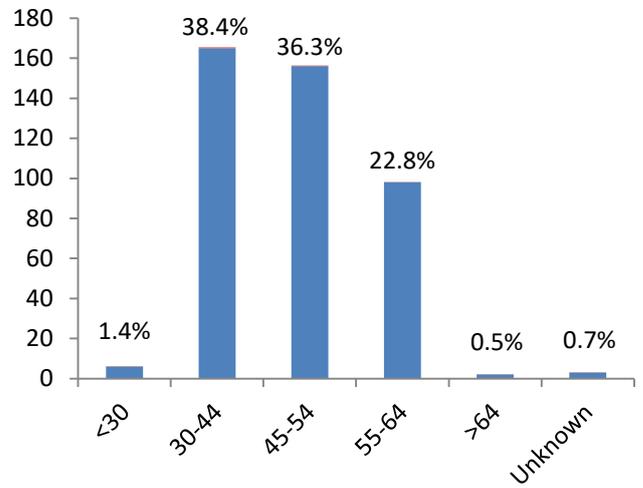
Factors for Practicing in Wales	Respondents	%
It is my home	213	49.5%
My partner/family lives here	182	42.3%
Familiar hospital and familiar health system	64	14.9%
Different political system and approach to health	33	7.7%
To care for dependents	15	3.5%
Other	123	28.6%

All Wales GP Survey - Graphs

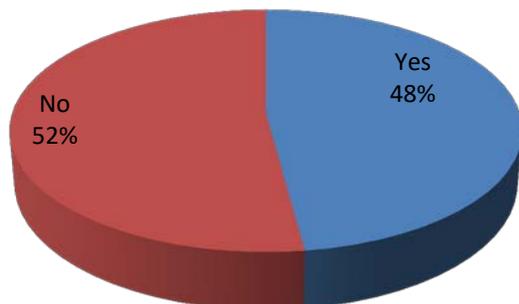
Gender



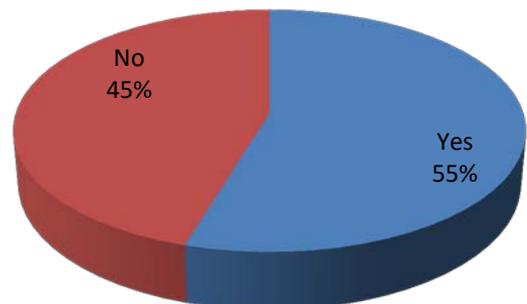
Age of Respondents



Born in Wales



Welsh Secondary School



Dr Heidi Phillips

