NIHR Policy Research Unit in Health and Social Care Systems and Commissioning (PRU HSSC)

Report

Consequences of weighting earlier waves of the national GP Worklife Survey for trends in key outcomes

October 2025

Research Team

Marcello Antonini

Jonathan Gibson

Sean Urwin

Michael Anderson

Kath Checkland

Matt Sutton

Executive Summary

The GP workforce in England underwent substantial demographic transformation between 2015 and 2024: partners declined from 70% to 50% of the workforce, female representation increased from 50% to 58%, and age distribution shifted modestly. This report examines how these compositional changes affect the interpretation of GP workforce survey trends.

We reweighted the data from the 2015, 2019, and 2024 national GP Worklife Surveys (GPWLS) to match the composition of all GPs in England by contract type, gender, and age. This reveals what trends would have emerged if the composition of respondents to these surveys had matched the national population in 2024, thereby distinguishing between changes in GP experiences and changes that arose because of shifts in workforce composition.

Reweighting to 2024 demographics largely confirmed unweighted patterns whilst revealing some differences. For job satisfaction, unweighted data showed continuous improvement from 2015 to 2024, whilst reweighting revealed a U-shaped pattern with satisfaction improving from 2015 to 2019 then declining modestly to 2024, particularly for remuneration and recognition, though 2024 levels remained above 2015. Physical working conditions deteriorated consistently in both weighted and unweighted data. For job stressors, reweighting confirmed the declines observed in unweighted data, with substantial reductions for finding locums and external body requirements, whilst adverse publicity showed a U-shaped pattern with sharp decline then rise. Intentions to leave direct patient care remained stable across the period for both weighted and unweighted data. The only notable change was among GPs aged 50 and over, where the proportion with considerable/high intentions to leave declined from by 8 percentage points in both weighted and unweighted data. For working hours, both weighted and unweighted data showed declines from 2019 to 2024, with salaried GPs showing a U-shaped pattern (increase from 2015 to 2019, then sharp decline to 2024) in both analyses. Income distribution shifted toward higher income bands in both weighted and unweighted data, particularly for partners.

National statistics suggest that contracted work commitments for each contract type have remained stable: partners have consistently been contracted for an average 0.85 FTE whilst salaried GPs have maintained a contracted commitment of approximately 0.6 FTE. However, GPWLS data on actual working hours have shown steady decreases amongst partner GPs and increases then decreases amongst salaried GPs. Despite these different time trends by contract type, the gap between them has remained substantial (10-12 hours). This confirms that overall working hours changes result primarily from compositional effects—growth in salaried employment associated with fewer working hours—rather than behavioural changes.

These findings demonstrate that demographic reweighting provides essential context for interpreting workforce trends and developing evidence-based policy.

1. Background

The GP workforce in England has undergone substantial demographic transformation over the past decade. Female GPs overtook male GPs in both absolute numbers (2014) and full-time equivalent (FTE) terms (2020), with the gender gap continuing to widen (Pettigrew et al., 2025). The proportion of GPs working in salaried rather than partnership roles has increased substantially. Similarly, younger female GPs (particularly those aged 30-49) representing the fastest-growing segment of the profession (NHS England, 2025). These demographic changes may influence average working patterns because, for example, female GPs work an average of 0.66 FTE compared to 0.82 FTE for male GPs in 2024. Understanding how these compositional changes affect the interpretation of GP workforce surveys is essential for evidence-based policy development.

Previous reports from the national GP Worklife Survey (GPWLS) have documented trends in key workforce outcomes over time. Overall job satisfaction (measured on a seven-point scale from 1 = very dissatisfied to 7 = very satisfied) increased from an average of 4.14 in 2015 to 4.55 in 2024, alongside improved satisfaction with opportunities to use one's abilities. Typical hours worked per week remained relatively stable between 2015 and 2019 (41.4 and 40 hours respectively) but declined substantially to 34.9 hours in 2024. The 2024 report also observed general reductions in job stressors compared to 2019, with the largest decrease for finding a locum (declining by 0.69 points). Changes to meet external body requirements and quality-linked payment requirements also showed substantial decreases. The only stressor showing an increase was adverse media publicity, which rose by 0.52 points compared to 2019. Time allocation patterns have also shifted, with direct patient care declining from 62.1% in 2015 to 57.9% in 2024, offset by increases in indirect patient care and administrative tasks. Regarding intentions to leave direct patient care, the proportion of GPs with considerable or high intentions to leave within five years reached its highest level since 2017 among GPs under age 50, whilst GPs aged 50 and over showed their lowest intentions to leave since 2012.

Whilst previous GPWLS reports have presented national statistics on GP demographics for comparison, only the latest report weighted the survey data to match the 2024 GP population structure, specifically adjusting for contract type, gender, and age groups. This weighting exercise was also applied to the 2019 data to refine the comparisons between the two surveys.

Reweighting previous surveys is important as the methods for collecting GP workforce data have evolved over time[1], as has the GP population itself. Reweighting survey data provides the advantage of distinguishing between genuine changes in outcomes (such as satisfaction or working hours) and changes that result from shifts in workforce composition. This approach allows us to ask: what would trends have looked like if the workforce in earlier years had the same demographic composition as 2024? For instance, if younger GPs report different satisfaction levels than older GPs, and the workforce becomes younger over time, unweighted comparisons will conflate these compositional effects with genuine temporal changes.

---

[1] In the 2024 survey, respondents were invited to respond online to the survey via email, while previous surveys used paper questionnaires posted to the GP at their practice.

In this report we present results from the 8th, 10th, and 12th GPWLS conducted in 2015, 2019, and 2024 respectively, comparing the original findings with estimates reweighted to match the demographic composition of GPs in 2024. We reweight on gender, age and contract type to be consistent with the latest national GP Worklife Survey report and because these categories are consistently reported in the NHS General Practice Workforce statistics (NHS England, 2025).

In what follows, we first describe the representativeness of the GPWLS to the national GP population and report the underlying trends in age, gender, and contract type. Then, we report the results from our weighting exercise alongside unweighted data.

2. Representativeness of the GPWLS compared to national population

As a first step, we examine the representativeness of the three GPWLS survey waves compared to the national population in each survey year based on age group, gender, and contract type. The GPWLS samples show some expected deviations from the national GP population across all three survey years (see Table 1). Partners were over-represented in survey samples (82.4% in 2015, 76.1% in 2019, and 60.6% in 2024) compared to the national GP populations in the same years (72.6%, 61.1%, and 47.8% respectively), whilst salaried GPs were correspondingly under-represented. Gender representation was well-balanced in 2015 and 2019, with survey proportions closely matching national figures. The 2024 survey also closely matched the national gender distribution (57.6% female versus 57.7% nationally). Age distribution showed the most notable variation, with older GPs (particularly those aged 50-59) over-represented in survey responses across all years, whilst younger GPs (under 40) participated at lower rates. Without weighting adjustments, survey results would therefore disproportionately reflect the experiences of older, partner GPs.

Table 1: Comparison of GPWLS survey samples with national GP population statistics, 2015-2024

	2015 GPWLS Respondents		2019 GPWLS Respondents		2024 GPWLS Respondents		All Qualified GP Practitioners 2015		All Qualified GP Practitioners 2019		All Qualified GP Practitioners 2024	
	N	%	N	%	N	%	N	%	N	%	N	%
Contract type												
Partner	984	82.38%	442	76.10%	1,087	60.60%	26,183	72.59%	21,011	61.10%	18,517	47.80%
Salaried/ Other	204	17.17%	136	17.90%	708	39.40%	9,885	27.41%	13,362	38.90%	20,190	52.20%
Total (excluding missing data)	1,188		578		1,795		36,068		34,373		38,707	
Gender												
Male	573	49.65%	305	51.80%	659	42.20%	17,997	49.90%	14,148	42.30%	15,870	41.50%
Female	581	50.35%	284	48.20%	900	57.60%	18,071	50.10%	19,284	57.70%	22,080	57.70%
Other/unknown					4	0.30%					328	0.90%
Total (excluding missing data)	1,154		589		1,563		36,068		33,432		38,278	
Age												
Under 35	101	8.79%	32	5.40%	83	5.40%	4,594	12.77%	4,463	13.50%	4,000	10.60%
35 - 39	148	12.88%	54	9.10%	150	9.60%	5,970	16.59%	5,623	17.00%	7,039	18.60%
40 - 44	177	15.40%	94	15.90%	197	12.60%	5,738	15.95%	5,508	16.70%	6,894	18.20%
45 - 49	187	16.28%	112	18.90%	287	18.40%	5,599	15.56%	4,958	15.00%	6,391	16.90%
50 - 54	240	20.89%	113	19.10%	353	22.60%	6,223	17.30%	5,588	16.90%	5,465	14.40%
55 - 59	216	18.80%	120	20.30%	295	18.90%	4,519	12.56%	4,161	12.60%	4,188	11.10%
60+	80	6.96%	66	11.20%	196	12.50%	3,335	9.27%	2,772	8.40%	3,921	10.30%
Total (excluding missing data)	1,149		591		1,561		35,978		33,073		37,898	

Notes: This table compares GPWLS survey sample demographics with national GP workforce statistics from NHS Digital for 2015, 2019, and 2024. Percentages exclude missing or unknown responses. Salaried/Other includes all non-partner contract types.

3. Changes in GPs demographic patterns

In this section we present the underlying GP composition trends using the three time points: 2015, 2019, and 2024. Data are retrieved from NHS Digital General Practice workforce statistics (NHS England, 2025). For simplicity, we restrict the sample to observations with full information on gender, age, and contract type. The total number of GPs in each year is reported in Table 2. The GP workforce expanded from 28,226 in 2015 to 37,415 in 2024, an increase of approximately 33% over the period. When measured in full-time equivalent terms, the workforce increased from 22,801 FTE GPs in 2015 to 26,845 FTE GPs in 2024. The ratio of FTE GPs to headcount declined from 0.81 in 2015 to 0.72 in 2024, indicating a decrease in average contracted time commitment across the GP workforce. However, this headcount growth should be interpreted cautiously: recent evidence shows that an increasing proportion of GMC-registered GPs are not working in NHS general practice, with more than one-third working outside the NHS by 2024 (Pettigrew et al., 2025).

Table 2: Number of GPs (headcount and full time equivalent)

Year	2015	2019	2024
Number of GPs (Headcount)	28,226	34,709	37,415
Full time equivalent GPs	22,801	26,402	26,845

Notes: This Table reported the number of GPs with full information on the three strata used in this analysis. Data from NHS Digital General Practice workforce statistics. Data from NHS Digital General Practice workforce statistics.

Contract type transformation
Figure 2 shows two panels describing the change in the share of GPs by contract type in the left panel (i.e., partner versus salaried) and the average FTE by contract type in the right panel.

The left panel demonstrates a fundamental shift in GP workforce structure, with partners declining from approximately 70% to 50% of the workforce whilst salaried GPs increased correspondingly from 30% to 50%. This represents a transformation toward an equal split between contract types by 2024.

The right panel reveals that this compositional change occurs without significant changes in contracted time commitments - partners consistently contract for around 0.85 FTE whilst salaried GPs maintain approximately 0.6 FTE throughout the period.

*Figure 1: GP workforce trends by contract type, 2015-2024*
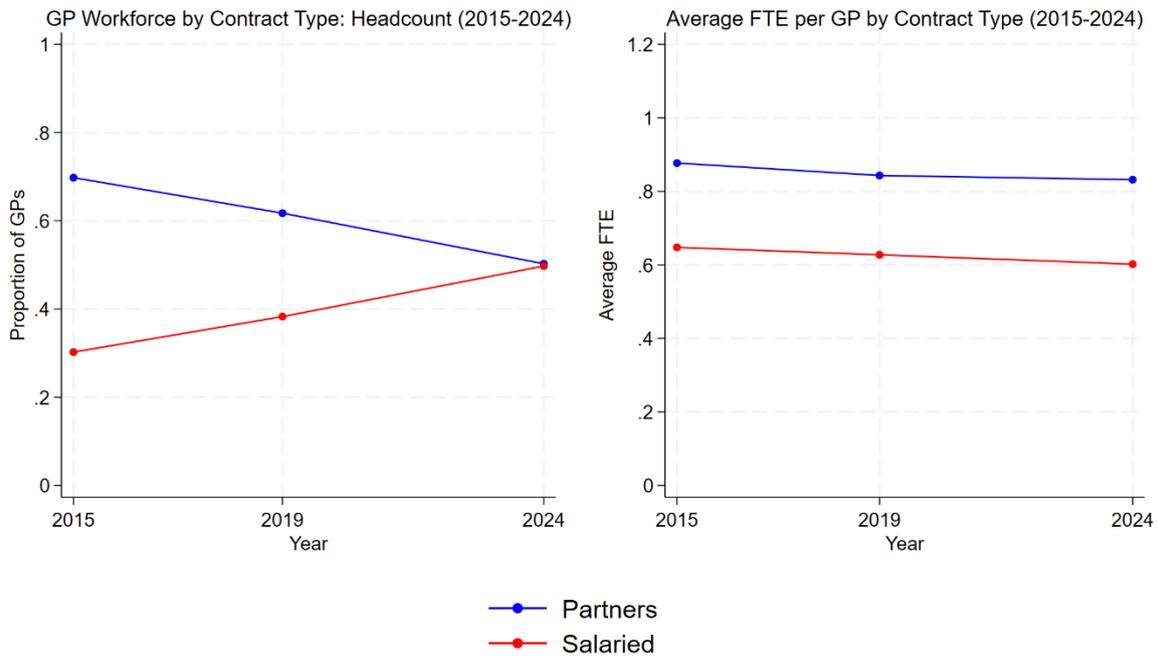
Notes: This Figure shows changes in GP workforce composition and working patterns by contract type. Left panel shows the proportion of GPs by contract type (headcount); right panel shows average full-time equivalent (FTE) worked per GP by contract type. Data from NHS Digital General Practice workforce statistics.

Age and gender distribution changes

Figures 3 and 4 examine changes in age and gender composition of the GP workforce over the study period.

Figure 3 shows the age distribution of GPs across nine age groups from 2015 to 2024. The workforce demonstrates relatively stable age patterns with modest shifts across cohorts. The most notable changes include growth in mid-career groups (35-39, 40-44, and 45-49 age bands), which increased their representation from approximately 15-17% to 17-19% each. Conversely, the 30-34 age group shows a modest decline from 12% to 10%, whilst older cohorts (55-59, 60-64, 65+) remain relatively stable at lower proportions.

GP Age Distribution Changes (2015-2024)
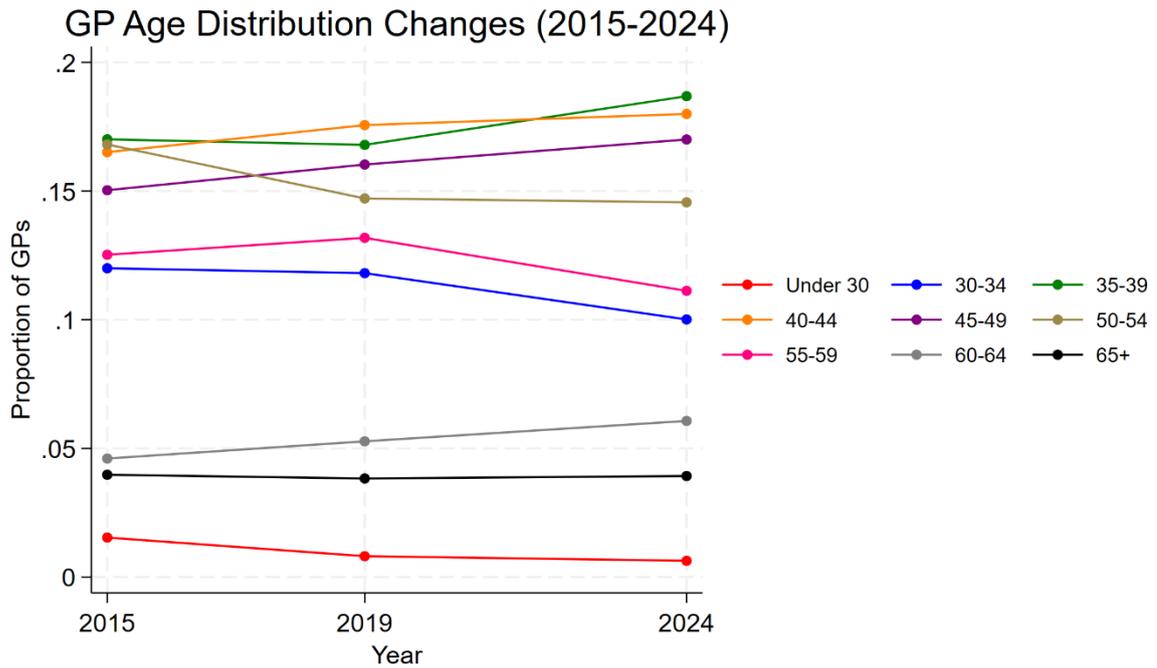
Notes: This figure shows the proportion of GPs in each age group over time. Each line represents one age cohort, with proportions calculated as percentage of total GP workforce in each year. Data from NHS Digital General Practice workforce statistics.

Figure 4 reveals an increase in the female GP workforce. Female representation increased from approximately 50% to 58% between 2015-2024, whilst male representation declined correspondingly from 50% to 42%. This trend represents a continuation of longer-term movement towards a female majority in general practice, with implications for work patterns and career preferences given documented gender differences in full-time versus part-time working preferences (Pettigrew et al., 2025).

Figure 3: GP gender distribution, 2015-2024
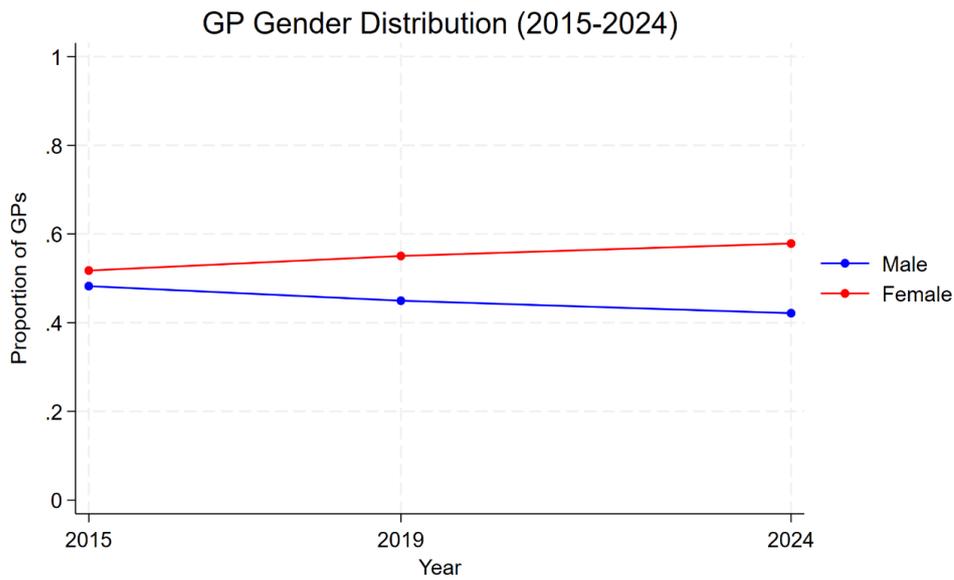
Notes: This figure shows the proportion of male and female GPs over time, with proportions calculated as percentage of total GP workforce in each year. Data from NHS Digital General Practice workforce statistics.

Overall trends

To conclude, Figure 5 displays all three demographic dimensions simultaneously through a stacked bar chart. Each bar represents one of four contract-gender combinations across the three time points, with age groups shown as stacked segments.

The chart demonstrates that the shift towards salaried employment represents the dominant workforce change, with both male and female salaried categories showing substantial growth whilst partner categories decline proportionally. Within this broader trend towards salaried contracts, the expansion is particularly pronounced among female salaried GPs, especially in younger age groups (under 30, 30-34, and 35-39 age bands). Male salaried GPs also increased, though to a lesser extent than their female counterpart.

Figure 4: GP demographic composition by age, gender, and contract type, 2015-2024
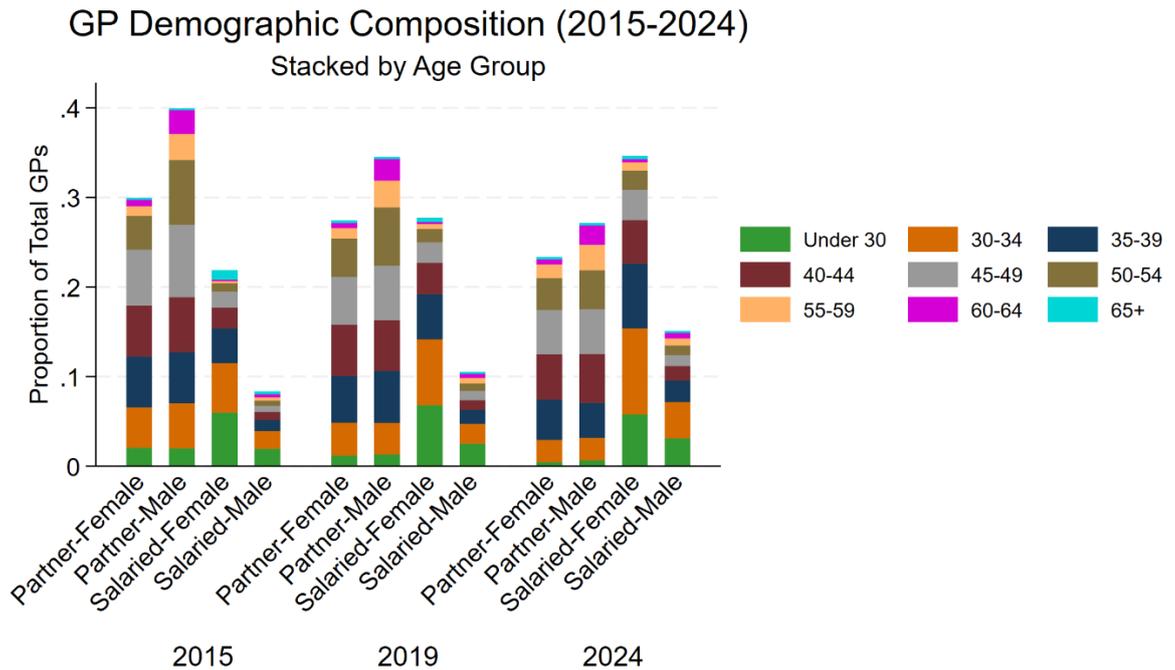
Notes: *This figure shows the integrated demographic composition of the GP workforce with bars representing contract-gender combinations and stacked segments showing age group distributions within each category. Bar heights indicate the total proportion of GPs in each contract-gender combination, whilst segment colours represent different age groups. Data from NHS Digital General Practice workforce statistics.*

4. Reweighting GPWLS data with 2024 GP demographics

3.1 GP population strata and weights

We generate survey weights to be applied to each survey wave (2015, 2019, and 2024). We used thirty-two strata, based on combinations of gender, age group, and contract type (i.e., partner or salaried). The weight for each stratum is calculated as the ratio of the proportion of the national population to the proportion of the survey sample in that stratum. For example, if a particular gender-age-contract combination is 2% of the national population and only 1% of the survey sample, each respondent receives a weight of two in the calculation of weighted statistics. Conversely, if a particular gender-age-contract combination is 1% of the national population and 2% of the survey sample, each respondent receives a weight of 0.5 in the calculation of weighted statistics. Weights greater than 1.0 indicate groups that were under-represented in the survey sample relative to 2024 population proportions (Valliant & Dever, 2018).

Table A1 in the Appendix presents the strata used for weighting and shows both the representativeness of each survey sample relative to the national GP population in the corresponding year, and the weights applied to adjust each survey wave to match 2024 population demographics. For example, young male salaried GPs (under 35) were

substantially under-represented in the 2015 survey (0.9% of sample versus 2.3% of 2015 population), requiring a weight of 3.741 when adjusting to 2024 demographics. Similarly, in 2019, young female salaried GPs (under 35) comprised 2.0% of the survey sample but 7.3% of the 2019 population, requiring a weight of 3.104. In 2024, young male partner GPs (under 35) were under-represented (0.3% of sample versus 0.7% of population), requiring a weight of 2.349

3.2 Outcomes

Satisfaction trend across waves

The 2024 GPWLS report documented a slight increase in overall satisfaction from 4.49 in 2019 to 4.55 in 2024. After weighting both samples to 2024 population demographics, the report found no significant change in overall satisfaction between 2019 and 2024 (4.60 to 4.56), whilst identifying significant declines in satisfaction with remuneration (-0.37 points, $p<0.001$), recognition for good work (-0.19 points, $p<0.05$), opportunity to use abilities (-0.18 points, $p<0.01$), and physical working conditions (-0.18 points, $p<0.05$).

Our analysis, reported in Table 3, weights all three survey waves (2015, 2019, 2024) to 2024 population demographics and confirms these 2019-2024 declines whilst revealing a different longer-term trajectory. In unweighted data, overall satisfaction increased from 4.15 in 2015 to 4.44 in 2019 and 4.58 in 2024, suggesting continuous improvement. However, when weighted to 2024 demographics, overall satisfaction shows significant improvement between 2015 and 2024 (+0.23 points, $p=0.005$) driven by substantial growth from 2015 to 2019 (+0.29 points, $p=0.006$) followed by a modest and non-statistically significant decline through 2024 (-0.04 points, $p=0.635$). This indicates that a GP workforce with 2024 demographic composition would have experienced rising satisfaction from 2015 to 2019, peaking in 2019, before slightly declining by 2024 - a U-shaped pattern not evident in the unweighted trend.

Specific domains show how weighting to consistent demographics reveals different patterns from the unweighted data. For remuneration, unweighted satisfaction increased from 4.19 in 2015 to 4.55 in 2019 before declining to 4.28 in 2024. When weighted to 2024 demographics, remuneration satisfaction shows a larger 2015-2019 increase (+0.43 points, $p<0.001$) followed by the 2019-2024 decline (-0.39 points, $p<0.001$) identified in the 2024 report, resulting in no net change over the decade (2015-2024: +0.04 points, $p=0.60$). Recognition for good work (+0.38 points 2015-2019, $p<0.001$; -0.20 points 2019-2024, $p<0.01$) and opportunity to use abilities (+0.32 points 2015-2019, $p<0.001$; -0.20 points 2019-2024, $p<0.01$) followed similar U-shaped trajectories when weighted.

Physical working conditions represents an important exception. Both unweighted and weighted data show deterioration, with the weighted analysis revealing a decline from 2019 to 2024 (-0.20 points, $p=0.018$) and an overall decline from 2015 to 2024 (-0.20 points, $p=0.004$), confirming the 2024 report's identification of this domain as an area of sustained concern affecting GPs across all demographic groups. Satisfaction with colleagues and fellow

workers showed steady improvement in both unweighted and weighted analyses (+0.15 points weighted 2015-2024, p=0.013), whilst hours of work, freedom to choose work methods, and job variety remained statistically stable across all three time points.

Table 3: Mean job satisfaction by domain, 2015-2024 (unweighted and weighted estimates)

Domain	Unweighted			Weighted					
	2015	**2019**	**2024**	**2015**	**2019**	**2024**	**19-15**	**24-19**	**24-15**
Physical working conditions	5.20	5.17	5.13	5.29	5.29	5.09	0.00	-0.20*	-0.20**
Freedom to choose method	4.58	4.74	4.89	4.71	4.79	4.78	0.07	0.00	0.07
Colleagues and fellow workers	5.71	5.76	5.84	5.68	5.80	5.83	0.12	0.03	0.15**
Recognition for good work	4.25	4.59	4.56	4.37	4.75	4.55	0.38***	-0.20*	0.18*
Amount of responsibility	4.85	5.00	5.07	4.95	5.11	5.01	0.15	-0.10	0.06
Remuneration	4.19	4.55	4.28	4.20	4.63	4.25	0.43***	-0.38***	0.04
Opportunity to use abilities	4.88	5.13	5.13	4.91	5.23	5.03	0.32***	-0.20**	0.12
Hours of work	3.56	3.67	3.92	3.98	4.00	3.93	0.02	-0.07	-0.05
Amount of variety in job	5.16	5.28	5.29	5.17	5.31	5.20	0.14	-0.12	0.02
Overall satisfaction	**4.15**	**4.44**	**4.58**	**4.33**	**4.63**	**4.56**	**0.29****	**-0.06**	**0.23****

Notes: Weighted data adjusted to match 2024 workforce composition. Asterisks indicate statistically significant differences between years based on t-tests (* $p<0.05$, ** $p<0.01$, *** $p<0.001$). Unweighted data show raw survey responses. Satisfaction measured on 7-point scale from 1 (very dissatisfied) to 7 (very satisfied).

Moving to the percentage of GPs reporting high satisfaction (scores of 6 or 7 on the 7-point scale), the 2024 GPWLS report documented that 58.0% of respondents reported being satisfied (score of 5 or greater) overall with their job with 2024 data. The report noted that satisfaction with colleagues and fellow workers was highest (87.8% of GPs satisfied), followed by amount of variety in job (75.3% of GPs satisfied), whilst GPs were least satisfied with their hours of work (43.3% of GPs satisfied) and their remuneration (49.8% of GPs satisfied). However, the 2024 report did not examine trends over time in the proportion of GPs reporting high satisfaction.

Our extended analysis, reported in Table 4, reveals patterns that largely mirror those observed in mean satisfaction scores. When weighted to 2024 demographics, the proportion reporting high overall satisfaction shows growth from 2015 to 2019 (+8.3 percentage points, p=0.018) followed by a decline through 2024 (-4.9 percentage points, p=0.113). This U-shaped pattern was similarly observed for remuneration (+12.8 percentage points 2015-2019, p<0.001; -9.4 percentage points 2019-2024, p=0.003), recognition for good work (+11.8 percentage points 2015-2019, p=0.001; -6.8 percentage points 2019-2024, p=0.023), and opportunity to use abilities (+8.6 percentage points 2015-2019, p=0.007; -5.7 percentage points 2019-2024, p=0.033). Physical working conditions showed an overall decline from 2015 to 2024 (-7.5 percentage points, p=0.001), driven primarily by the 2019-2024 period, confirming the 2024 report's identification of this domain as an area of sustained concern affecting GPs across all demographic groups. Hours of work, freedom to choose work methods, amount of variety in job, and colleagues and fellow workers remained relatively stable across all three time points.

Table 4: Percentage of GPs reporting high satisfaction by domain, 2015-2024 (unweighted and weighted estimates)

Domain	Unweighted (% Satisfied)			Weighted (% Satisfied)					
	2015	2019	2024	2015	2019	2024	19-15	24-19	24-15
Physical working conditions	75.9	74.2	73.0	79.6	76.3	72.1	-3.3	-4.2	-7.5**
Freedom to choose method	57.4	62.9	65.3	60.3	65.9	62.7	5.6	-3.2	2.4
Colleagues and fellow workers	85.6	85.8	89.0	86.2	86.0	88.9	-0.2	2.9	2.7
Recognition for good work	48.9	58.1	57.0	51.6	63.4	56.6	11.8**	-6.8*	5.0
Amount of responsibility	64.2	67.9	69.8	66.9	71.5	68.7	4.7	-2.8	1.8
Remuneration	45.1	56.0	49.3	45.2	58.1	48.7	12.8***	-9.4**	3.5
Opportunity to use abilities	65.8	73.2	72.1	66.9	75.5	69.7	8.6**	-5.7*	2.8
Hours of work	33.0	36.2	42.3	42.5	44.0	43.3	1.5	-0.7	0.8
Amount of variety in job	73.7	75.6	76.3	73.6	77.6	73.6	4.0	-4.0	0.0
Overall satisfaction	**47.5**	**57.9**	**58.3**	**53.9**	**62.2**	**57.3**	**8.3***	**-4.9**	**3.4**

Notes: Weighted data adjusted to match 2024 workforce composition. Asterisks indicate statistically significant differences between years based on proportion tests (* p<0.05, ** p<0.01, *** p<0.001). Unweighted data show raw survey responses. High satisfaction defined as scores of 6 or 7 on 7-point scale from 1 (very dissatisfied) to 7 (very satisfied).

Job stressors

In the GPWLS survey, GPs are asked to provide a rating of job stressors according to how much pressure they felt from them. These ratings were given on a 5-point scale, where 1=No pressure, and 5=High pressure. The 2024 report found no stressors experienced statistically significant increases except for adverse publicity by the media, which increased by 0.52 points. Most other stressors experienced statistically significant decreases, the largest decrease was seen for finding a locum, which decreased by 0.69 points from 2019 to 2024.

Weighting confirmed the largest declines for finding a locum (-0.91 points 2015-2024, $p < 0.001$) and changes to meet external bodies' requirements (-0.78 points 2015-2024, $p < 0.001$), with both showing consistent reductions across both periods. Weighting revealed a U-shaped pattern for adverse publicity by the media, with a 2015-2019 decline (-0.61 points, $p < 0.001$) followed by a 2019-2024 increase (+0.51 points, $p < 0.001$). Other stressors showing significant overall declines included emergency call interruptions (-0.34 points 2015-2024, $p < 0.001$), dealing with problem patients (-0.27 points 2015-2024, $p < 0.001$), paperwork (-0.24 points 2015-2024, $p < 0.001$), and insufficient time to do job justice (-0.22 points 2015-2024, $p < 0.001$). Most other stressors, including increased demands from patients, unrealistically high expectations by others, and worrying about complaints/litigation, remained relatively stable across the period.

Table 5: Mean job stressor ratings, 2015-2024 (unweighted and weighted estimates)

Domain	Unweighted			Weighted					
	2015	2019	2024	2015	2019	2024	19-15	24-19	24-15
Increased demands from patients	4.31	4.23	4.15	4.20	4.13	4.12	-0.07	-0.01	-0.09
Dealing with problem patients	3.93	3.86	3.60	3.88	3.75	3.60	-0.12	-0.15*	-0.27***
Earlier hospital discharges	3.88	3.84	3.65	3.77	3.65	3.57	-0.12	-0.08	-0.19**
Worrying about complaints/litigation	3.58	3.59	3.39	3.52	3.49	3.40	-0.04	-0.09	-0.13
Insufficient time to do job justice	4.40	4.34	4.11	4.34	4.24	4.12	-0.10	-0.13	-0.22***
Emergency call interruptions	3.22	3.18	2.82	3.10	3.11	2.75	0.02	-0.36***	-0.34***
Unrealistically high expectations by others	3.84	3.72	3.62	3.67	3.55	3.57	-0.12	0.02	-0.11
Insufficient resources in practice	3.62	3.52	3.38	3.46	3.26	3.29	-0.20*	0.03	-0.17**
Long working hours	4.06	4.07	3.82	3.89	3.85	3.73	-0.04	-0.13	-0.17*
Paperwork	4.38	4.30	4.04	4.23	4.20	3.99	-0.03	-0.21**	-0.24***
Changes to meet external bodies' requirements	4.46	4.22	3.70	4.27	3.99	3.49	-0.28***	-0.51***	-0.78***
Finding a locum	3.25	2.96	2.10	2.89	2.65	1.98	-0.24*	-0.68***	-0.91***
Adverse publicity by the media	3.92	3.24	3.65	3.70	3.09	3.61	-0.61***	0.51***	-0.10
Increasing workloads	4.59	4.49	4.29	4.46	4.38	4.27	-0.08	-0.11	-0.19***

Notes: Weighted data adjusted to match 2024 workforce composition. Asterisks indicate statistically significant differences between years based on t-tests (* p<0.05, ** p<0.01, *** p<0.001). Unweighted data show raw survey responses. Pressure rated on 5-point scale from 1 (no pressure) to 5 (high pressure).

Moving to the percentage of GPs reporting considerable or high pressure (scores of 4 or 5 on the 5-point scale), the 2024 GPWLS report documented that GPs reported most stress with increased workloads (80.8%), managing patients waiting for hospital treatment (80.5%), and increased demands from patients (78.3%), whilst least stress was reported with finding a locum (13.0%). However, the 2024 report did not examine trends over time in the proportion of GPs reporting considerable/high pressure from different stressors.

Our extended analysis, reported in Table 6, weights all three survey waves to 2024 population demographics, revealing patterns that largely mirror those observed in mean stressor ratings. The largest declines were observed for changes to meet external bodies' requirements (-28.6 percentage points 2015-2024, $p<0.001$) and finding a locum (-27.8 percentage points 2015-2024, $p<0.001$), with both showing consistent and significant reductions across both periods. Weighting confirmed a U-shaped pattern for adverse publicity by the media, with a 2015-2019 decline (-22.5 percentage points, $p<0.001$) followed by a 2019-2024 increase (+18.6 percentage points, $p<0.001$). Emergency call interruptions showed a significant overall decline (-12.9 percentage points 2015-2024, $p<0.001$), driven entirely by the 2019-2024 period (-12.5 percentage points, $p<0.001$). Other stressors with significant overall declines included dealing with problem patients (-13.8 percentage points, $p<0.001$), insufficient time to do job justice (-9.8 percentage points, $p<0.001$), and paperwork (-9.5 percentage points, $p<0.001$). Most other stressors remained relatively stable across the period.

Table 6: Percentage of GPs reporting considerable and high pressure by stressor, 2015-2024 (unweighted and weighted estimates)

Pressure items	Unweighted (% Considerable/High)			Weighted (% Considerable/High)					
	2015	2019	2024	2015	2019	2024	19-15	24-19	24-15
Increased demands from patients	85.6	81.7	79.5	80.8	78.6	78.3	-2.2	-0.3	-2.5
Dealing with problem patients	69.0	63.7	53.0	67.4	59.4	53.6	-8.0*	-5.8	-13.8***
Earlier hospital discharges	68.3	64.8	57.7	64.2	58.2	54.4	-6.0	-3.8	-9.8***
Worrying about complaints/litigation	53.6	52.7	45.7	51.3	50.2	45.4	-1.1	-4.8	-5.9*
Insufficient time to do job justice	84.9	82.6	74.0	83.9	78.4	74.2	-5.5	-4.2	-9.8***
Emergency call interruptions	40.6	39.6	27.5	38.3	37.9	25.4	-0.4	-12.5***	-12.9***
Unrealistically high expectations by others	66.4	61.8	56.7	60.7	55.0	55.4	-5.7	0.4	-5.3
Insufficient resources in practice	55.7	52.3	47.6	49.2	44.8	44.1	-4.4	-0.7	-5.1
Long working hours	73.7	71.1	65.9	68.2	62.7	62.6	-5.5	-0.1	-5.7*
Paperwork	85.5	80.6	72.7	80.2	76.5	70.7	-3.7	-5.8*	-9.5***
Changes to meet external bodies' requirements	87.3	78.4	59.8	80.7	69.6	52.1	-11.1**	-17.5***	-28.6***
Finding a locum	47.6	37.1	13.1	39.5	30.1	11.7	-9.4**	-18.4***	-27.8***
Adverse publicity by the media	67.9	44.7	59.5	61.8	39.3	57.9	-22.5***	18.6***	-3.9
Increasing workloads	91.9	89.0	82.3	89.3	87.0	81.8	-2.3	-5.2*	-7.5***

Notes: Weighted data adjusted to match 2024 workforce composition. Asterisks indicate statistically significant differences between years based on proportion tests (* p<0.05, ** p<0.01, *** p<0.001). Considerable/high pressure defined as scores of 4 or 5 on 5-point scale from 1 (no pressure) to 5 (high pressure).

Intentions to leave direct patient care in the next five years

Respondents were asked how likely it was that they would leave direct patient care in the next five years. The 2024 GPWLS report found that 36.9% of GPs reported considerable or high likelihood of leaving direct patient care within five years. For those aged 50 or over, this figure was 55.0%, whilst for those under the age of 50 it was 15.6%. When examining trends, the report noted that the proportion of GPs under age 50 with considerable/high intentions to quit reached its highest level since 2008, whilst the percentage of GPs over age 50 was at its lowest level since 2012. The report found no significant differences between 2019 and 2024 in the percentage of GPs expressing considerable/high intention to leave for any age group when comparing unweighted data.

Despite differences from unweighted trends, weighted data reveal remarkable stability in quit intentions over time, with no statistically significant changes between any time periods for the overall sample or for GPs under 50 (see Table 7). For GPs aged 50 and over, the only significant change was the overall decline from 63.9% in 2015 to 55.4% in 2024 (-8.5 percentage points, p=0.021), though neither the 2015-2019 nor 2019-2024 changes were individually significant.

Table 7: Percentage of GPs with considerable/high intention to leave direct patient care within five years, 2015-2024 (unweighted and weighted estimates)

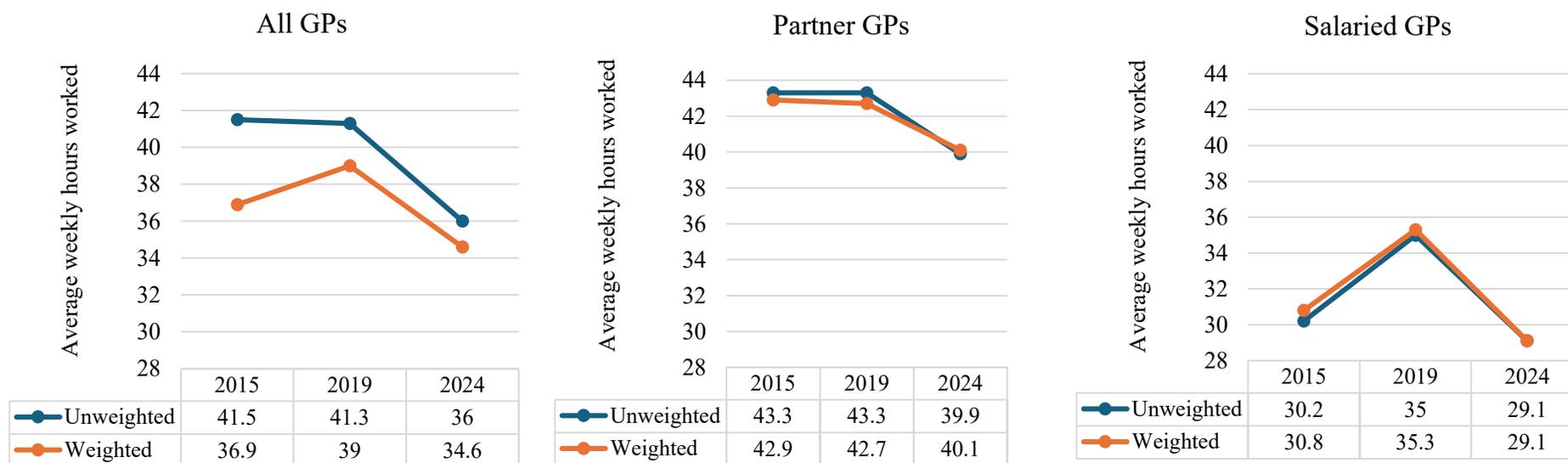|	Unweighted (% Considerable/High)			Weighted (% Considerable/High)					
	2015	**2019**	**2024**	**2015**	**2019**	**2024**	**19-15**	**24-19**	**24-15**
All GPs	35.2	37.3	35.5	32.0	29.3	29.0	-2.7	-0.3	-3.0
Under 50	13.4	11.3	15.0	14.5	10.9	14.4	-3.5	3.4	-0.1
50 and over	60.8	63.3	53.2	63.9	62.5	55.4	-1.4	-7.1	-8.5*

Notes: Weighted data adjusted to match 2024 workforce composition. Asterisks indicate statistically significant differences between years based on proportion tests (* p<0.05, ** p<0.01, *** p<0.001). Unweighted data show raw survey responses. Considerable/high intention defined as scores of 4 or 5 on 5-point scale.

Average weekly hours

The 2024 GPWLS report found that the average number of weekly hours worked decreased significantly from 2019 to 2024, falling from 40.0 to 34.9 hours (p<0.001). The report noted this was the third consecutive survey in which mean hours worked has fallen, which is notable as there was virtually no change in hours worked between 2008 and 2017. When applying weights to the 2019 sample to reflect 2024 sample characteristics, the fall from 2019 to 2024 was from 37.5 to 34.5 hours, which remained statistically significant (p<0.001).

Our analysis is reported in Figure 5. In unweighted data, average weekly hours for all GPs showed minimal change from 2015 to 2019 (41.5 to 41.3 hours) before declining substantially to 36.0 hours in 2024. When weighted to 2024 demographics, hours for all GPs declined significantly from 2015 to 2024 (-2.3 hours, p=0.004), driven entirely by the 2019-2024 period (-4.4 hours, p<0.001). Weighting revealed different patterns by contract type. For partners, weighted data confirmed a steady decline from 2015 to 2024 (-2.8 hours, p<0.001), with virtually no change from 2015 to 2019 and a significant decrease from 2019 to 2024 (-2.5 hours, p=0.013). For salaried GPs, weighting revealed a U-shaped pattern: hours increased from 30.8 in 2015 to 35.3 in 2019 (+4.6 hours, p=0.13) before declining sharply to 29.1 in 2024 (-6.2 hours, p=0.030), though only the 2019-2024 decline was statistically significant.

Figure 5: Average weekly hours worked on NHS GP related work 2015-2024 (unweighted and weighted estimates)

All GPs

	2015	2019	2024
Unweighted	41.5	41.3	36
Weighted	36.9	39	34.6

Partner GPs

	2015	2019	2024
Unweighted	43.3	43.3	39.9
Weighted	42.9	42.7	40.1

Salaried GPs

	2015	2019	2024
Unweighted	30.2	35	29.1
Weighted	30.8	35.3	29.1

Notes: Weighted data adjusted to match 2024 workforce composition. Sample sizes: 2015 n=1,072 (All GPs), n=920 (Partners), n=152 (Salaried); 2019 n=537 (All GPs), n=411 (Partners), n=126 (Salaried); 2024 n=1,369 (All GPs), n=888 (Partners), n=481 (Salaried). Hours represent average weekly hours worked on NHS GP-related work.

Income bands

Lastly, we review the results relating to the income bands. The 2024 GPWLS report examined GP income distribution, finding that the percentage of partner GPs earning over £110,000 rose to its highest level since 2010 (51%), whilst for salaried GPs, the percentage earning less than £50,000 reached its lowest level in the period since 2010 (36.3%). When examining changes from 2019 to 2024 with weighted data, the report found a significant decrease in the percentage of partner GPs earning £50,000-£69,999 and a significant increase in those earning £150,000-£169,999, whilst there were no significant changes in income distribution for salaried GPs.

Weighting all three survey waves to 2024 population demographics revealed income distribution patterns that largely mirror those in unweighted data. For all GPs, the proportion earning less than £50,000 declined from 28.7% in 2015 to 17.9% in 2024 (-10.8 percentage points, $p<0.001$), whilst the proportion earning £150,000 or more nearly tripled from 3.2% to 9.2% (+6.0 percentage points, $p<0.001$). For partners, the proportion earning £50,000-£69,999 halved from 13.7% to 6.6% (-7.1 percentage points, $p<0.001$), whilst those earning £150,000 or more nearly tripled from 6.5% to 18.7% (+12.2 percentage points, $p<0.001$). For salaried GPs, the proportion earning less than £50,000 declined from 51.9% to 32.1% (-19.8 percentage points, $p<0.001$), with corresponding growth in the £50,000-£69,999 band (+13.6 percentage points, $p=0.004$).

Table 8: Distribution of GPs across income bands, 2015-2024 (unweighted and weighted estimates)

All GPs	Unweighted (%)			Weighted (%)					
	2015	2019	2024	2015	2019	2024	24-15	24-19	19-15
Less than £50,000	12.0	12.0	15.1	28.7	19.3	17.9	-10.8***	-1.4	-9.4**
£50,000 to £69,999	15.0	16.0	18.1	20.5	27.2	24.3	3.8	-3.0	6.7
£70,000 to £89,999	21.0	17.0	17.8	19.5	15.6	18.0	-1.5	2.4	-3.9
£90,000 to £109,999	25.0	21.0	15.7	15.8	16.4	13.5	-2.3	-2.9	0.6
£110,000 to £129,999	14.0	16.0	14.0	8.5	10.5	11.0	2.5*	0.5	2.0
£130,000 to £149,999	6.0	8.0	7.9	3.8	5.0	6.1	2.4**	1.1	1.2
£150,000 to £169,999	3.0	4.0	5.7	1.8	2.6	4.7	2.9***	2.1**	0.8
£170,000 or more	2.0	6.0	5.7	1.4	3.4	4.5	3.0***	1.1	1.9**
Observations	1,060	540	1,306	1,060	540	1,306			

Notes: Weighted data adjusted to match 2024 workforce composition. Asterisks indicate statistically significant differences between years based on proportion tests (* p<0.05, ** p<0.01, *** p<0.001). Unweighted data show raw survey responses. Income represents total individual annual income from GP work before taxes but after deducting allowable expenses.

Table 9: Distribution of partners GPs across income bands, 2015-2024 (unweighted and weighted estimates)

Partners	Unweighted (%)			Weighted (%)					
	2015	2019	2024	2015	2019	2024	24-15	24-19	19-15
Less than £50,000	5.0	2.0	3.0	5.3	2.3	2.8	-2.6*	0.5	-3.1**
£50,000 to £69,999	13.0	10.0	6.9	13.7	11.0	6.6	-7.1***	-4.4*	-2.7
£70,000 to £89,999	22.0	17.0	18.0	21.6	17.8	17.2	-4.5*	-0.6	-3.9
£90,000 to £109,999	29.0	26.0	21.5	28.6	26.4	21.2	-7.4**	-5.2	-2.2
£110,000 to £129,999	17.0	21.0	20.9	16.7	20.6	21.4	4.7*	0.8	3.8
£130,000 to £149,999	7.0	11.0	11.9	7.5	10.0	12.1	4.6**	2.1	2.5
£150,000 to £169,999	4.0	6.0	8.9	3.6	5.2	9.7	6.2***	4.5**	1.6
£170,000 or more	3.0	7.0	8.9	2.9	6.7	9.0	6.2***	2.3	3.9**
Observations	907	411	829	907	411	829			

Notes: Weighted data adjusted to match 2024 workforce composition. Asterisks indicate statistically significant differences between years based on proportion tests (* p<0.05, ** p<0.01, *** p<0.001). Unweighted data show raw survey responses. Income represents total individual annual income from GP work before taxes but after deducting allowable expenses.

Table 10: Distribution of salaried GPs across income bands, 2015-2024 (unweighted and weighted estimates)

Salaried	Unweighted (%)			Weighted (%)					
	2015	2019	2024	2015	2019	2024	24-15	24-19	19-15
Less than £50,000	56.0	42.0	36.1	51.9	36.1	32.1	-19.8***	-4.0	-15.8*
£50,000 to £69,999	27.0	36.0	37.5	27.3	43.3	40.9	13.6**	-2.4	16.0*
£70,000 to £89,999	14.0	16.0	17.6	17.4	13.5	18.8	1.5	5.3	-3.9
£90,000 to £109,999	3.0	5.0	5.7	3.1	6.6	6.3	3.2	-0.3	3.5
£110,000 or more[+]	0.0	1.0	3.1	0.3	0.5	1.1	0.8	0.7	0.1
Observations	153	129	477	153	129	477			

Notes: Weighted data adjusted to match 2024 workforce composition. Asterisks indicate statistically significant differences between years based on proportion tests (* $p<0.05$, ** $p<0.01$, *** $p<0.001$). Unweighted data show raw survey responses. Income represents total individual annual income from GP work before taxes but after deducting allowable expenses. [+]For salaried GPs, income bands £110,000 and above were merged due to small sample sizes: 2015 (n=1 for £110k+); 2019 (n=1 for £110k+); 2024 (n=15 for £110k+).

5. Discussion and conclusions

This analysis demonstrates how demographic reweighting provides additional insights into GP workforce trends by revealing what patterns would have emerged if the workforce in earlier years had the same demographic composition as 2024. We stratified using three variables: gender, age group, and contract type. Our weighting approach uses headcount rather than FTE figures since the GPWLS measures individual GP experiences. Headcount weighting reflects the composition of the GP population as individuals, whilst FTE weighting would capture the distribution of working time.

By weighting the 2015, 2019, and 2024 GPWLS results to match 2024 demographic composition, we can distinguish between changes in GP experiences and changes that result from workforce composition.

Summary of key findings

Weighting to 2024 demographics largely confirmed the patterns reported in unweighted data, whilst revealing some important nuances. Job satisfaction improved from 2015 to 2019, then declined modestly by 2024, particularly for remuneration, recognition for good work, and opportunity to use abilities—though 2024 levels generally remained above 2015 levels. Physical working conditions showed consistent deterioration across both periods. Job stressors declined substantially for finding a locum and changes to meet external bodies' requirements, whilst adverse publicity by the media declined sharply from 2015 to 2019 before rising again by 2024. Intentions to leave direct patient care remained remarkably stable across the period when accounting for demographic composition. Working hours declined significantly from 2019 to 2024 for all groups, with salaried GPs showing an increase from 2015 to 2019 followed by a sharp decline to 2024. Income distribution shifted toward both lower and higher bands for all GPs, with partners showing pronounced movement toward higher income bands.

The role of demographic transformation

The workforce between 2015-2024 underwent fundamental restructuring: the shift from partnership-dominated employment (approximately 70% partners in 2015) towards near-parity between partners and salaried GPs (approximately 50% each by 2024), steady increase in female representation from 50% to 58%, and modest shifts in age distribution. Examining working patterns, national statistics show that partners were consistently contracted to work 0.85 FTE whilst salaried GPs maintained approximately 0.6 FTE. However, FTE measures contracted time commitments rather than actual hours worked, which may not fully capture GPs' effective working time (Hutchinson et al., 2024). Data from the GPWLS on actual working hours show distinct patterns: partner GPs showed a decline in average hours worked per week, whilst salaried GPs showed a U-shaped pattern (increase 2015-2019, then sharp decline to 2024), though the gap between groups remained substantial (approximately 10-12 hours). These patterns confirm that observed overall changes in working hours result primarily from compositional effects - the growth of salaried employment associated with fewer working hours - rather than behavioural changes across all GPs.

Implications

These findings highlight that whilst demographic reweighting affects the magnitude of some trends, the overall patterns remain consistent between weighted and unweighted analyses. The primary value of weighting lies in understanding what workforce experiences would have looked like if demographic composition had remained constant, thereby separating genuine temporal changes from compositional effects. For policymakers, the results indicate that current GP workforce patterns - including reduced working hours and evolving income distributions - reflect both structural employment changes and genuine shifts in working conditions. Future workforce planning and survey research should account for ongoing demographic transitions to ensure accurate interpretation of trends in this evolving profession.

.

References:

Hutchinson, J., Gibson, J., Kontopantelis, E., Checkland, K., Spooner, S., Parisi, R., & Sutton, M. (2024). Trends in full-time working in general practice: a repeated cross-sectional study. *British Journal of General Practice*, *74*(747), e652-e658. https://doi.org/10.3399/bjgp.2023.0432

NHS England. (2025). *General Practice Workforce*. https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services

Pettigrew, L. M., Bharmal, A. V., Akl, S., Exley, J., Allen, L. N., Petersen, I., Cromwell, D. A., & Mays, N. (2025). Trends in the shortfall of English NHS general practice doctors: repeat cross sectional study. *BMJ*, *390*, e083978. https://doi.org/10.1136/bmj-2024-083978

Valliant, R., & Dever, J. A. (2018). *Survey weights: a step-by-step guide to calculation* (Vol. 1). Stata Press College Station, TX.

Table A1: Strata and weights

Gender	Age Group	Contract	N. GPs GPWLS 2015 (%)	N. GPs population 2015 (%)	N. GPs GPWLS 2019 (%)	N. GPs population 2019 (%)	N. GPs GPWLS 2024	N. GPs population 2024 (%)	Weights 15 to 24	Weights 19 to 24	Weights 24 to 24
Female	Under 35	Partner	25 (2.2)	602 (2.1)	4 (0.7)	423 (1.2)	7 (0.5)	174 (0.5)	0.208	0.645	0.927
Male	Under 35	Partner	27 (2.4)	587 (2.1)	9 (1.6)	463 (1.3)	4 (0.3)	252 (0.7)	0.279	0.415	2.349
Female	35–39	Partner	60 (5.4)	1,270 (4.5)	14 (2.5)	1,270 (3.7)	33 (2.4)	937 (2.5)	0.466	0.993	1.059
Male	35–39	Partner	50 (4.5)	1,423 (5.1)	17 (3.1)	1,231 (3.5)	27 (1.9)	946 (2.5)	0.565	0.825	1.306
Female	40–44	Partner	73 (6.5)	1,606 (5.7)	31 (5.6)	1,803 (5.2)	66 (4.7)	1,675 (4.5)	0.685	0.801	0.946
Male	40–44	Partner	67 (6.0)	1,606 (5.7)	30 (5.4)	2,012 (5.8)	49 (3.5)	1,459 (3.9)	0.650	0.721	1.110
Female	45–49	Partner	86 (7.7)	1,601 (5.7)	42 (7.6)	1,998 (5.8)	101 (7.2)	1,902 (5.1)	0.660	0.672	0.702
Male	45–49	Partner	75 (6.7)	1,732 (6.2)	41 (7.4)	1,966 (5.7)	79 (5.7)	2,036 (5.4)	0.810	0.737	0.961
Female	50–54	Partner	103 (9.2)	1,766 (6.3)	46 (8.3)	1,842 (5.3)	136 (9.7)	1,844 (4.9)	0.534	0.595	0.506
Male	50–54	Partner	123 (11.0)	2,288 (8.1)	44 (7.9)	2,112 (6.1)	114 (8.2)	1,878 (5)	0.456	0.633	0.614
Female	55–59	Partner	70 (6.3)	1,060 (3.8)	36 (6.5)	1,501 (4.3)	92 (6.6)	1,336 (3.6)	0.570	0.550	0.541
Male	55–59	Partner	125 (11.2)	2,044 (7.3)	63 (11.4)	2,263 (6.5)	99 (7.1)	1,625 (4.3)	0.388	0.383	0.612
Female	60+	Partner	16 (1.4)	499 (1.8)	8 (1.4)	639 (1.8)	33 (2.4)	821 (2.2)	1.532	1.522	0.928
Male	60+	Partner	57 (5.1)	1,543 (5.5)	40 (7.2)	1,903 (5.5)	66 (4.7)	1,920 (5.1)	1.006	0.712	1.085
Female	Under 35	Salaried	32 (2.9)	1,990 (7.1)	11 (2)	2,539 (7.3)	45 (3.2)	2,302 (6.2)	2.148	3.104	1.907
Male	Under 35	Salaried	10 (0.9)	641 (2.3)	4 (0.7)	955 (2.8)	21 (1.5)	1,253 (3.3)	3.741	4.647	2.225
Female	35–39	Salaried	27 (2.4)	1,555 (5.5)	15 (2.7)	2,553 (7.4)	59 (4.2)	3,593 (9.6)	3.973	3.553	2.271
Male	35–39	Salaried	7 (0.6)	553 (2)	6 (1.1)	775 (2.2)	18 (1.3)	1,515 (4)	6.461	3.745	3.138
Female	40–44	Salaried	27 (2.4)	1,097 (3.9)	24 (4.3)	1,748 (5)	40 (2.9)	2,711 (7.2)	2.998	1.676	2.527
Male	40–44	Salaried	3 (0.3)	351 (1.2)	4 (0.7)	533 (1.5)	20 (1.4)	888 (2.4)	8.837	3.293	1.655
Female	45–49	Salaried	16 (1.4)	656 (2.3)	17 (3.1)	1,217 (3.5)	62 (4.4)	1,809 (4.8)	3.375	1.578	1.088
Male	45–49	Salaried	6 (0.5)	254 (0.9)	8 (1.4)	383 (1.1)	18 (1.3)	615 (1.6)	3.060	1.140	1.274
Female	50–54	Salaried	8 (0.7)	503 (1.8)	12 (2.2)	792 (2.3)	55 (3.9)	1,273 (3.4)	4.751	1.574	0.863
Male	50–59 * (combined: salaried males)	Salaried	13 (1.2)	259 (0.9)	8 (1.4)	524 (1.5)	45 (3.2)	794 (2.1)	6.411	1.472	0.658

Female	55–59	Salaried	4 (0.4)	360 (1.3)	10 (1.8)	647 (1.9)	46 (3.3)	859 (2.3)	1.823	1.274	0.696
Female	60+	Salaried	4 (0.4)	98 (0.3)	1 (0.2)	256 (0.7)	28 (2)	476 (1.3)	3.553	7.061	0.634
Male	60+	Salaried	3 (0.3)	186 (0.7)	10 (1.8)	361 (1)	32 (2.3)	522 (1.4)	5.195	0.774	0.608
Total			**1,117**	**28,130**	**555**	**34,709**	**1,395**	**37,415**			

Notes: *This table reports the strata of the GP population that we used to create the weights we used to reweight 2015 results with the 2024 GP demographic composition (gender, age group, type of contract). The categories Male 50-54 salaried & Male 55-59 salaried were combined to avoid the presence of a singleton in the latter category in 2015 data. We adopted the same grouping for 2019 and 2024 data to ensure comparability across survey years.*