

## Estimating French GPs Weekly Working Hours by Activity

A summary of available data

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GP working hours are at the core of current transformations in the ambulatory care system and as such, constitute a major challenge in terms of measurement and evaluation.

Though often fragmentary or dated, the multiple sources of available data collated in this study nevertheless provide sufficient information to estimate not only GPs overall working hours but also to provide a breakdown by broad category of activity.

GPs thus declare working on average between 52 and 60 hours per week distributed in the following manner: 61% of their weekly working time is devoted to the provision of medical care in private practice activity, 19% to the provision of care outside private practice activity and 20% in activities other than those directly involving medical care.

The current sources of information nevertheless reveal a lack of representative and non-commercial data on GPs work schedules, their organisation methods, and the precise contents of their practice particularly with regards to patients' medical characteristics.

The series of constraints affecting the ambulatory care system (demographic (Bessière, Breuil-Genier, Darriné, 2004 ; Attal-Toubert, Vanderschelden, 2009), socio-economic and epidemiological) has led to the reorganisation of medical practices. It not only concerns out-of-hours medical services, home visits and inter-professional cooperation but also group practice. General practitioners' (GPs) working hours are at the heart of these transformations, whether it involves optimising

or reducing them, and constitute a major challenge in terms of both measurement and evaluation. The aim of this study is, as far as possible, to create a point of reference in terms of medical time in general practice permitting the elaboration of scenarios or monitoring the effects of measures that can impact medical time. In the absence of recent studies that are sufficiently complete or detailed on this question, we proceeded by collecting and comparing a variety of sources in order to estimate and break down a GP's working

hours. In effect, if GPs' overall working hours have been the subject of major studies, information is lacking on the nature of the activities involved. For the time being, the French National Health Insurance only enumerates medical activities subject to remuneration in private practice which provides a means of estimating the time doctors devote to them. The other activities, whether clinical (as salaried professionals, advice by

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telephone...) or whether they correspond to other tasks (administration) have rarely been studied. This question, however, gains in importance in the context of the announced shortage of GPs due to the restricted intake implemented in the 1990's and the increase in the number of GPs retiring from the profession (Bessière, Breuil-Genier, Darriné, 2004; Attal-Toubert, Vanderschelden, 2009). Beyond the possible measures consisting in improving the geographical distribution of GPs (Bourgueil, Mousquès, Marek, Tajahmadi, 2007), encouraging team work and favouring cooperation between different health professionals (Bourgueil, Le Fur, Mousquès, Yilmaz, 2008), optimising GPs working time could become an important issue. In any event, one would still need to dispose of sufficiently reliable and accurate information before envisaging the measures to be implemented.

To begin with, we briefly present a few informational guidelines on the global working hours declared by GPs and the time they spend delivering medical care. We then explore the available data on the time spent on activities other than those strictly involving care delivered to patients from a synthesis of various administrative data or available studies (*Cf.* Sources insert). Even if this approach came up against fragmentary or even dated information (*Cf.* table 1), it permitted us to assemble a first set of elements backed by figures and provided food for thought on the additional data needed to improve our knowledge on the subject.

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### General practitioners declare working on average between 52 to 60 hours a week

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According to three studies, the Insee\* 2004 Enquête Emploi (Employment Survey) (Breuil-Genier, Sicart, 2005), the 2007 Private GPs survey conducted by the Drees\* (Aulagnier, Obadia, Paraponaris *et al.*, 2007), and the 2007 survey conducted by the CSDM\* (Dang Ha Doan, Lévy, Teitelbaum, Allemand, 2008), self-employed GPs declare working on average between 52 and almost 60 hours a week.

This average number of hours worked per week is higher for male GPs, notably due to the higher frequency of female GPs working on a part-time basis (Fivaz, Le Laidier, 2001).

Between 1990 and 2000, two significant developments were observed: on the one hand, a clear trend towards the convergence of average working hours among GPs whatever their age; on the other hand, an increase in the average working hours of women GPs representing 60% of that of men in 1990 and over 70% in 2000 (Niel, Perret, 2004).

The way the surgery is organised, particularly in group practices, is susceptible of having an impact on the total hours worked by a GP. On this point, however, the results of the different studies do not corroborate. Other factors contribute to the variability in working hours such as the geographic area with, for example, higher working hours declared in rural areas or at certain periods in tourist areas. More especially though, part of this variability in GPs' working hours is due to the frequency of part-time work or multiple activities.

### 33 hours devoted to consultations and home visits in private practice activity...

With an average consultation lasting 16 minutes (Breuil-Genier, Goffette, 2006) and a home visit lasting approximately 30 min<sup>1</sup>, allocated to the volume of GPs' surgery consultations and home visits registered by the Health Insurance<sup>2</sup>, the French High Council for the Future of Health Insurance (HCAAM\*) estimates that in 2004, a little over 33 hours a week of self-employed time were devoted to home visits and consultations on the basis of 46 weeks activity<sup>3</sup>.

1 *Cf.* study by the High Council for the Future of Health Insurance (HCAAM) on the medical time worked by private GPs: [http://www.sante.gouv.fr/htm/dossiers/hcaam/note\\_240507.pdf](http://www.sante.gouv.fr/htm/dossiers/hcaam/note_240507.pdf), mai 2007.

2 On average, in 2004, a GP effectuated 4 225 consultations, 737 home visits and 107 'other' acts. Source Cnamts, Eco-Santé database.

3 The different studies exploring this theme estimate that a GP takes between five and six weeks holiday per year.

## BACKGROUND

In 2007, the Minister of Health asked the French National Authority for Health (HAS) to make recommendations on the conditions for new forms of cooperation between health professionals. In collaboration with the National Observatory on the Demography of Health Professions, the HAS mobilised several sources of expertise to achieve this. A first version of the summary presented here was prepared in the context of the *Irdes* participation in the working group on the 'economic stakes involved in cooperation between health professionals', the report having been published by the HAS\*.

\* HAS (2007). *Enjeux économiques des coopérations entre professionnels de santé*, Report from the working group presided by Mireille Elbaum, december.

Other than the fact that these medical working hours devoted to general practice consultations and home visits appear far lower than the overall working hours declared by doctors, this evaluation does not cover all the time devoted to medical care. It does not take into account current practices such as participation in out-of-hours services<sup>4</sup>, salaried medical activities, advice given to patients by telephone, contacts with specialists, visiting patients in hospital, running the surgery, etc.

### ... and approximately 2 hours to salaried activities...

To medical care carried out as a self-employed practitioner can be added the other care activities carried out as a salaried employee. According to the survey on group medicine carried out in collaboration with the Drees\* and the Cnamts\* in 2002 (Garry, Bonnet, 2004), a quarter of GPs declare working in another medical structure than the surgery (care centre 12%, public hospital 9%, clinic 5% and other structures [retirement home, school medicine...], approximately 13%).

Taking all GPs into consideration and whether or not they have these additional

4 Translator's note. In the text, '(continuous) out-of-hours (medical) service' refers to all medical activities undertaken outside surgery opening hours. More specifically, 'on call' is used when doctors are called at home (astreinte) and 'on duty' when they are on out-of-hours duty in the surgery or medical centre (de garde).

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## Estimation of GPs weekly working hours by activity

Activity groups and nature of activity	Sources and methods of evaluating activity time	Estimated average weekly working hours	Percentage
<b>Diagnostic and care activity in the self-employment framework</b>		<b>33.1 hrs</b>	<b>61%</b>
Diagnosics and care	'HCAAM' Method: [volume of consultations and visits reimbursed by NHI] x [average time to perform act*] on the basis of 46 weeks activity. * 16 min per consultation (Drees) and 30 min per visit.	33.1 hrs	
<b>Other diagnostic and care activities</b>		<b>10.5 hrs</b>	<b>19%</b>
Free consultations	No recent source of information. Estimations according to experts: minimum of two consultations per week.	32 min	
Salaried activities	2002 Drees-Cnamts survey on private GP group practices. From 20 to 25% of GPs exercise a salaried activity in 2002: 9% in a public hospital, 12% in care centres and 12% in retirement homes, school medicine...	120 min	
Out-of-hours (OOH) medical services	Cnamts. Number of OOH and regulation fees paid by the NHI in the first semester of 2006 for recorded time periods from which is deducted the time spent effectuating an act. To this is added an estimation of the time devoted to non-regulated OOH services (duration of acts deducted).	385 min	
Telephone advice	URML Brittany barometer. 30 calls for telephone advice/week, estimated duration/call: 3 min.	90 min	
<b>Training, medical representatives</b>		<b>4.6 hrs</b>	<b>8%</b>
Continuing training	URML Brittany barometer. Around 6 days of medical training acts/year. Estimation based on the basis of 8 hour days and 46 weeks activity.	63 min	
Reading	CSDM survey on doctors and medical practice in France in 2007	156 min	
Receiving National Health Insurance (NHI) delegates	For the NHI delegates, sources Cégédim*. 3.4 visits per year in 2008 with an average duration of 17 min. The time devoted to meetings between colleagues is not known but negligible when brought down to a weeks activity.* Quoted in L'information des médecins généralistes sur le médicament, Igas Report, September 2007.	2 min	
Receiving medical representatives	Sources Cégédim and Eurostaf. *330 medical representatives per year, average duration 7 to 8 min.* Quoted in L'information des médecins généralistes sur le médicament,	52 mn	
<b>Other activities</b>		<b>6.4 hrs</b>	<b>12%</b>
Administrative activities	URML Midi-Pyrénées 2002 (924 GPs) and URML Centre 2004 (198 GPs). Concordant estimations effectuated from distribution of time GPs spend on administrative tasks (without further precision).	285 min	
Managing the appointments diary	Hypothesis: 30 min/day for 45% of GPs without a secretarial office and 6 min for the others.	84 min	
Surgery upkeep	URML Rhône-Alpes. 23% of GPs declare dealing with surgery upkeep themselves. Estimated at 1hr/week for GPs concerned.	14 min	
<b>ENSEMBLE DES TEMPS ESTIMÉS</b>		<b>54.6 hrs</b>	<b>100%</b>
<b>Weekly working hours declared</b>	Insee Employment Survey 2004.....	53 hrs	
	Drees 2007 Panel survey in 5 regions.....	from 55.4 to 59.6 hrs	
	CSDM, 2007.....	52 hrs	

## SOURCES

### Few and often incomplete sources of information

Private GPs by definition exercise all or part of their activity in private practice. They may also have salaried medical activities (in a health centre, a hospital...) or salaried non-medical activities (teaching, training, journalism...). The most well-known activity statistically is the self-employed activity resulting in fees on condition they have been presented for reimbursement<sup>a</sup> and thus accounted for by the National Health Insurance.

Yet, during private practice time GPs effectuate certain acts that fall outside the tariff system (free medical acts, advice requested by patients by telephone...). The frequency of these acts and the medical time devoted to them cannot be broached other than by questioning GPs directly.

Private GPs' salaried activities remain, on the other hand, relatively unknown. For technical reasons, taxation sources do not allow the nature of these activities to be determined precisely.

### At national level

In France there is a scarcity of representative data at national level. To our knowledge, four recent French studies contain partial information on GPs working hours. Another more dated study can be considered as a reference.

- One study that analyses working hours from GPs known activities is based on the statutory health insurance scheme's Erasme data base comprised of all the medical acts presented for reimbursement.

*Aim:* to describe GPs activities in the course of a week<sup>b</sup>.

- The second, conducted by the Ministry of Health Directorate Research, Analysis, Assessment and Statistics (Drees) in 2002, was particularly interested in the factors influencing the duration of a consultation and GP home visits<sup>c</sup>. It was conducted among the Thales network doctors equipped with a computer and software enabling them to manage patient files during a consultation. Each doctor was asked to complete a questionnaire over 60 consultations and 8 home visits.

*Initial sample:* 1,437 GPs.

*Actual sample:* 922 GPs.

*Rate of participation:* 64%.

- The third study, effectuated by the Drees<sup>d</sup> from the 2003-2004 Insee Enquête Emploi (Employment Survey), aimed at evaluating doctors' working hours whatever their mode of practice.
- The fourth is a telephone survey conducted in 2002 by the Drees and the statutory health insurance fund (Cnamts) on group practices amongst self-employed doctors.

*Actual sample:* 2,656 GPs and specialists practicing in 14 different specialist domains.

*Rate of participation:* around 50%

- Contrary to the preceding studies, the reference study *Actes et fonctions du médecin généraliste dans leurs dimensions médicales et sociales*<sup>e</sup> (GPs Acts and Functions in their Medical and Social Dimensions) conducted in 1994 precisely describes their activity and the time spent exercising it. It was conducted by the French Society of General Medicine<sup>f</sup> (SFMG) amongst voluntary GPs that described their professional activity from 0 to 24 hours, one day a week over a three week period. The results are, however, difficult to exploit today given the advances in technology and practices.

*Actual sample:* 250 investigators selected from a group of 800 voluntary GPs recruited via the press.

### Two recent studies that cannot be extrapolated at national level

- The first study, undertaken by the Drees together with regional of health observatories (ORSs), regional unions of self-employed physi-

cians (URMLs) and health insurance fund (Urcams), was conducted by telephone and by post from March 2007 among GPs practicing in the following regions: Brittany, Burgundy, Basse-Normandie, Pays de la Loire and Provence-Alpes-Côte d'Azur. The GPs are to be interrogated every semester over a period of three years.

*Aims:* to observe the framework of activity, the professional environment, GPs working pace, care practices and to identify the key results.

*Initial sample:* 4,592 GPs, stratified according to age, gender and geographical area. The samples for each region are thus representative of self-employed GPs.

*Actual sample:* 1,901 GPs.

*Rate of participation* varied from 51 to 67% according to region.

- The other study was conducted by post in 2007 by the Centre for Medical Sociology and Demography (CSDM) for the Confederation of French Medical Trade Unions (CSMF) among a sample of all doctors whatever their mode of practice.

*Aims:* to observe certain aspects of medical demographics and doctors' professional practice including different forms of practice, working hours and methods used for continuing training... This source of information was used with the greatest precaution due to the low rate of participation and the limited number of self-employed GPs.

*Initial sample:* 3,858 practitioners.

*Actual sample:* 1,167 practitioners of which 347 GPs whose main activity mode is private practice.

*Rate of participation:* 31.5%.

### At regional level

Other studies conducted by the URMLs describe GPs attitudes and behaviour. Even though they often concern a very limited number of GPs, they are used here when they contain information unavailable in national studies.

- The barometer of practices in self-employed medicine conducted by the URML Brittany among regional GPs in 2003 and 2004 by post and Internet.

*Panel:* 120 voluntary Breton GPs.

*Participation:* around a hundred GPs in each survey wave.

- The URML Midi-Pyrénées survey conducted by post in 2002 among regional GPs concerning their needs and expectations.

*Initial sample:* the 3,100 GPs in the region.

*Actual sample:* 924 GPs.

*Rate of participation:* 30%.

- The URML Centre region survey conducted by post in 2004 among regional GPs concerning their preoccupations and aspirations.

*Initial sample:* 800 GPs.

*Actual sample:* 198 GPs.

*Rate of participation:* 25%

- The URML Rhône-Alps survey on the transfer of administrative workload from third party organisms to private practitioners conducted in 2003 among a sample recruited by post. For each patient seen over a period of two days, the practitioners were asked to complete a form that permitted the frequency of administrative tasks to be counted, their nature and the time spent on them.

*Initial sample:* 1,879 doctors of which 789 GPs.

*Actual sample:* 240 doctors of which 123 GPs.

*Rate of participation among GPs:* 16%.

- The Provence-Alpes-Côte d'Azur GP sample group. Survey conducted each quarter starting from 2002 among regional GPs so as to observe and evaluate their practices. Questionnaire content varied according to the themes being broached.

*Initial sample:* 1,076 GPs solicited in 2002 by post or by telephone. 600 GPs agreed to participate twice a year over a period of three consecutive years, that is to say 55.4% of GPs contacted.

a The more widespread distribution of French national health insurance cards ('Carte Vitale') should considerably reduce the number of acts not presented for reimbursement.

b Fivaz, Le Laidier, 2001.

c Breuil-Genier, Goffette, 2006.

d Breuil-Genier, Sicart, 2005.

e Gallais *et al.*, 1994.

f Following a bid for tender from the national public health network.

activities<sup>5</sup>, the weekly duration globally represent 1.7 hours per GP for those in group practices, and 2.2 hours for the others. There is a significant regional variability since, in 2007, [Drees\* panel], 14% of self-employed GPs in the Provence-Alps-Côte d'Azur region, *versus* 28% in Burgundy, declare exercising an activity in a hospital (health care centre or local hospital). For the moment unknown, the involvement of self-employed GPs in these different structures should be looked into further.

### ... and over 6 hours in out-of-hours services<sup>4</sup>

To these 35 hours supposedly taken up by home visits and consultations, both in the self-employed and salaried activities, can be added the time devoted to out-of-hours services<sup>4</sup>. These periods that oblige doctors to be permanently available are equally characterised by a low number of medical acts. The different billing information relating to the payment by Health Insurance of medical acts performed during the regulated on call duties<sup>4</sup> gives an idea of the number of hours doctors devote to this activity. Thus, during the first six-month of 2006, the average number of hours per week and per doctor (having participated or not in these activities) can be estimated at 3 hours per week<sup>6</sup>.

In the first semester of 2006, non-regulated activity represents 57% of the totality of medical acts carried out in ambulatory care during out-of-hour medical services. To assess the time spent on out-of-hours medical service, the time corresponding to regulated medical acts as collected by the Health Insurance was attributed to non-regulated acts<sup>7</sup>, on the basis of the number of acts performed; we thus estimate that doctors spend almost four hours per week in this activity.

5 Excluding clinical activity already included with consultations and home visits carried out in private practice service.

6 Information communicated by the Cnamts.

7 This supposes that the number of acts performed during a regulatory period (corresponding to a night, middle of the night, Sunday and Bank Holiday fee) is equivalent to the number of acts effectuated outside the regulatory period. If the number is higher, we consequently overestimate the number of hours spent on non-regulated out-of-hours care.

Within these 7 hours (3 + 4), GPs carry out consultations and visits already counted in the 33 hours of self-employed activity estimated by the HCAAM\*. To avoid double counting, one must deduct from these 7 hours the time spent in consultations and visits during out-of-hour medical services. We then arrive at an average weekly time of 6.4 hours per doctor having or not participated in this activity.

### 2 hours per week for non-remunerated acts

#### *Advice given by telephone*

According to the Drees\* survey on emergencies in general medicine in 2004, GPs declared 19 telephone consultations that did not result in a surgery consultation or a home visit during the week the survey was being carried out. The GPs having participated in the URML\* Brittany panel survey<sup>8</sup> had advised an average of 31 patients during the summer of 2003 (Cf. previous ref) and 30 patients during the winter of 2003-2004 (Levasseur, Bataillon, Samzun, 2003), that is to say 5 to 6 patients per day (seen or not afterwards in surgery). Depending on the author, without knowing the duration of these telephone contacts but estimating a theoretical average duration of 3 minutes per call, this activity represents approximately 90 minutes per week.

#### *Free consultations*

The most recently available data, dating back to (Gallais *et al.*, 1994) or 1996<sup>9</sup>, evaluated the number of free consultations at around 10 per week. Since then, the context in which care is delivered to the most underprivileged (susceptible of benefiting from free medical acts more than others) has changed with the implementation of a free complementary health coverage for the lowest income group (CMU-C\*). This enables them access to free medical care, and particularly that

8 Baromètre des pratiques en médecine libérale.

9 Survey conducted amongst 24,000 GPs. Data exploitation on the activity and the socio-economic role of the GP was carried out on a sample of 500 doctors representative of the participating GPs. Quantitative evaluation of the socio-economic role of GPs. Impact quotidien n° 955, October 1996.

delivered by GPs. According to experts (family GPs), there are on average about two free consultations per week (consultations for members of the family, patients presenting themselves without a CMU\* certificate...), that is to say half an hour per week.

In total, it would appear that almost 44 hours per week directly concern care delivered to patients.

### What in terms of working hours is measured other than time spent directly delivering care?

Among the activities 'not directly devoted to care' retained are: administrative tasks, continuing medical training, the evaluation of professional practices, the reception of medical visitors or National Health Insurance representatives or even *médecins conseils*<sup>10</sup> and surgery upkeep.

### Between 4.5 and 6.5 hours of administrative tasks per week depending on the survey

Whatever the survey conducted among GPs or specialists, many declare that administrative tasks weigh too heavily on their time. Thus, during the second wave of the Drees\* GP panel survey in 2007, almost nine out of ten GPs interrogated considered that their administrative workload had increased since the implementation of the 'Preferred Doctor' reform (Bournot, Goupil and Tuffreau, 2008).

What in fact do these so called 'administrative' tasks consist of? The survey analyses presented below reveal a certain amount of vagueness as to their definition and the different meanings covered depending on GPs responses. Certain activities concern practice administration such as accounting, ordering equipment, etc. Others are closely related to doctors'

10 Translator's note: *Médecins conseils* are medical experts who essentially control the requests for the reimbursement of medical acts. In the framework of secondary actions, they inform health professionals on preventive care and the HAS best practice recommendations.

clinical activities without being clinical acts in the strictest sense of the term. Thus, filling in forms or medical certificates, even if this task involves a clinical examination and questioning the patient, is considered as an administrative task by a percentage of GPs.

In the survey conducted by the Rhône-Alps URML\* in 2003 among 123 GPs in the region, the only 'administrative' tasks taken into account were those in direct relationship with patients (remote electronic transmission of statements of the treatment given, management of third-party payments...) [URML, 2004]. Within this limited field, the GPs in this region estimated spending 1 hour and 47 minutes per day on patient-related administrative tasks, that is to say 18% of their daily professional activity. The remote electronic transmission of statements of the treatment given and the management of third-party payments constituted the most time-consuming tasks in 2003. These procedures have since evolved, no doubt reducing the amount of time necessarily spent on them. In addition, the creation of a personal professional account in 2007, accessible on the National Health Insurance web site, has probably reduced the amount of time spent on managing third party payments. The third major administrative workload concerned drawing-up medical files for the Technical Commission for Vocational Guidance and Reintegration of Disabled Workers (Cotorep\*) or for the personalized allowance for disability (Apa\*)... The simplification and computerization of the required forms should reduce the time spent filling them in. Finally, demands for medical certificates of all kinds constituted another administrative task for the GPs interviewed even if they are drawn up during surgery consultations and are often the only reason for consulting. Contrary to the preceding tasks, these are included in the consultation time already accounted for.

Even if this study, that concerns a reduced sample of GPs in the Rhône-Alps region, cannot be extrapolated, it nevertheless gives an idea of the type of activities included in the time GPs declare spending on unremunerated patient-related admin-

istrative tasks. Using this survey as a starting point, and deducting the time spent on delivering medical certificates, the GPs in this region estimate the time spent on administrative tasks at almost 6 hours per week.

57% of private GPs in the Midi-Pyrenees, interviewed in 2002 (URML Midi-Pyrénées, 2002), and half of those interviewed in the Central region in 2004 (URML Centre, 2004), estimate their administrative workload (without further precision) at between 2 and 5 hours per week. 30% of them declare spending 5 to 10 hours a week and 12 to 15% less than 2 hours. Other than a vague definition that can be interpreted in any number of ways, the gaps in administrative time declared by the doctors in these two regions could be explained by the presence or not of a secretarial office, more frequent within group practices. From the distribution of working hours as declared by GPs having participated in both surveys we arrive at similar estimations for the average time spent on administrative tasks (without further precision): about four and a half hours per week<sup>11</sup>.

In another more recent source of regional information, according to the 527 GPs interviewed in the framework of the Provence-Alps-Côte d'Azur GP panel survey [Ventelou, Saliba, 2007] in 2005, doctors estimated spending on average 6 and a half hours per week on administrative and management tasks (without further precision).

#### **An estimated 1.5 hours per week are spent managing appointments**

According to the URMLs\* Rhône-Alps and Brittany and the Drees\* studies, four to five in ten GPs do not have a secretarial office and deal with all the tasks normally delegated to a secretary themselves, in particular the appointments diary. Undoubtedly time-consuming for those without a secretary, the hours devoted to secretarial tasks are in the majority probably already accounted for in the time GPs declare spending on administrative

<sup>11</sup> Sum total of the time periods' median times adjusted with the proportion of the GPs concerned.

tasks. According to the authors' calculations, if the GPs without a secretary spend a minimum of half an hour per day solely on making appointments and those that share the telephone answering service with their secretarial office spend 6 minutes per day<sup>12</sup>, the average time spent per GP can be estimated at 1.4 hours per week.

#### **A minimum 4.5 hours per week dedicated to training activities and GP information**

According to the URML\* Brittany panel survey<sup>13</sup> conducted in 2004, the Breton GPs declared having spent about 6 hours on training during the course of the year (URML Bretagne, 2005). 86% participated in continuing medical training evenings, 33% in medical training days, 45% in 2-day seminars, 15% in university diplomas or interuniversity diplomas, 30% in congresses and 8% in hospital staffs. Evaluating these days at 8 hours and on the basis of 46 weeks activity, one can estimate the time dedicated to training at around 1 hour per week.

According to the CSDM\*, in 2007, GP time spent reading newspapers, magazines and articles relating to medicine in order to keep updated on medical advances has its importance, 83% of them declare spending time on this activity: on average 2.6 hours per week, that is almost twice as much time as in 1977, year of the first CSDM\* survey.

Receiving medical representatives is another source of information for the GP and currently takes up part of GPs working time. In 2007, a GP received on average 330 medical representatives per year (Source Cégédim in Igas, 2007, p. 106). Knowing that a visit lasts on average 7 to 8 minutes, it means that around 3 to 3 and half hours per month are dedicated to this activity. According to data issued from the Drees\* panel survey conducted in 2007, the GPs interviewed equally declare

<sup>12</sup> To establish these estimates we make the following hypotheses: for GPs with no secretarial office, 20 calls per day each lasting 1.30 minutes to make the appointment and for GPs sharing the telephone answering service with their secretarial office, 4 calls per day each lasting 1.30 minutes. Hypothesis retained: 45% of GPs do not have a secretarial office.

<sup>13</sup> Baromètre des pratiques en médecine libérale.

receiving between 4.5 and 6 medical representatives per week, depending on the region.

If at the beginning of 2007, the GPs participating in the Drees\* panel survey estimated the number of annual contacts with Health Insurance delegates<sup>14</sup> at between 1.6 and 2, the Health insurance fund (Cnamts\*) planned carrying out 4 to 5 visits from 2007. In 2008, 183,000 visits from the delegates<sup>15</sup> were carried out amongst self-employed GPs. Knowing that the average duration of these visits was 17 minutes in 2007 (Source Cégédim in Igas, 2007, p. 218), receiving the delegates would take one GP about one hour per year.

In 2008, *médecins conseils*<sup>10</sup> conducted 44,000<sup>16</sup> interviews amongst GPs. The average duration of these interviews is not known but we assess that brought back down to an average working week, its weight must be negligible.

14 Translator's note: Health Insurance delegates are advisors who, amongst other things, communicate Health Insurance recommendations to doctors. They complement the work carried out by the *médecins conseils*.

15 Source CPAM 79.

16 Ibidem.

### About a quarter of an hour per week dedicated to surgery upkeep

More surprising, a number of GPs appear to ensure surgery upkeep themselves. According to the URML\* Rhône-Alps survey, 23% of men and women GPs in the region declare being in this situation. One can estimate that these GPs spend a minimum 1 hour per week, that is to say a quarter of an hour on average for the totality of GPs, including those who do not carry out these tasks.

### From whence the need to dispose of more reliable data to analyse GP working hours

Even if the collected data is of variable quality, this compilation of available information on the distribution of GPs working hours allows us to provide rough estimates concerning these GPs' average work schedule.

Our study reveals a lack of representative and transparent data on GPs' medical activity. This gap not only concerns GPs working schedule but also the organisation of care structures (single GP

or group practice, secretarial office or not...) and, more especially, the contents of their medical activity (80% of GPs working time). We particularly note the lack of information on the delivery of care administered outside private practice activity. Within the private practice activity, a great deal of progress has been achieved through the coding of technical acts, the prescription and retail sale of medical goods, and biology implemented by the National Health Insurance which permits better understanding the different care practices. Beyond repeated treatments for long-term disease<sup>17</sup>, however, detailed information on the motives behind a patient's repeated consultations and comorbidity is not always available.

This type of information nevertheless seems indispensable to monitor the impact of current transformations and allow for a better organisation of the ambulatory care supply and, more precisely, the primary care supply. ♦

17 When a patient consults for an illness recognised as a long-term disease (LTD), only the specific ailment is known but never the coexisting medical conditions additional to an existing diagnosis that, frequently complicate the LTD care management plan.

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## GLOSSARY

- [APA] **Personalized allowance for disability**: Allocation personnalisée pour l'autonomie
- [CMU-C] : **Means-tested supplementary health coverage for the lowest income people**: Couverture maladie universelle complémentaire (CMUC)
- [Cnamts] **French National Health Insurance Fund for Salaried Workers** : Caisse nationale d'assurance maladie des travailleurs salariés
- [Cotorep] **Technical Commission for Vocational Guidance and Reintegration of Disabled Workers**: Commission technique d'orientation et de reclassement professionnel
- [CSDM] **Center for Medical Sociology and Demography**: Centre de sociologie et démographie médicale
- [CSMF] **Confederation of French medical Trade Unions**: Confédération des syndicats médicaux français (CSMF)
- [Drees] **Directorate for Research, Analysis, Evaluation and Statistics of Ministry of Health**: Direction de la Recherche, des Etudes, de l'Évaluation et des Statistiques
- (French) **National Health Insurance delegates**: Délégués de l'Assurance maladie
- [HCAAM] **French High Council for the Future of Health Insurance**: Haut Conseil pour l'avenir de l'Assurance maladie
- [Insee] **French National Institute for Statistics and Economic Studies**: Institut national de la statistique et des études économiques
- [ONDPS] (French) **National Observatory on the Demography of Health Professions**: Observatoire National de la Démographie des Professions de Santé
- [ORS] **Regional Health Observatory**: Observatoire régional de santé (ORS)
- [SFMG] **French Society of General Medicine**: Société française de médecine générale (SFMG)
- [URCAM] **Regional Union of Health Insurance Fund**: Union régionale des caisses d'assurance maladie
- [URML] **Regional Union of Self-Employed Physicians**: Union régionale des médecins libéraux
- **Medical visitor**: visiteur médical
- **On call**: astreinte
- **On duty**: garde
- **Out-of-hours (medical) services**: permanence des soins
- **Private practice activity**: cadre libéral