Table 1. Number of night visits made by the Gordon Street Surgery[a] 1995–2002.

Year	Number of night visits
1995	339[b]
1996	378
1997	196[b]
1998	288
1999	341
2000	329
2001	316
2002	240

[a]Practice 10 000, urban with deprivation payments and 16% ethnic minority.

Table 2. Number of out-of-hours contacts for the local GP cooperative[a] 1999–2002.

Year	Number of out-of-hours contacts
1999	17 569
2000	17 726
2001	17 651
2002	18 026
2003	21 188

[a]Population 103 000 in 2003, urban and rural.

decreasing personal commitment and increasing reliance on rotas and commercial deputising services'.[4]

If one looks at total out-of-hours contacts for our local GP cooperative, the figures for 1999–2002 (Table 2) show a 2.6% change (that is, approximately 1.25 more calls a day in 2002 than in 1999), despite the increasing population of Burton upon Trent, and our practice joining the cooperative in September 2000. The sharp rise in 2003 is owing to all of the local practices shutting on Saturdays and the cooperative taking over Saturday morning surgeries.

If one cannot say with certainty that workload has increased to a major extent, what has happened? Undoubtedly out-of-hours time burden per GP has decreased because of the rise of GP cooperatives, yet the pressure to opt out of on call work has increased — almost in inverse proportion to the number of hours worked (an inverse workload law — the fewer hours worked on call by an individual GP, the more stressful those hours are perceived to be?). I believe GP attitudes have changed, as has the society of which we are part.[5,6]

We should be more honest with the public and ourselves. Our perception of our work has changed fundamentally, not the workload. It is not wrong to say that the hours and conditions we readily accepted 20 years ago are no longer right for us or our families. To blame significantly increasing workload for our woes does not fit the evidence.

From blaming workload for our low morale, it is a short step to blaming patients. Not only is this perversely biting the hand that feeds us, it also encourages us to see the patient as at best, a consumer and at worst, the opposition. When we cease to work alongside our patients we risk losing the two core aspects of our professionalism identified by Heath — the biographer of our patients, and the interpreter of their symptoms.[7]

As a GP, I love my job, feel I am well paid and do not think I am working significantly harder than before. Is there is something wrong with my perception?

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GP workloads in Europe

Orest Mulke wonders if it would be difficult to demonstrate that GPs' workload had increased over the years.[1]

International research on burnout, presented at a European General Practice Research Network (EGPRN) meeting in Verona and to be managed as a workshop at the forthcoming meeting in Antwerp, has shown that GPs' workload is moving towards burnout almost everywhere in Europe.[2]

In Italy, GP workloads have increased in recent years, and this has not necessarily coincided with an improvement in quality of care and clinical efficacy, but, as a rule, quite the contrary with more bureaucracy, less consideration and respect for the professional role, worse organisation, and lower incomes.

Research managed by the Italian College of General Practitioners in North-east Italy, studied GP workload by looking at patients seen in GPs' surgeries.[3] The work carried out by the GPs was recorded on computerised systems (not easy in Italy) and it was clear that patients were attending practices 4.7 times a year in 1996 and 7.5 times a year in 2002, an increase in workload of 57%.

This could be linked to a greater perception of 'health needs', which are frequently inappropriate and brought about by acts of law from the Ministry and from the Health Authorities (for example, fewer drugs prescribed on prescribing cards, modifications on free-of-charge examinations and so on).

In Italy, it's time to take care of the massive burnout and overload in primary care, beginning with workload issues and then looking at other factors.

It's time to take care of patients' health (before they are ill), through an awarding system that measures processes and results (not only structure).

Last but not least, as for Orest Mulke, if we look at income in 1982 and now, the situation is simply a disaster.

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