The State of Medical Education and Practice (SoMEP) Barometer survey 2020

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Snapshot summary

2020 has been a year of great change, with the COVID-19 pandemic having had a great impact on doctors' working lives

- Four fifths (81%) of doctors report that the changes to their working lives have been significant, and four in ten (42%) were redeployed.
- Doctors reported a wide variety of specific changes they had experienced, but most commonly these involved remote working and reduced face to face patient contact, fewer 'routine' procedures being carried out, the need to wear PPE, and changes to working patterns.

While some of these changes have led to positive impacts…

- Doctors are most likely to have felt positive impacts on teamwork between doctors (62%), sharing of knowledge across the medical profession (54%) and speed of implementing change (49%).
- Some of these changes have the potential to be sustained moving forward, although others are more temporary. Many doctors feel that the positive impact on teamwork between doctors and sharing of knowledge can be sustained in future, but there is less optimism for speed of implementing change.
- It is positive that, compared to 2019, fewer doctors are struggling with high workloads (15% vs 26% in 2019) and burnout (10% vs. 16% in 2019) – a pattern particularly seen among GPs, who nevertheless remain more likely than other doctors to face these challenges.
- Of course, it is important to remember that these apparent positive impacts on workload and burnout will not have reached all doctors, are likely only temporary, and reflect reductions to non-urgent care, which have had a negative impact on patients.

…there have also clearly been negative impacts that will need careful monitoring

- Three in ten (32%) report that they have experienced a negative impact on their mental health and wellbeing and four in ten (41%) on access to development or learning opportunities.

- Four in ten doctors (43%) have witnessed a situation where either their own or a colleague's safety had been compromised in 2020, which four-fifths (80%) attributed to lack of PPE.

- Half (50%) of compromises to patient safety witnessed by doctors in 2020 were linked to lack of access to equipment and services.

Impacts on doctors' intentions to leave the UK medical profession remain to be seen

- Half (57%) of doctors are considering making a career change in the next year, a significant decrease compared to 2019 (71%).

- Despite this, a similar proportion (4%) have taken action to leave the UK medical profession. Only a relatively small proportion of these doctors attribute their experience of working during the pandemic as a reason behind them considering leaving – rather pre-existing factors are generally what is pushing them out of the UK profession. The longer-term impact of the pandemic on intentions to leave is not yet evident.

1 Introduction

Background and objectives

The General Medical Council's (GMC's) mission is to prevent harm and drive improvement in patient care by setting, upholding and raising standards for medical education and practice across the UK.

Every year the GMC reports on 'The state of medical education and practice in the UK'. This brings together primary research alongside the GMC's own in-house data and other external data sources to help understand and highlight prominent issues in UK healthcare. To underpin this report, the GMC commissioned IFF Research to conduct an online survey of doctors: the SoMEP barometer survey.

This survey was first run in 2019 and was designed to contribute to the overall *The state of medical education and practice in the UK* narrative to allow the GMC to report on changes in doctors' career intentions, experiences in the workplace, and frequency of adaptations to pressurised environments.

In light of the COVID-19 pandemic, the key research questions were adapted for the 2020 research to explore:

- The impact of COVID-19 on doctors' working lives;
- Doctors' experience of working in a 'system under pressure' and the impacts of this on patient safety and doctor wellbeing;
- Doctors' satisfaction in their working life and drivers for this;
- Likelihood to make career changes in the next year, including likelihood to leave the UK medical profession.

Research approach

Fieldwork was conducted online between 15th June-19th July 2020 with a total of 3,693 doctors currently working in the UK. This timing meant that fieldwork took place after the peak of the first wave of the pandemic, meaning that doctors responding were able to reflect on that key period of the pandemic for the UK. However, as it was still relatively recent, some longer-term impacts were yet to be seen.

A sample of 31,000 doctors was sourced from Wilmington Healthcare[1] databases. The sample was drawn in a way that reflected the wider population of licensed doctors in the UK in terms of region and primary/secondary care settings. A total of 3,181 completes were achieved through this sample of doctors, giving a response rate of 10%.

[1] Formerly known as Binley's.

This was followed by a 'snowballing' exercise and use of a healthcare professional research panel to boost response from younger doctors and doctors in training. The snowballing exercise involved asking doctors that had already taken part to forward an open invite survey on to 1-2 doctors in training. In total, these generated a further 512 completes (327 via snowballing, and 185 panel members).

To ensure findings are representative of all licensed doctors, weighting was then applied using GMC population data on age, registration status, ethnicity and place in which primary medical qualification was gained.

Questionnaire design

The questionnaire, as in 2019, covered doctors' satisfaction in their working lives, career intentions over the next year, experiences in the workplace and adaptations to pressurised environments. The 2019 questionnaire was adapted in light of the COVID-19 pandemic. A new section of questions was added to explore the ways in which doctors' working lives changed due to the pandemic, and some key indicator questions were adapted to focus on the period of the pandemic (the previous survey asked doctors to reflect on the past year, whereas the 2020 survey asked them to reflect on the period since the start of 2020).

Due to these adaptations, and the unique situation for doctors in 2020, it is not possible to directly track this year's findings against the 2019 results. Where questions from the 2019 research were included in such a way that allows for comparison, these comparisons have been made in this report where appropriate and are caveated as necessary.

Reporting

Throughout this report, differences between types of respondent that are reported are always statistically significant (i.e. we can be 95% confident that these are 'real' differences in views between different types of respondent, rather than these apparent differences simply being due to margins of error in the data). Differences which are not statistically significant have not been reported.

When referring to differences by registration type, this refers to the register(s) the doctors have reported they are on:

- GPs: those licensed on the GMC's GP register;
- Specialists: those licensed on the GMC's specialist register;
- Doctors in training: licensed doctors currently in core, GP or specialist training;
- SAS/LEDs/non-training: licensed doctors in a non-training post and not on the GP or specialist registers (referred to as 'SAS/LE doctors' throughout)

Further details of the research approach can be found in the Technical Appendix.

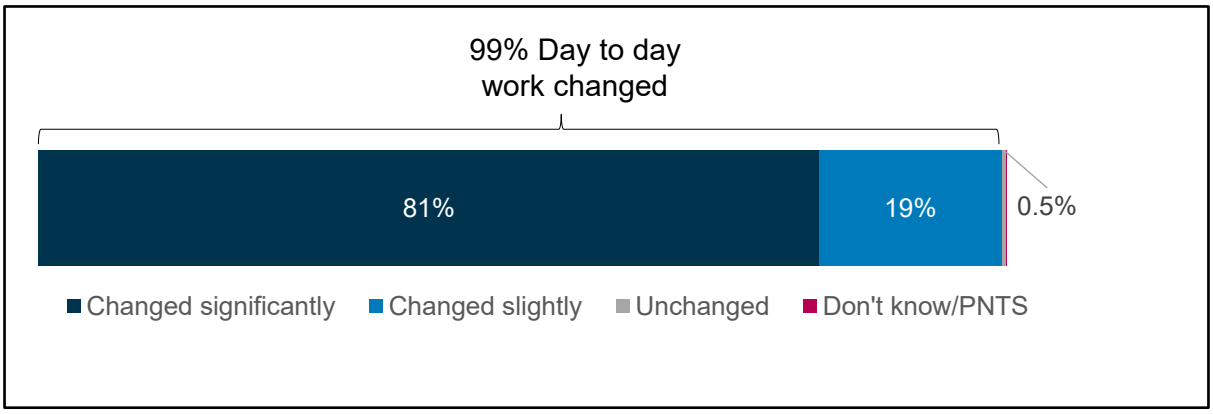
2 Experiences of working during the COVID-19 pandemic

This chapter describes the impacts that the COVID-19 pandemic has had on doctors' work. It begins by describing the extent to which doctors' day-to-day work has changed and how. The second part of the chapter looks at positive and negative impacts on ways of working, and the frequency with which doctors are taking on tasks outside of their role.

Changes to day to day work

Nearly all doctors (99%) experienced a change in their day to day work as a result of the COVID-19 pandemic and eight in ten said their work had changed significantly (81%); see Figure 2.1.

Figure 2.1 Extent to which day-to-day work as a doctor changed due to the COVID-19 pandemic



I1. To what extent has your day to day work as a doctor been changed by the COVID-19 pandemic? Base: All doctors (3693)

Whether or not doctors reported a significant change varied across different groups. While it is not possible to determine what is driving all of these differences, it should be noted that the interpretation of what significant change meant was left to doctors to determine. It could therefore relate to a variety of issues such as a sudden increase or decrease in workload, changing roles or continuing in the same role but moving to remote working practices.

Significant changes were felt by the majority of all registration types across all specialties however a higher proportion of those working in anaesthetics and intensive care (89%), and GPs (94%) felt their day to day work had changed significantly. Specialties less likely to report a significant change included those specialising in medicine (74%), psychiatry (69%), pathology (67%), acute medicine (67%), and emergency medicine (66%).

Doctors in training – and linked to this, doctors who had worked for under ten years – were less likely to report their day-to-day work having changed significantly (65% and 68% respectively).

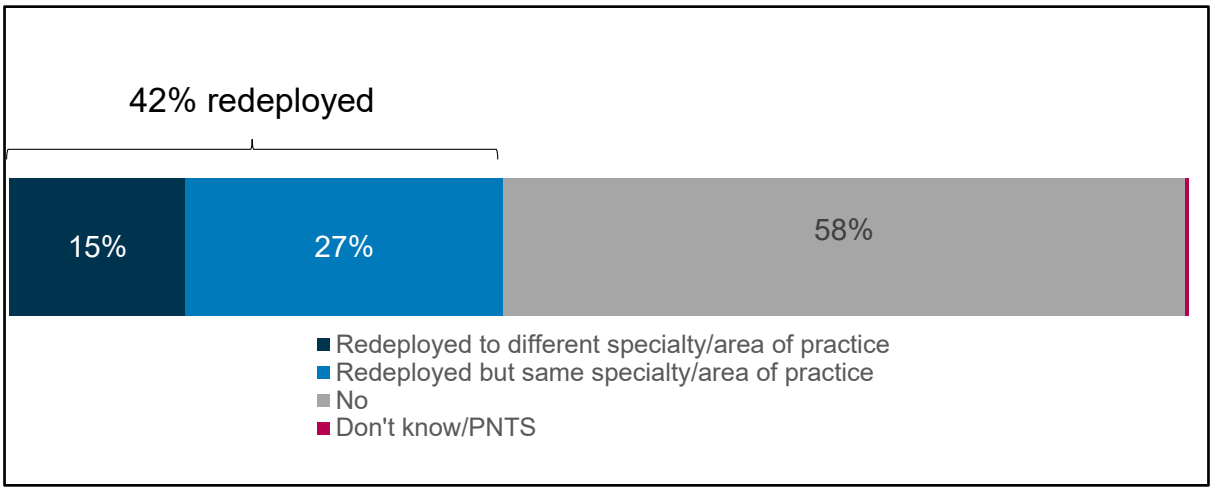
Changes were felt differently in different regions, with doctors in England being more likely to experience significant changes than Scotland, Wales and Northern Ireland (83% compared to 73%, 68% and 69% respectively), driven particularly by England GPs (89%).

Furthermore, white doctors were slightly more likely to report that their work had changed significantly compared to those from a BME background (83% compared to 78%) while black / black British doctors, and those from mixed or multiple ethnic groups were far less likely to report a significant change (63% and 59% respectively). To some extent, this is likely to be linked to specialty type as BME doctors were less likely to be GPs or in anaesthetics and intensive care.

Redeployment to other roles

The COVID-19 pandemic caused an unprecedented level of change to doctors' roles, with more than four in ten (42%) doctors redeployed to a different role for all or part of this time. As Figure 2.2 shows, the majority of doctors who were redeployed were moved to a role within their same specialty or area of practice (27% of all doctors), while a smaller proportion were moved to a different speciality (15% of all doctors).

Figure 2.2 Doctors redeployed to a different role during COVID-19 pandemic



I2. During the COVID-19 pandemic, have you been redeployed into a different role (e.g. grade, specialty, place of work) to your usual one? Base: All doctors (3693)

Doctors in training or those who had been practising for under ten years were most likely to be affected, with the majority of both groups redeployed (69% and 60% respectively). This reflects the fact that there is greater flexibility within this section of the workforce. Redeployment among specialists and SAS/LE doctors was less common but still affected around four in ten (41% and 39%). By comparison, far fewer GPs were redeployed (17%).

Doctors who were more likely to be redeployed within their specialty included those working in anaesthetics or intensive care (48%) and medicine (40%), which may well be as these doctors could work in COVID-19 wards. Those who were redeployed to work in a *different* area or specialism were more likely to have come from an area seeing a drop in cases during the pandemic, such as surgery (33%) and emergency medicine (26%). Doctors in training were fairly evenly split, with 30% staying in the same specialty and 40% moving outside.

Looking at different demographic groups, doctors of black / black British ethnicity were more likely than others to have been redeployed (56%), possibly because a high proportion were in training (40% of black / black British doctors were in training). Men were slightly more likely than women to have been redeployed (45% compared to 39%), although this may be because women are more likely to

be GPs, who saw low levels of redeployment. Doctors who had a disability were slightly less likely to be redeployed than others (29% vs. 43%).

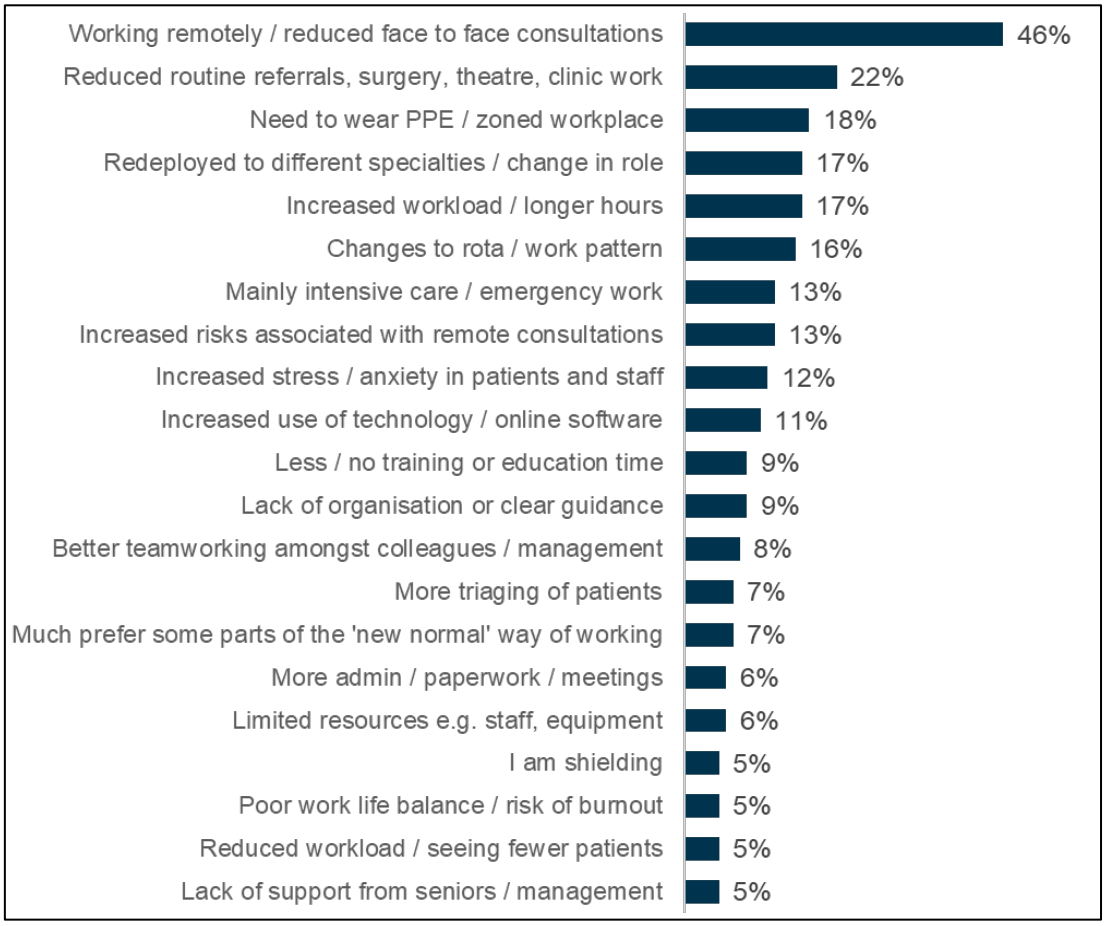
There were considerable differences geographically in the numbers of doctors being redeployed, with redeployment being less common in England. Two in five doctors in England (39%) were redeployed compared to over half in Northern Ireland (56%), Scotland (52%) and Wales (54%). This is the opposite of the pattern described above, in that doctors in England were more likely to report that their day to day work had changed significantly compared to other countries in the UK. Looking particularly at England, numbers who were redeployed were higher in the East (60%) and in London (50%) while the proportions were around a third in other regions in England (ranging from 27 to 33%).

Redeployment was also less common in smaller hospitals of less than 300 beds (26% redeployed), perhaps because there was less scope to move to different departments.

Change in day to day work

Doctors were asked an open question about the main ways in which their day to day work had changed during the course of the COVID-19 pandemic, and responses showed a wide range of changes as illustrated in Figure 2.3. The most common changes doctors identified were around remote working, the use of PPE, working hours, and redeployment or reductions in routine surgery, theatre and clinic work. However, there were considerable differences in the changes experienced depending on doctors' area of work. It is important to note that this question was unprompted and asked doctors to reflect on the main changes they experienced, meaning that it does not provide a comprehensive overview of all changes that occurred but rather an indication of what was top of mind and considered to be most important by doctors.

Figure 2.3 Main changes to day to day work



I5. Please describe the main ways in which your day to day work has changed over the course of the COVID-19 pandemic and your experiences of these changes (unprompted). Base: All doctors (3693)

Following the pattern of redeployment, those in anaesthetics and intensive care, and therefore those most likely to be managing COVID-19 cases, commonly experienced a move towards more intensive care and emergency work (41%). While many also saw changes in their working patterns (34%).

"The volume of work associated with this role has quadrupled due to the COVID pandemic. Managing gaps in the rota and having to change virtually everything about how I work virtually overnight. Although there have been positive aspects to that including certain modernisations happening at a far swifter pace than normal, we have been continually hampered by absurd levels of bureaucracy."
Specialist, obstetrics and gynaecology, female. UK PMQ

"I have been redeployed to the ICU from my usual anaesthesia training programme. Hence, I have missed out on about 2 to 3 months of training. Work in the ICU has been intense… I am worried about my training, I know I will not recover the lost opportunities and I wonder how this will affect my future."
Doctor in training, anaesthetics and intensive care, EEA PMQ

Around a fifth of doctors in training (who as shown above were highly likely to have been redeployed during the pandemic) identified changes to their work patterns (22%) and an increase in working hours (20%) as one of the main changes they experienced, while 15% identified having less or no training or education time during the pandemic.

For GPs, changes centred on remote working rather than changes in the nature of work. Eight in ten GPs mentioned remote working and reduced face to face consultations (80%), and consequently, 16% also mentioned increased use of technology or online software, while 18% said they were doing more triaging of patients.

Psychiatrists commonly experienced a move to remote consultations (70%), but a quarter (26%) flagged that this had resulted in increased risks associated with meeting patients remotely.

"Working on Old Age Psychiatry, the impact of the COVID restrictions have been mostly negative with regards to direct patient care. Memory clinics have been cancelled. NHS Attend Anywhere virtual clinics were quickly made available, but the majority of our patients struggle with the technology. Additionally, it is very difficult to complete a cognitive assessment remotely."
SAS/LE doctor, psychiatry, female, PMQ outside UK and EEA

In addition to changes illustrated on Figure 2.3, the following were mentioned by a smaller proportion of doctors (4% or less):

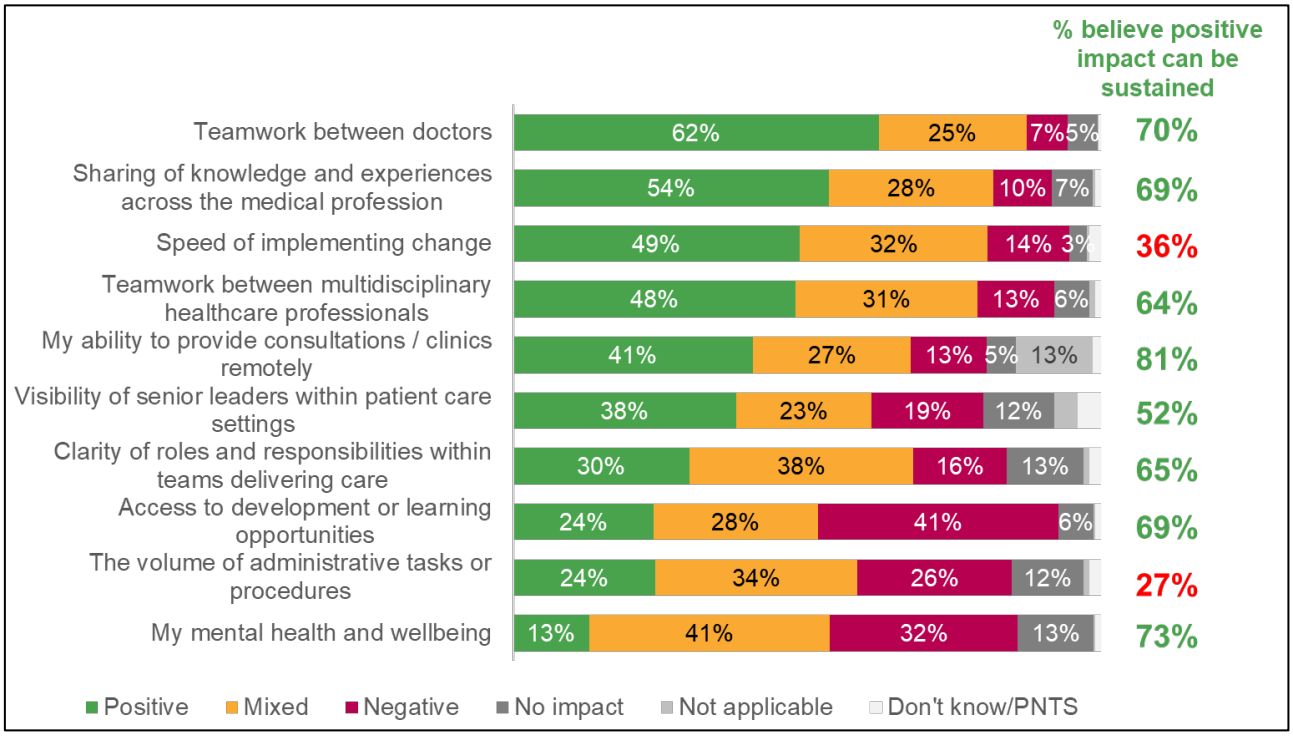
- Increased management role / duties
- More ward-based work
- Feeling socially isolated
- IT challenges
- Less admin or bureaucracy
- Working in unfamiliar surroundings
- Less interaction with colleagues regarding specialist opinions
- Lack of PPE

Positive impacts of the pandemic on ways of working

The 2020 barometer survey asked doctors whether the COVID-19 pandemic had a positive, mixed or negative impact on ten aspects of their working life. Overall, nine in ten (89%) reported a positive

impact on at least one of these aspects, with those relating to better teamwork, knowledge sharing and the speed of implementing change most often reported, as shown in Figure 2.4. Six in ten doctors overall (62%) agreed that teamwork between doctors had improved while almost half (48%) felt teamwork between multidisciplinary healthcare professionals improved. Around half felt that COVID-19 had a positive impact on knowledge sharing (54%) and the speed of implementing change (49%).

Figure 2.4 COVID-19 impacts on ways of working and sustainability of positive impacts



I3_X. Thinking about your day to day work during the COIVD-19 pandemic, do you feel there has been a positive, mixed or negative impact on the following areas…? Base: All doctors (3693) / I4_X Do you think that the positive impact can be sustained after the pandemic? Base: Doctors seeing positive impact[2]

Findings suggest that doctors working in areas most directly involved in treating COVID-19 patients, where teams may have been required to reorganise in order to manage the increased pressure on services, were especially likely to report improvements in teamworking and more clarity of working structures. For example, anaesthetists and those working in intensive care commonly reported positive impacts to multidisciplinary teamworking (64%), improved clarity of roles and responsibilities (39%) and visibility of senior staff (51%).

Further, doctors who were redeployed (within or outside of their specialty) during the pandemic were more likely than those not redeployed to report positive impacts in teamworking between multidisciplinary healthcare professionals (52% compared to 45% of those not redeployed), clarity around roles and responsibilities (34% compared to 27% not redeployed) and the visibility of senior leaders (44% compared to 34% not redeployed). Among those who were redeployed, this seemed to have a knock-on effect to their mental health and wellbeing, as they were more likely to also report

[2] Base sizes for sustained positive impact: Teamwork between doctors 2288; Sharing of knowledge and experiences 2100; Speed of implementing change 1946; Teamwork between multidisciplinary healthcare professionals 1790; Ability to conduct consultations / clinics remotely 1590; Visibility of senior leaders in patient care settings 1249; Clarity of roles 1082; Access to development or learning opportunities 913; Volume of administrative tasks 891; Mental health and welling 385.

positive effects in this area (18% compared to 8% not redeployed), although this remains a relatively low proportion.[3]

Similarly, doctors who were in training (who were more likely to be redeployed) were likely to report positive impacts across a range of working practices including teamwork between doctors (69%), visibility of senior staff (54%) and the volume of administrative tasks (28%).

GPs' experiences were also different: they were more likely to report benefits to the speed of change (59%) and remote consultations (65%), as well as being more likely to have benefited from fewer administrative tasks (34%) and improvements in access to learning opportunities (28%).

Sustainability of positive impacts

As shown above in Figure 2.4, the majority of doctors who perceived positive impacts felt that they could be sustained beyond the pandemic in the following areas:

- ability to provide consultations remotely (81%),
- mental health and wellbeing (73%),
- teamwork between doctors (70%) and multidisciplinary healthcare professionals (64%),
- sharing knowledge and experiences (69%),
- access to development or learning opportunities (69%),
- clarity of roles and responsibilities (65%),
- visibility of senior leaders in patient care settings (52%).

This was not the case, however, for the speed of implementing change and reductions in the volume of administrative tasks, where only around a third of those who perceived positive impacts thought these were sustainable:

- speed of implementing change (36%),
- volume of administrative procedures (27%).

This suggests that many feel the pandemic caused administrative barriers to be removed as an emergency measure only. Although of course some feel the increased pace of change could be continued, confidence in this was not as widespread as for other changes.

As well as being more likely to report positive impacts, doctors in training were also more optimistic than others about the sustainability of these impacts. Around three quarters of those who experienced the positive impact said that teamworking between doctors was sustainable (75%), as well as access to development opportunities (79%) and clarity around roles and responsibilities (78%).

3 Chapter 3 covers the impact on doctors' mental health and wellbeing in more detail.

Negative impacts of the pandemic on ways of working

Doctors generally experienced fewer negative than positive impacts to their work, however over two thirds (69%) of doctors reported at least one negative impact.

As shown above in Figure 2.4, the negative impacts of COVID-19 on doctors working processes centred on learning and development, and mental health and wellbeing[4] and these will need monitoring during the course of the pandemic and beyond.

Two fifths of all doctors (41%) felt that the pandemic had negative impacts on access to development and learning, suggesting that the response to the pandemic had perhaps detracted from focus on professional development. However, Doctors who were redeployed during the pandemic were more likely to feel that the impact on learning opportunities had been mostly positive (27% vs. 22% others), while those who were not redeployed were more likely to report a mix of positive and negative impacts (30% vs. 24% others). SAS/LE doctors were particularly likely to report negative impacts on access to learning opportunities (52%). Findings also suggest that access to development and learning was worse in larger hospitals than smaller ones (48% in hospitals of over 700 beds, compared to 36% in smaller hospitals). This may be due to larger hospitals being impacted to a greater extent by COVID-19 cases during the first wave, as reflected in higher numbers of those feeling their work had significantly changed due to the pandemic.

Black / black British doctors were more likely to report negative impacts across a range of working practices than doctors of other ethnicities, most notably teamwork between multidisciplinary healthcare professionals (32%), teamwork between doctors (21%), clarity of roles (29%), remote consultations (25%), and sharing of knowledge (25%). Overall, black / black British doctors were more likely to notice negative impacts: 52% noticed between 3 or more negative impacts (compared to 26% of white doctors). On the other hand, white doctors were significantly more likely to notice positive impacts of the pandemic: 73% noticed between 3 or more positive impacts, compared to 62% of Asian / Asian British and 49% of black / black British doctors.

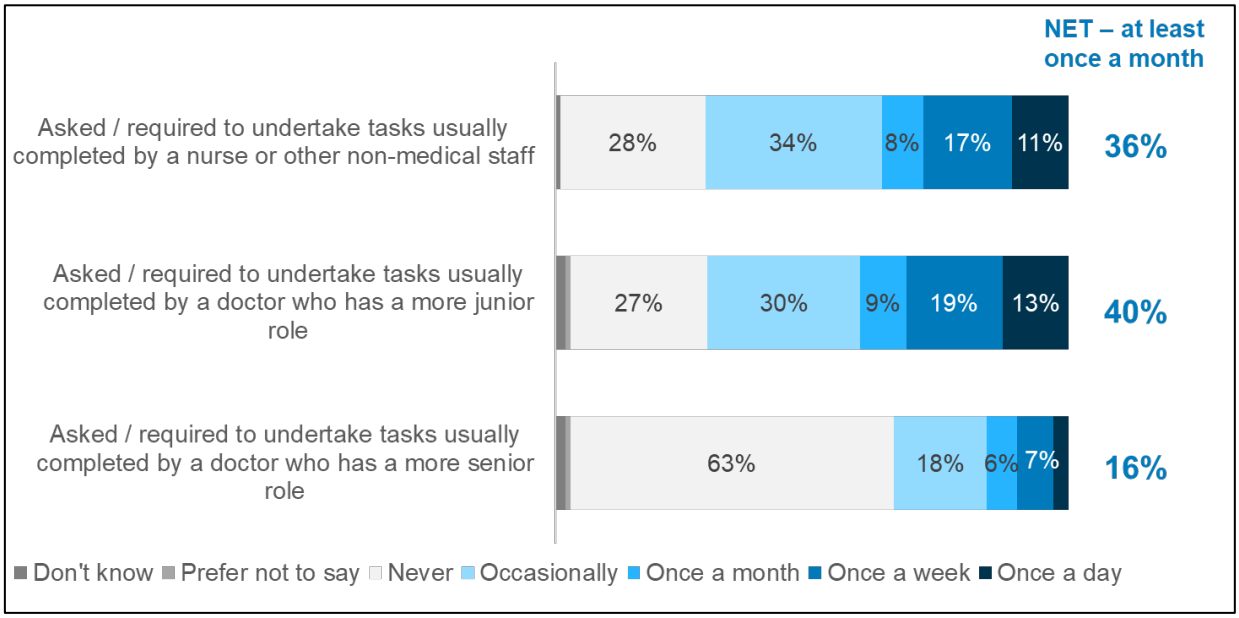
Doctors acting outside of their usual role

While many doctors experienced changes to their roles and day to day activities as a result of the COVID-19 pandemic, the proportion who were asked to do tasks outside of their role[5] had in fact reduced since 2019, although the proportion remained fairly high. Over a third were asked to undertake tasks usually completed by a nurse or other non-medical staff at least once a month (36%) which has decreased from over half (55%) in 2019. Similarly, four in ten doctors (40%) were asked to do tasks usually completed by a more junior doctor at least once a month, a decrease from 53% in 2019. See Figure 2.5.

[4] Findings around mental health and wellbeing are discussed in more detail in chapter 4

[5] Including tasks usually completed by nurses or other non-medical staff, doctors with a more junior role, and doctors with a more senior role

Figure 2.5 Frequency of doctors acting outside of their role



C3_X. How frequently, if at all, during 2020 have you experienced the following…? Base: All doctors (3693)

It was much less common for doctors to be asked to do something usually completed by a more senior colleague, although 18% were asked occasionally and a further 16% at least once a month, which is in line with the previous year (19% were asked at least once a month in 2019).

However, those who were redeployed during the COVID-19 pandemic reported much higher incidences of working outside their usual role, closer to 2019 levels. Among those redeployed to a different specialty, 44% had been asked to do the work of nurses or other non-medical staff at least once a month and 61% were asked to do the work of more junior doctors. Those specialising in medicine were also more likely than other specialties to have been asked to take on tasks usually completed by a doctor in a more junior role (55% at least once a month).

Experiences by protected characteristics

Evidence suggests that some demographic groups, particularly people from black, Asian and minority ethnic (BME) backgrounds, are more at risk of being affected by coronavirus. There is ongoing research[6] to investigate why BME healthcare workers are more likely to be affected. Some of the findings described in this section have indicated that doctors' experiences of the pandemic may have varied depending on their demographic group including ethnicity, gender and disability.

Black / black British doctors were more likely than others to have been redeployed (56%), possibly because a high proportion were in training. However, at the same time, Black / black British doctors, and those from mixed or multiple ethnic groups were less likely than white doctors to report a significant change to their work as a result of the pandemic (63% and 59% respectively, compared to 83% of white doctors), suggesting that white doctors were considering other factors in addition to redeployment when thinking about change in their day-to-day work.

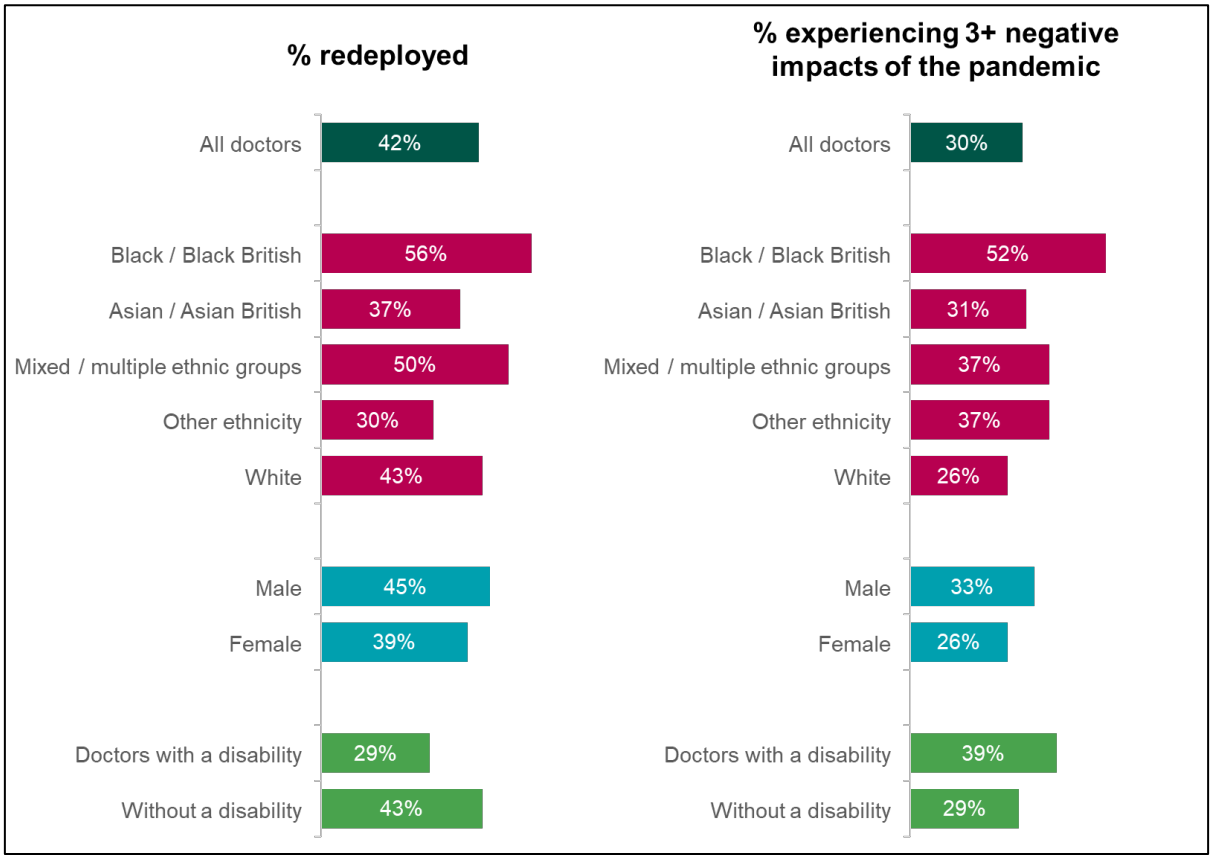
[6] https://www.nihr.ac.uk/documents/case-studies/investigating-the-risks-of-covid-19-for-ethnic-minority-healthcare-workers-uk-reach/25334

Black / black British doctors were also much more likely to notice negative impacts of the pandemic: 52% noticed 3 or more negative impacts (compared to 26% of white doctors). Meanwhile, white doctors were significantly more likely to notice positive impacts: 73% noticed between 3 or more positive impacts (compared to 62% of Asian / Asian British and 49% of Black / black British doctors).

Men were slightly more likely to have been redeployed than women (45% compared to 39%); this may be because women are more likely to be GPs, who saw low levels of redeployment. In addition, male doctors tended to notice more negative experiences of the pandemic: 33% noticed 3 or more negative impacts, compared to 26% of women.

Doctors who had a disability were slightly less likely to be redeployed than others (29% vs. 43%). However, they were more likely to notice a greater number of negative impacts of pandemic (39% noticed 3 or more negative impacts, compared to 29% of those without a disability).

Figure 2.6 Differences in redeployment and experience of the pandemic by ED&I characteristic



I2 During the COVID-19 pandemic, have you been redeployed into a different role (e.g. grade, specialty, place of work) to your usual one? I3-X Thinking about your day-to-day work during the COVID-19 pandemic, do you feel there has been a positive, mixed or negative impact on the following areas…? Base: Black / Black British (125), Asian / Asian British (718), Mixed / multiple ethnic groups (67), Other ethnicity (89), White (2465), Male (1886), Female (1682), Doctors with a disability (325) Without a disability (3240)

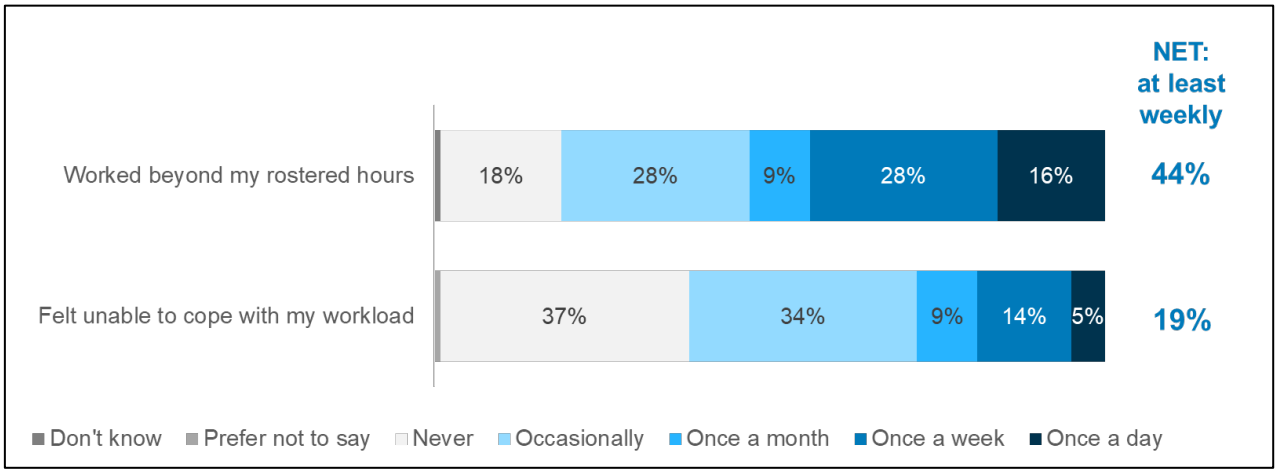
3 Changes in workload pressure and wellbeing

This chapter explores doctors' workload and wellbeing, focusing on how this may have been affected by working during the pandemic. It also explores the extent to which doctors are experiencing burnout and how supported doctors feel by their teams and management (and how this is linked to satisfaction and wellbeing).

Working beyond rostered hours and ability to cope with workload

As Figure 3.1 shows, over four in ten (44%) doctors had worked beyond their rostered hours on a weekly basis, while a fifth (19%) had felt unable to cope with their workload on at least a weekly basis during 2020. However, this represents a significant improvement from 2019, when two thirds (68%) reported working beyond their rostered hours and over a quarter (28%) felt unable to cope with their workload on a weekly basis. This suggests that, during 2020 workload pressures have eased for at least some doctors, likely as a result of changes to their work during the pandemic.[7] However, it should be acknowledged that the positive reduction in doctor workload over the course of the pandemic may in reality reflect a detrimental impact on patient access to care, as elective procedures were postponed or cancelled

Figure 3.1 Frequency of working beyond rostered hours



C1. How frequently, if at all, have you experienced the following during 2020? Base: All doctors (3693)

To further analyse the relationship between working beyond rostered hours and ability to cope, doctors were split into four categories:

- **Managing** *those working beyond rostered hours less than weekly and feeling unable to cope with workload less than weekly*. These doctors with a manageable workload make up half (51%) of the overall population, which is the largest group of doctors this year.

[7] NB. It should be noted that in the Barometer survey in 2020, doctors were asked about the frequency of doing or experiencing these things 'during 2020', whereas in 2019, doctors were asked to think about their experience 'in the past year'; hence a comparison should take into account that the time periods being compared are of different lengths.

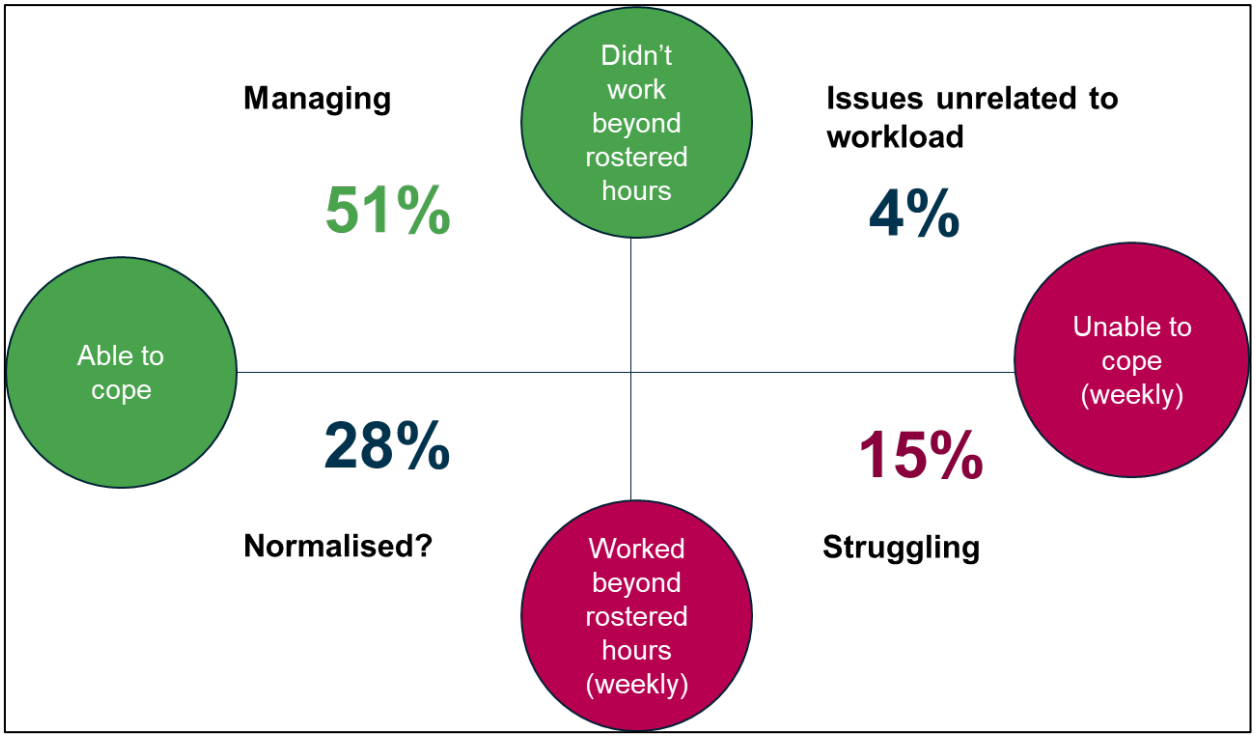
- **Normalised:** *those working beyond rostered hours at least weekly but feel unable to cope with their workload less often than this*. Three in ten (28%) doctors fall into this category.

- **Issues unrelated to working extra hours:** *those who feel unable to cope on at least a weekly basis but are not working beyond their rostered hours regularly*. Only a very small minority (4%) of doctors fall into this group, who despite not facing especially high workloads are facing other issues to an extent that is leading to them feeling less able to cope.

- **Struggling:** *those who are working beyond rostered hours on at least a weekly basis and feel unable to cope with workload at least weekly*. A sixth (15%) of doctors fit into this group, showing that a sizeable proportion (though reduced, in 2020) of the profession have ongoing issues with high workload.

This year, more doctors were 'managing' overall (i.e. not working beyond their rostered hours and feeling able to cope) –51% compared to 29% in 2019. In turn, the proportion of doctors for whom working beyond rostered hours is more 'normalised' has reduced (to 28% from 42%), as has the proportion of doctors 'struggling' (to 15% from 26%).

Figure 3.2 Working beyond rostered hours by ability to cope with workload



C1. How frequently, if at all, have you experienced the following during 2020? Base: All doctors (3693)

Similarly to last year, GPs were the registration type least likely to be 'managing' (only 35% fell in this quadrant) and were more likely than average to be 'struggling' (26%); though these proportions had improved considerably from last year (when only 9% of GPs were 'managing' and 50% were struggling). Meanwhile, doctors in training were more likely than any other registration type to be 'managing' (72%).

Those who were redeployed within the same specialty were more likely to be 'managing' (57%), while those who were not redeployed were more likely to be 'struggling' (17%). Those who felt that COVID-19 had changed their day to day working significantly were more likely to be 'struggling' (17% vs. 7% who only perceived a slight change), and less likely to be 'managing' (45% vs. 72%).

Disabled doctors were notably more likely to be 'struggling' than doctors without a disability (27% vs. 14%), a concerning factor that was not the case in 2019. Female doctors were also more likely to be 'struggling' than male doctors (17% vs. 13%), although the difference between genders has narrowed between 2019 and 2020.

In terms of region, doctors in Scotland were more likely to be 'managing' than those working in England (65% vs. 49%), with Wales and Northern Ireland somewhere in between (57%).

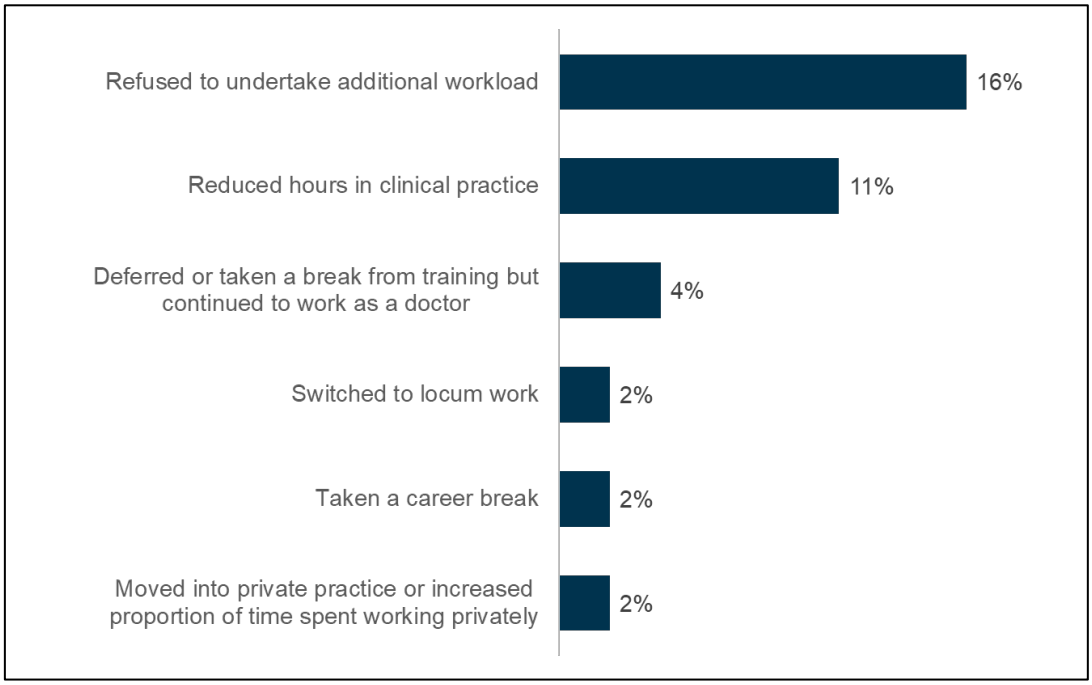
Adjustments made in response to pressures on workload

Despite lower numbers of doctors struggling with workload this year, a third (34%) of doctors still felt it necessary to make some kind of adjustment as a result of pressure on their workload or capacity during 2020. As Figure 3.3 shows, while the 'first port of call' option of refusing additional workload continues to be most common (with 16% of doctors doing this), there are significant minorities who have made career changes in 2020, such as reducing hours (11%) or deferring or taking a break from training (4%).

Proportions are lower compared to 2019, where 33% refused to undertake additional workload and 21% reduced hours in clinical practice. However, this comparison should be treated with caution because in 2019 doctors were asked about adjustments made over the preceding year, whereas in 2020 they were only asked about 2020 (so a period of around 6 months).[8]

[8] NB. In 2020, the 'Deferred or taken a break from training and not worked as a doctor during this time' and 'Gone part time' answer codes were removed.

Figure 3.3 Adjustments made as a result of workload



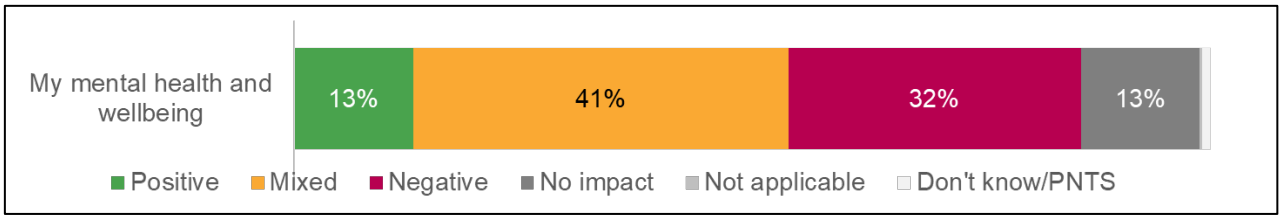
C2. Has pressure on workload and capacity led you to do any of the following during 2020? Base: All doctors (3693)

GPs were most likely to have refused to take on additional workload (21%), while those in training were more likely to have reduced their hours in clinical practice (14%) or defer/taken a break from training but continue to work as a doctor (11%).

Doctor wellbeing in the pandemic

As might be expected, the majority of doctors have found that working in the pandemic has had a negative or mixed impact on their mental health or wellbeing: a third felt the effect had been mostly negative (32%), while four in ten felt it was 'mixed' (41%). However, for a minority of doctors – around one in ten (13%) – working in the pandemic has had a predominantly positive impact on their mental health and wellbeing.

Figure 3.4 Impact of COVID-19 pandemic on mental health and wellbeing



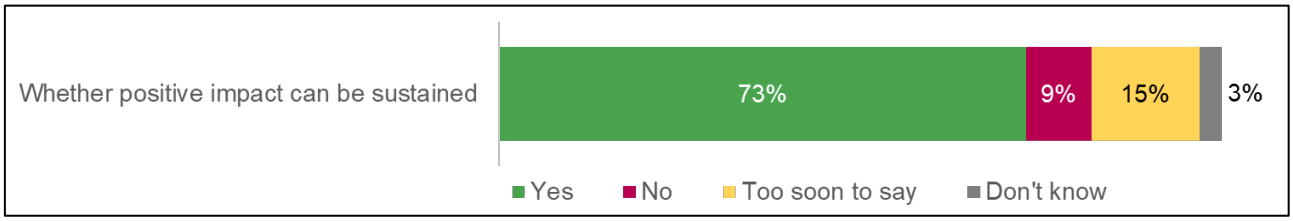
I3-7 Thinking about your day-to-day work during the COVID-19 pandemic, do you feel there has been a positive, mixed or negative impact on the following areas…? Base: All doctors (3693)

Those feeling unable to cope with their workload at least weekly during 2020 were more likely to see a mostly negative impact of the pandemic on their wellbeing (58%). The pandemic is also more likely to have had a negative impact on the wellbeing of disabled doctors (46%) and SAS/LE doctors (38%).

Meanwhile, those in training were more likely to feel the pandemic has had a positive impact on their wellbeing (24%) – and linked to this, those aged under 30 were more likely to have felt a positive impact (20%). Those who had been redeployed also felt more positively about the pandemic's impact on their wellbeing (18%), although again this could be linked as doctors in training were more likely to be redeployed.

Encouragingly, when asked to think about whether any positive impact could be sustained, three quarters (73%) of those who had seen a positive change felt that it could last (see Figure 3.5). Only one in ten (9%) felt that it could not last beyond the pandemic, with a further 15% feeling that more time was needed before they could say either way.

Figure 3.5 Whether positive impact on mental health and wellbeing can be sustained



I4-7 Do you think that the positive impact on your mental health and wellbeing can be sustained after the pandemic? Base = Those reporting a positive impact on their wellbeing (385)

Experience of burnout

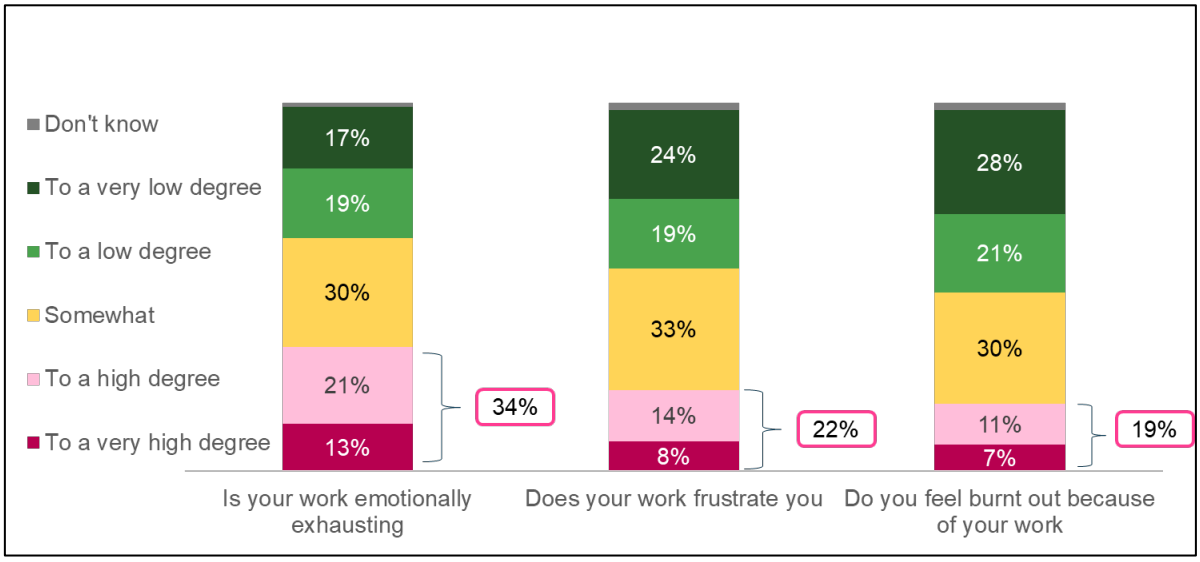
To understand the prevalence of burnout in the medical profession, doctors were asked about their experience of seven measures from the Copenhagen Burnout Inventory (CBI)[9] – see Figures 3.6 and 3.7.

The burnout indicators most frequently experienced by doctors are feeling worn out at the end of the day (45% feel this way often or always) and finding work emotionally exhausting (34% felt this to a high or very high degree). As these are experienced by a high proportion of doctors, including satisfied doctors, it seems likely that these factors are accepted by many as part of the reality of life as a doctor.

Fewer doctors - around a fifth - find their work frustrating (22%), feel burnt out because of their work (19%), or feel exhausted at the thought of another day at work (21%) to a high or very high degree. Just under a fifth (18%) of doctors find every working hour tiring often or always, and nearly a quarter (23%) never or seldom have enough energy for family and friends.

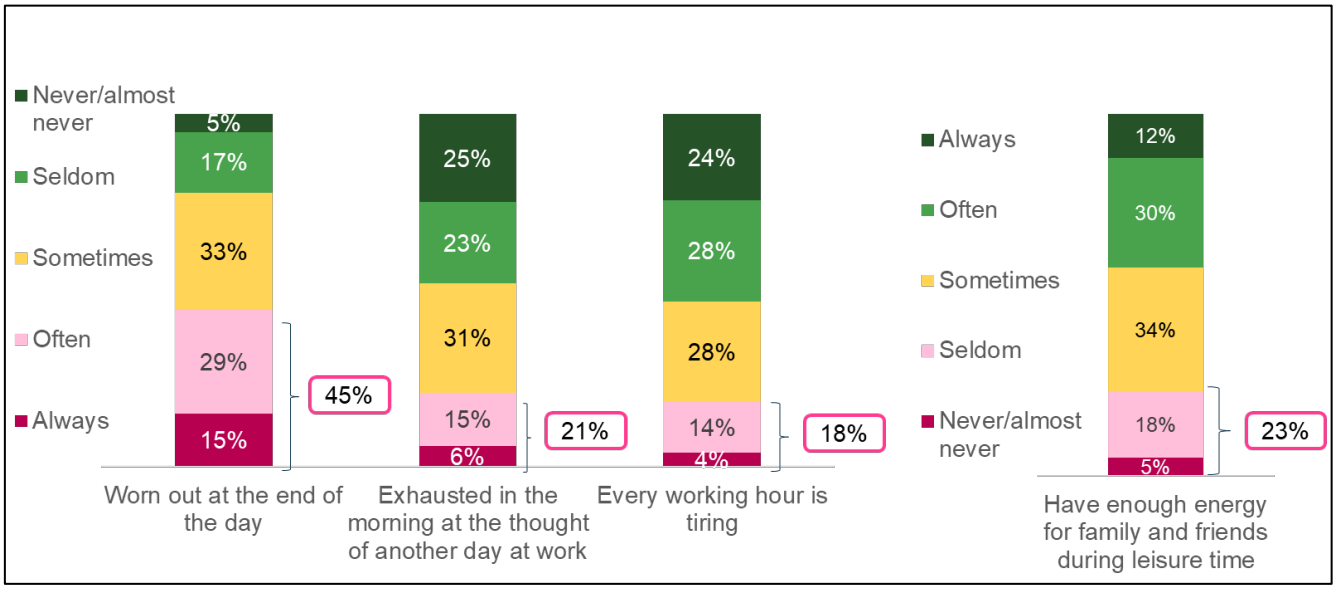
[9] Please refer to the Technical Appendix for more information on the CBI

Figure 3.6 Degree of experiencing burn-out



D1: To what degree do you feel the following about your work? Base: All doctors (3693)

Figure 3.7 Frequency of experiencing burn-out



D2. How often, if at all, do you feel the following about your work? Base: All doctors (3693)

To consider the burnout measures as a whole, doctors were split into four categories, as shown in Figure 3.8, based on the number of measures they scored 'highly' on (meaning they responded to a high or very high degree/often or always). [10]The majority – six in ten (60%) – doctors scored highly in either none of the aspects, or in only one, while at the other end of the spectrum, one in ten (10%) scored highly across six or seven of the measures. On average, doctors scored highly on 1.8 measures. Unsurprisingly, those working beyond rostered hours at least once a week reported more on average (2.6), as did those struggling to cope with their workload (3.9).

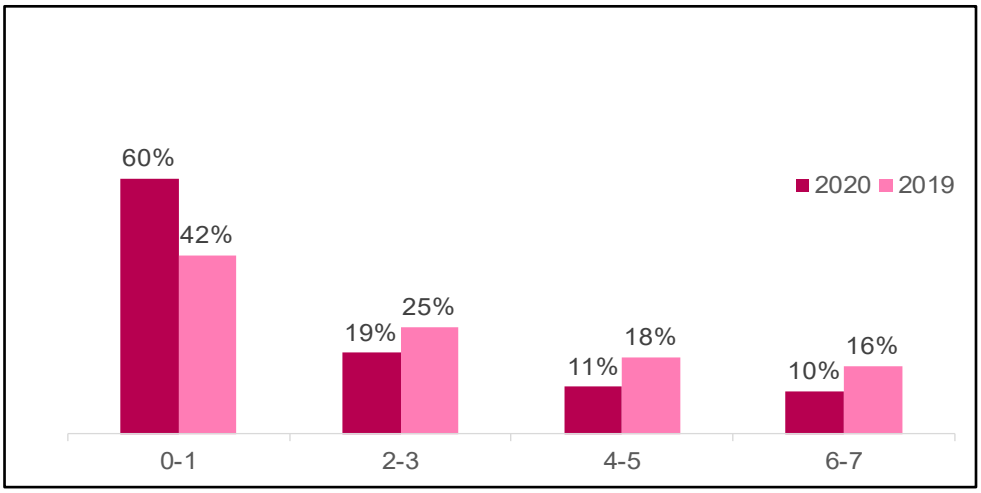
[10] The exception is for the measure "Have enough energy for family and friends during leisure time' where an answer of seldom or never was considered a high score

Groups more likely to report burn-out on a higher number of measures included GPs (who reported 2.2 on average), disabled doctors (2.4), female doctors (2) and white doctors (1.9) .

Positively, as Figure 3.8 shows, the proportions experiencing burnout have improved since 2019. The improvement on this measure as well as those on working hours and ability to cope with workload suggests that feeling burnt out is highly correlated with a high workload and that a lightening of this workload has had positive effects on doctors' wellbeing.

Feeling supported by their team and/or management is associated with lower levels of burnout among doctors. The relatively high proportions seeing a positive impact of the pandemic on teamwork and visibility of senior leaders may therefore have contributed to the improvement on burnout measures.

Figure 3.8 Number of reported burnout measures, over time

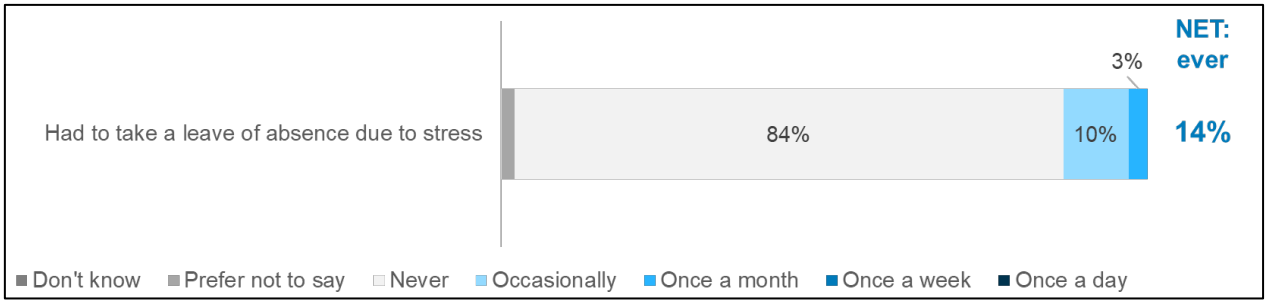


Base: All doctors (3693)

Taking a leave of absence due to stress

Around one in seven doctors (14%) reported having taken a leave of absence due to stress in 2020. This is consistent with 2019 where 12% reported having done so. This relatively high proportion may reflect the levels of burn-out among doctors, though for some taking a leave of absence may help as an intervention to address wellbeing issues.

Figure 3.9 Taking a leave of absence due to stress



C1. How frequently, if at all, have you experienced the following during 2020? Base: All doctors (3693)

Despite more positive experiences on other measures related to workload and wellbeing in the pandemic, doctors in training were more likely to have had to take a leave of absence at some point during 2020 (31% had ever experienced this), as were – linked to this - younger doctors (28% of those aged under 30).

Those who had been redeployed to a different specialty were more likely to have taken a leave of absence (31%), as to a lesser extent were those who were redeployed within the same specialty (21%). Of particular concern is that half (49%) of doctors in training who were redeployed to a different specialty had had to do this.

White doctors were more likely than BME doctors to have taken a leave of absence due to stress (16% vs 10%).

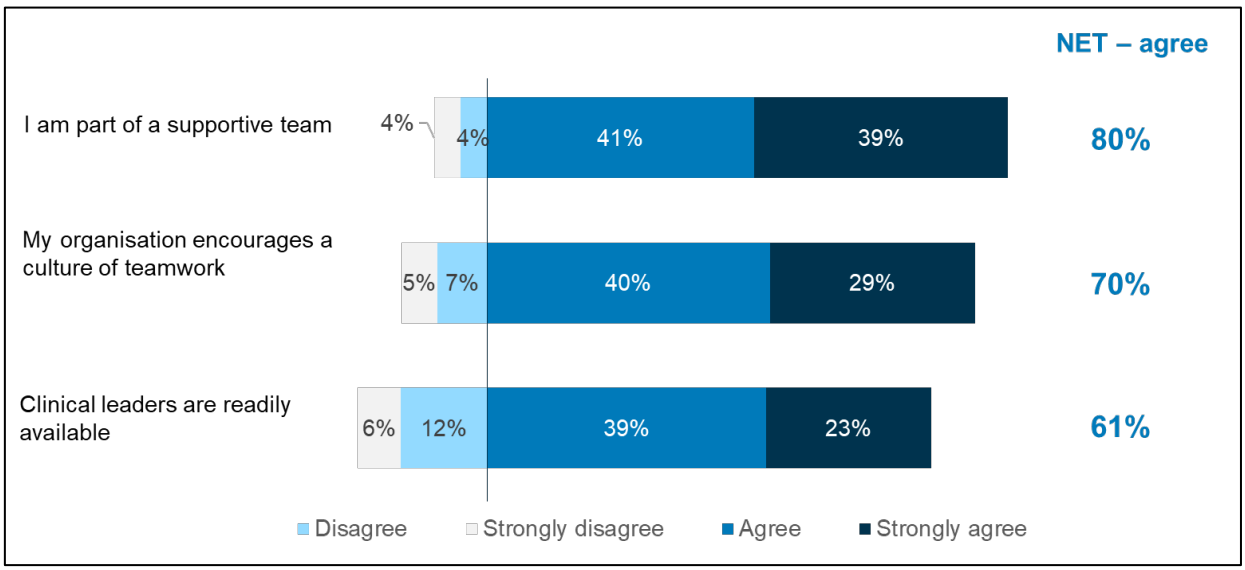
Support from clinical and non-clinical colleagues

The 2020 survey asked doctors about their perception of support and teamwork. As shown in Figure 3.10, high proportions of doctors agreed that they were part of a supportive team (80%), that their organisation encourages a culture of teamwork (70%) and that clinical leaders are readily available (61%).

The evidence suggests that a supportive team protects against feelings of burnout and dissatisfaction. Those who scored highly on only one or none of the burnout measures were more likely than other doctors to agree that they are part of a supportive team (87% vs. 54% who scored highly on 6-7 burnout measures), that their organisation encourages a culture of teamwork (78% vs. 44%), and that clinical leaders are readily available (71% vs. 33%).

Being part of a supportive team was also associated with higher day to day satisfaction: doctors who were satisfied were more likely than those dissatisfied to agree that they are part of a supportive team (87% vs. 54%), that their organisation encourages a culture of teamwork (78% vs. 41%), and that clinical leaders are readily available (69% vs. 32%).

Figure 3.10 Support from team



D3_X: To what extent do you agree with the following statements? Base: All doctors (3693). Chart does not show 'neither agree nor disagree', 'DK' or 'prefer not to say'

GPs and doctors in training were more positive about support and teamwork than specialists or SAS/LE doctors. Eight in ten GPs and doctors in training agreed they were part of a supportive team (85% each compared to 77% of specialist and 73% of SAS/LE doctors), and that their organisation encourages a culture of teamwork (80% of GPs and 77% of doctors in training vs. 62% each of specialist and SAS/LE doctors). Doctors in training were also more likely to agree that clinical leaders are readily available (73% vs. 61% average), but the pattern did not extend to GPs for this statement – likely related to the differing structures that GPs work in.

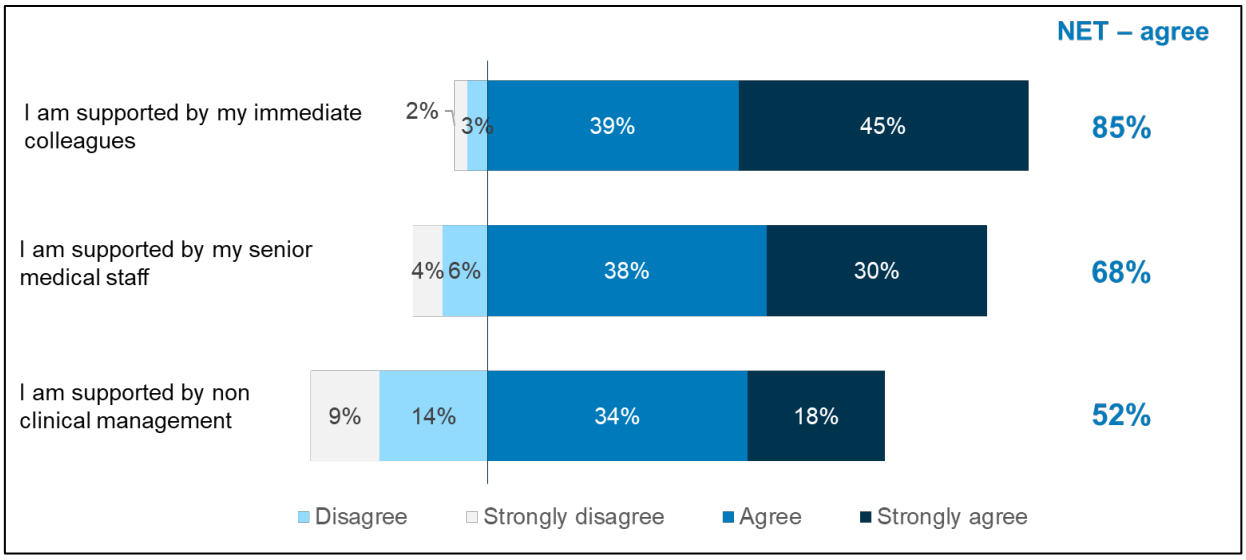
Those redeployed within the same specialty were more likely than average to *strongly* agree that clinical leaders were readily available (27% vs. 23%).

Those who achieved their PMQ in the UK were more likely to *strongly* agree that they are part of a supportive team (83%), as were white doctors (82%) and non-disabled doctors (81%). Those that achieved their PMQ in the UK also felt that their organisation encourages teamwork (72%) as did non-disabled doctors (71%).

As in 2019, doctors were more likely to feel unsupported by non-clinical management than by senior medical staff or immediate colleagues; see Figure 3.11.[11]

Whereas over eight in ten (85%) agreed that they felt supported by immediate colleagues, two thirds felt supported by senior medical staff (68%) and only half of doctors (52%) felt supported by non-clinical management.

Figure 3.11 Support from clinical and non-clinical colleagues



D3_X: To what extent do you agree with the following statements? Base: All doctors (3693). Chart does not show 'neither agree nor disagree', 'DK' or 'prefer not to say'

[11] NB. The question has changed to ask about level of agreement rather than frequency, as in 2019; therefore, direct comparison over time is not possible.

4 Doctor and patient safety

This chapter assesses the frequency with which doctors feel their own safety is compromised and factors that contributed to that situation. It then details the frequency with which doctors were unable to provide a sufficient level of care to a patient, have witnessed patient care being compromised, and the reasons they felt led to that situation.

Doctor safety

Four in ten doctors (43%) have witnessed a situation in which the safety of either themselves or a colleague was compromised in 2020.

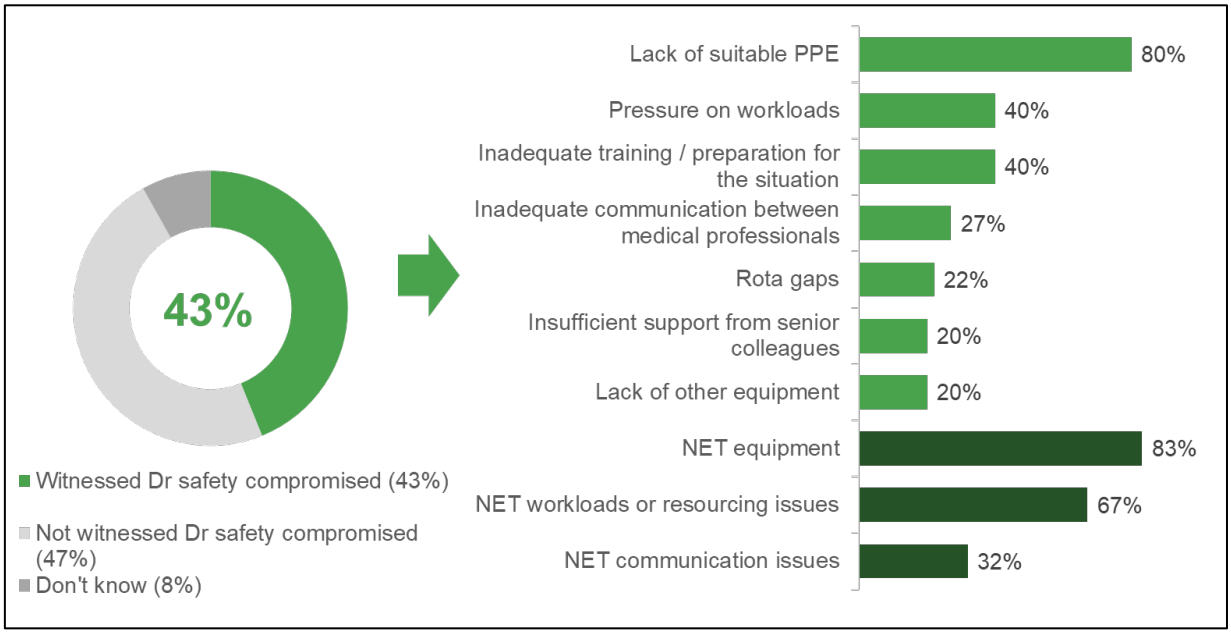
There was a strong association between higher burnout levels and the likelihood to have witnessed a risk to doctor safety. Among doctors who scored highly on most or all (6-7) signs of burnout, 62% had witnessed a compromise to doctor safety, compared to 35% among those who scored highly on one or no signs of burnout. Further, two thirds of doctors (64%) who were 'struggling' with their working hours and workload reported witnessing doctor safety being compromised compared to around half that proportion (34%) among those who were 'managing' with their workload and hours.

There was also an association with those who experienced greater changes due to COVID-19 however this was much weaker than the link with burnout levels. Those who experienced a significant change to their day to day work due to COVID-19 were slightly more likely to witness a compromise to doctor safety (46%).

A higher proportion of disabled doctors (54%), and SAS/LE doctors (53%) also witnessed a compromise to doctor safety.

Fewer doctors in training and doctors working in surgery had witnessed a compromise to doctor safety (29% and 34% respectively). Levels were also significantly lower in Scotland, where fewer than three in ten doctors (28%) had witnessed a doctor safety compromise.

Figure 4.1 Proportion that believed doctor safety was compromised and contributing reasons



C7a During 2020, has a situation or situations arisen in which you believed that your safety and/or your colleagues' safety was compromised while practising? Base: All doctors (3693) / C7b. Thinking of the most recent situation you observed, which of the following do you believe were contributing factors? Base: Those witnessed patient safety compromised (1629)

By far the most common factor contributing to these occurrences was a lack of suitable PPE, which was identified by 80% of those who had experienced a compromise to doctor safety. This was reported by most doctors who had witnessed a safety compromise across all registration types and demographic groups. Those in the North West of England however were slightly more likely to report this as a contributing factor than other regions (88%), while those struggling with workload and hours (87%) were also slightly more likely than others.

Other common issues that doctors identified as contributing to doctors' safety being compromised involved workload and resourcing, mentioned by a total of two thirds (67%) of those who witnessed a compromise to doctor safety. Four in ten identified workload pressure (40%) and the same number identified inadequate training (40%) as factors, while two in ten reported rota gaps (22%) and a lack of appropriately qualified staff (18%).

Around a third of doctors that had witnessed a risk mentioned communication issues (32%), this was most likely to relate to communication between medical professionals (27%), while 13% mentioned communication with patients.

As might be expected, issues with workloads and resourcing were most commonly cited as a factor by doctors who reported higher burnout scores (79% of those showing 6-7 signs of burnout) and who were struggling to cope with hours and workload (78%).

Those who were redeployed during the COVID-19 pandemic were also more likely to flag workload and resourcing issues as a contributing factor (72%), particularly those who had been moved to a different specialty (80%). Workload and resourcing issues were also more commonly cited among doctors in training (75%) and those with less experience (72% of doctors with less than 10 years of experience), which is likely to reflect the higher proportion of these groups who were redeployed.

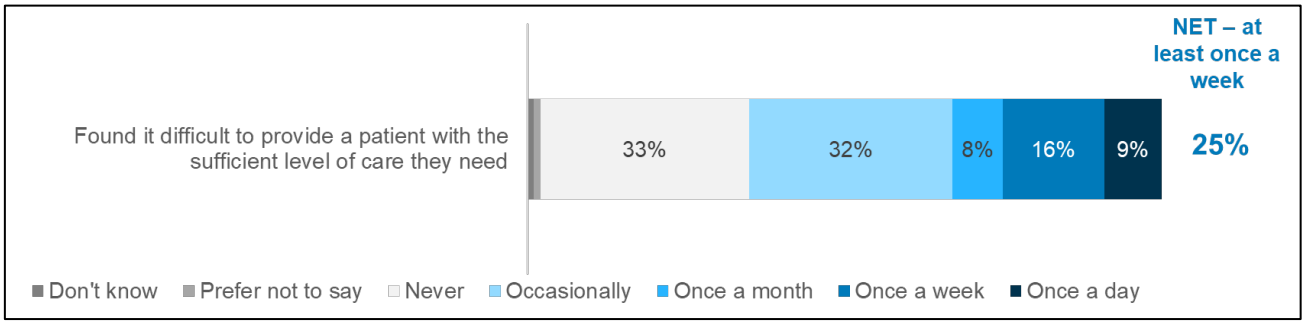
The higher incidence of SAS/LE doctors witnessing compromises to doctors' safety was connected with inadequate training and communication and a lack of support from senior colleagues. More SAS/LE doctors cited these issues as contributing to doctor safety compromises than other groups (45% mentioned inadequate training, 42% mentioned communication and 31% mentioned a lack of support from senior colleagues), suggesting that SAS/LE doctors were at higher risk due to not benefitting from the training and support provided in team settings.

Issues with communication were also commonly cited by those reporting higher burnout scores (43% of those showing 6-7 burnout signs) and BME doctors (39%).

Difficulty providing a sufficient level of patient care

The majority of doctors had found it difficult to provide a sufficient level of care to a patient at some point during 2020. Almost two thirds of doctors (65%) had experienced this at least occasionally and one in four doctors (25%) experienced it at least once a week, although encouragingly this had reduced from 34% in 2019.

Figure 4.2 Difficulty providing a patient with sufficient care



C1. How frequently, if at all, during 2020 have you experienced the following? Base: All doctors (3693)

There is an association between difficulties providing sufficient care and high levels of burnout, with half of doctors (50%) who scored most highly for burnout (showed 6-7 signs) having difficulties at least once a week. Further, six in ten doctors who were struggling with working hours and workload said they had experienced difficulties regularly (59%).

Over four in ten GPs (43%) found it difficult to provide sufficient levels of patient care at least weekly. Doctors who felt that COVID-19 had negatively impacted on their health and wellbeing were more likely to experience difficulties providing sufficient patient care (35% at least once a week) as were those who experienced a negative impact of COVID-19 across a range of areas of their work. However, there is no clear link with those likely to be dealing with COVID-19 cases, for example levels were lower among those who were redeployed due to the pandemic (21%) and among those working in anaesthetics / intensive care (15%).

Doctors in Scotland were significantly less likely to have found it difficult to provide a sufficient level of patient care on a weekly basis (18%), in line with a lower proportion witnessing compromises to doctor safety. Frequently finding it difficult to provide sufficient care was also more common among disabled doctors (36%), but less common among doctors with less than 10 years' experience (13%) and BME doctors (19%).

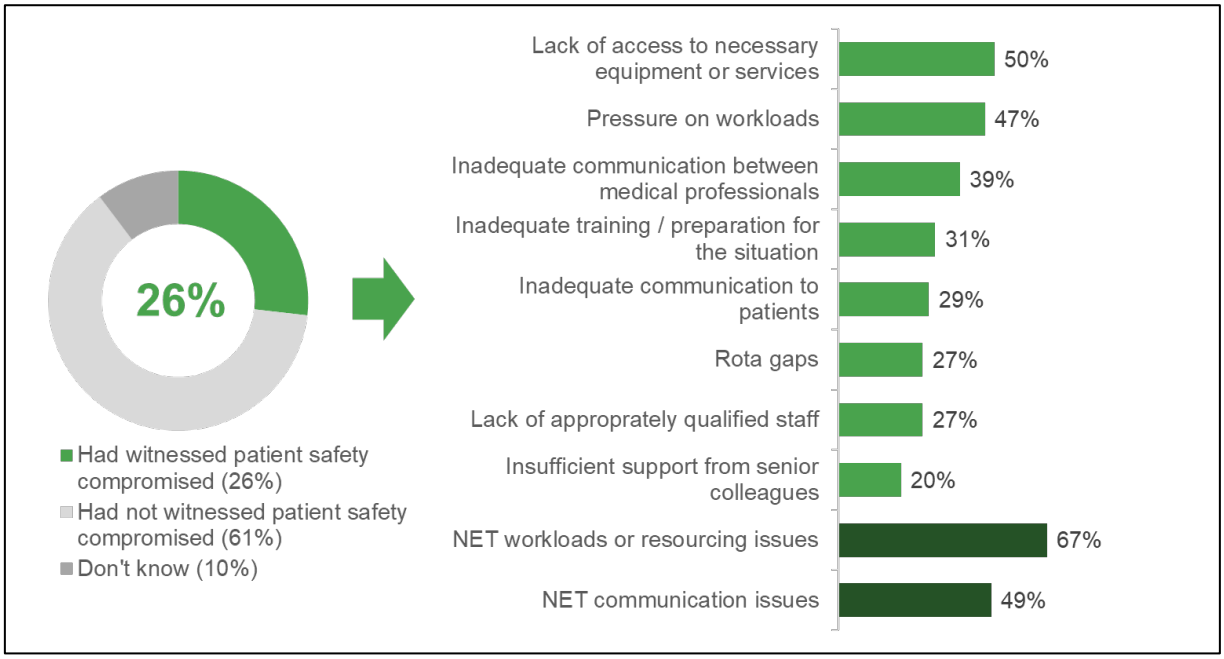
Situations where patient safety has been compromised

While many doctors experienced times when they found it difficult to provide a patient with a sufficient level of care (65% at least occasionally), it was far less common to have witnessed a situation in which a patient was put at risk. One in four doctors (26%) witnessed a situation where they believed patient care was compromised during 2020. While this remains a concern, the proportion was lower than 2019 (32%).[12]

Witnessing patient safety being compromised was related to higher burnout scores (50% of those who showed 6-7 signs of burnout) and was also higher among doctors who perceived negative impacts of COVID-19 across a range of working practices. It was also more common among GPs (34%). Doctors who reported their day to day work had changed significantly during the pandemic were more likely to have witnessed a situation where patient safety had been compromised (29%). However, there was no clear connection with those who were redeployed.

Levels were lower in Scotland (18%), following the pattern described above in patient care and doctor safety, while fewer BME doctors (23%) and doctors with less than 10 years' experience (16%) had witnessed such a situation.

Figure 4.3 Proportion that believed patient safety was compromised and contributing factors



C6 During 2020, has a situation or situations arisen in which you believed that patient safety or care was being compromised by a doctor's practice? Base: All doctors (3693) / C7. Thinking of the most recent situation you observed, which of the following do you believe were contributing factors? Base: Those witnessed patient safety compromised (1084)

[12] As above, doctors were asked to think about 'during 2020', whereas in the 2019 survey were asked to consider 'over the last year', therefore any comparisons made between 2019 and 2020 are not comparing like for like in terms of time period.

Half of doctors (50%) who had witnessed a situation where patient safety was compromised felt that a lack of equipment or services was a contributing factor. This factor has increased in prominence since 2019 with many concerns focusing on things like referrals to secondary care being held up, and cancer screening being suspended as a result of the COVID-19 pandemic. This was identified as a factor by 52% of those whose day to day work had changed significantly due to the pandemic, compared to only 29% of those who had only experienced a slight change.

Further, a lack of access to equipment or services was more commonly mentioned by GPs (59%) and among male doctors (57% compared to 44% female).

"Much of my work is cancer related and this has been a very bad time to have cancer despite the attempts to maintain cancer pathways. Many patients have been unable to have treatments or diagnostics in a timely way" ***Specialist, radiology, male, UK PMQ***

"Hospital infrastructure does not have enough redundancy built in to cope with a sudden surge without causing at least some drop-in patient care. PPE also inevitably compromises hygiene and procedural practice" ***Specialist, anaesthetics/intensive care, male, UK PMQ***

Beyond equipment and service access problems, incidents were mainly attributed to pressure on workloads and issues with resourcing. Half of doctors (47%) who had witnessed patient safety being compromised cited pressure on workloads as a contributing factor, while around one in three reported inadequate training (31%), a lack of qualified staff (27%) or rota gaps (27%). In total these types of factors were raised by 67% of those who had witnessed such a situation, a significant decrease from 75% in 2019.

Half of the situations were attributed by doctors to poor communication, both between healthcare professionals (39%) or with patients (29%). In total these concerns were raised by 49% of doctors which again showed a decrease from 61% in 2019.

Other less common factors contributing to patient safety compromise (therefore not shown in figure 5.3) included remote working or consultations (7%) and delays caused by COVID-19 restrictions (6%).

Four in five doctors (79%) who were redeployed due to COVID-19 mentioned workload and resourcing as a factor in the patient safety incident witnessed.

Perhaps related to redeployment patterns, less experienced doctors (with under 10 years' experience) and those in training were considerably more likely to identify workloads and resourcing issues as contributing factors (80% of both groups). Doctors in training were also likely to view a lack of support from senior colleagues as a factor affecting patient safety.

Similar to the pattern raised above about SAS/LE doctors being more likely to witness compromises to doctor safety linked to a lack of support , they also more commonly mentioned inadequate training (45%) and rota gaps (39%) as a factor affecting patient safety, as well as communication with patients (40%).

5 Doctors' satisfaction in their work

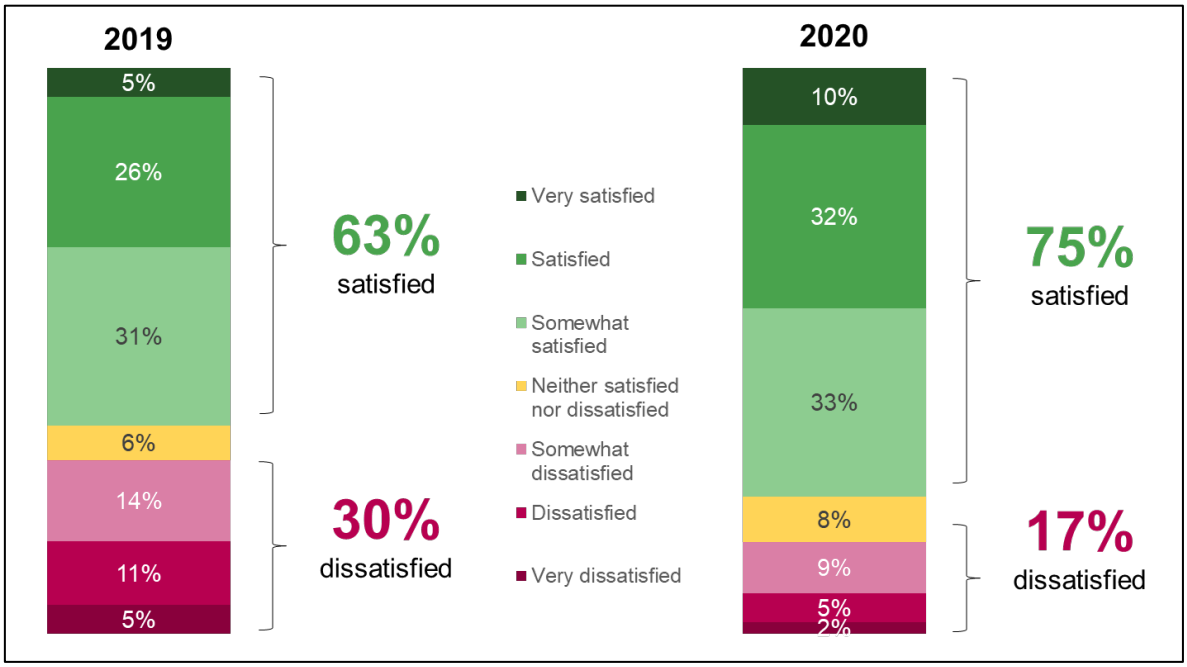
This chapter explores the extent to which doctors feel they are satisfied in their day to day work and their reasons for feeling that way.

Overall satisfaction with day to day work

The majority of doctors were satisfied with their day to day work as a doctor – at least to some extent. Three-quarters (75%) reported that they were at least 'somewhat satisfied' (see Figure 5.1). Around four in ten (42%) reported they were 'satisfied' or 'very satisfied', a group referred to throughout the report as 'most satisfied'.

This represents a significant increase from 2019 where 63% of doctors were at least 'somewhat satisfied' and 31% were in the most satisfied group. [13] There were no significant differences between satisfaction levels by registration type, despite it being a key finding in 2019 for GPs to feel less satisfied.

Figure 5.1: Extent doctors are satisfied or dissatisfied in day to day work



A1. To what extent are you satisfied or dissatisfied in your day to day work as a doctor? Base: All doctors (3693)

There were some differences by specialty however: doctors working in anaesthetics/intensive care were significantly more likely to be 'most satisfied' (51%) while those working in surgery are more likely than other specialties to be dissatisfied (25%), which may reflect their experiences during the pandemic.

[13] This was the first question asked in the 2019 survey to allow for a 'clean' reading of the measure - a 'gut feel'. However, in 2020 it was felt to be more appropriate to ask about experiences of the COVID-19 pandemic first, so the questions about satisfaction were moved towards the end of the survey, immediately after questions about career intentions for the next year. Given this change in how the question was asked, we recommend interpreting the change in results with caution.

Doctors who have been practising for 40 years or more were particularly likely to feel satisfied: 62% of these doctors are in the 'most satisfied' group. Doctors who achieved their PMQ outside the UK or EEA and BME doctors, particularly black/black British doctors, are also significantly more likely to fall in the 'most satisfied' group (50%, 49% and 70% respectively).

There is a relationship between job satisfaction, ability to cope with workloads and levels of burnout. Doctors that feel able to cope with their workload, provide sufficient levels of patient care on a weekly basis and those who reported lower burnout scores (scored highly on only one or none of the measures) were much more likely to be 'most satisfied' (47%, 47% and 56% respectively). There is also a relationship between experiences of the COVID-19 pandemic and satisfaction: 62% of doctors who experienced a high number of positive impacts during the pandemic are in the 'most satisfied' group compared to only 26% of those who experienced a high number of negative impacts.

Doctors that perceived only a slight change to their day to day work due to COVID-19 were more likely to be 'most satisfied' than those that perceived a significant change (52% vs. 39%). However, there were no significant differences in satisfaction levels by redeployment status.

Reasons for satisfaction

As found in 2019, satisfaction amongst doctors is most commonly driven by enjoyment of the work itself (see Figure 5.2). However, this has come further to the fore in 2020 with four in ten (40%) satisfied doctors citing enjoying a fulfilling and rewarding job, significantly higher than in 2019 (30%). This increase suggests that the pandemic has highlighted to many doctors the reasons they had for choosing to become a doctor in the first place.

"I love being a doctor and recognise the hugely positive work and care I bring to my patients. Yes, the work is hard and demanding. I feel privileged to have made a difference to so many people's lives." ***GP, Female, UK PMQ***

"I am part of a really good team, who all are committed to each other and our patients." ***Specialist, Medicine, Female, PMQ outside UK/EEA***

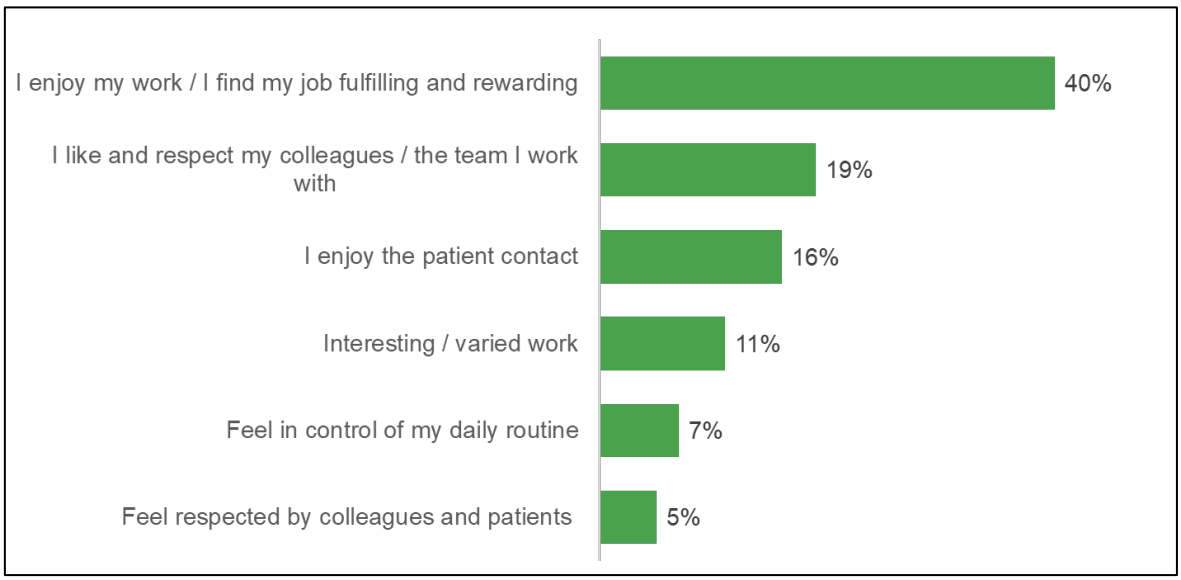
The other people that doctors come into contact with continues to be a key reason for satisfaction. Around a fifth (19%) of satisfied doctors note their colleagues as a reason for their satisfaction, consistent with 2019 (19%). A similar proportion (16%) mention patient contact, again consistent with 2019 (19%). Mid-career doctors are more likely to cite these reasons than early career doctors: those that have been practising for 25-39 years are significantly more likely to cite either of these (21% contact with colleagues and 23% contact with patients) than doctors who have been practising for fewer than 10 years (14% and 13% respectively).[14] This could be due to the nature of the work of doctors earlier in their career involving moving between settings and so being less able to benefit from consistent working relationships.

Satisfied doctors in Northern Ireland are significantly more likely to cite patient contact as a reason for their satisfaction than doctors in England (28% vs. 16%).

[14] There were no significant differences between later career doctors and either mid or early-career doctors.

Around one in ten (11%) satisfied doctors note the interesting and varied nature of their work, a significant decrease from almost a fifth (18%) in 2019.

Figure 5.2 Reasons for reporting a satisfied score



A2. Why do you say that you are satisfied? (Unprompted) Base: Doctors who reported being 'Very satisfied' 'Satisfied' or 'Somewhat satisfied' (2727)

Reasons for dissatisfaction

Similar to 2019, there are a wide range of reasons for feeling dissatisfied (see Figure 5.3).

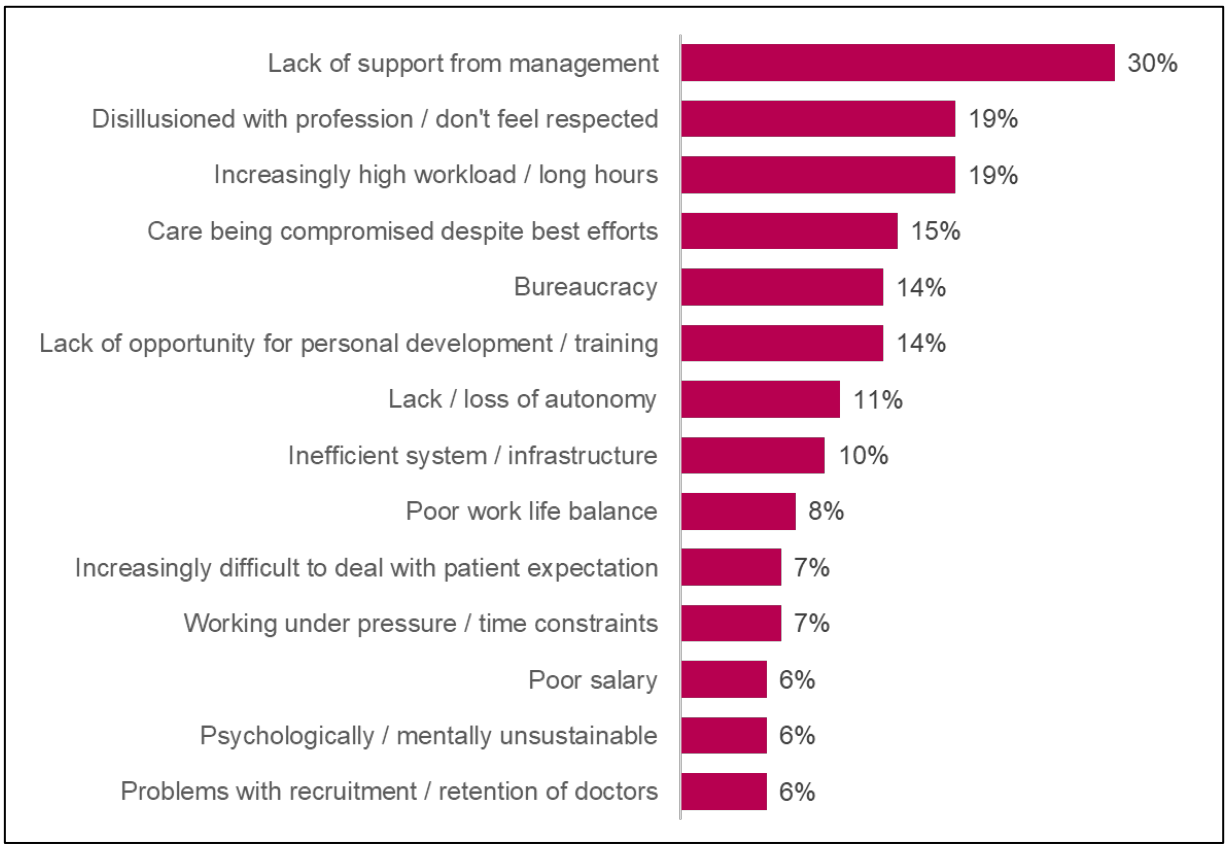
"There is poor management structure in the hospital - unable to innovate and make essential changes - always being told what to do by the management without any dialogue." ***Specialist, Acute medicine, male, EEA PMQ***

The most common reason for doctors to feel dissatisfied is a perceived lack of support from management, a feeling shared by three in ten dissatisfied doctors (30%). This is a much more prominent reason than in 2019 where only 17% of dissatisfied doctors felt that way.

Dissatisfied BME doctors are more likely to attribute their dissatisfaction to a lack of support from management than dissatisfied white doctors (38% vs. 24%).

The next most common reasons for dissatisfaction, both mentioned by a fifth (19%) of dissatisfied doctors, are feeling disillusioned or not respected, and high workloads. The latter fell significantly compared to 2019, when four in ten (42%) dissatisfied doctors gave it as a reason. This aligns with other findings from the 2020 research that suggest that workload has, at least temporarily, become less of a key concern for some doctors. Dissatisfied female doctors are more likely to mention high workloads or long hours than male doctors (26% vs. 15%).

Figure 5.3: Reasons for reporting a dissatisfied score



A2. Why do you say that you are dissatisfied? (Unprompted) Base: Doctors who reported being 'Very dissatisfied' 'Dissatisfied' or 'Somewhat dissatisfied' (665)

Other key reasons for dissatisfaction, given by more than one in ten dissatisfied doctors, include compromised patient care (15%), bureaucracy (14%), a lack of opportunity for development or training (14%) and a lack or loss of autonomy (11%). Perhaps unsurprisingly, dissatisfied doctors in training and SAS/LE doctors are more likely to cite lack of opportunities for development or training (33% and 22% respectively) as these doctors are most likely to be directly affected by disruptions to planned training and development.

6 Future intentions

This chapter looks at the likelihood of doctors making various career changes over the next year, including the change they would be most likely to make, and their reasons for doing so.

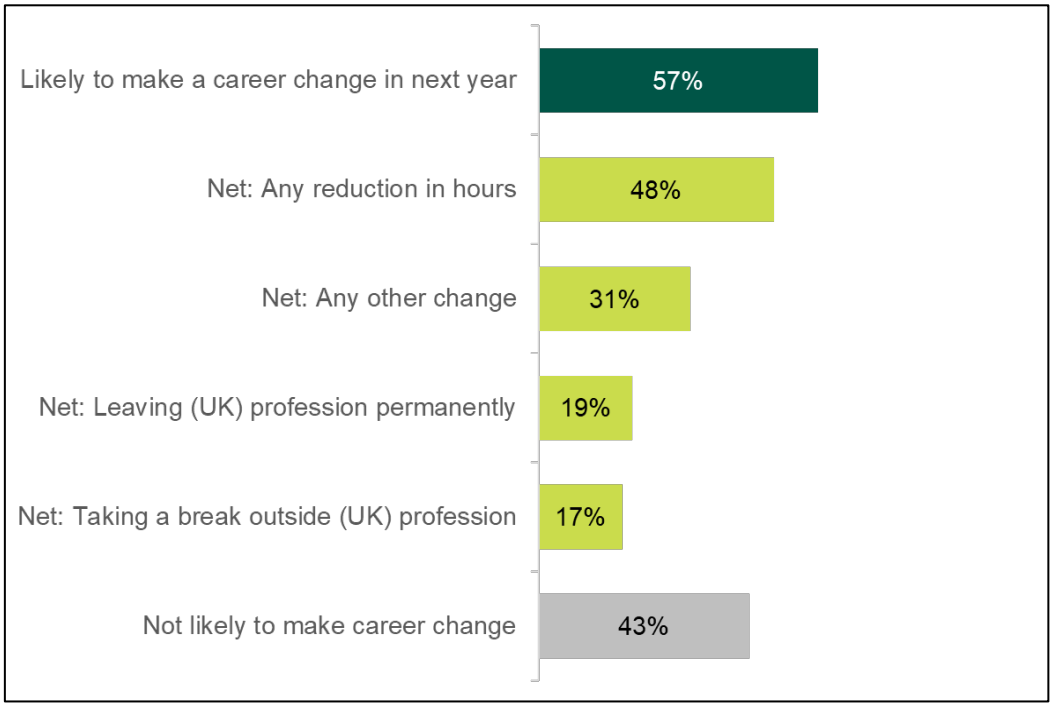
Planned career changes

Almost three in five (57%) doctors indicated they would be very or fairly likely to make at least one change to their career in the next year, when presented with a list of options and asked how likely they would be to make each[15]. However, this proportion has dropped since 2019 when almost three-quarters (71%) reported being likely to make a change.[16] This is likely to be related to the current situation with the pandemic, in that doctors could be waiting to see how things 'pan out' before thinking about making changes, or that things changing as a result of the pandemic have eased aspects of the job for some (e.g. workload) which would otherwise have led to them considering a career change.

As previously, the most common career change that doctors reported being likely to make at some point in the coming year was to reduce their hours: almost half (48%) of doctors felt they would be likely to do this in the next year, a similar proportion to last year when 52% reported being likely to do this. While the proportion considering the more significant and final step of leaving the profession was smaller, nevertheless close to a fifth (19%) considered themselves likely to leave; again, a similar proportion to 2019. See Figure 6.1.

[15] On a scale of very likely, fairly likely, not very likely or not at all likely (with don't know and not applicable options also available).
[16] Note that individual answer codes have changed from 2019, so direct comparison of findings over time is difficult.

Figure 6.1 Reported likelihood of making career changes (summary)



B1. Summary: How likely are you to make the following changes in the next year? Base: All doctors (3693)

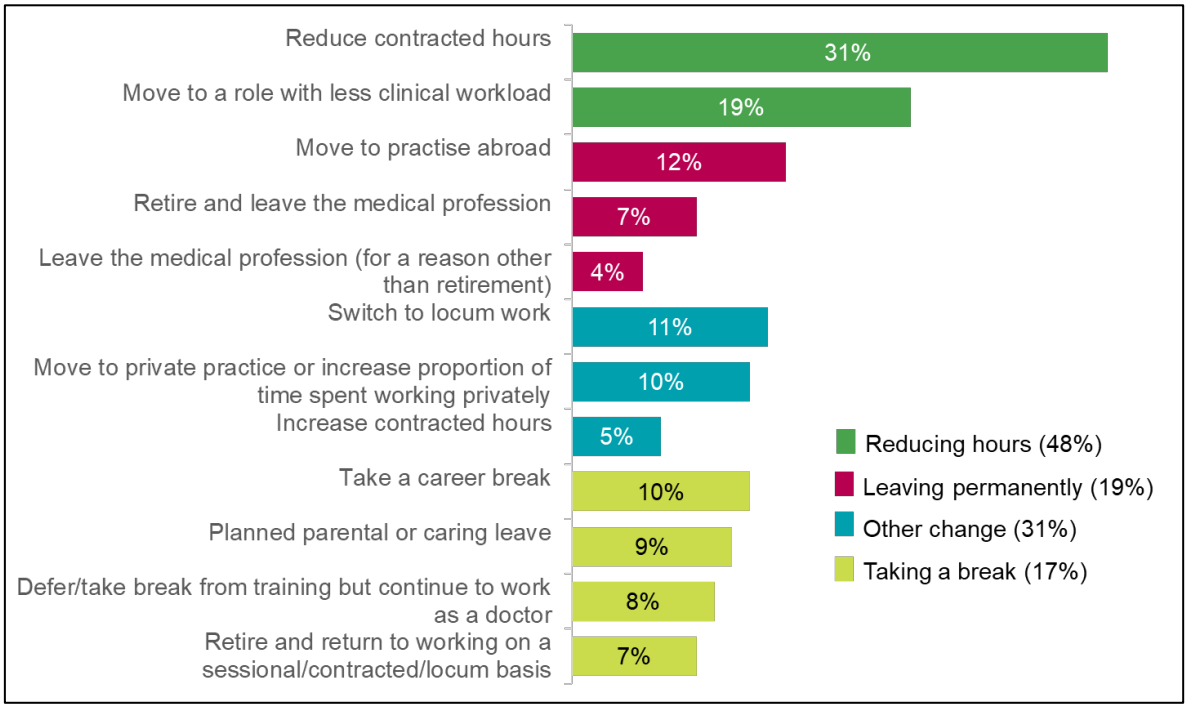
Perhaps unsurprisingly, those who were dissatisfied day-to-day (75%) and those who scored highly on all or most burnout measures (77%) were more likely to be considering making a change in their careers.

Relatedly, those who specifically felt that COVID-19 had had a predominantly negative impact on their health and wellbeing were also more likely to be considering a change (64%), showing that the effects of the pandemic on the workforce are yet to be fully felt.

Those working in private settings (whether exclusively or alongside their NHS work) were also more likely to be considering making any change (71%).

As Figure 6.2 shows, the most common approach among those looking to reduce hours in clinical practice would be to reduce their contracted hours (31%) – this was similar to last year - followed by moving to a role with less clinical workload (19%). Among those looking to make some other change, the most common changes were switching to locum work (11%) or moving into private practice (10%), with a small number (5%) increasing their contracted hours. Among those looking to leave the UK profession permanently, most were looking to move to practise abroad (12%), or to retire and leave (7%) with a small proportion (4%) looking to leave the profession permanently for another reason. While those taking a break outside the UK profession were mainly considering taking a career break (10%), taking planned parental leave (9%), deferring or taking a break from their training but continuing to work as a doctor (8%) or retiring but coming back to work on a sessional basis (7%).

Figure 6.2 Reported likelihood of making career changes



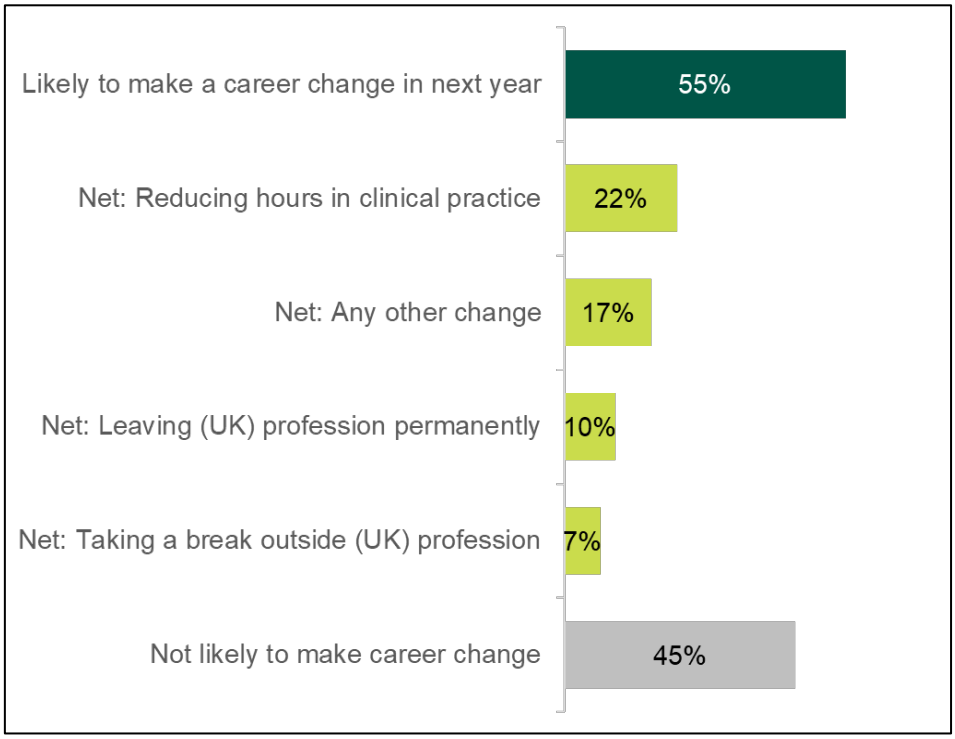
B1. How likely are you to make the following changes in the next year? Base: All doctors (3693)

Change most likely to make (intended) – Summary

Doctors who indicated that they would be likely to make a career change were asked which career change they would be *most* likely to make; see Figure 6.3. A similar pattern is seen on this measure, with reducing hours in clinical practice the most likely career change overall.[17]

[17] The overall figure for those likely to make a career change in the next year is 55% at B1a (compared to 57% at B1). This reflects the 2% of doctors who selected more than one fairly or very likely change at B1, but then selected 'Don't Know' or 'Prefer not to say' when asked to select their most likely career change at B1a.

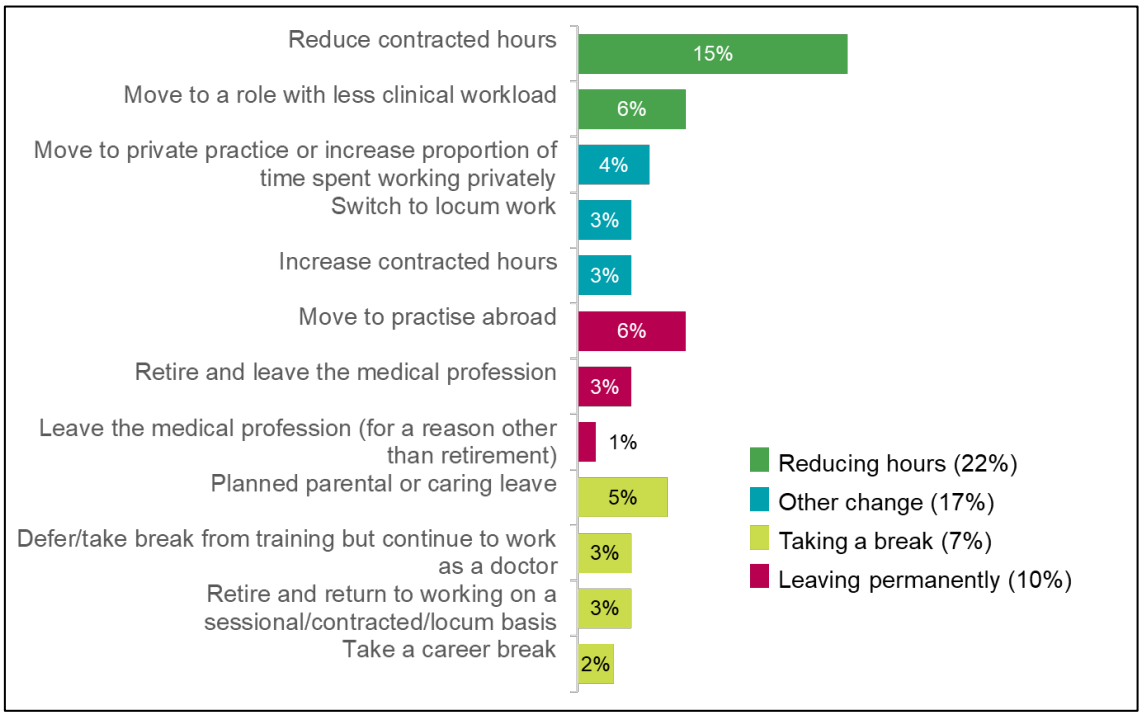
Figure 6.3 Career change most likely to make (summary)



B1a. Summary: Career change most likely to make? Base: All doctors (3693)

Looking at specific changes that doctors felt they would be most likely to make, the most common was reducing contracted hours, followed by moving to a role with less clinical workload, moving to practise abroad and planned parental or caring leave (see Figure 6.4)

Figure 6.4 Career change most likely to make



B1a. Career change most likely to make? Base: All doctors (3693)

Struggling with workload has a significant impact on likelihood to make career changes: those who felt unable to cope were more likely than average to believe they will reduce their contracted hours (20% vs. 15% average), to move to a role with less clinical work (14% vs. 6%), to move into private practice (7% vs. 4%), or to leave the medical profession for a reason other than retirement (4% vs. 1%).

Change most likely to make – reduction of hours in clinical practice

GPs and specialists were both more likely compared to average to be considering reducing their hours in clinical practice than other doctors (26% of both specialties considered this the most likely overall change they would make). Specialists were more likely than average to say they would reduce their contracted hours (19% vs. 15%), while GPs were more likely to say they would move to a role with less clinical work (10% vs. 6%), perhaps reflecting the different types of work carried out in each role.

Those for whom COVID-19 has had a negative impact on wellbeing were also more likely to be considering a move to a role with less clinical work (11% vs. 6% average).

Change most likely to make – take a break outside the (UK) profession

Those in training roles (10%), younger doctors (15% of those aged 30-34) and female doctors (9%) were more likely to be considering taking a break from the profession. This tended to be driven by this cohort being more likely to take planned parental or caring leave.

Change most likely to make – leaving the (UK) profession permanently

Among doctors looking to leave the UK profession permanently, there were a few distinct cohorts of note:

- Doctors looking to retire (at State Pension Age). 15% of doctors aged 60 and over planned to retire, as might be expected.
- Doctors looking to retire prematurely. 5% of doctors aged 50-59 planned to retire and leave the profession.
- Younger doctors moving to practise abroad. 15% of doctors aged 35-39 planned to leave the UK profession by moving to practise abroad.

Those who had experienced multiple negative impacts of COVID-19 (25%), felt burnt-out (20%) or who were dissatisfied with the day to day role (17%) were more likely to look to leave the profession permanently.

Those considering retiring early (i.e. those aged 50-59) were particularly likely to have noted negative impacts of the pandemic across a number of working practices. For example, doctors considering early retirement were more likely to have reported negative impacts on access to learning and development opportunities (55%), their mental health and wellbeing (42%) and visibility of senior leaders (29%) compared to those retiring at the ‘expected’ age (39%, 23% and 20% respectively). This could suggest that a negative experience of the pandemic has pushed some doctors to consider retiring prematurely – though alternatively it could also be the case that those who were about to retire anyway felt more resilient to the negative effects of the pandemic.

Doctors who achieved their PMQ outside the UK (16% EEA, 12% outside the UK/EEA) were also more likely to be considering leaving permanently, especially moving to practise abroad (13% and 9% respectively)

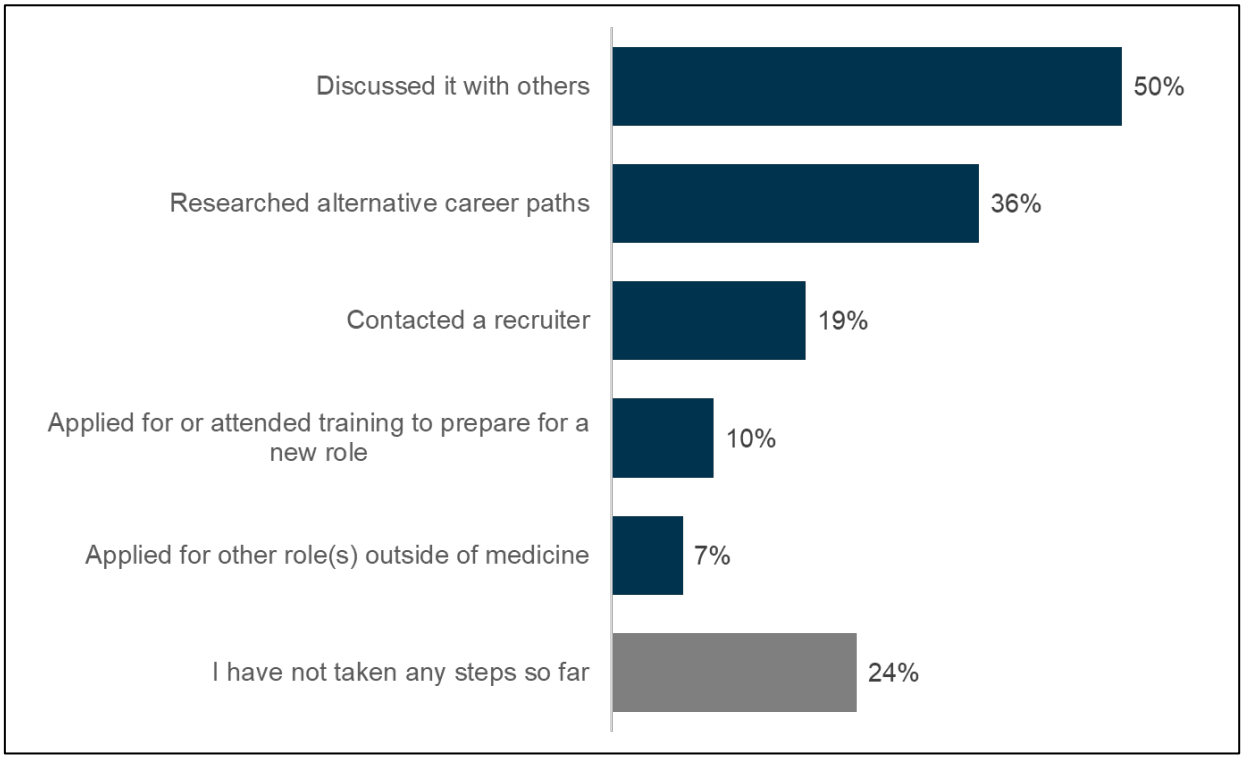
Taking steps towards leaving the medical profession

Doctors who considered themselves either 'very' or 'fairly' likely to leave the UK medical profession were asked what, if any, steps they had taken towards leaving. This included those who reported being likely to move to practise abroad, those who were likely to retire prematurely (before the age of 60) and those who were likely to leave the profession for a reason other than retirement. Around a quarter (24%) had not done anything about it yet, while most others had taken first steps only, such as having discussed it with others (50%) or having researched alternative career paths (36%) (see Figure 6.5).

However, a relatively significant proportion (a quarter; 25%) of those thinking of leaving had taken 'hard' steps towards doing so – such as contacting a recruiter or applying for another role – suggesting that these doctors are 'closer to the door'. This equates to 4% of all doctors; broadly consistent with the proportion who reported having taken hard steps towards leaving in 2019 (3%).[18] This suggests that, while the overall proportion considering leaving is lower this year, perhaps due to the context of the pandemic, this has not deterred those committed to leaving from taking steps towards doing so.

[18] Note that the definition of 'planning to leave the UK profession' has changed in 2020 to include those looking to move abroad to practise – these doctors were not included in the 2019 definition. However, excluding these doctors from the 2020 definition equates to 3% of all doctors planning to leave the profession in 2020, hence consistent with 2019.

Figure 6.5 Steps taken towards leaving the medical profession



B3. What steps, if any, have you taken towards leaving the medical profession? Base: Those very or fairly likely to leave the UK medical profession, excluding retirement age retirees (595)[19]

Likelihood to take hard steps towards leaving the profession is strongly associated with dissatisfaction and burnout: 9% of those dissatisfied had taken hard steps towards leaving the profession, 9% of those struggling with workload issues, 11% of those scoring highly on most (6-7) burnout measures.

There are also early signs that the pandemic may affect doctors' career plans, with those who feel working conditions have been particularly negatively impacted being more likely to have already taken some action: 14% of those who have seen a high number (8-10) of negative impacts have taken hard steps towards leaving.[20]

Reasons for making career changes

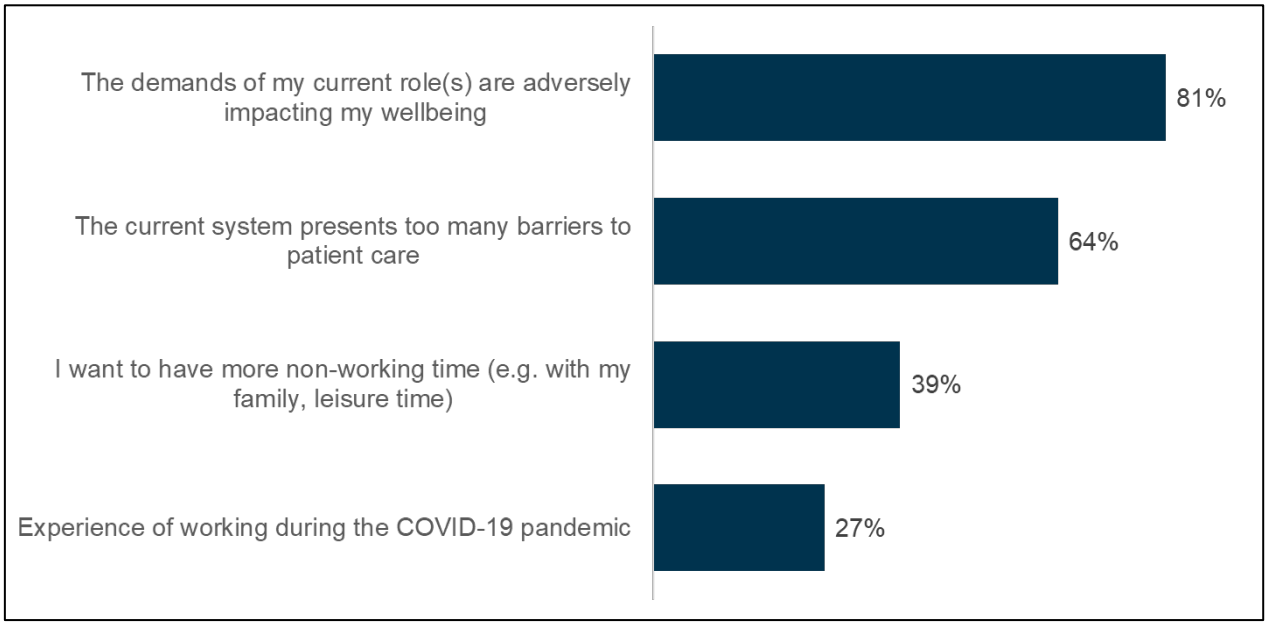
Doctors planning a career change were asked about why they were planning to make each change.

Leaving the profession (non-retirement)

As Figure 6.6 shows, four in five (81%) of those considering leaving the profession explained that they wanted to do so because the demands of their current roles are adversely impacting their wellbeing. Issues with the effectiveness of the system and a desire for a greater work-life balance were also common reasons given (as in 2019). Roughly one quarter of doctors thinking of leaving the profession directly linked this to their experience of working during the pandemic.

[19] This question has a different base to last year (this year included those moving abroad).
[20] NB. Given the relatively small number of doctors who have seen a high number of negative impacts (n=66) these findings should be treated with some caution.

Figure 6.6 Reasons for leaving the medical profession (other than retirement)

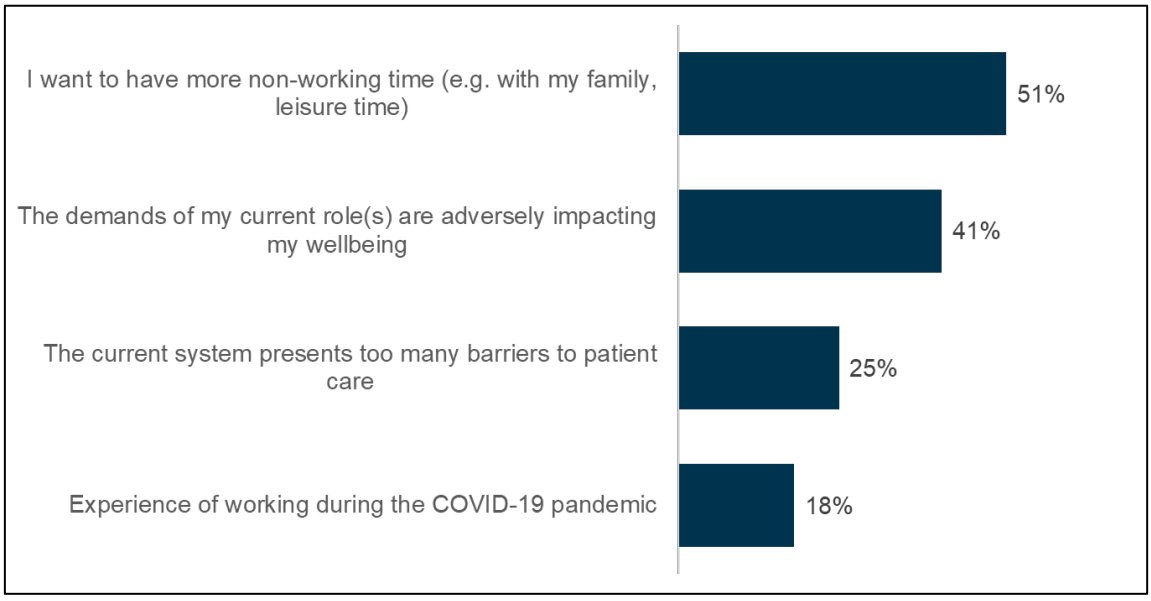


B2. Which of the following explain why that is? Base: Those who are most likely to leave the medical profession (for a reason other than retirement) (35)* Note – low base size

Leaving the profession (retirement)

Among those doctors likely to leave the medical profession to retire, reasons specific to the profession, such as the job's adverse impact on their wellbeing and barriers to patient care, were frequently cited alongside more generic or traditional reasons, such as wanting to have more non-working time.

Figure 6.7 Reasons for leaving the medical profession (retirement)



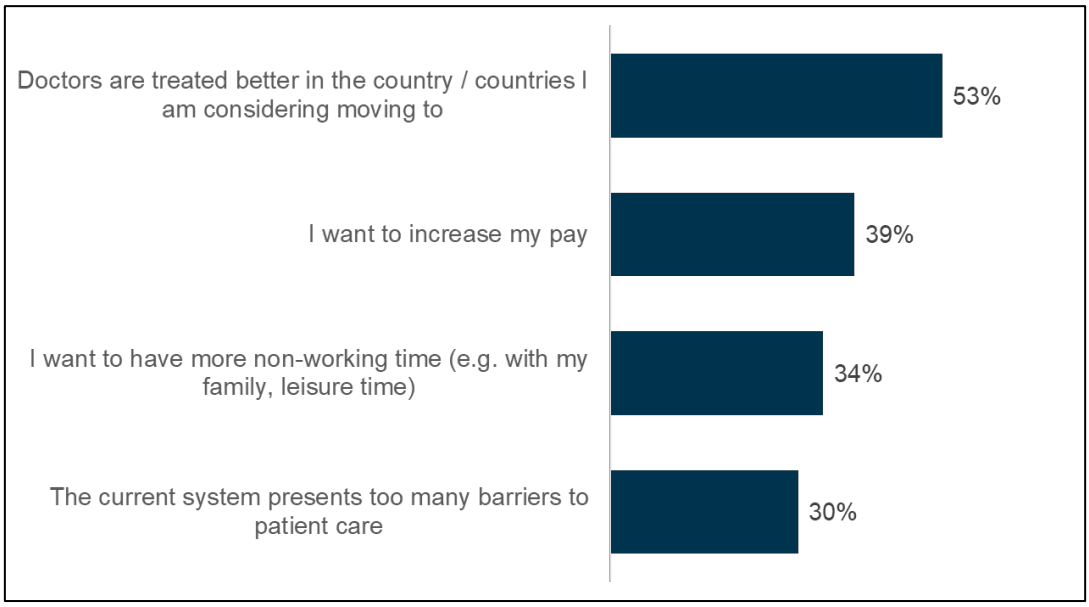
B2. Which of the following explain why that is? Base: Those who are most likely to retire (201)

The doctors who said they were likely to retire can be split into those doing so prematurely and those leaving approaching State Pension Age. Those considering retiring early (i.e. those aged under 60) were more likely to say that this is because the demands of their role are adversely impacting their wellbeing (58% vs. those 24% of those not retiring 'early'), suggesting that, for some, workload and conditions of the job have accelerated their decision to leave. For those of State Pension age, the decision to retire is a more natural life-stage progression, rather than anything specifically negative driving them to that decision.

Moving abroad to practice

Moving to practice abroad (and therefore possibly leaving the UK profession) was typically motivated by doctors feeling that those working in the profession are treated better in the country they are considering moving to (53%) or for increased pay (39%) (see Figure 6.8).

Figure 6.8 Reasons for moving to practise abroad



B2. Which of the following explain why that is? Base: Those who are most likely to move to practise abroad (161)

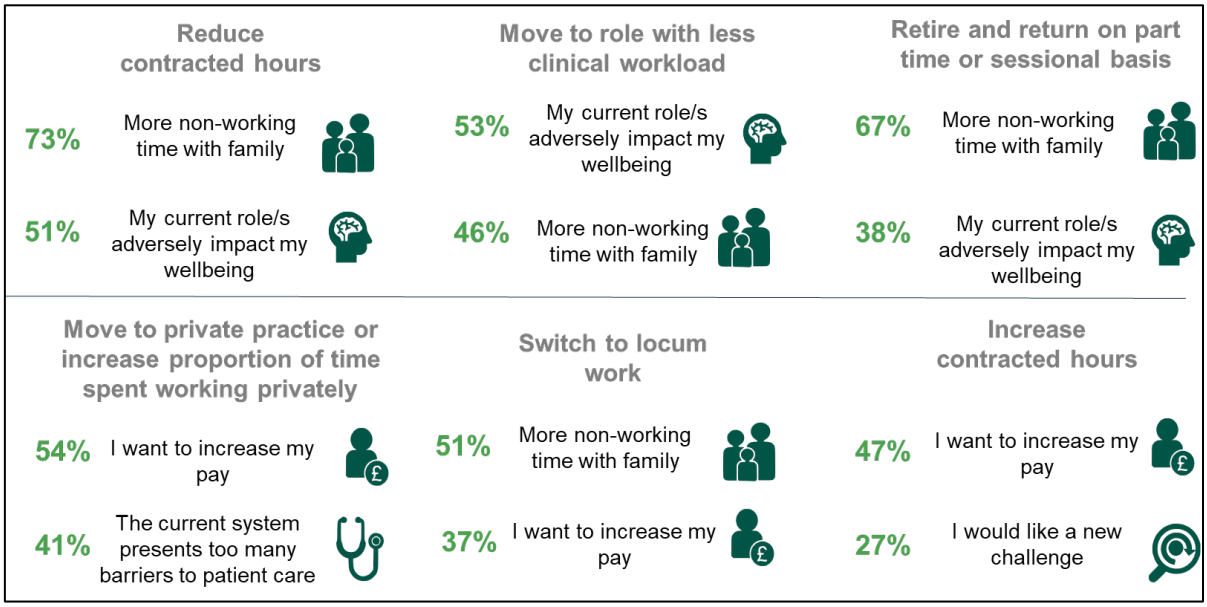
Reducing time in clinical practice

Among doctors looking to reduce time in clinical practice, this was related to a desire to improve wellbeing and work-life balance. For example, those looking to reduce their contracted hours wanted to have more non-working time (73%), followed by finding the demands of their current role to be adversely impacting their wellbeing (51%). Similarly, moving to a role with less clinical workload was generally motivated by finding the demands of the current role to have an adverse impact on wellbeing (53%) or wanting to have more non-working time (46%).

Reasons for other changes

Figure 6.9 summarises the two most common reasons doctors gave for considering other career changes. Again, experience of the COVID-19 pandemic did not feature highly for any of these possible career changes.

Figure 6.9 Two most frequently given reasons for making other career changes



B2. Which of the following explain why that is? Base: Those who are most likely to move to reduce contracted hours (644), move to a role with less clinical workload (244), retire and return (207), move to private practice (179), switch to locum work (66) or increase hours (108)

7 Key findings

The COVID-19 pandemic has inevitably had a huge impact on the day to day working lives of doctors. Almost all doctors experienced a change to their working lives, the majority of whom felt that change to be significant. The specific ways in which day to day work changed for doctors were varied and numerous, and most commonly involved increases to remote working and reductions to face to face patient contact, reductions to routine referrals and treatments, and the need to wear PPE.

Some changes are felt to have had positive impacts, with the possibility of these positives being sustained beyond the pandemic. Doctors most commonly feel positive impacts on teamwork between doctors and other health professionals, sharing of knowledge across the medical profession, and the speed of implementing change. These positive impacts were generally felt to be sustainable among those feeling them, with the exception of the speed of implementing change, which was more commonly felt to be a short-term effect of the crisis.

The changes due to the pandemic also appear to, at least temporarily, have led to a reduction in workload pressures and associated burnout for some doctors. Significantly fewer doctors report struggling with high workloads and burnout than in 2019, a trend particularly noticeable amongst GPs. However, it is important to note that any decrease in doctor workload is likely to be directly linked to reductions to non-urgent care, which will have had negative impacts on patients. It is also the case that **workload does remain an issue** for doctors, particularly so for those with a disability, and will likely return to the fore in the near future when non-urgent patient care returns to something nearer the pre-pandemic norm.

Despite these positives, it is important to recognise and monitor the negative impacts the COVID-19 pandemic has and will continue to have. A **substantial proportion of doctors feel that working through the pandemic has had a negative impact on their mental health and wellbeing**, and notably, black/black British doctors and those with a disability are more likely to experience a greater number of negative impacts of the pandemic. It is possible that further impacts may emerge as the pandemic continues and in the aftermath. Capitalising on and extending the positive impacts on teamwork could be key, as the 2020 findings have reinforced the idea that a supportive team can act as a protective factor that enables doctors to be better equipped to face challenges. There also appears to have been a **negative impact on doctor access to learning and development opportunities.**

There has been a **negative impact in terms of compromises to doctor safety**, primarily linked to lack of PPE. And although patient safety compromises do not appear to be more frequent than in 2019, where these did occur they were most commonly attributed to lack of access to equipment or services linked to reductions in referrals and to non-urgent care because of the pandemic.

Fewer doctors are considering making career changes over the course of the next year compared to 2019, possibly reflecting a desire and need for some stability over a time of substantial change. Despite this, a similar proportion have taken steps to leaving the UK profession. This, combined with the pandemic featuring only as a secondary reason for considering leaving, suggests that **pre-existing reasons currently remain the drivers** leading to doctors leaving the UK profession. Longer term impact is yet to be seen and will likely only become evident in years following, as the pandemic aftermath unfolds.

8 Technical Appendix

Overview

The research outlined in this report consisted of one online survey with doctors currently licensed to practice in the UK. The average time taken to complete the survey was 10-15 minutes.

Doctors were invited to take part in three ways:

- Email invitation sent by IFF Research on behalf of the GMC, using contact details provided by Wilmington Healthcare. The majority of respondents to the survey were invited this way;
- Two exercises that focused on boosting responses to the survey from doctors aged under 35 and doctors in training:
    - 'Snowballing' exercise that involved IFF Research asking doctors that had already taken part to forward an open invite survey on to 1-2 doctors in training;
    - Email invitation to healthcare professional panel members that were doctors in training or under 30 years of age.

Table 1: Summary of survey response

	Number of survey responses	Number email sent to	Number of emails[1]	Response rate
Direct email invitation	3,181	30,614	5	10%

The number of responses provides robust base sizes for analysis, including analysis by subgroup. The response rates outlined above are in line with other, similar studies that IFF Research conducts, and broader industry standards.

Sampling

A total of 31,000 records were sampled from Wilmington Healthcare's databases of GPs and of hospital doctors, stratified by region. This specification was designed to align to the GMC's medical register data, although records for Northern Ireland were oversampled to ensure minimum base sizes for analysis.

Any duplicate records were removed (identified using email address combined with postcode), and any individuals that had previously unsubscribed from the 2019 survey or other IFF Research projects were also excluded.

IFF Research did not use a quota-based approach during fieldwork; rather the profile of those responding were allowed to 'fall out' naturally, and then any small differences between the population

[1] Includes initial email invitation and reminders

and the survey profile were corrected using a weighting approach described in the 'weighting' section below.

Weighting

Final data were weighted to ensure that results were reflective of the population of licensed doctors by age, registration status, ethnicity and place in which primary medical qualification was gained. This approach was the same as the one taken in 2019, to allow for comparability where appropriate between the data sets.

The following table shows the demographic profile achieved in the survey, the weighting targets, and then the post-weighted profile, of doctors.

Table 3: Weighting profile

Profile category		Weighting targets[2]	Survey completes	Weighted profile
Registration	GP register only	23.26%	26.05%	23.26%
	Specialist register only	29.53%	50.26%	29.54%
	On both GP and specialist register	0.47%	0.76%	0.46%
	Training register	23.30%	13.35%	23.31%
	None of these	22.68%	8.83%	22.23%
	Prefer not to say	0.76%	0.76%	0.76%
Age	Under 30	14.21%	4.31%	14.22%
	30-34	15.71%	6.34%	15.71%
	35-45	29.39%	18.09%	29.40%
	46-49	8.66%	11.78%	8.67%
	50-54	9.16%	19.33%	9.15%
	55 or over	14.77%	32.06%	14.76%
	Prefer not to say	8.10%	8.10%	8.10%
Ethnicity	White	56.60%	67.05%	56.59%
	Asian / Asian British	28.84%	19.69%	28.84%
	Black, African, Caribbean or Black British	5.16%	3.36%	5.17%
	Mixed or multiple ethnic groups	2.63%	1.68%	2.63%
	Other ethnic group	4.42%	2.41%	4.41%
	Not stated / prefer not to say	2.36%	5.82%	2.36%
PMQ area	UK	64.33%	70.86%	64.34%
	EEA	8.57%	8.26%	8.83%
	Outside UK and EEA	25.88%	19.66%	25.89%
	Prefer not to say	1.22%	1.22%	1.22%

[2] Weighting targets are the population figures, re-percentaged to take account of unknowns and prefer not to says, this enables more accurate comparisons

Definitions used in analysis

SAS/LE doctors

Doctors who are not on either the GP nor the specialist registers and who are not in training. This group encompasses Specialty and Associate Specialists (SAS) and Locally Employed (LE) doctors.

Most satisfied

Doctors who responded 'Very satisfied' or 'Satisfied' to the question 'To what extent are you satisfied or dissatisfied in your day to day work as a doctor?'

Copenhagen Burnout Inventory (CBI)

An internationally-recognised and validated tool for measuring burnout. Seven questions from the CBI were asked in this survey:

- Is your work emotionally exhausting?
- Do you feel burnt out because of your work?
- Does your work frustrate you?
- Do you feel worn out at the end of the working day?
- Are you exhausted in the morning at the thought of another day of work?
- Do you feel that every working hour is tiring for you?
- Do you have enough energy for family and friends during leisure time?

In the analysis, differing levels of burnout amongst doctors were defined by the number of measures where responses equated to 'high' scores. A 'high' score refers to featuring in the bottom two categories for each statement (typically 'experienced to a high or very high degree' or 'often or always' but 'seldom or never' on the 'energy for family and friends' statement). Doctors who scored highly on 6-7 measures were considered to be most likely to be at risk of, or already suffering from, burnout.

“

IFF Research illuminates the world for organisations businesses and individuals helping them to make better-informed decisions.”

Our Values:

1. Being human first:

Whether employer or employee, client or collaborator, we are all humans first and foremost. Recognising this essential humanity is central to how we conduct our business, and how we lead our lives. We respect and accommodate each individual’s way of thinking, working and communicating, mindful of the fact that each has their own story and means of telling it.

2. Impartiality and independence:

IFF is a research-led organisation which believes in letting the evidence do the talking. We don’t undertake projects with a preconception of what “the answer” is, and we don’t hide from the truths that research reveals. We are independent, in the research we conduct, of political flavour or dogma. We are open-minded, imaginative and intellectually rigorous.

3. Making a difference:

At IFF, we want to make a difference to the clients we work with, and we work with clients who share our ambition for positive change. We expect all IFF staff to take personal responsibility for everything they do at work, which should always be the best they can deliver.

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