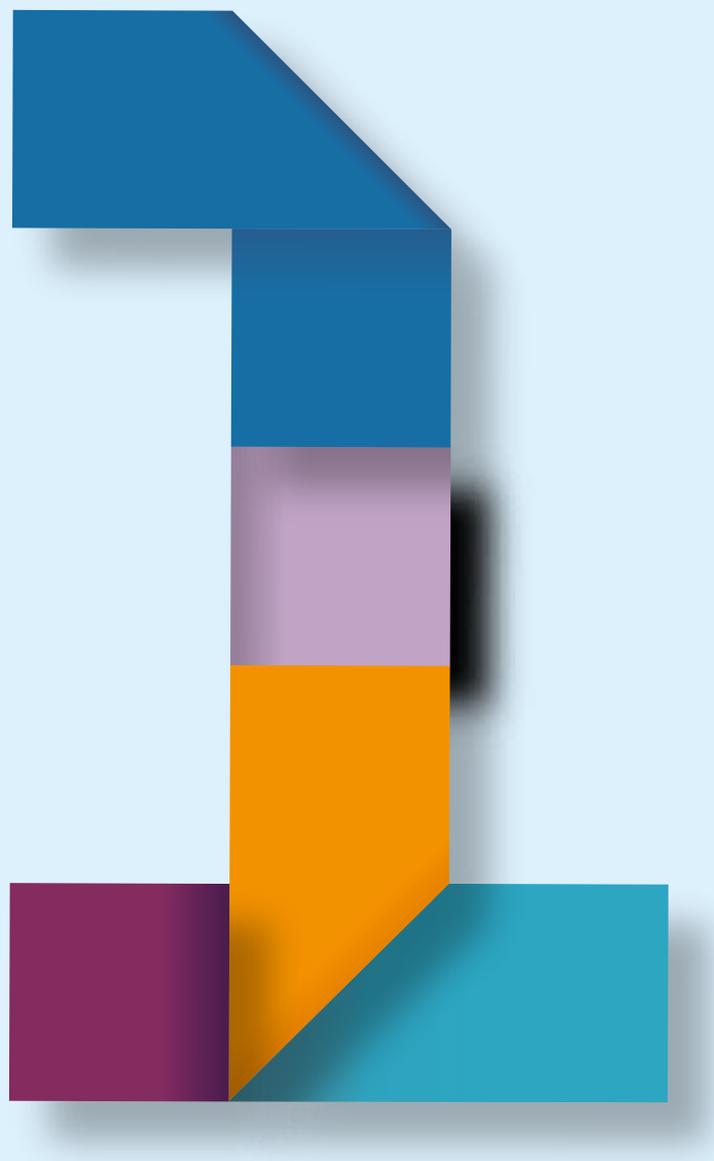


Working during the pandemic



Summary

- Doctors reported struggling with heavier workloads during 2021, with six out of ten (59%) working beyond rostered hours at least once a week, and three out of ten (30%) feeling unable to cope with their workload weekly.
- The proportion of doctors at a high risk of burnout has increased from 10% in 2020, to 17% in 2021. There is a strong relationship between burnout, workload and levels of support, and GPs continue to report being under the greatest pressure.
- Delays to patient care and the need to deal with resultant waiting lists are key areas of concern for doctors.
- Almost half of doctors (46%) have been providing more care remotely than face to face. While remote care has allowed patients to continue to access care during periods of lockdown and social distancing restrictions, remote care is not always suitable, and in some circumstances has had a detrimental impact on patient care.
- There is evidence that adaptations to working practices during the pandemic are continuing to lead to improvements in some areas, with 60% of doctors reporting that it has had a positive impact on teamwork.

Introduction

Medical practice has had to continue to evolve in the past 12 months, in response to rapid changes in the healthcare environment during the coronavirus (COVID-19) pandemic. A growing backlog of patient care and further waves of COVID-19 have put many doctors under intense pressure. There is concern and uncertainty in the profession about how we'll emerge from the pandemic.

The pandemic has, however, also shone a spotlight on longstanding issues, leading to new ways of working that are having a positive effect on both doctors and patients. Although there is growing concern around the ability to sustain gains that were made early in the pandemic, there is still optimism that we can build on what has been learned to help tackle the long-term pressures doctors are facing.

“ There is some light at the end of the tunnel and things are easing. Right from the early stage, we kept saying ‘when all this is sort of blown over, we’ll sit down and properly go through what’s happening’. We haven’t reached that point yet.”

Case studies, Cardiology Consultant

Box 2: Evidence sources used in chapter 1

3,386 doctors completed the 2021 Barometer survey – a representative sample of the UK medical register. The survey was carried out in June and July 2021. The questions explored the ongoing experiences of doctors working during the COVID-19 pandemic, along with wider aspects of their work and future career plans.

When analysing the data from the Barometer survey, we consider the experiences of different groups of doctors. Most often, the patterns we see relate to a doctor’s registration type or specialty, but we have also highlighted some notable differences by doctors’ demographic characteristics. When reporting differences by doctors’ ethnicity, where possible we try to present the data

on individual ethnic groups. However, due to limited sample size we are sometimes required to report on doctors from a Black and minority ethnic (BME) background as a collective group.

This chapter also includes insights from commissioned qualitative research exploring the implications of changes to doctors’ working practices that are emerging following the pandemic. This involved eight focus groups with frontline doctors followed by 19 in-depth interviews with clinical and non-clinical managers.

You will find further information on the evidence sources in *A note on research and data* on page 111.

Working practices during 2021

The pandemic continues to drive changes to doctors' practice

The pandemic continues to have a major impact on the day-to-day work of doctors. They have been required to alter and adapt their practice in response to large-scale and rapid changes in how healthcare services are delivered and used. While some measures introduced in the early stages of the pandemic have proved to be temporary, many new ways of working look set to become embedded in doctors' future practice.

Our evidence sources point to various areas where doctors' practice has changed during the pandemic:

- increased working from home
- virtual meetings and training
- remote consultation and ongoing management of care
- rota changes and redeployment
- shifts in roles and responsibilities within the multi-disciplinary team
- reconfiguration of patient care pathways.

Levels of redeployment are lower than in the early stages of the pandemic, but more than a third of doctors (35%) were still redeployed in the last year – one out of ten (10%) into a different area of practice, and a further quarter (25%) in the same area of practice. Rates of redeployment were highest among trainees (56%) as well as among doctors working in anaesthetics or intensive care (66%), medicine (60%), and in surgery (51%).

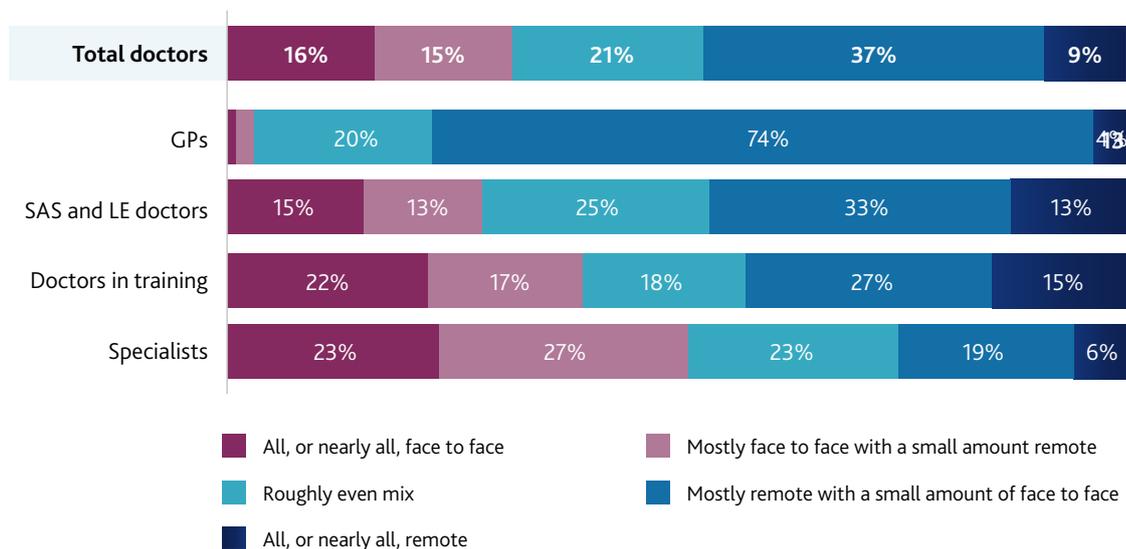
Almost half of doctors are providing more care remotely than face to face

The unprecedented shift towards remote working since the start of the pandemic continues, with the majority of doctors (64%) providing more remote care now than they were before the pandemic. In 2021, almost half of doctors (46%) have been providing more care remotely than face to face. GPs were most likely to be providing the greater proportion of their care remotely (77%), while half of specialists (50%) still provide most, or all, care face to face (Figure 1). It is important to highlight that these data were collected in Summer 2021, and the model of remote care provision will continue to evolve.

The rapid shift to remote care has been delivered effectively across the system, at different points along the care pathway. This has included digitally-supported total triage,* remote GP consultations, virtual clinics, and remote management of ongoing patient care. The impact of the shift towards remote care on both doctors and patients is examined in more detail later in this chapter.

Figure 1: Proportion of patient care provided remotely during the last year by registration type

Roughly, how much of your patient care has been provided remotely and how much face to face during the last year?



n = 3,386 (all doctors), the Barometer survey 2021, Q16

* Total triage means that every patient contacting a practice first provides some information on the reasons for contact and is triaged before making an appointment.

Increased workload pressures

After a temporary decrease in workload for some doctors during the early stages of the pandemic, the 2021 Barometer survey indicates that more doctors are again struggling with workload. Six out of ten doctors (59%) reported working beyond rostered hours at least once a week, while three out of ten (30%) felt unable to cope with their workload weekly. On average, doctors described the workload on 60% of their days as 'high intensity' (Figure 2).

Since 2019, we have analysed the relationship between working hours and feeling able to cope, to classify doctors into four distinct groups:

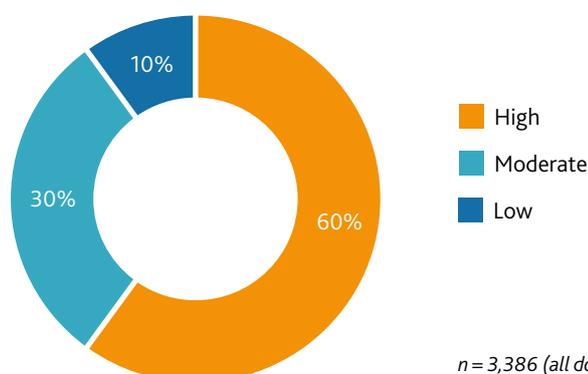
- Managing – not regularly working beyond rostered hours and coping with workload.
- Normalised – regularly working beyond rostered hours, but not regularly feeling unable to cope with workload. Long hours are a normal part of their working life that they have learnt to cope with.

- Issues unrelated to working extra hours – not regularly working beyond rostered hours, but not coping with workload, because of other factors.
- Struggling – regularly working beyond rostered hours and not coping with workload.

In 2020, we reported on a substantial drop in the number of doctors struggling with their workload. However, as paused services restarted against a growing backlog of patient care and further COVID-19 waves, we expected workload pressures to increase once again for many doctors. The 2021 data confirmed this, as a quarter of doctors (26%) fell into the 'struggling' group (an increase from 15% in 2020), and around a third (35%) were in the 'managing' group (a decrease from 51% in 2020) (Figures 3–4).

Figure 2: Intensity of doctors' workload on each working day

Over the last year, on roughly what percentage of your working days would you describe the intensity of your workload as high/moderate/low?



n = 3,386 (all doctors), the Barometer survey 2021, QC8

Figure 3: Quadrant analysis of doctors working beyond rostered hours weekly and feeling unable to cope with workloads weekly

How frequently, if at all, over the last year have you experienced the following?
Worked beyond my rostered hours / Felt unable to cope with my workload

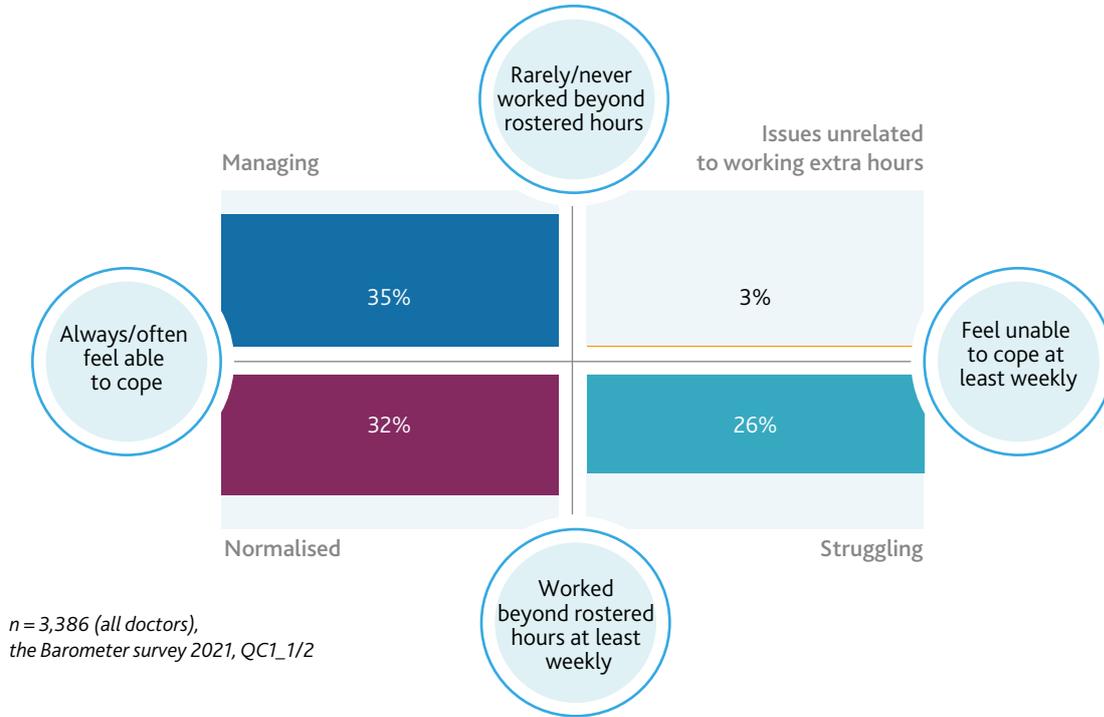
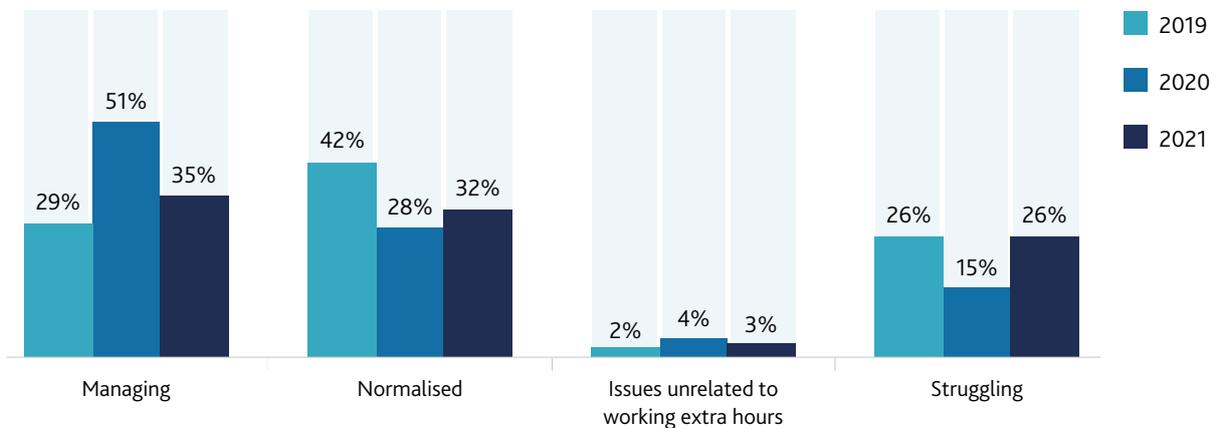


Figure 4: Quadrant analysis of doctors' workload 2019–21

How frequently, if at all, over the last year have you experienced the following?
Worked beyond my rostered hours / Felt unable to cope with my workload



n = 3,386 (all doctors), the Barometer survey 2021, QC1_1/2
n = 3,693 (all doctors), the Barometer survey 2020, QC1_1/2
n = 3,876 (all doctors), the Barometer survey 2019, QC1

Differences in workload between registration types

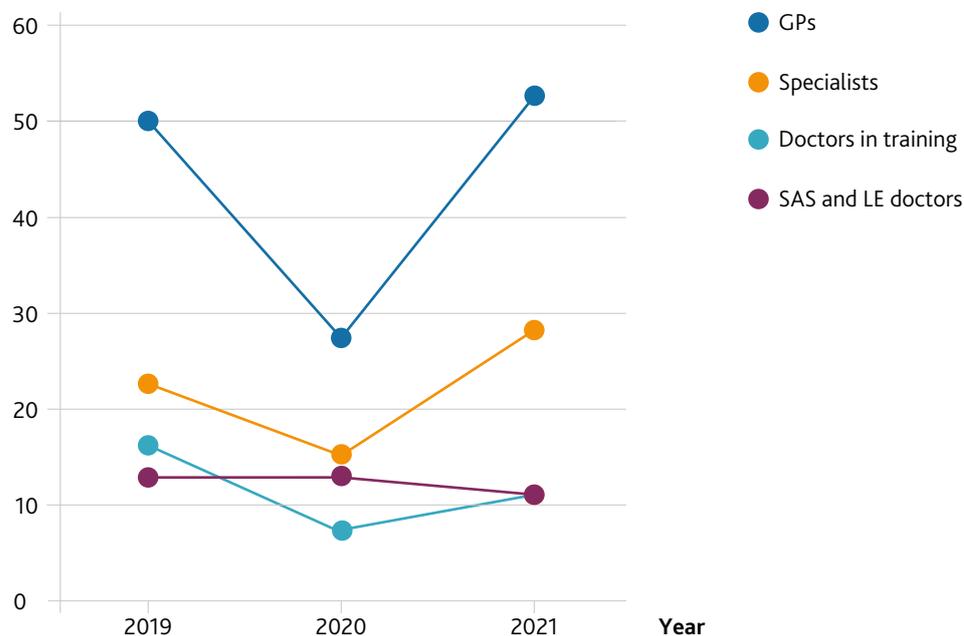
Stark differences in the experiences of each registration type have re-emerged in the 2021 Barometer survey data (Figure 5). GPs are once again reporting much greater pressure than any other group. On average, GPs described the workload on 76% of their days as 'high intensity', a significantly higher proportion than specialists (55% of days), trainees (52% of days), and SAS and LE doctors (57% of days).

The proportion of GPs and specialists struggling with their workload doubled in 2021, with more than half of GPs (54%) and almost three out of ten specialists (28%) now falling into this group. While the proportion of trainees struggling (11%) has also risen in 2021, the increase has not been as marked in this group and is still below pre-pandemic levels. SAS and LE doctors made up the only group where there has not been an increase in the number of doctors struggling with their workload. For GPs and specialists, the number struggling has returned to the worrying proportions of 2019.

Figure 5: Proportion of doctors 'struggling' with their workload by registration type 2019–21

*How frequently, if at all, over the last year have you experienced the following?
Worked beyond my rostered hours / Felt unable to cope with my workload*

Percentage 'struggling' (%)



*n = 3,386 (all doctors), the Barometer survey 2021, QC1_1/2
n = 3,693 (all doctors), the Barometer survey 2020, QC1_1/2
n = 3,876 (all doctors), the Barometer survey 2019, QC1*

New ways of working can help relieve workloads

Despite the data painting a broadly negative picture in terms of workload pressures, it has been encouraging to hear examples of innovative practice that have helped deal with increased patient demand and relieve workloads. These new ways of working look set to play an important role in helping the UK emerge from the pandemic. Three areas highlighted as making a particular difference were remote working, co-operation with community services, and reconfiguration of care pathways.

Although not always the case, the shift towards remote working has offered some doctors greater efficiency and flexibility to manage their workload.

“People aren’t in neat ten-minute packages, some are going to take longer. So this flexibility is such a plus because [I] can spend time on a patient who needs it [and I] can get the sick notes done quicker, without feeling every ten minutes [I’m] running behind. From a wellbeing perspective, mentally I’ve been feeling a lot less pressure on that time aspect.”

*Changes to working practices,
GP focus group*

Flexibility and maximising capability across the healthcare workforce have played a key role in managing workloads. Where available, improved co-operation with community services has made a difference to workloads – particularly in general practice.

“Previously we didn’t rely on the community services, like the community matron, district nurses. We tried to deal with everything ourselves. During the past year we had to use the community services, and that’s been a learning [point] for us - that actually we don’t need to go see every single patient, there are other services that can go and see these people”

*Changes to working practices,
GP focus group*

Reconfiguration of patient pathways – particularly, deflecting traffic from GPs and emergency departments – has also helped to deal with increased patient demand more efficiently.

“Previously a mental health patient would have come in and waited in the emergency department. The service has now been moved to a bigger area so [that] when the patient comes in and is assessed they’re sent directly over. We no longer spend five or six hours with this type of patient in the emergency department.”

*Changes to working practices,
NHS manager interview*

Levels of support remain stable

The vast majority of doctors continue to feel well supported by their 'immediate colleagues', but less so by 'senior medical staff' and 'non-clinical management'. More than four out of five (84%) respondents agreed that they are supported by their immediate colleagues, two-thirds (66%) felt supported by senior medical staff, with just half (50%) agreeing that they are supported by non-clinical management. This is consistent with responses to these statements in the 2020 Barometer survey.

Specialists and GPs continue to report feeling less supported by senior medical staff, with specialists particularly unlikely to agree that they are supported by non-clinical management. However, the data suggest a stronger feeling of support among SAS and LE doctors compared with last year. (Table 1).

Table 1: Agreement with statements concerning workplace support by registration type 2020–21

To what extent do you agree with the following statements?

	GPs		Specialists		Doctors in training		SAS and LE doctors	
	2020	2021	2020	2021	2020	2021	2020	2021
I am supported by immediate colleagues	86%	82%	84%	83%	86%	89%	82%	83%
I am supported by senior medical staff	61%	50%	61%	57%	83%	87%	70%	75%
I am supported by non-clinical management	70%	62%	45%	39%	53%	46%	39%	60%

2021 data: n = 3,386 (all doctors), the Barometer survey 2021, QD3_1-3

2020 data: n = 3,693 (all doctors), the Barometer survey 2020, QD3_1-3

The impact on doctors

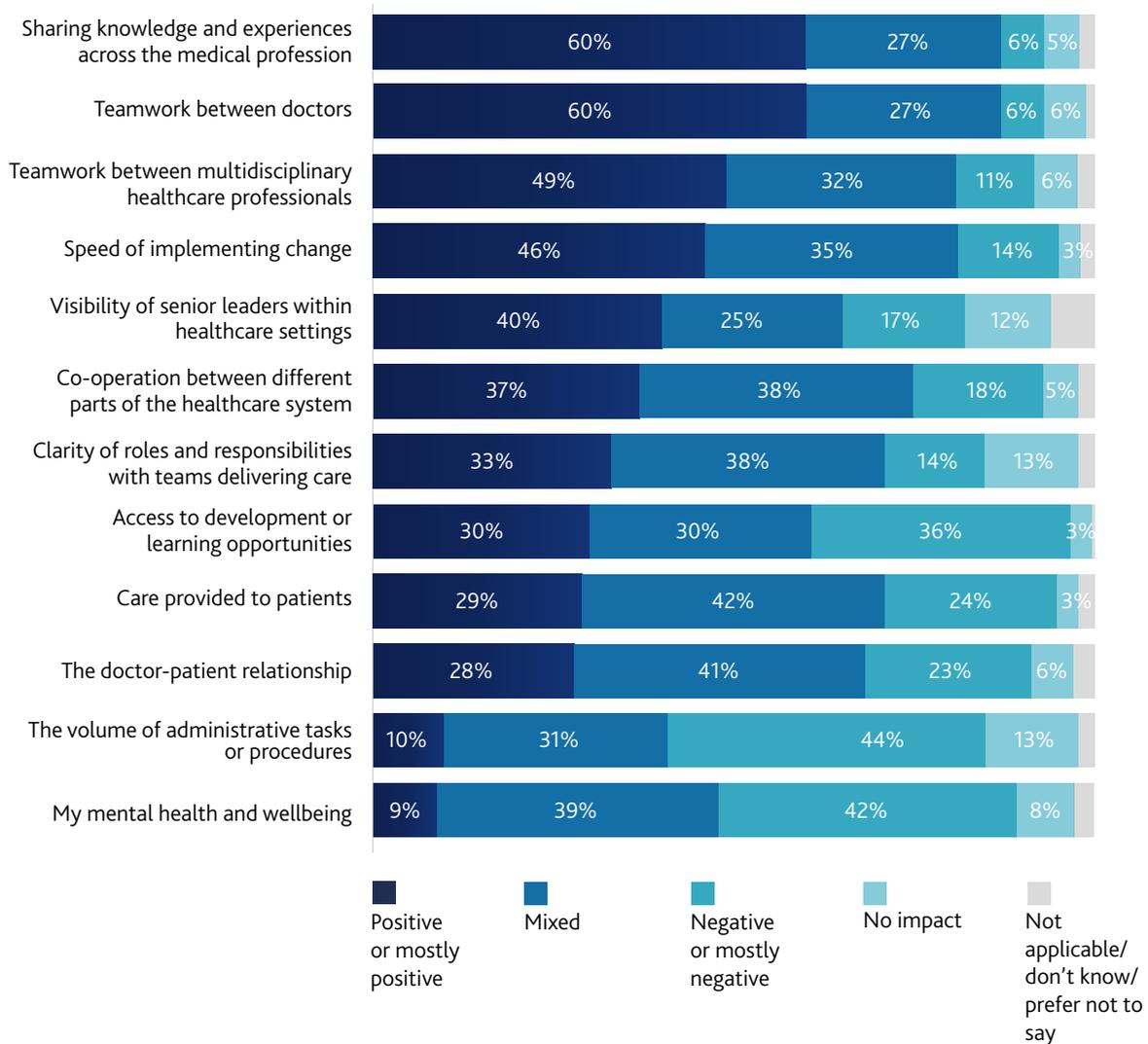
Better teamwork is being maintained

In the 2021 Barometer survey, we once again asked doctors about the impact of the pandemic on various aspects of their working lives

(Figure 6). Overall, nine out of ten (88%) doctors felt that at least one area had been positively affected, while seven out of ten (69%) felt that at least one area had been negatively affected.

Figure 6: Impact of the pandemic on aspects of doctors' working lives

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?



n = 3,386 (all doctors), the Barometer survey 2021, Q13_1-12

Some doctors have expressed concern that the 'all in this together' attitude present during the early stages of the pandemic may have become less prevalent, resulting in the loss of some of the positive changes in ways of working.

“ [the pandemic] gave a chance for everyone to pull together. It was fantastic, I think it opened my eyes to what could and should be possible all the time. As we sank more back to normality, it was like I'd had a vision of how it could be.”

Case studies, SAS doctor

However, doctors still feel that the pandemic has led to improvements in certain aspects of their work, particularly with respect to teamwork and the sharing of knowledge and experiences across the medical profession. Six out of ten (60%) doctors felt that there had been a mostly positive impact on teamwork between doctors and around half (49%) felt the same applied to teamwork between multidisciplinary healthcare professionals.

There are many examples of the pandemic accelerating a shift towards more effective joined-up care across multidisciplinary teams, facilitated by more visible and transparent leadership. Better teamwork, alongside strong leadership, has also provided the foundation for other positive changes to occur. This has involved breaking down long-standing silos and creating cultures that promote collaboration.

“ To me that was phenomenal, truly. We managed to move the whole team and service, but more significantly we got through a culture of barriers and 'Team A versus Team B' and that has continued ever since. They have a great relationship now and are working together really well.”

*Changes to working practices,
NHS manager interview*

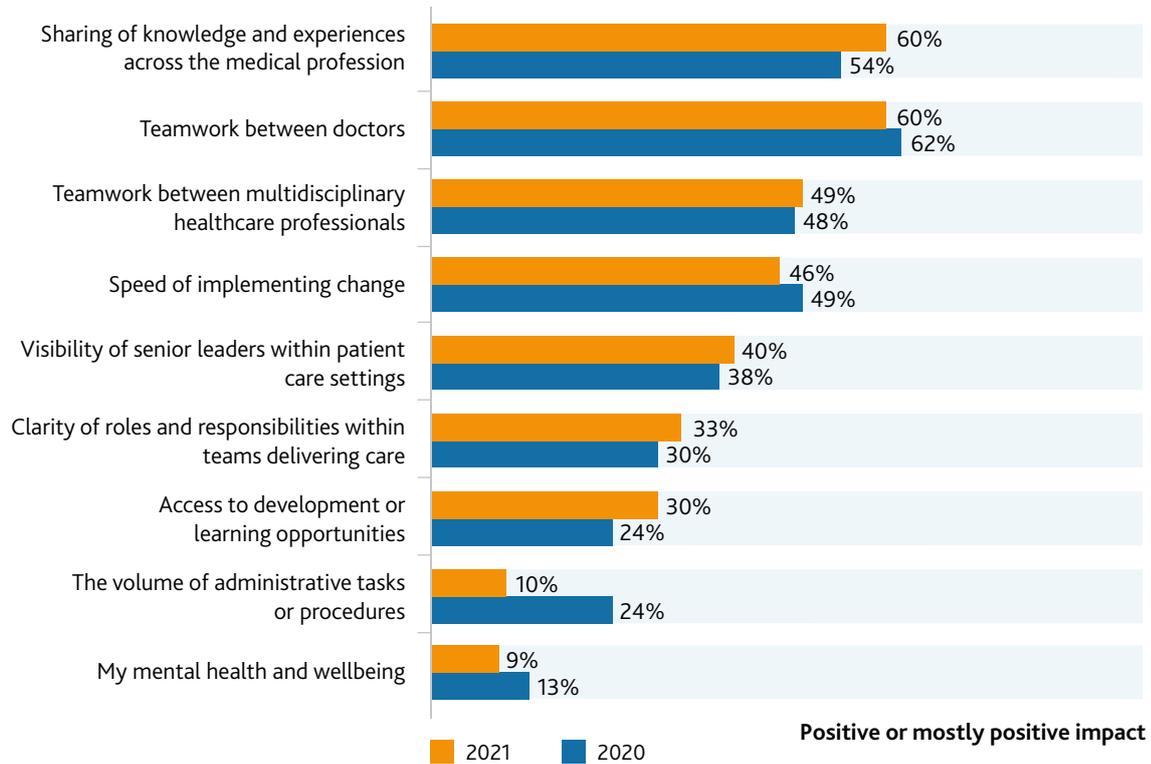
Across most of these aspects of doctors' work, a similar proportion of doctors reported a positive impact this year compared with the 2020 survey (Figure 7). This suggests that improved ways of working in several areas are currently being sustained. One area highlighted by doctors as much more negative is the growing volume of administrative tasks or procedures. More than four out of ten (44%) doctors felt that this had been negatively affected during the pandemic – substantially higher than a year ago (26%). This was particularly the case among GPs (75% reporting a 'negative or mostly negative impact'), suggesting that this is one of the factors contributing to the higher workloads within this group in 2021.

“ Days full of frustration [about the] amount of time doing admin tasks.”

2021 Barometer survey, open text response

Figure 7: Positive pandemic impact on aspects of doctors' working lives 2020–21

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?



n = 3,386 (all doctors), the Barometer survey 2021, Q13_1–5, 7–10

n = 3,693 (all doctors), the Barometer survey 2020, Q13_1–4, 6–10

Burnout has increased since 2020

More than two out of five doctors (42%) felt that working during the pandemic has had a negative impact on their mental health and wellbeing – an increase from around a third (32%) in 2020.

A greater proportion of doctors are also at risk of burnout.* A third of doctors (33%) are at a moderate or high risk of burnout, while around seven out of ten (67%)† are at a low or very low risk (Figure 8). The number of doctors at a high

risk of burnout (17%) has increased substantially since 2020 (10%), and levels are now similar to those seen pre-pandemic in 2019 (16%).

There is a strong relationship in the data between burnout, workload pressures and levels of support (Figure 9). Doctors at a high risk of burnout were most likely to be struggling with their workload (70%), and least likely to agree that they are part of a supportive team (56%).

Figure 8: Doctors’ risk of burnout by registration type

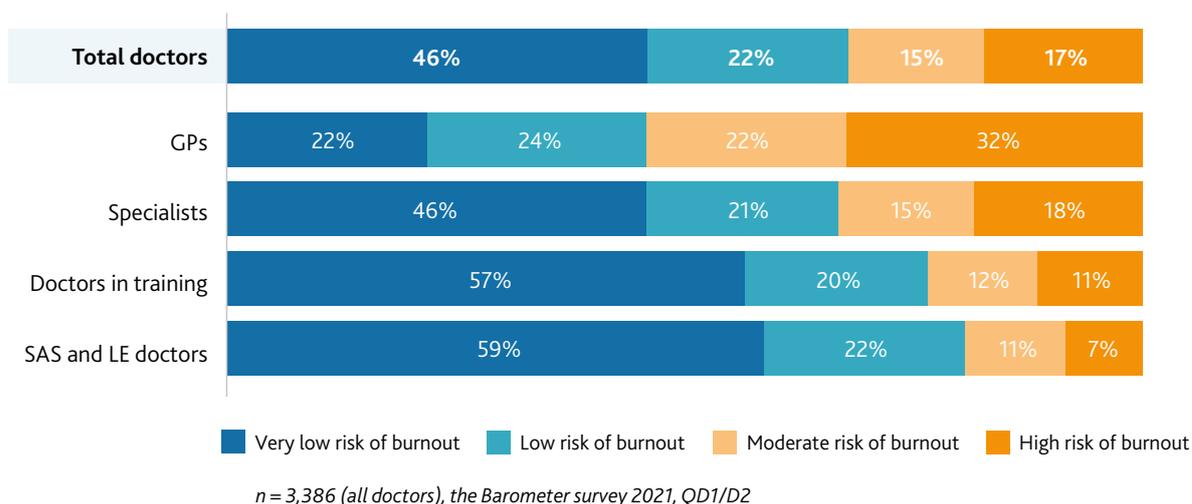
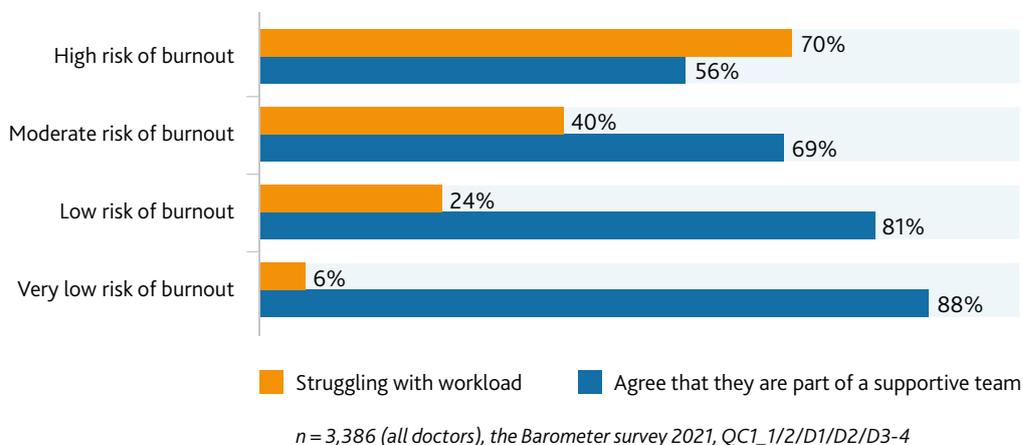


Figure 9: Proportion of doctors struggling with workload and agreement with support statements by risk of burnout



* Information on the categorisation of burnout risk can be found in A note on research and data on page 111.

† This number does not match exactly with Figure 8 due to rounding.

As with workload pressures, GPs were the most likely to be at a high risk of burnout (32%), compared with specialists (18%), doctors in training (11%) and SAS and LE doctors (7%) (further analysis of burnout among doctors in training is presented in chapter 2).

Almost one out of five doctors (17%) have taken time off due to stress during the last year. Doctors at the highest risk of burnout were most likely to have taken time off (23%). However, despite being more at risk of burnout, fewer GPs and specialists took a leave of absence (9% and 8% respectively), suggesting that some groups feel less able to take this action.

“ When you’re off, either you can’t fully relax because you’re keeping one eye on what’s going on at work or you feel guilty that you’re leaving everyone else to it.”

Case Studies, Cardiology consultant

New initiatives to support wellbeing may not be enough

New initiatives to support doctors’ wellbeing have been introduced during the pandemic, such as better support services and wellbeing spaces.

“ Our directorate has built a wellbeing room, a comfortable place to reflect, have a cup of tea, [and] sit in peace and quiet. We’ve got wellbeing champions/officers from various specialisms trained as support workers overseeing wellbeing.”

*Changes to working practices,
Secondary care lead interview*

Although doctors welcome a greater recognition of wellbeing issues, many highlighted that improving staffing levels and reducing workload are the actions most likely to make a positive difference. The 2021 Barometer survey indicated that more than a quarter of doctors (27%) found it difficult to take breaks every single day due to the intensity of their workload. This suggests that many doctors will struggle to access support when they need it.

The ‘Caring for doctors, Caring for patients’ 2019 report² identified three core needs for the maintenance of doctors’ wellbeing and motivation at work:

- Autonomy - the need for doctors to have control over their work lives, and to act consistently with their work and life values.
- Belonging - the need for doctors to be connected to, cared for, and caring of, others in the workplace.
- Competence - the need for doctors to experience effectiveness and deliver valued outcomes, such as high-quality care.

To be effective, interventions to support doctors’ wellbeing must recognise these core needs and ensure that each of them is met. Tackling burnout in the medical profession will be explored further in chapter 4.

High levels of burnout could lead to more gaps in the workforce

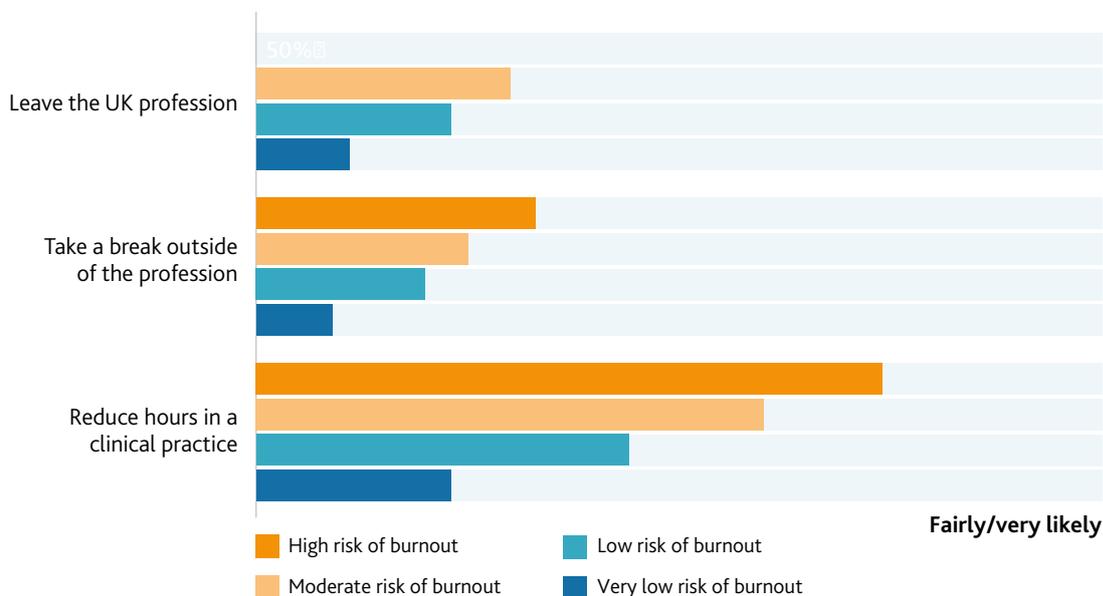
Burnout may ultimately contribute to pushing more doctors away from full-time practice or out of the profession completely, putting further pressure on an already stretched workforce. In the 2021 Barometer survey, doctors at a higher risk of burnout were more likely to be considering reducing their hours in clinical practice, taking a break or leaving the profession permanently (Figure 10). Half (50%) of doctors at a high risk of burnout said they are 'fairly/very likely' to leave the UK profession in the next year. The most common reasons respondents gave for considering these career changes related to the desire for a better work-life balance and the excessive demands of the role affecting their wellbeing.

The 2021 Barometer survey indicates that 7% of doctors have taken 'hard steps' towards leaving the medical profession.* This is almost twice the proportion in 2020 (4%), although it is likely to be in part explained by a backlog of doctors who were prevented from leaving due to pandemic restrictions. The trends in the number of doctors leaving the register and reasons for this are explored further in chapter 3.

“People are overwhelmed, experiencing anxiety and depression and going off sick. A lot of people are frustrated and burnt out, and hand in their resignation.”
Changes to working practices, NHS hospital manager interview

Figure 10: Proportion of doctors likely to make career changes by risk of burnout

How likely are you to make any of the following career changes in the next year?



n = 3,386 (all doctors), the Barometer survey 2021, QB1/D1/D2

* Hard steps towards leaving include: contacting a recruiter; applying for or attending training to prepare for a new role; applying for another role outside of medicine.

The majority of doctors remain satisfied in their day-to-day work

Workload pressures, support and experiences of the workplace ultimately drive doctors' overall satisfaction. In the 2021 Barometer survey, seven out of ten doctors (70%) reported that they are at least 'somewhat satisfied' in their day-to-day work, with 43% being in the most satisfied group (either 'satisfied' or 'very satisfied'). By contrast, only two out of ten (22%) reported being overall dissatisfied (Figure 11). While satisfaction levels

have dropped since 2020 (75% overall satisfied), they are still higher than they were in 2019 (63% overall satisfied).

However, the picture is not consistent across registration types. In the 2020 survey, satisfaction levels were fairly consistent. But this year, satisfaction among specialists and particularly GPs has once again dropped significantly, while both trainees and SAS and LE doctors are reporting being more satisfied (Figure 12).

Figure 11: Satisfaction with day-to-day work as a doctor

To what extent are you satisfied or dissatisfied day-to-day in your work as a doctor?

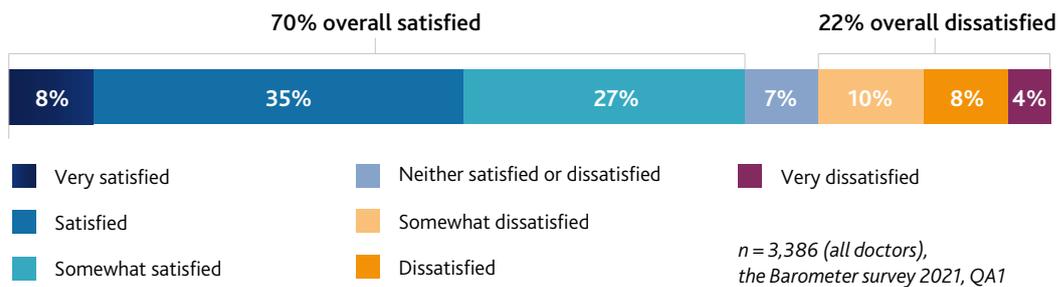
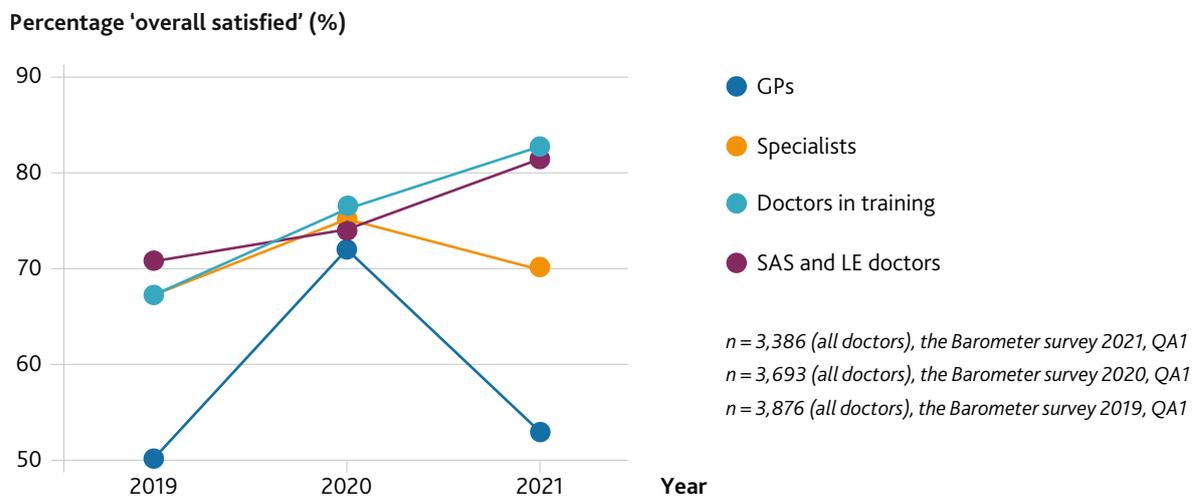


Figure 12: Proportion of doctors overall satisfied by registration type 2019–21

To what extent are you satisfied or dissatisfied day-to-day in your work as a doctor?



Doctors are concerned about lasting effects of redeployment

Focus group discussions suggest that many trainees and SAS and LE doctors are feeling jaded by redeployment. While there is an acknowledgement that flexibility within the workforce will be important in dealing with the backlog of patient care, redeployed doctors expressed concerns that they are becoming de-skilled and that their career progression will be impeded.

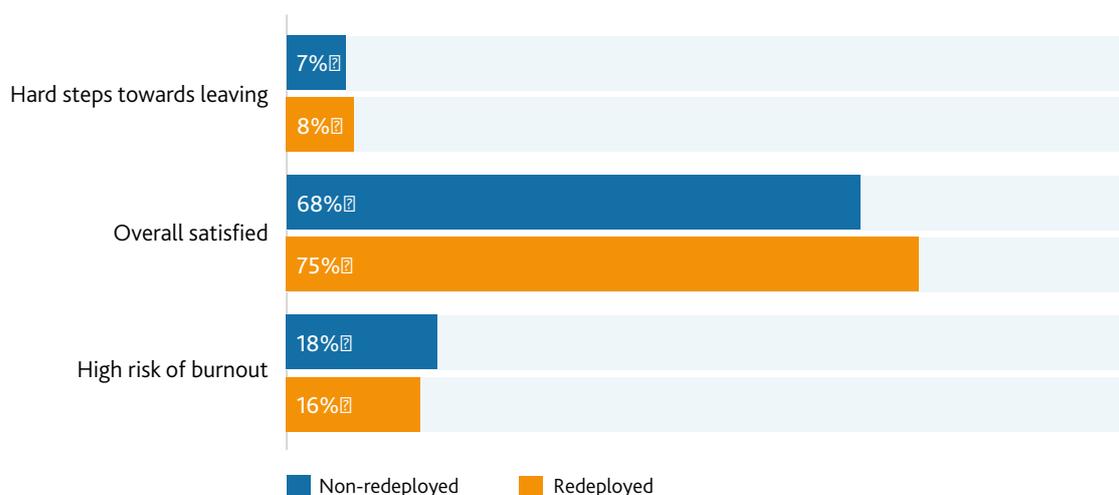
“ I feel like I’m getting de-skilled in things that are bread and butter. I’m just purely on the ward running around like a glorified Senior House Officer.”
Changes to working practices, SAS and LE doctors focus group

“ I’m fed up with dealing with COVID-19 patients, I want to get back to endo-crinology which is what I hope to specialise in.”
Changes to working practices, Trainee focus group

‘Lack of opportunity for progression and training’ was the most common area of concern expressed by trainees for the coming year, identified by 1 out of 5 (20%). SAS/LE doctors and doctors in training – the two groups most likely to find themselves redeployed – were also most likely to report concerns about the pandemic continuing (14% and 18% respectively).

Despite this, the data do not suggest that the experiences of redeployed doctors were worse, with overall levels of satisfaction actually higher among those who have been redeployed (75% compared with 68% non-redeployed) (Figure 13). It is important to note that while there is no indication from the 2021 Barometer survey data that redeployed doctors have been disproportionately affected, respondents were not being asked to reflect directly on their redeployment.

Figure 13: Workplace experiences of redeployed and non-redeployed doctors



n = 3,386 (all doctors), the Barometer survey 2021, Q12/D1/D2/A1/B1/B3

Doctors in the focus groups with a more positive experience of redeployment usually attributed it to having better support from senior doctors. In the 2021 Barometer survey, doctors who had been redeployed were more likely to agree that they are supported by senior medical staff (70% compared with 64% non-redeployed).

“From my point of view as a junior on a London Covid ward, I found senior support was better. More consultants were around. I felt really well supported. It was really helpful.”

*Changes to working practices,
Trainee focus group*

Variation of experiences across the workforce

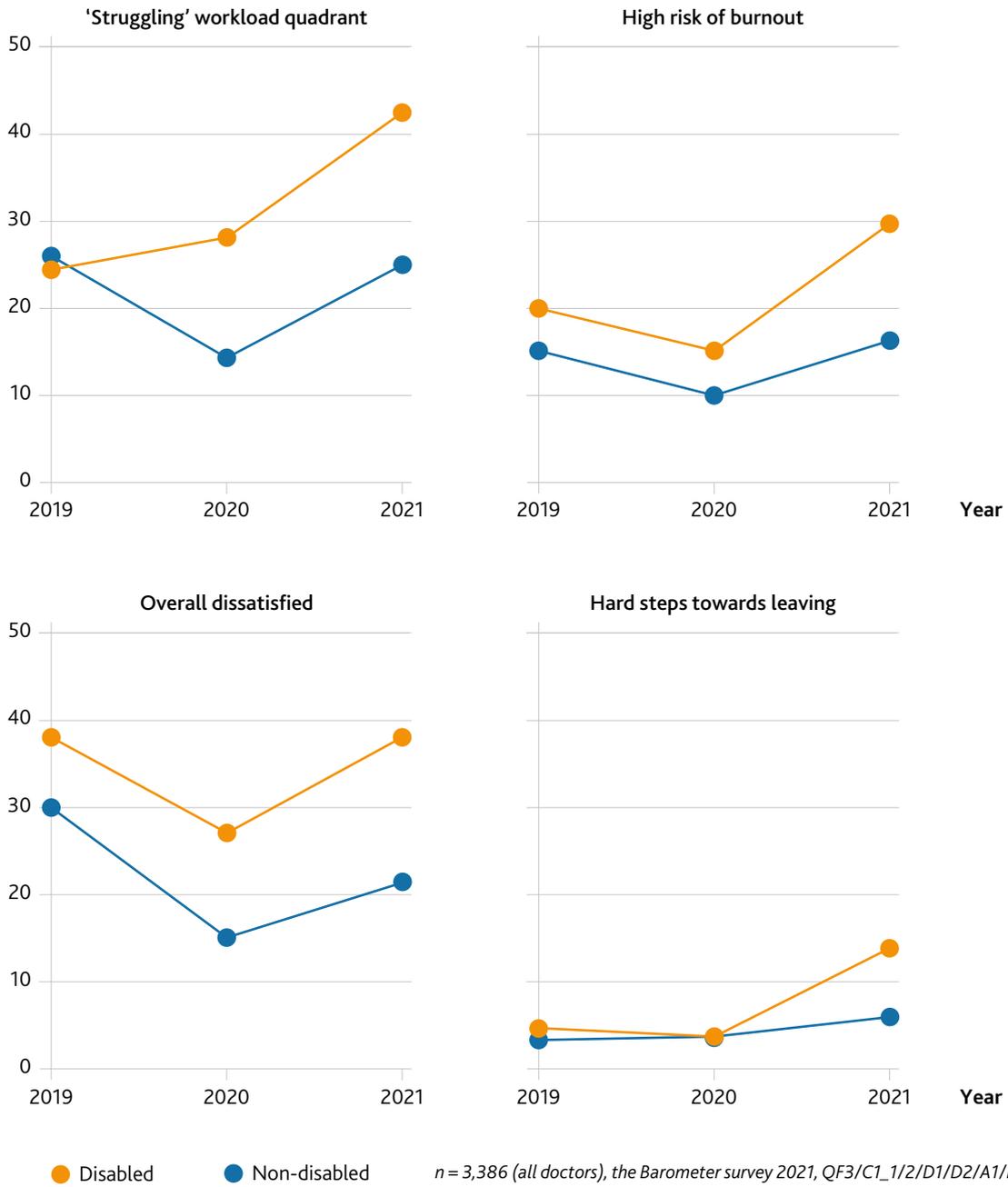
As well as differences associated with a doctor's area of practice, the 2021 Barometer survey data indicate there may be some variation in experiences based on other factors including disability, ethnicity, and where a doctor gained their primary medical qualification (PMQ). It is particularly important that we identify where experiences vary based on a protected characteristic, as this may be indicative of issues around equality, diversity, and inclusion.

A widening gap between disabled and non-disabled doctors

Disabled doctors were almost twice as likely as non-disabled colleagues to report feeling dissatisfied, being at a high risk of burnout, struggling with workload and taking hard steps towards leaving the profession (Figure 14). This concerning pattern has been evident in the Barometer data since 2019, but the gap between the experiences of disabled and non-disabled doctors has widened substantially over recent years.

Figure 14: Workplace experiences of disabled and non-disabled doctors 2019–21

Percentage (%)



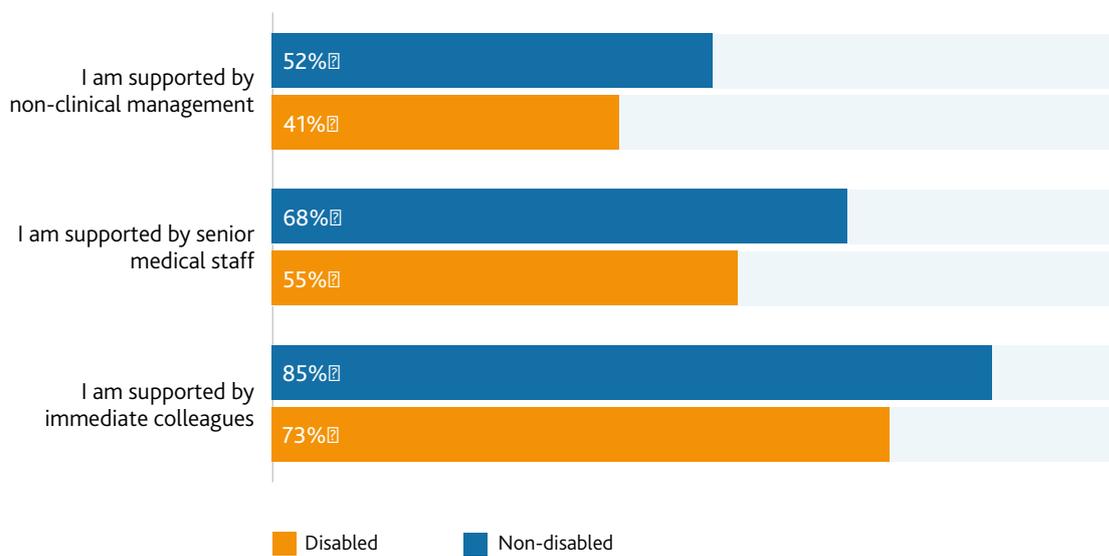
n = 3,386 (all doctors), the Barometer survey 2021, QF3/C1_1/2/D1/D2/A1/B1/B3
n = 3,693 (all doctors), the Barometer survey 2020, QF3/C1_1/2/D1/D2/A1/B1/B3
n = 3,876 (all doctors), the Barometer survey 2019, QF3/C1_1/2/D1/D2/A1/B1/B3

It is worrying that disabled doctors feel less supported – whether that is by immediate colleagues, senior doctors, or non-clinical management (Figure 15). They were also

more likely to identify lack of support from management as a reason for dissatisfaction (24% compared with 16% of non-disabled doctors).

Figure 15: Agreement with statements on support by disability

To what extent do you agree with the following statements?



n = 3,386 (all doctors), the Barometer survey 2021, QF3/D3_1-3

UK graduate doctors are reporting more negative workplace experiences

UK graduate doctors reported a more negative experience than doctors with a non-UK PMQ on a number of key indicators (Table 2). UK graduate doctors were more likely to be dissatisfied, struggling with workload, and at a high risk of burnout. Doctors who graduated outside of the European Economic Area (international medical

graduates) were the most positive group. This pattern is broadly evident across GPs, specialists, and trainees – but for SAS and LE doctors the picture is more mixed.

Despite this, doctors who obtained their PMQ outside the UK were more likely to have taken hard steps towards leaving the UK medical profession, suggesting that other factors may be driving future career intentions in this group.

Table 2: Workplace experiences by primary medical qualification (PMQ)

	UK	EEA	IMG (outside of EEA)	Non-UK PMQ
'Struggling' workload quadrant	31%	19%	18%	18%
High risk of burnout	21%	14%	11%	12%
Overall dissatisfied	25%	20%	16%	17%
Hard steps towards leaving	6%	9%	10%	10%

n = 3,386 (all doctors), the Barometer survey 2021, QF2/C1_1/2/D1/D2/A1

Asian doctors feel less supported by their immediate colleagues

While there were also notable differences in workplace experiences by ethnicity, these appear to be largely driven by PMQ, with White UK graduates and UK graduates from other ethnic backgrounds reporting similar levels of burnout and satisfaction.

However, doctors from a Black and minority ethnic (BME) background, particularly Asian/Asian British doctors, are less likely to agree that

they are supported by their immediate colleagues or that they are part of a supportive team (Table 3). This echoes the 2019 'Fair to refer?' research¹ which found that doctors from a BME background are often treated as 'outsiders' in the workplace, receiving poorer support.

Doctors from a BME background, independent of whether they obtained their PMQ inside or outside the UK, were also more likely to have taken hard steps towards leaving the UK medical profession (10% compared with 5% of White doctors).

Table 3: Agreement with statements on support by ethnicity

To what extent do you agree with the following statements?

	White	BME	Asian/ Asian British	Black / Black British	Mixed or multiple ethnic groups	Other ethnic group
Supported by immediate colleagues	87%	82%	80%	85%	82%	86%
Part of a supportive team	82%	75%	73%	83%	72%	79%

n = 3,386 (all doctors), the Barometer survey 2021, QF2/D3_1-3

Patient care

Delays in patient care are a key concern for doctors

The pandemic has resulted in a growing backlog in patient care, driven by later patient presentation of health concerns alongside delays in screenings, tests and treatments.

'High patient numbers and long waiting lists' was the biggest area of concern for both GPs (21%) and specialists (21%). Delays in treatments and the backlog of patient care have also led to a higher degree of overlap and some tension between primary and secondary care settings.

“Primary care around the country is being hammered, and it’s difficult for people to get to the GPs because they’ve got such a backlog. So there is probably more shared care with GPs of pregnant patients, and GPs are monitoring less.”

*Changes to working practices,
Specialist focus group*

“We had to take over the management for example of rheumatoid patients with flare-ups and [it] wasn’t uncommon for us to be giving steroid injections – we took on a lot of [the secondary care] workload.”

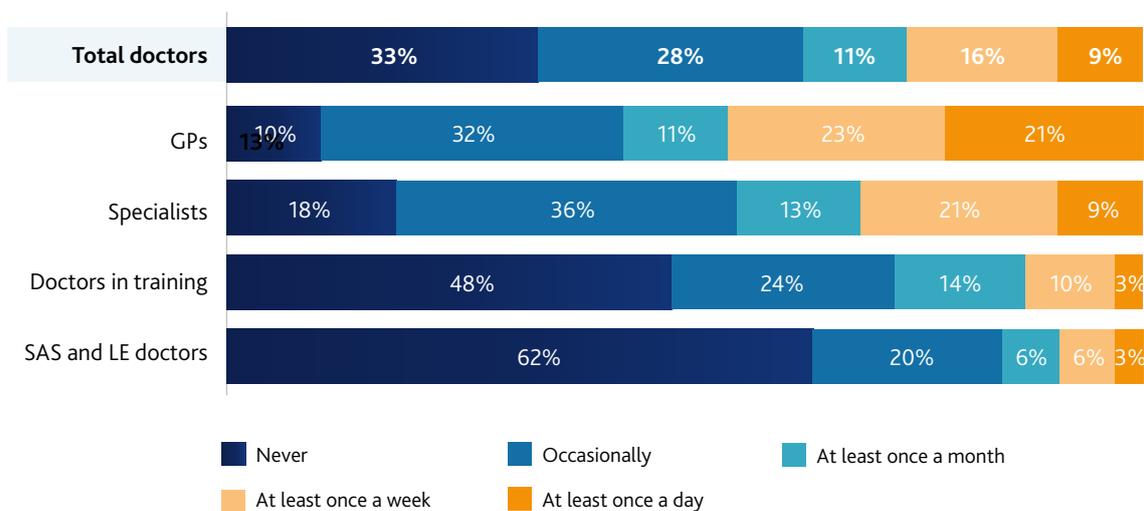
*Changes to working practices,
GP focus group*

A quarter of doctors regularly find it difficult to provide patients with a sufficient level of care

Two-thirds of doctors (64%) have found it difficult at some point over the last year to provide a patient with the 'sufficient level of care' they need, and a quarter (25%) experience this on a weekly basis (Figure 16). This is consistent with the 2020 survey (25% at least weekly), but encouragingly remains some way below pre-pandemic levels (34% at least weekly).

Figure 16: Frequency found it difficult to provide sufficient patient care by registration type

*How frequently, if at all, over the last year have you experienced the following?
Found it difficult to provide a patient with the sufficient level of care they need*



n = 3,386 (all doctors), the Barometer survey 2021, QC1_4

Three out of ten doctors (29%) have witnessed a situation in which they believed that a patient's safety of care was being compromised when being treated by a doctor over the last year. The factors most often identified as contributing to these situations were 'pressures on workload' (65%), and 'delays to providing care, treatment or screenings' (54%).

It was again GPs who most often reported difficulties providing patients with a sufficient level of care. This may be being exacerbated by increasingly high patient expectations in primary care, as GPs were much more likely to identify 'difficulties dealing with patient expectation and dissatisfaction' as a key concern for the coming year (21% compared with 3–5% across other registration types).

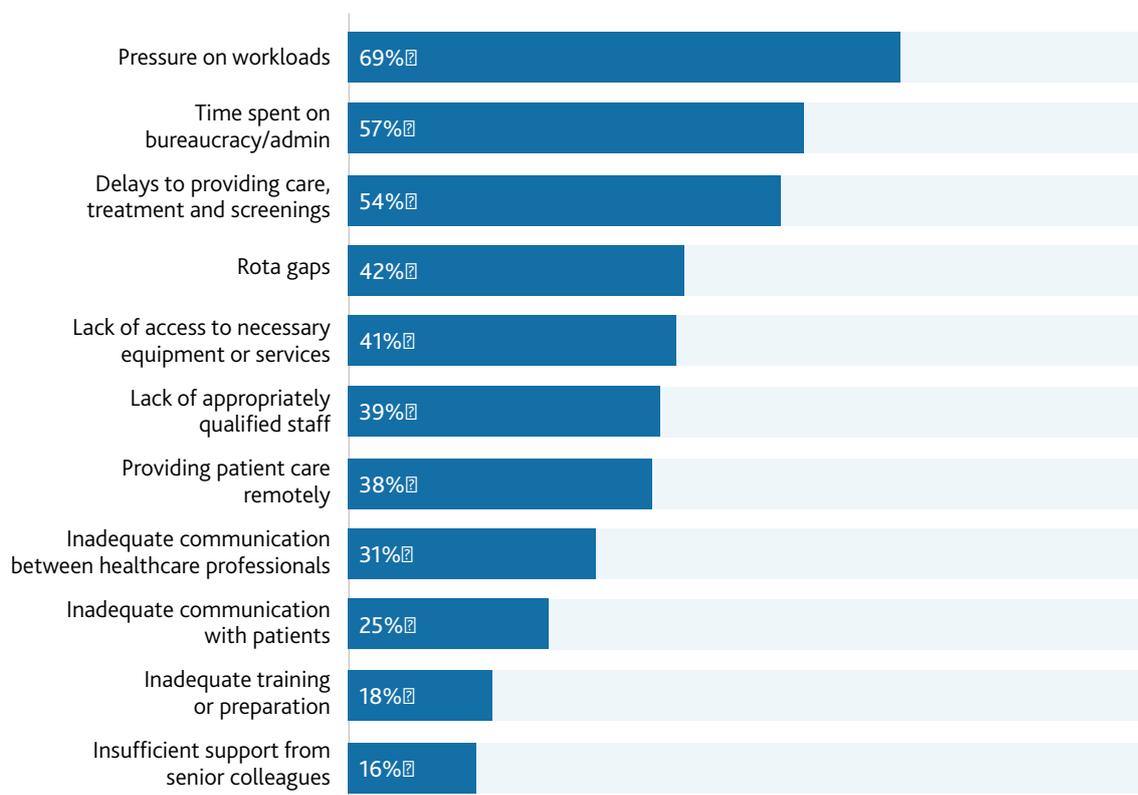
Pressure on workloads is negatively affecting patient care

In the 2021 Barometer survey we asked doctors what they considered to be the main barriers to providing good patient care. The top three reported barriers were 'pressure on workloads' (69%), 'time spent on bureaucracy or admin' (57%) and 'delays to providing care, treatment or screenings' (54%) (Figure 17).

Pressure on workloads was also identified as a contributing factor in almost two-thirds (65%) of situations where patient safety or care had been compromised.

Figure 17: Main barriers to providing good patient care

What would you consider to be the main barriers, if any, to providing good patient care that you have observed or experienced over the last year?



n = 3,386 (all doctors), the Barometer survey 2021, QC9

Doctors in the focus groups indicated that additional workload has had significant implications for quality of care, particularly in intensive care and palliative care.

“ For many patients with advanced cancers, whose symptoms we would normally treat with palliative care to improve quality of life, and often prolong their life for more than one year, we were instructed not to go ahead with treatments, because we had [to prioritise other patients]. It was not the same quality of service because we were not able to provide it.”

*Changes to working practices,
Specialist focus group*

Doctors who are ‘struggling’ with their workload were ten times more likely to find it difficult to provide a patient with sufficient care on a regular basis compared with doctors in the ‘managing’ group (Figure 18).

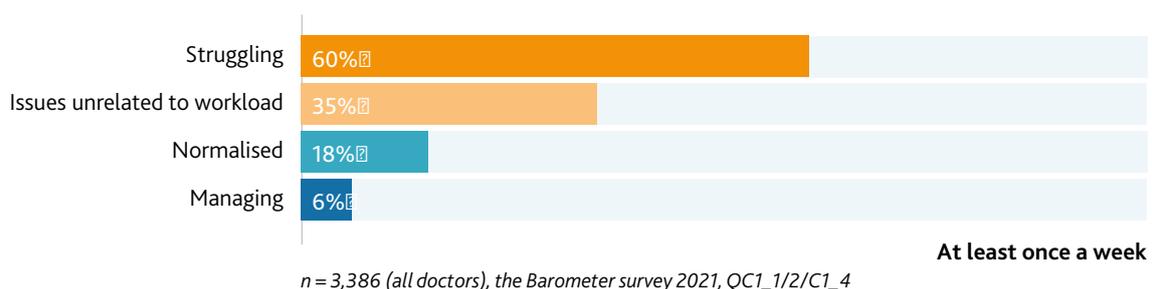
“ Overloaded with non-clinical work, and not enough time in the day to fulfil my patient and clinical responsibilities as much as I would like to. I don’t feel my patients are getting the best service currently.”

2021 Barometer survey, open text response

The ‘Caring for doctors, Caring for patients’² report highlighted the strong relationship between doctors’ wellbeing, burnout and patient care. In the 2021 Barometer survey, more than half of those at high risk of burnout (56%) found it difficult, on at least one occasion a week, to provide a patient with sufficient care. Doctors who regularly find themselves unable to provide patients with the best care due to factors outside their control can experience psychological harm (known as moral injury). A vicious cycle exists where this in turn leaves them less able to provide safe, high-quality care.

Figure 18: Proportion of doctors who found it difficult to provide sufficient patient care weekly by workload quadrant

*How frequently, if at all, over the last year have you experienced the following?
Found it difficult to provide a patient with the sufficient level of care they need*



Changes to working practices have had both positive and negative effects on patient care

When doctors were asked how patient care had been affected during the pandemic, by far the most common response was that the impact had been both positive and negative (42%). COVID-19 continues to have a devastating impact on patients and their families, but these data suggest that some of the changes in ways of working to have emerged during the pandemic have improved patient care.

Where services have been reconfigured to offer more direct access to patient care, this has not only helped ease pressure on emergency departments but can also result in improved patient experiences.

“40% of patients were discharged from hospital [on] their first visit and didn't need to come back. The patient only has to come into hospital once rather than two or three times.”

*Changes to working practices,
NHS hospital manager interview*

Many doctors feel that working more closely with community care services during the pandemic has accelerated a shift towards more holistic patient-centred care. Digital innovations have also empowered patients to take a more active role in managing their own care.

“Previously having a [blood pressure] machine at home was the exception. Now more than half the people I speak to do. So they can take readings for me without having to come in. And it then really informs the consultation, even if it's a remote consultation. It provides me with really useful information which might mean they don't need to come in. That's empowering the patient to self-manage.”

*Changes to working practices,
GP Focus Group*

Remote care offers benefits and risks for patient care

The shift towards remote care during the pandemic has been driven by necessity. There are clear benefits in terms of flexibility and greater efficiencies, meaning patients can often access treatment more quickly and conveniently. However, remote care is not always suitable, and doctors have expressed concerns that the current model may exclude sections of society and in some cases compromise the quality of care being delivered – for example, through increased risk of missed diagnosis.

“Electronic and telephone [consultations] in reality are going to miss things more – how is that managed?”

Changes to working practices, GP interview

Of those doctors who provide care remotely, a third (33%) reported doing so when they felt face to face would be more suitable at least once a

week (Figure 19). Specialists and GPs reported this occurring more frequently than trainees or SAS and LE doctors.

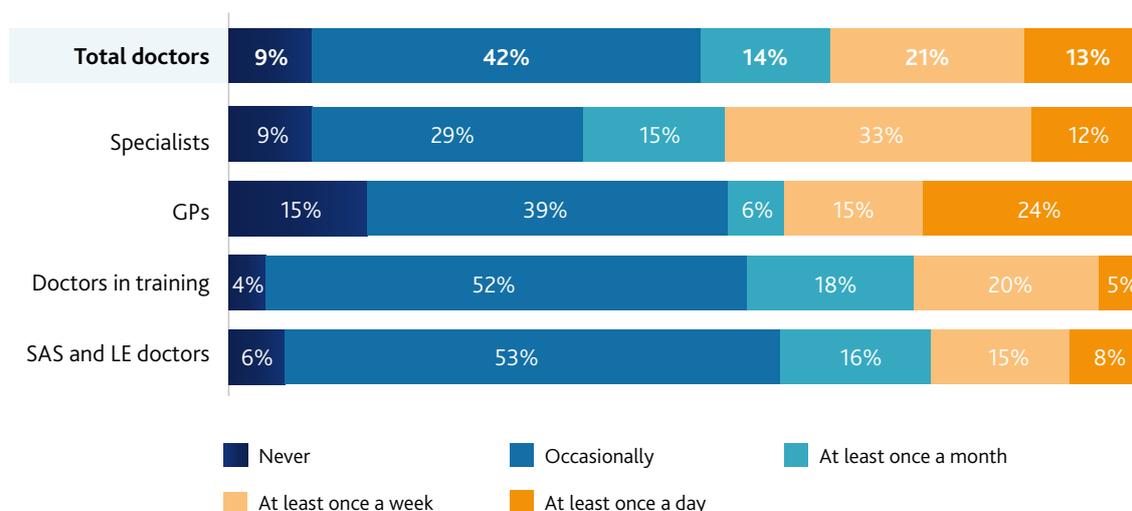
Findings from the focus groups indicate that while doctors across healthcare settings have valued an increased capacity to provide care remotely, assessing the suitability of patients for remote consultation has felt to have been challenging at times – particularly for those working in secondary care.

“We’ve been finding them challenging because at the start of the pandemic there was a lot of confusion about who should be coming in face to face. We now spend a lot of time going through the clinical list to inform the clerical staff who should be going coming into clinic and who should not.”

Changes to working practices, Specialist focus group

Figure 19: Frequency providing remote care when face to face was felt to be more suitable by registration type

How frequently, if at all, over the last year have you had to provide remote care when you felt face to face care would have been more suitable?



n = 2,800 (those that provided remote care), the Barometer survey 2021, Q18

Although doctors may find it is easier to assess the suitability of remote care in general practice, the data suggest that it is within this setting where it could be most often compromising patient safety and care. More than half (54%) of GPs who have witnessed a situation where a patient's safety or care was compromised reported that providing care remotely was one of the contributing factors (compared with 13-34% across the other registration types).

The GMC has provided support on remote consultations through our online ethical hub, and this year we updated our guidance on prescribing remotely.

Conclusion

- The pandemic continues to have a major impact on the day-to-day work of doctors. During the past 12 months, a substantial level of redeployment has remained, and most doctors are still providing more care remotely.
- Doctors' workload and risk of burnout have risen over the last year, returning to similar levels reported before the onset of the pandemic. Doctors are concerned about growing waiting lists and many are reporting that the increased pressure on workloads is affecting patient care.
- Experiences are not uniform across the medical workforce. GPs again report being under the greatest pressure, and the gap between disabled and non-disabled doctors has continued to grow.
- It is encouraging that high numbers of doctors still feel that the pandemic has led to improvements in some aspects of their work, particularly in relation to teamwork. These new ways of working will play an important role in supporting the pandemic recovery – something that will be explored further in the final chapter of this report.
- Having examined the situation for doctors across the profession in chapter 1, the next chapter will focus on postgraduate training and how doctors' training experiences have been affected by the pandemic.