The state of medical education and practice in the UK

Workplace experiences 2023

General Medical Council

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Executive summary

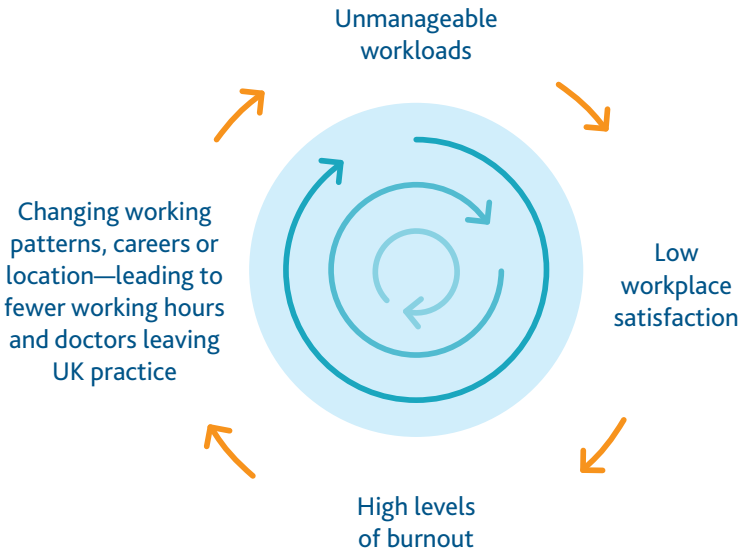
The state of medical education and practice in the UK: Workplace experiences 2023 is published at a time when the UK health systems face extensive challenges. This report shares concerning data about the experiences of doctors and the challenges to providing adequate care to patients. In this context, careful and constructive exploration of the practical, evidence-based steps that can be taken to improve the situation is critical, to protect both patients and the doctors who care for them.

This report sets out our insights on doctors' workplace experiences and the effects of these experiences. These insights are drawn from our Barometer survey 2022 and qualitative research that involved interviews with doctors, trainers, and senior stakeholders from UK healthcare organisations. Views on patient care are the perceptions of doctors and stakeholders, this report does not include research with patients.

Doctors' working environment is increasingly challenging

In 2018,[3] we first identified that doctors were affected by vicious cycles relating to workforce pressures and lack of time for patients, development, and personal wellbeing. The COVID-19 pandemic was an enormous shock to UK health systems and caused tremendous pressures and struggles. But, in many areas, it also disrupted the vicious cycles, often in temporary and localised ways.

Figure 1: Vicious cycle affecting doctors



Alongside the necessary prioritisation of treatment were beneficial innovations relating to service design and ways of working, and in 2020 doctors reported a range of positive changes. But, as the UK health systems dealt with the considerable treatment backlog, 2021[1] saw higher levels of burnout risk, growing workloads, and declining levels of job satisfaction.

Now, as well as dealing with the treatment backlog and the persistence of COVID-19, the long-term problems and pressures we explored in 2019[2] have returned in force. Our latest Barometer survey of doctors, conducted in 2022 to inform this report, revealed that more doctors are dissatisfied, at higher risk of burnout, considering leaving the profession, and have experienced compromised patient safety or care and risk of moral injury.

Support is key to reducing burnout and increasing satisfaction

Our Barometer survey findings highlight the importance of team working and inclusion to good, safe patient care. The development of supportive teams may have been affected by a rapid change towards online working, and shift work and rapid rotation of trainees may contribute to difficulties in establishing relationships. Effective induction of doctors is important, and particular challenges are associated with integrating doctors arriving from overseas and incorporating locum and bank staff into teams.

Our findings show doctors feel less supported by colleagues and managers, with some of the improvements in this area seen during the pandemic being eroded. The UK health systems prioritise protection of patients, often over the wellbeing of staff, but, in the long term, patient care and safety depend on staff wellbeing. Many staff and senior stakeholders believe some beneficial workplace changes are possible even within the current challenges and constraints.

Urgent action is needed by employers

While long-term solutions to underlying issues are being implemented, the detrimental impact on doctor wellbeing needs to be mitigated as much as possible in the short term. This will involve taking immediate action to improve working conditions for all healthcare staff, and working to improve inclusion and belonging in order to enable effective team working.

Making progress on these issues will contribute to improving retention, helping reduce workplace pressure, and so help to protect patients as well as staff. These issues also cross professional and organisational boundaries, and our influence as the GMC is limited. The delivery of urgently needed solutions demands collaborative action across the UK health systems.

Chapter 1: Doctors' workplace experiences in 2022

We have tracked doctors' workplace experiences via our Barometer survey since 2019. The Barometer survey 2022 shows a deterioration in doctors' experiences since 2020 and a continuation of the vicious cycle reported in previous years. Doctors' experiences are now worse than at any time since we began the Barometer survey.

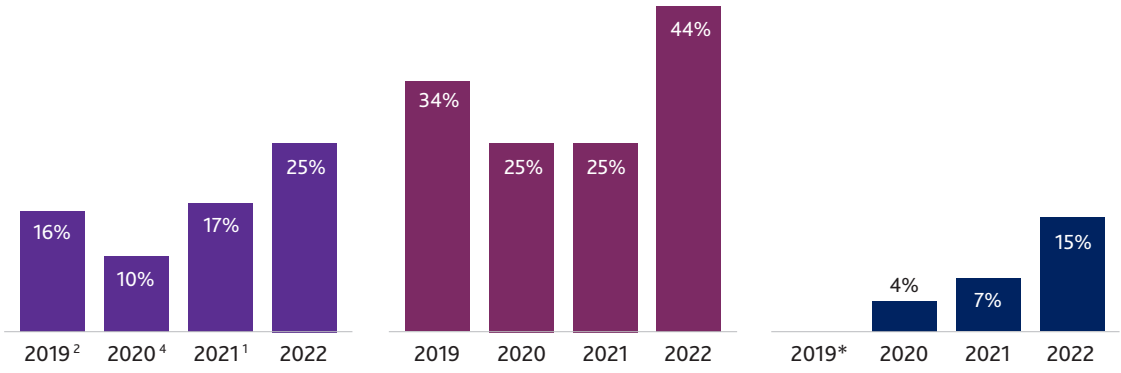
Half of doctors (50%) were satisfied in 2022, down from 70% in 2021.[1] In 2022, more doctors reported working beyond their rostered hours on a weekly basis (70%, up from 59% in 2021), having difficulty taking breaks each week (68%, up from 49% in 2021), and feeling unable to cope with their workload each week (42%, up from 30% in 2021). A quarter of doctors surveyed (25%) were categorised as being at high risk of burnout in 2022, compared with 17% in 2021.

In 2022, more than two-fifths of doctors (44%) said they found it difficult to provide sufficient patient care at least once a week. This is a significant increase from 2021, when a quarter of doctors (25%) reported this, and more than 2019,[2] when a third of doctors said this (34%).

Moral injury is distress caused by people acting, or seeing others act, in a way that goes against their values and moral beliefs. We do not measure moral injury at present, but there is a risk that many doctors and other staff have suffered moral injury due to their work experiences. Possible causes could include not being able to provide patients with the level of care they would have wished, having to prioritise some patients over others due to a lack of time or resources, or being unable to support colleagues as much as they would like.

More doctors than ever said they were likely to leave the UK profession and had taken hard steps towards doing so (excluding doctors of retirement age who were planning to retire). 15% of doctors said they had taken steps to leave, up from 7% in 2021. We added new response options that count as hard steps to the Barometer survey 2022, and this has had some effect, but even if these are excluded the increase is significant.

Figure 2: Percentage of doctors at high risk of burnout, regularly finding it hard to provide sufficient care to patients, and taking hard steps to leave, 2019–2022



n = 3,876 (all doctors), the Barometer survey 2019 QD1/D2/D3-9/B3.
n = 3,693 (all doctors), the Barometer survey 2020 QD1/D2/D3-9/B3.
n = 3,386 (all doctors), the Barometer survey 2021 QD1/D2/D3-9/B3.
n = 4,269 (all doctors), the Barometer survey 2022 QD1/D2/D3-9/B3

* Comparable data for this metric not available in 2019

GPs

GPs had poor workplace experiences, causing issues filling vacancies and reducing service capacity. In 2022, 38% of GPs said they were satisfied, fewer than other doctors and down from 51%[1] in 2021. Over half of GPs (55%) were categorised as struggling with their workload, compared with 38% of all doctors. 45% of GPs reported experiencing compromised patient safety or care, and 62% found it difficult to provide sufficient patient care each week.

Trainers

Doctors who were trainers had more negative experiences than those who were not. For example, 18% of trainers disagreed that they were supported by senior medical staff, compared with 10% of non-trainers. Half of trainers reported experiencing compromised patient safety or care (51%) and having difficulty providing sufficient patient care each week (49%), compared with two-fifths of non-trainers (39% and 43% respectively).

Doctors with a disability

Doctors with a disability had a less positive experience across multiple measures. This is likely to prevent these doctors making the full contribution to healthcare service delivery of which they are capable, despite their workplace challenges being potentially remediable.

As in previous years, fewer disabled doctors were satisfied in their work, 44% compared with 51% of non-disabled doctors. Almost half (47%) of disabled doctors were categorised as struggling with their workload, compared with 37% of non-disabled doctors.

SAS doctors and LE doctors

Specialty and associate specialist (SAS) doctors and locally employed (LE) doctors are an essential and diverse group, and the fastest-growing part of the UK medical workforce. Changes to the Barometer survey mean that, for the first time, we can report on SAS and LE doctors separately, based on the Barometer survey 2022, and look at their particular challenges. However, comparison with earlier years is not possible because previous Barometer surveys grouped SAS and LE doctors together.

Our data show particular concerns are associated with LE doctors who gained their primary medical qualification (PMQ) in the UK. This group is relatively young, and 58% had seen or experienced compromised patient safety or care, a higher proportion than other groups of SAS and LE doctors and doctors of other registration types.

Another group of interest is SAS doctors with a PMQ from outside the UK. 44% of this group were doing well in terms of workload, but they may be underutilised; 29% often carried out tasks usually completed by a more junior doctor.

Given the significance of our analysis of distinct groups of SAS and LE doctors, we are sharing our initial findings in this report. We will publish a fuller analysis of the working experiences of SAS and LE doctors later in 2023.

Chapter 2: Breaking the cycle in the short term

The vicious cycle described in chapter 1 must be broken to improve doctors' working experiences, and ultimately improve patient care. The most commonly cited barriers to providing good patient care were inadequate staffing (33% of doctors) and pressure on workloads (24%). Resolving issues relating to these areas is a significant and long-term undertaking which will include additional healthcare staff, additional supporting roles and systems, and robust and transparent long-term workforce planning.

Our research indicated that positive feedback loops that improve workplace experiences would have significant benefits. Such virtuous cycles could act as an antidote to vicious cycles, with the positive effects likely to exceed the sum of their parts.

Feeling valued by their employers will help cultivate a sense of belonging amongst doctors. This sense of value can be developed by providing different levels and types of support for healthcare professionals, improving communication, and tackling bullying and discrimination, while providing facilities such as rest areas, making tea and coffee available, and developing a fairer approach to rota design. The effect of these changes could improve doctors' workplace experiences, thereby improving retention, decreasing workloads, and improving patient safety.

Learning environments should be developed, providing trainers and trainees with more protected learning time. This would allow better support to be given to trainees, whose competence and confidence will therefore improve, allowing them to work more independently.

Figure 3: Maintaining high satisfaction can help halt the vicious cycle

To protect patient safety, there is an urgent need to focus on doctors' wellbeing, which itself is anchored in having support from colleagues and leaders, satisfaction in their work, and a strong sense of belonging. 81% of doctors who reported that they had not experienced compromised patient safety or care said that they were part of a supportive team, while only 68% of those who had experienced compromised patient safety or care agreed that their team was supportive.

Team working and support are protective factors associated with increased doctors' satisfaction in their work. They also promote patient safety. Declining levels of support and effective team working may lead to further loss of satisfaction, with implications for the retention of doctors in the workforce, which could together jeopardise the delivery of effective and safe patient care.

Immediate action to improve working conditions is needed

It is crucial to act immediately to improve working conditions in workplaces across the UK health systems, so the workforce feels valued and supported. We believe changes that will deliver benefit quickly can be made in the following areas.

Ensure doctors feel valued by their employers and have a strong sense of belonging

A workforce that feels valued will have higher rates of retention, which will ultimately have a positive impact on patient safety. Employers can make clear to staff in many ways that they and their work are valued. As outlined in chapter 2, our commissioned report *Caring for doctors, Caring for patients*[5] outlines the 'ABC' that doctors need in order to feel valued and secure in their work: autonomy, belonging, and competence. Changes that relate to each of these important areas are discussed across chapters 2 and 3.

Enable effective and supportive team working to improve belonging

Effective teamwork and a sense of belonging can protect against the negative impacts of high and intense workloads, enhance doctor wellbeing, and contribute to improved patient safety and care. Working in a supportive team is a key component of belonging, so more effective teamwork and improved support for doctors who are struggling could be a way to start to alleviate the strain on them.

Doctors' sense of belonging and inclusion in teams needs to be improved, focusing first on groups who have worse experiences. As set out in chapter 1, different groups of doctors have widely varying working experiences. For example, doctors who gained their PMQ outside the UK are a group that needs particular attention and support, and their experiences and needs must be better understood. And disabled doctors are more likely than non-disabled doctors to report more negative experiences across a range of measures.

Evolving and developing what it means to be a leader

Ensuring leaders understand the needs of their colleagues, and have the resources and time to provide good, personalised support, can be extremely beneficial for the wellbeing of all healthcare professionals. Feedback should

be compassionate and constructive. Learning opportunities should be built into practice, particularly after mistakes have occurred, and workplaces should move away from blame cultures. Clinical leaders should respond quickly to requests for advice and support and be easy to contact. Hard work should be acknowledged and celebrated.

Building strong teams

Strong teams are vital for a doctor's sense of belonging. They can be built in a variety of ways, such as induction for new staff members (including introduction to colleagues and explanation of team structures), ice-breaking activities for new teams, staff events that create a sense of cohesion and belonging, formal support that makes clear the roles within teams, and rota design that ensures connections and relationships develop between colleagues.

Developing induction and onboarding

When a doctor joins a new workplace, it is important for there to be a thorough and ongoing induction into the new role. This should include introductions to both colleagues and systems, allowing new staff members to hit the ground running and feel confident in their role.

Developing flexible rota design

Rota design should be fair and flexible, and take into consideration life events and personal circumstances where feasible. Rotas should always handle individual preferences and circumstances fairly and be arranged in a timely manner. Rota design should consider the latest research about fatigue, to support the health and wellbeing of doctors. Effective rota design could also enhance the development of teams.

Providing workplace rest and refreshment facilities

Relatively straightforward changes could be made, including providing space for meaningful rest breaks, facilities for hot drinks and food (including during night shifts), facilities and information for parents and carers, and safe car parking facilities that are subsidised or free (especially for late shifts). Longer-term changes could include providing childcare facilities near workplaces, having rooms or dorms for naps during nightshifts, and making arrangements for safe transport home after late shifts.

Our research, including interviews with various senior stakeholders, highlights the value of these changes, which were not seen as especially expensive, particularly given their potential benefits. However, these changes should be developed alongside and simultaneously with longer-term changes that likely require more time and perhaps investment. These are described in chapter 3.

Chapter 3: Looking ahead – reflections for the health sector to consider when looking to the future

To maintain patient safety and the wellbeing of the workforce, there are several long-term strategic needs that the wider system should consider in view of our new evidence. This chapter sets out the areas which our evidence suggest would be beneficial to tackle, for consideration by leaders and policymakers.

Long-term strategic priorities

It is necessary to address difficult and interconnected challenges around work intensity, primary care, and training capacity. It is crucial to provide support and protected time to enable trainers to deliver training, trainees to build competencies and confidence, and all doctors to train and develop.

Making work intensity more sustainable

Much of the intensity of doctors' work is due to demand for care services outstripping the capacity to deliver it, particularly in primary care, but impacting all areas. There is a clear need to increase overall capacity to deliver patient care. But ways are needed to reduce the impact of high work intensities on staff wellbeing and patient safety. This should take into account that work intensity may have different drivers.

Working to increase training capacity

Doctors who take on the role of trainer report more negative workplace experiences, and describe challenges in finding time to dedicate to training and teaching. Training capacity needs to increase, given the intention to increase the number of UK training posts. Doctors need to be encouraged and motivated to take on training responsibilities. Trainers need to be supported, have protected time to train, and have flexibility in their service delivery and supervisory responsibilities.

Building trainees' confidence and autonomy

The future of the workforce depends on trainees, and it is critical that they are well prepared for their role to avoid medium-term capacity issues. How trainees are supported, and whether training experiences fully prepare them for practice, is a concern. Dedicated time for training may not be sufficiently valued, due to a drive to prioritise clinical time. Trainees need time set aside for them to develop their competencies and confidence, and need to be able to reflect on learning, receive and consider supervisor feedback, and prioritise time to implement their learnt skills. Trainees cannot be constantly relied on to plug gaps in a struggling workforce to the detriment of their development, and therefore to the detriment of future service capacity.

Enhance development opportunities for all doctors

Many doctors feel under pressure and unable to commit time to training and development, and use their own time to meet this requirement. All doctors and healthcare professionals need to be able to ring-fence training and development time. The existing pressures on doctors may mean that such ring-fencing takes time, but it needs to be worked towards.

Strengthen support for primary care

The particular pressures in general practice need to be addressed to protect patient safety and staff wellbeing. Consideration should be given to how links between primary and secondary care can be improved, how trainee doctors can be encouraged to choose primary care as a specialism, and how community and social care capacity can be increased to enhance care for patients before, during, and after their treatment. Greater use of other healthcare professionals, such as physician associates, anaesthesia associates, and advanced healthcare practitioners, should be considered to help improve productivity, increase capacity to provide care, and improve patient access to care.

Conclusion

Our research and analysis about the challenges facing the UK's medical profession paint a stark picture. What we have learnt from doctors and senior stakeholders across the UK health sectors should bolster resolve to tackle both the immediate and longer-term challenges the profession and health system face. We have outlined the challenges and suggested approaches to begin to address them in this report.

We will continue to work to better understand and accurately report on the state of medical education and practice in the UK by seeking ongoing input and dialogue from and with doctors, patients, and our partners.

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