

# The State of Medical Education and Practice (SoMEP) Barometer survey 2021

Prepared by IFF Research for the General Medical Council

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## Snapshot summary

### **The COVID-19 pandemic has inevitably continued to have a major impact on day-to-work for doctors and the way they deliver care to patients**

- Over one in three (35%) doctors were redeployed over the last year, rising to over half (56%) of doctors in training.
- Nearly half (46%) of all doctors, and more than three quarters (77%) of GPs, have been providing more patient care remotely than face to face.

### **Some positives from the pandemic have continued, for example teamwork and knowledge sharing...**

- Six in ten reported that the COVID-19 pandemic had a positive impact on teamwork between doctors (60%) and sharing of knowledge across the medical profession (60%).
- Almost half felt there had also been a positive impact from the pandemic on teamwork between multidisciplinary healthcare professionals (49%) and speed of implementing change (46%).

### **...but workload and burnout levels have risen over the last year**

- The frequency that doctors report feeling unable to cope with their workload on a weekly basis (30%) has increased since 2020 (19%) and returned to levels seen in 2019 (28%). Burnout has also increased across all measures and these have largely returned to 2019 levels, suggesting the cumulative impact of working through the pandemic is taking its toll on doctors' wellbeing.
- In turn these shifts have impacted satisfaction: seven in ten (70%) reported being satisfied in 2021, compared to three-quarters (75%) in 2020. High workloads/long hours were the most frequent reason given for feeling dissatisfied (33%).
- Despite these shifts, overall satisfaction is still higher than it was in 2019 (when 63% were satisfied), and the proportion of doctors working beyond rostered hours weekly, while higher than last year, is still lower than 2019 (59% compared to 68%).

## **The impacts on patients are apparent: delays to patient care and the need to now catch up on the resulting waiting lists are a key concern for doctors over the coming year**

- Pressure on workloads and delays were flagged by most doctors as barriers to patient care. They were also identified as contributing factors to specific patient care or safety compromises they had witnessed.
- A third (33%) of doctors that provide remote care reported that face-to-face care would have been more suitable on at least a weekly basis, rising to almost half (45%) for specialists.

## **The proportion of doctors intending to make career changes, including leaving the UK profession, has also increased since 2020**

- Almost three in five (58%) doctors felt they would be very or fairly likely to make a career change in the next year, most commonly seeking to cut down their workload either by reducing their contracted hours (35%) or moving to a role with less clinical workload (24%).
- Doctors were more likely to be considering almost all of the career changes we prompted them with than they were in 2020. Common factors associated with wanting to make changes were feelings of burnout and frustration; feeling a lack of support from management; the impact of the pandemic on access to development or learning opportunities; and pressure on workload impacting patient care.
- The proportion of doctors that have taken action towards leaving the UK profession rose to 7% in 2021, up from 4% in 2020. This may, to some extent, be a result of pent-up demand but also reflects the higher proportion of doctors experiencing burnout as the pandemic continues through its second year.

# 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' (SoMEP). 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. Since 2019, the primary research feeding into this report has included an online survey of doctors conducted by IFF Research: the SoMEP barometer survey. This was designed to contribute to the overall SoMEP narrative, allowing the GMC to report on changes to doctors' career intentions and experiences in the workplace.

In light of the ongoing COVID-19 pandemic, the key research questions in 2021 remained similar to those adopted in the 2020 research, exploring:

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



## Research approach

Fieldwork was conducted online between 7<sup>th</sup> June-18<sup>th</sup> July 2021 with a total of 3,386 doctors currently working in the UK. This meant that fieldwork took place after the peak of the second wave of the pandemic in the UK, so doctors responding to the survey were able to reflect on their experiences of the last 12 months working during the pandemic.

A sample of 39,000 doctors was sourced from Wilmington Healthcare 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 2,742 completes were achieved through this sample of doctors, giving a response rate of around 7%.

This was followed by a 'snowballing' exercise and use of a healthcare professional research panel to boost response from younger doctors, doctors in training and SAS/LE doctors. The snowballing exercise involved asking doctors that had already taken part in the research to forward a link to the survey on to one or two doctors in training. In total, these additional recruitment approaches generated a further 644 completes (381 via snowballing, and 263 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 (PMQ) was gained.



## Questionnaire design

The questionnaire, as in previous years, covered doctors' satisfaction in their working lives, career intentions over the next year, experiences in the workplace and adaptations to pressurised environments.

As in 2020, the 2021 questionnaire also included a section focusing on the COVID-19 pandemic, with questions exploring the ways in which doctors' working lives changed due to the pandemic. However, while the 2020 survey adapted some key indicator questions to focus on the period since the start of 2020, this year's survey reverted to asking doctors to reflect on the past year.

While it is possible to compare this year's findings against those from 2019 and 2020, these comparisons are caveated as necessary due to the differing time periods asked about at some questions in 2020.



## Reporting

Throughout this report, differences mentioned between types of respondent 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, specialist, or foundation training;
- SAS/LEDs/non-training: licensed doctors in a non-training post and not on the GP or specialist registers, typically in Specialist and Associate Specialist (SAS) and Locally Employed (LE) roles (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 how doctors' day to day work has changed, looking at redeployment and the provision of remote care. The second part of the chapter looks at positive and negative impacts on ways of working.

### Changes in day to day work

#### Redeployment

Just over one third (35%) of doctors were redeployed into a different role over the last year. This was a significant decrease compared to 2020, when 42% doctors had been redeployed. As Figure 2.1 shows, the majority of doctors who were redeployed were moved to a role within their same specialty or area of practice (25% of all doctors), while a smaller proportion were moved to a different specialty (10% of all doctors).

**Figure 2.1 Doctors redeployed to a different role over the last year**



I2. Over the last year, have you been redeployed into a different role (e.g. grade, specialty, place of work) to your usual one? Base: All doctors (3386)

Doctors in training were most likely to be affected, with over half (56%) redeployed. Redeployment among specialists and SAS/LE doctors was less common but still affected close to four in ten (36% and 38%). By comparison, far fewer GPs were redeployed (13%). This mirrors a pattern seen in 2020, and likely reflects the fact that there is greater flexibility to move roles and departments for doctors in training.

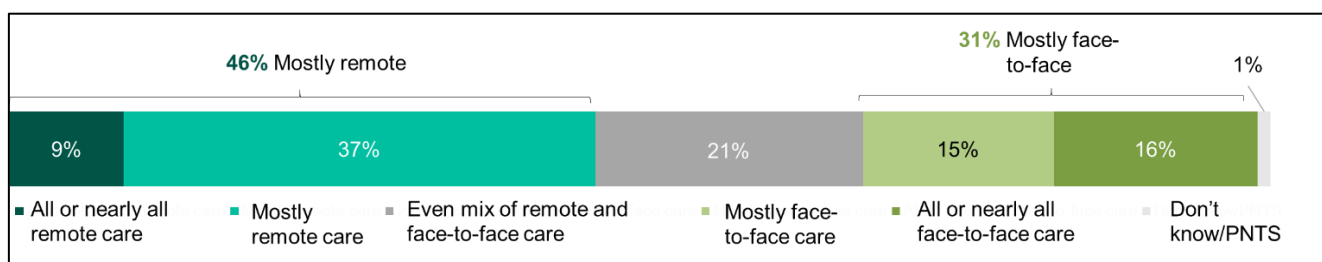
Doctors working in anaesthetics or intensive care (66%), medicine (60%), surgery (51%), and acute medicine (48%) were more likely to be redeployed. Doctors who were more likely to be redeployed *within* their specialty included those working in anaesthetics or intensive care (53%) and medicine (43%), similar to 2020. This may be because these doctors were needed in COVID-19 wards. Those who were redeployed to work in a *different* area or specialism were most likely to have come from surgery (25%) or acute medicine (19%).

In addition, doctors who achieved their PMQ outside the UK/EEA were slightly more likely to be redeployed compared to those who achieved their PMQ in the UK (38% vs. 34%).

### Remote care

Remote working among doctors has been extensive over the last year, with just under half (46%) of doctors providing all or most of their care remotely, while around three in ten (31%) provided all or most of their care face-to-face (Figure 2.2). GPs were much more likely than other registration types to provide all or most of their care remotely (77%). On the other hand, specialists and doctors in training were more likely to provide all or most of their care face-to-face (50% and 39% respectively).

**Figure 2.2 Doctors that conducted patient care remotely during the last year**

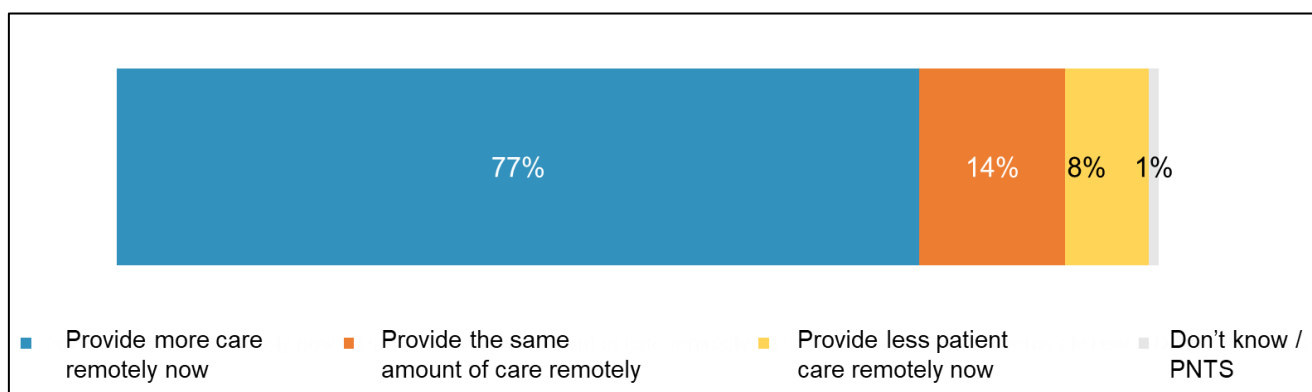


16. Roughly, how much of your patient care has been provided remotely and how much face-to-face during the last year? Base: All doctors (3386)

Doctors working in anaesthetics or intensive care (85%), acute medicine (69%), radiology (62%), and emergency medicine (57%) were most likely to provide most or all of their care face-to-face.

Most of the doctors providing remote care (77%) reported that they provide more patient care remotely now than before the pandemic (Figure 2.3). This was higher among GPs (93%) than other registration types, and lower among SAS/LE doctors (46%).

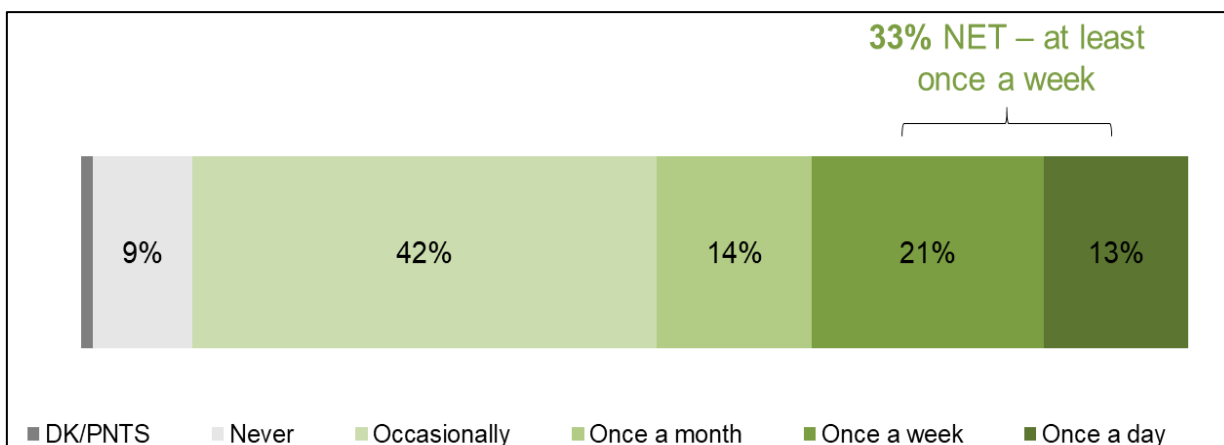
**Figure 2.3 Doctors that provided more patient care remotely during the last year**



17. How does the amount of patient care you provided remotely during the last year compare with before the pandemic? Base: All doctors that provided remote care (2744)

During the COVID-19 pandemic, the rapid adoption of remote working was a product of necessity to a large extent and so we wanted to check with doctors how suitable they found this method of providing care to patients. Among doctors providing remote care, one in three (33%) felt that face-to-face care would have been more suitable at least once a week, including more than one in ten (13%) who felt this way at least once a day.

**Figure 2.4 How often doctors provided remote care when felt face-to-face would have been more suitable**



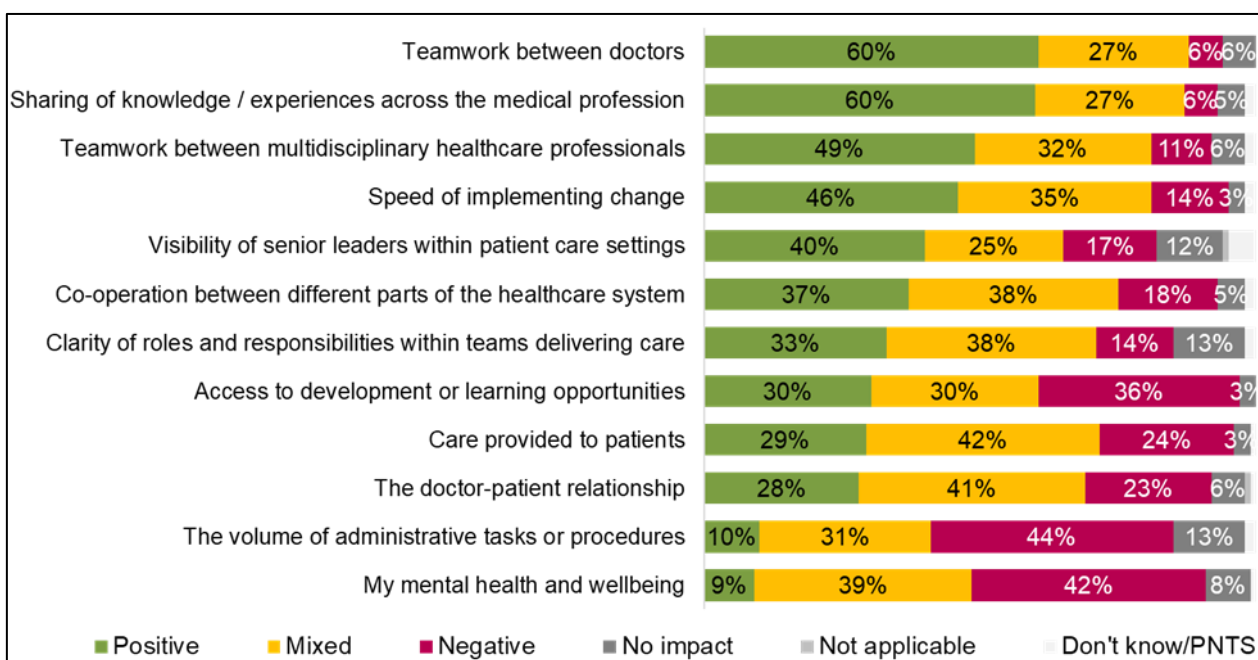
I8. How frequently, if at all, over the last year have you had to provide remote care when you felt face-to-face care would have been more suitable? Base: All doctors that provided remote care (2744)

Specialists and GPs more frequently felt that they were providing remote care when face-to-face would be more suitable (45% of specialists and 38% of GPs felt this at least weekly). Disabled doctors were also more often providing remote care when they felt face-to-face care would have been more suitable (44% at least once a week vs. 33% of non-disabled doctors).

### Impact of the pandemic on ways of working

The 2021 barometer survey asked doctors whether the COVID-19 pandemic had a positive, mixed or negative impact on twelve aspects of their working life (Figure 2.5).

**Figure 2.5 COVID-19 impacts on ways of working**



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: All doctors (3386)

Close to half (47%) of doctors reported a low number (0-3 of 12) of positive impacts of working through the pandemic, while 13% of doctors reported a high number (9-12 of 12) of positive impacts. Those more likely to have experienced a high number of positive impacts included:

- doctors aged under 30 (34%);
- doctors specialising in emergency medicine (27%), medicine (22%), and obstetrics/gynaecology (19%);
- SAS/LE doctors (26%) and doctors in training (21%);
- Black / black British doctors (26%) and doctors from mixed or multiple (24%) and other ethnic groups (26%); and
- those redeployed within the same specialty (18%).

Doctors providing mostly or fully remote care were more likely to have experienced a high number of positive impacts compared with doctors providing mostly or fully face-to-face care (17% vs. 7%). GPs, however, were much *less* likely to have experienced a high number of positive impacts (2%), despite being more likely to provide mostly or fully remote care.

With the exception of specialists, those doctors working part-time were more likely than those working full-time to experience few or no positive impacts of working through the pandemic. This could potentially be due to doctors working part time having other issues they are also dealing with, such as family responsibilities or health concerns. It is also the case that doctors working full-time were more likely to have been redeployed, which is associated with seeing more positive impacts (if redeployed within the same specialty).

Overall, a positive impact on aspects relating to teamwork, knowledge sharing and the speed of implementing change were reported most often, as shown in Figure 2.5. Six in ten doctors agreed that teamwork between doctors (60%) and sharing of knowledge and experiences (60%) had improved, while close to half felt that teamwork between multidisciplinary healthcare professionals (49%) and the speed of implementing change (46%) had improved.

More doctors reported that the pandemic had had a positive impact on the sharing of knowledge across the profession in 2020 (60%, up from 54% in 2020) but slightly fewer felt that the pandemic had had a positive impact on the speed of implementing change (46%, down from 49%).

Doctors in training and SAS/LE doctors were most likely to feel that COVID-19 had a positive impact on teamwork between doctors (73% and 65% respectively). Meanwhile, doctors in training and specialists were most likely to see a positive impact on the sharing of knowledge and experiences across the medical profession (67% and 64% respectively).

Compared to 2020, more doctors experienced a positive impact of COVID-19 on the clarity of roles and responsibilities within teams delivering care (33% vs. 30% in 2020), and on access to development and learning opportunities (30% vs. 24%). However, it should be noted that, despite this, more doctors reported a negative impact of COVID-19 on access to development or learning opportunities (36%) than saw a positive impact (30%).

Other areas where doctors experienced a net negative impact of the pandemic were on the volume of administrative tasks and procedures (44% reported a negative impact) and on their own mental health

and wellbeing (42%). Furthermore, more doctors reported a negative impact of the pandemic on these aspects in 2021 than in 2020 (with the proportions increasing from 26% and 32% respectively).

### 3 Doctors' satisfaction in their work



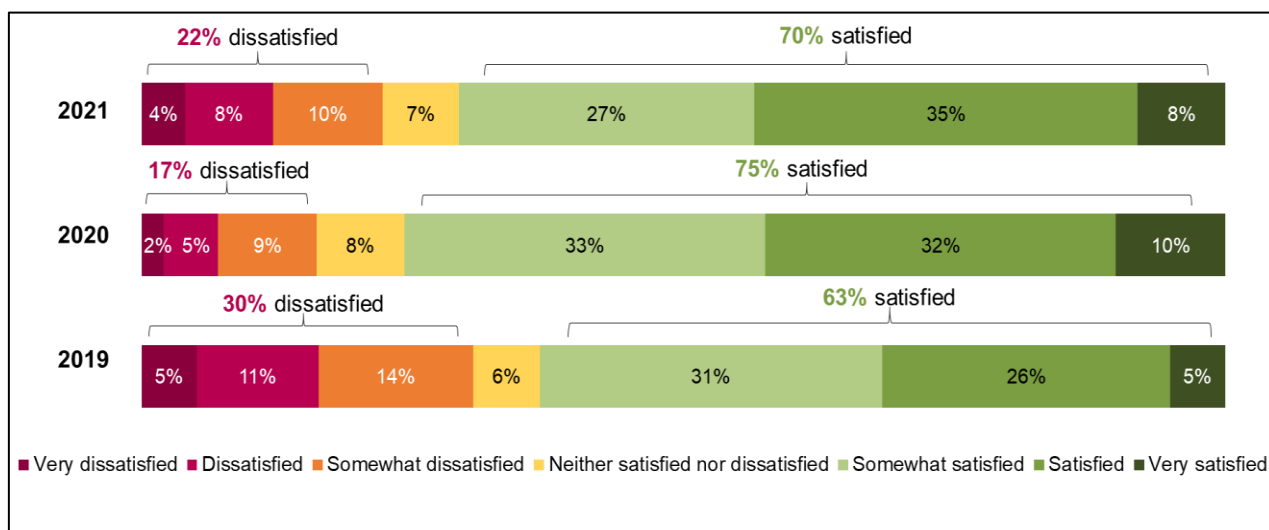
This chapter explores the extent to which doctors feel they are satisfied in their day to day work and their reasons for feeling that way.

#### Overall satisfaction

The majority of doctors were satisfied with their day to day work as a doctor – at least to some extent. Seven in ten (70%) reported that they were at least 'somewhat satisfied' (Figure 3.1). Around four in ten (43%) reported they were 'satisfied' or 'very satisfied', a group referred to throughout the report as 'most satisfied'.

Satisfaction was lower than in 2020 when 75% of doctors were at least 'somewhat satisfied', but higher than in 2019 (63%).

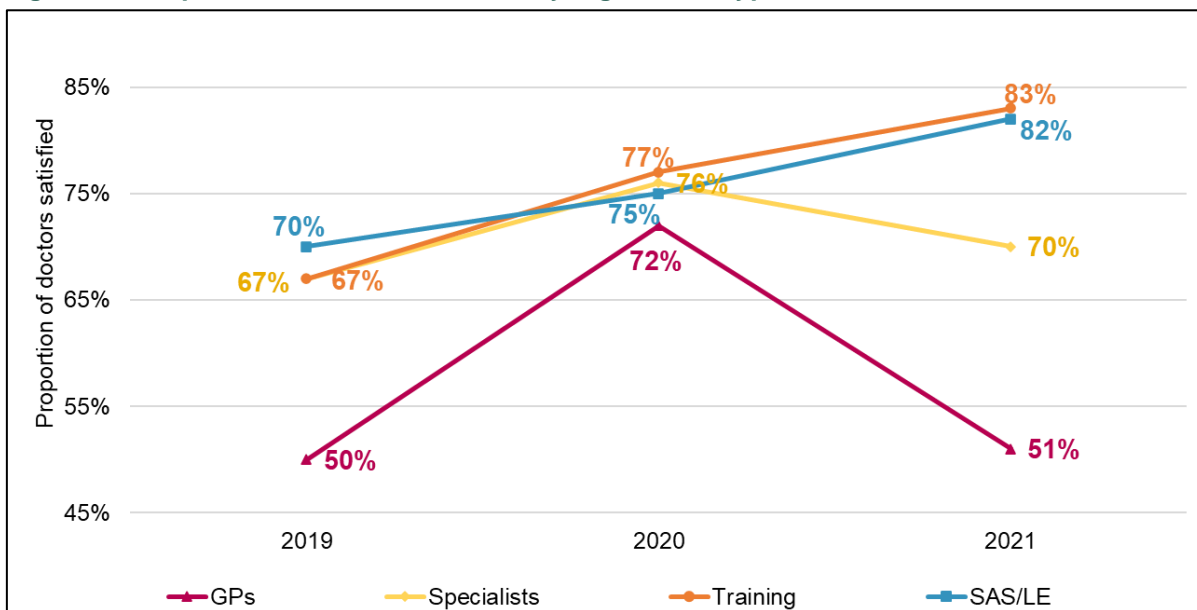
**Figure 3.1** Extent to which doctors are satisfied or dissatisfied in day to day work



A1. To what extent are you satisfied or dissatisfied day to day in your work as a doctor? Base: All doctors (3386)

Levels of satisfaction were uneven across registration types (see Figure 5.2), with GPs less satisfied on average than other doctor types (51% at least somewhat satisfied). This pattern was also seen in 2019 but not in 2020 when satisfaction among registration types was much more consistent. In fact, the difference between the satisfaction levels of GPs and other registration types has widened over time. Doctors in training and SAS/LEDs have seen significant increases in satisfaction year on year, but satisfaction among specialists and GPs has reduced back to / towards 2019 levels after a temporary increase in 2020.

Figure 3.2 Proportion of doctors satisfied by registration type



A1. To what extent are you satisfied or dissatisfied day to day in your work as a doctor? Base: All doctors (3386)

Looking at the 'most satisfied' group, doctors in training and SAS/LE doctors were more likely to be most satisfied (56% and 59% respectively), while GPs and Specialists were less likely (22% and 40% respectively).

Outside of registration type, doctors more likely to be 'most satisfied' included:

- Those aged under 30 (73%)
- Those practising for less than 10 years (62%), or 40 years or more (60%)
- Those specialising in psychiatry (55%), paediatrics (54%), emergency medicine (54%), obstetrics/gynaecology (52%) and surgery (51%)
- Those who achieved their PMQ from outside the UK/EEA (53%, compared with 39% of those with their PMQ from the UK)
- BME doctors (49%), particularly Black / Black British doctors (55%)
- Doctors working full-time (48%, compared with 29% of doctors working part-time)
- Those redeployed (48%, compared with 40% of those not redeployed)
- Those working in the private sector (48%, compared with 42% of those working only or mostly in the NHS)
- Non-disabled doctors (45%, compared with 26% of disabled doctors)

There was also a relationship between job satisfaction, ability to cope with workloads and levels of burnout. Doctors who more often feel able to cope with their workload<sup>1</sup>, and those who are at a lower risk of burnout, were more likely to be 'most satisfied' (55% and 69% respectively). Doctors who more often feel able to provide sufficient levels of patient care were also more likely to be 'most satisfied' (53%).

There was also a relationship between experiences of the COVID-19 pandemic and satisfaction: 83% of doctors who reported a high number of positive impacts during the pandemic were in the 'most satisfied' group compared to only 12% of those who experienced a high number of negative impacts. Of particular note, 82% of doctors who experienced a positive or mostly positive impact of COVID-19 on their health and wellbeing were in the 'most satisfied' group compared to 19% of those who experienced a negative or mostly negative impact.

Doctors more likely to be dissatisfied than the average of 22% included:

- GPs (39%);
- Disabled doctors (38%);
- Those working part-time (31%);
- Those practising for 10-39 years (29%);
- Those aged 50 years and over (26%);
- Those who obtained their PMQ in the UK (25%); and
- White doctors (25%).

## Reasons for satisfaction

As found in 2019 and 2020, satisfaction amongst doctors is most commonly driven by enjoyment of the work itself (Figure 3.3). Close to four in ten (37%) satisfied doctors cited enjoying a fulfilling and rewarding job.

*"I love my job and feel lucky to be a doctor and surgeon. I derive huge personal validation and satisfaction from treating patients successfully."*  
**Specialist, surgery, male, PMQ UK**

*"Being able to help patients reach their best health outcomes still feels incredibly worthwhile and rewarding."*  
**Specialist, Obstetrics and Gynaecology, female, PMQ UK**

The people that doctors encounter in their role also continues to be a key reason for satisfaction. Around a sixth (17%) of satisfied doctors note patient contact as a reason for their satisfaction, and a similar proportion (16%) mention their colleagues. GPs were more likely than other registration types to cite finding their job fulfilling and enjoying patient contact as reasons for their satisfaction

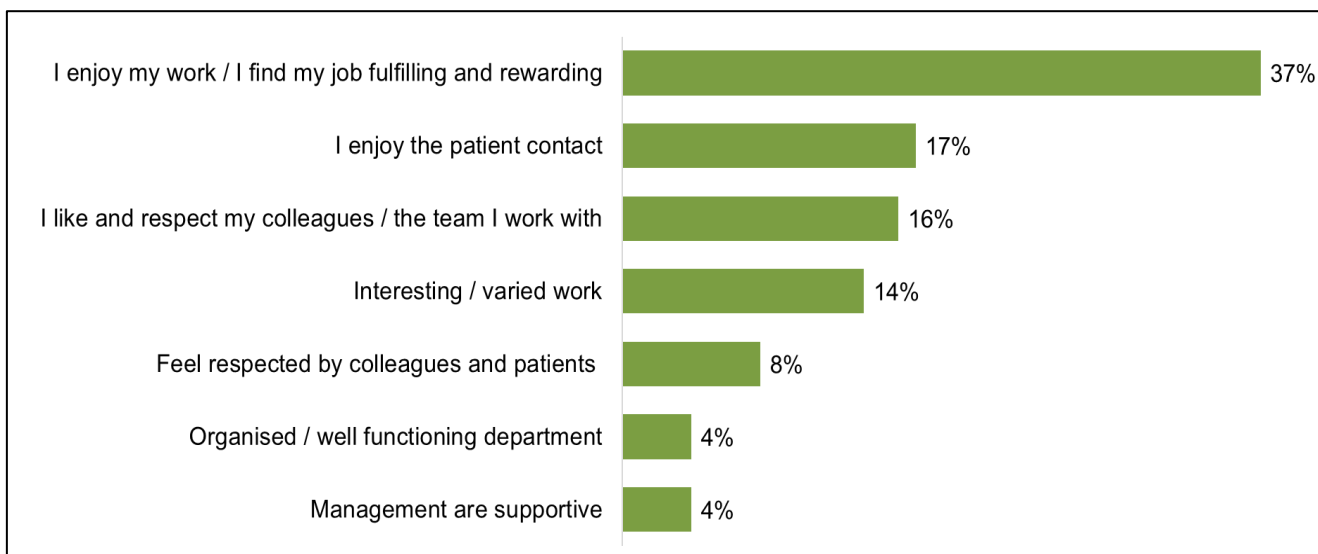
<sup>1</sup> Those that reported they feel unable to cope with their workload less than once a week

(43% and 21% respectively). Specialists were more likely than average to cite their colleagues (20%).

Around one in seven (14%) satisfied doctors noted the interesting and varied nature of their work. Smaller proportions of doctors attributed their satisfaction to feeling respected by colleagues and patients, working in an organised or well-functioning department or having supportive management.

Reasons for satisfaction have remained broadly consistent over time, with only small variations in the proportions mentioning each.

**Figure 3.3 Reasons for satisfaction**



A2. Why do you say that you are satisfied? (Unprompted) Base: Doctors who reported being 'Very satisfied' 'Satisfied' or 'Somewhat satisfied' (2258)

## Reasons for dissatisfaction

There are a wide range of reasons for feeling dissatisfied (Figure 3.4).

*"I still enjoy my patients and the care I provide and wouldn't want to do anything else. It's only the issues around patient care that frustrate me. For instance trying to balance rotas, find staff, complete admin work that management could do"*  
**SAS/LE, Anaesthetics and Intensive Care, female, PMQ outside UK/EEA**

The most common reason for doctors to feel dissatisfied was an increasingly high workload and long working hours. This had increased significantly compared to the previous year: about one in five (19%) doctors who were dissatisfied in 2020 mentioned high workload whereas as many as one in three dissatisfied doctors (33%) mentioned this in 2021. GPs were much more likely than other registration types to cite high workload and long hours, with almost half reporting this as the reason why they are dissatisfied (48%).

The second most common reason reported by doctors was that it is increasingly difficult to deal with patient expectations or dissatisfaction (21%). This had also increased significantly compared to 2020 (up from 7%) and was more likely to be reported by GPs (39%).

On the other hand, lack of support from management, the third most common reason for dissatisfaction, had decreased significantly compared to the year before (18% vs. 30% in 2020). This had returned to its pre-pandemic levels (17% of dissatisfied doctors in 2019). Specialists were particularly likely to cite a lack of management support as a cause of dissatisfaction (29%).

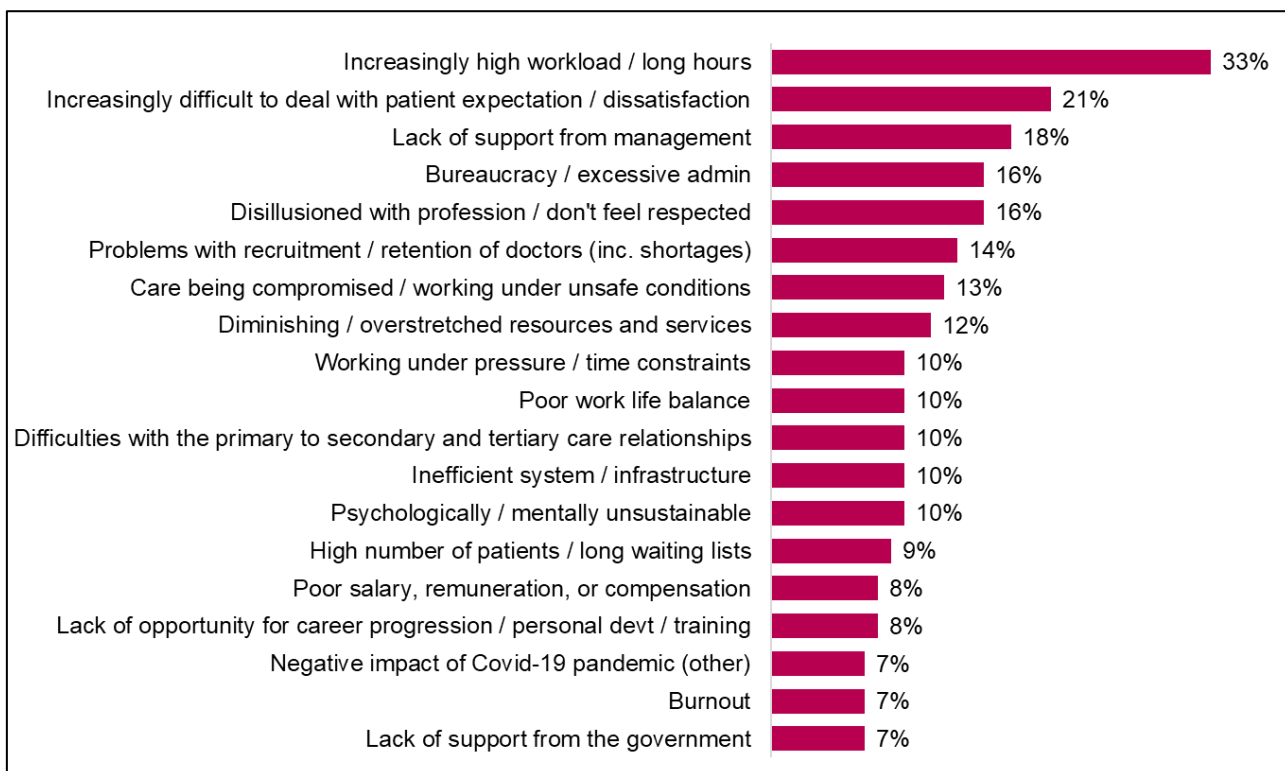
*“Patient demands outweigh supply, but nothing is being done to protect the profession. Everyone is directed to see their GP, then GPs are pilloried for not being able to cope with demand. I can’t wait to escape.”*  
**GP, female, PMQ UK**

Other key reasons for dissatisfaction, given by more than one in ten dissatisfied doctors, include excessive bureaucracy or admin (16%), feeling disillusioned with the profession (16%), problems with recruitment and retention (14%), compromised patient care (13%), and overstretched resources and services (12%). Doctors in training were more likely than other doctor types to report feeling a lack of respect or disillusioned with the profession (31%).

Compared to 2020, fewer doctors mentioned a lack of opportunity for career progression or training as a reason for dissatisfaction (down from 14% to 8%), which reflects the decreased proportion of doctors feeling the pandemic has had a negative impact on access to learning and development opportunities.

Reasons which were more prominent in 2021 than in 2020 were recruitment/retention problems (up from 6% to 14%), working under pressure (up from 7% to 10%), difficulties with the primary to secondary and tertiary care relationships (up from 4% to 10%) and the work being psychologically unsustainable (up from 6% to 10%).

**Figure 3.4 Reasons for dissatisfaction**



A2. Why do you say that you are dissatisfied? (Unprompted) Base: Doctors who reported being 'Very dissatisfied' 'Dissatisfied' or 'Somewhat dissatisfied' (869)

## 4 Workload pressure and wellbeing

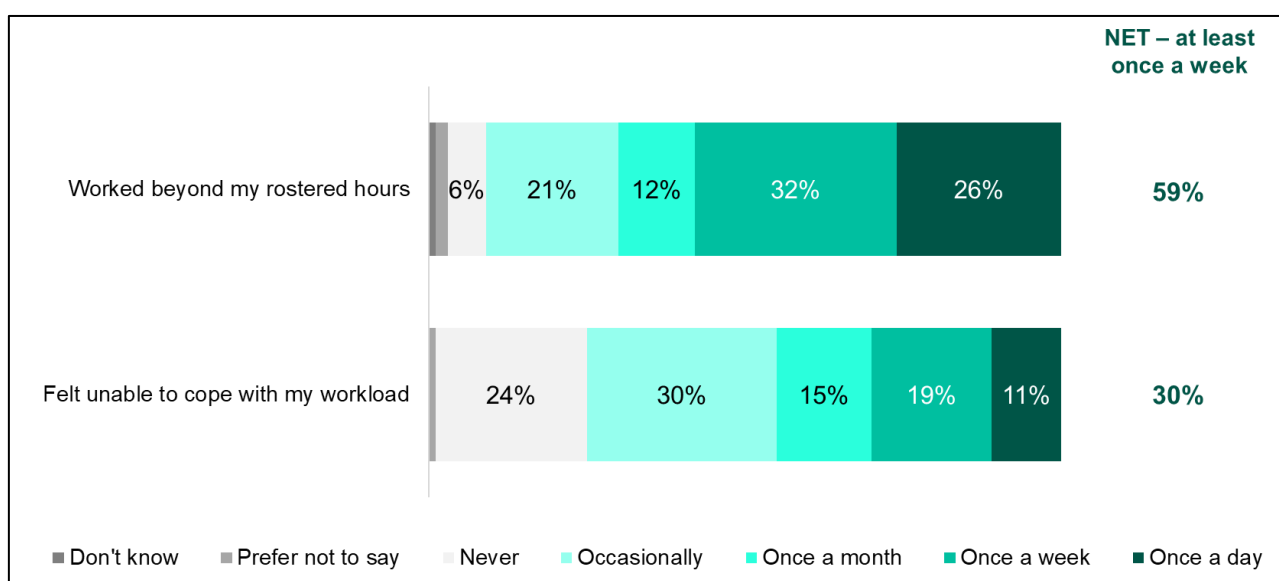


This chapter explores doctors' workload and wellbeing, focusing on how this may have been affected over the past 12 months. It explores the extent to which doctors are experiencing burnout, how supported they feel and adjustments made as a result of workload pressure.

### Working beyond rostered hours and ability to cope with workload

Over the last year, three in five (59%) doctors worked beyond their rostered hours at least once a week and three in ten (30%) felt unable to cope with their workload at least once a week (see below).

Figure 4.1 Frequency of experiencing workload pressures



C1. How frequently, if at all, have you experienced the following... ? Base: All doctors (3386)

This represents a significant increase in the proportions that worked beyond their rostered hours compared to 2020 (up from 44% in 2020 to 59% in 2021) or felt unable to cope with their workload (up from 19% to 30%) on a weekly basis. Indeed, feelings of inability to cope with workload have returned to their 2019 levels. However, working beyond rostered hours was still lower than in 2019 (when it was 68%). This suggests that after an easing of workload pressures for some doctors as a result of the pandemic in 2020, these pressures have intensified, or are beginning to, once again.<sup>2</sup>

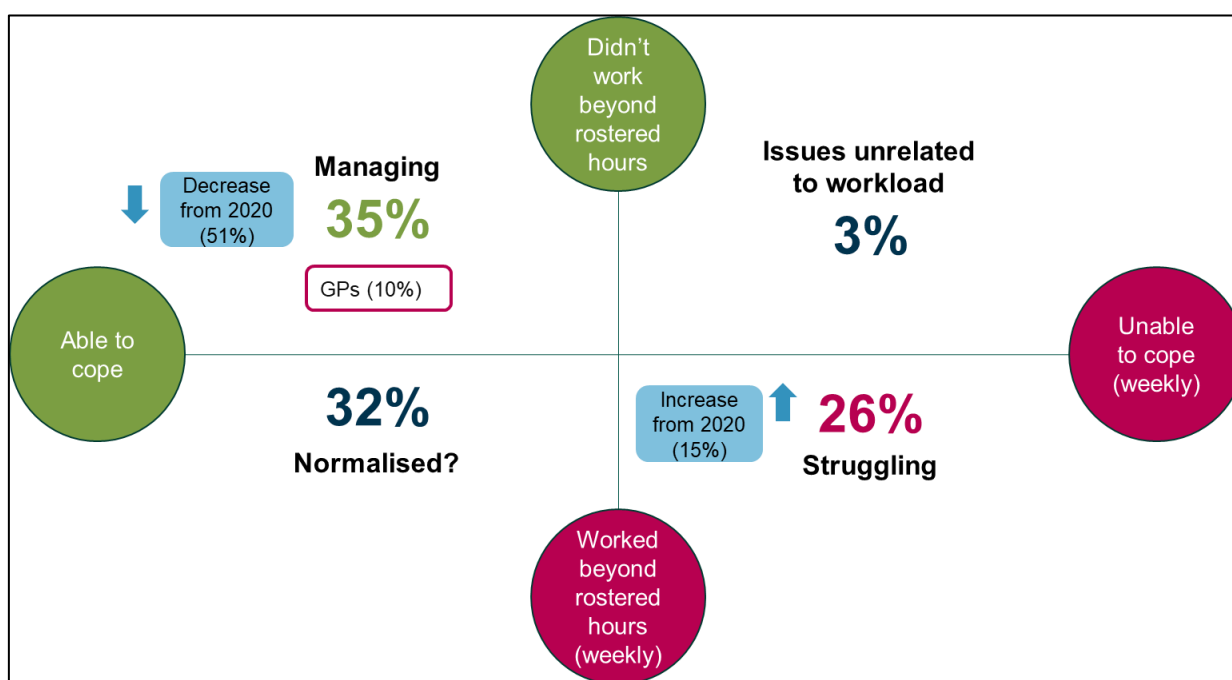
To further analyse the relationship between working beyond rostered hours and ability to cope, doctors were split into four categories (shown in Figure 4.2):

<sup>2</sup> In the 2020 survey, doctors were asked to think about 'during 2020', whereas in the 2021 and 2019 surveys they were to think about 'the last year'. While comparisons over time are therefore not strictly like for like, this is mitigated by doctors thinking about the *frequency* of e.g. working beyond rostered hours rather than an overall number of instances, which would be less comparable.

- **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 just over a third (35%) of the overall population, making it the largest group of doctors;
- **Normalised:** those working beyond rostered hours at least weekly but feel unable to cope with their workload less often than this. Just under a third (32%) of doctors fall into this category;
- **Issues unrelated to workload:** 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 (3%) 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 quarter (26%) of doctors fit into this group, showing that a sizeable proportion of the profession have issues with high workload.

This year, significantly more doctors were ‘struggling’ than in 2020 (26% vs. 15% in 2020), with the proportion returning to 2019 levels. Correspondingly, the proportion of doctors ‘managing’ (i.e. not frequently working beyond their rostered hours or unable to cope) was significantly smaller than in 2020 (35% vs. 51% respectively), although this was still higher than in 2019 (up from 29%).

**Figure 4.2 Quadrant analysis of working hours and ability to cope**



Base: C1. How frequently, if at all, have you experienced the following... ? All doctors (3386)

Similar to the last two years, GPs were the registration type least likely to be ‘managing’ (only 10% fell in this quadrant) and were more likely than average to be ‘struggling’ (54%). This is a deterioration compared with 2020 (35% ‘managing’ and 26% ‘struggling’) and there are now even slightly more GPs struggling than in 2019 (when 50% of GPs fell into this quadrant).

SAS/LE doctors and doctors in training were more likely than average to be ‘managing’ (52% and 47% respectively).

Disabled doctors were notably more likely to be ‘struggling’ than doctors without a disability (42% vs. 25%). This reflects a pattern first seen in 2020.

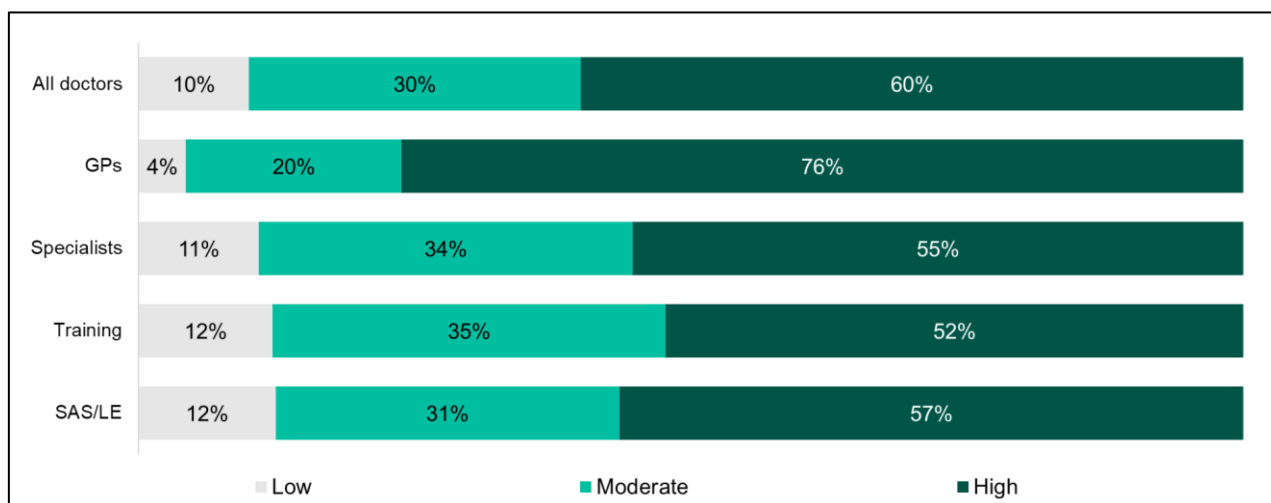
## Intensity of workload

This year, for the first time, we asked doctors about the *intensity* of their workload as well as the ‘beyond hours’ working discussed above.

Over the last year, on average doctors described their workload on three in five (60%) working days as high intensity, with one in every ten (10%) days low intensity, and the workload on the remainder moderate intensity.

As displayed in Figure 4.3 below, GPs were the most likely registration type to report a high proportion of high intensity workload days (on average 76% of GP days were high intensity compared to 52-57% among other registration types). On average, GPs reported that just 4% of their working days were of low intensity.

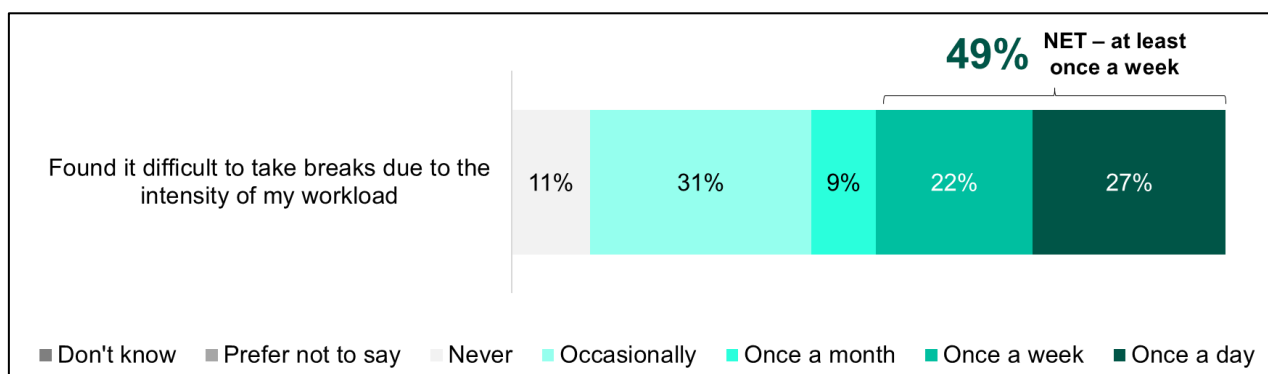
**Figure 4.3 Proportion of high intensity workload days**



C8. Over the last year, on roughly what percentage of your working days would you describe the intensity of your workload as high, moderate and low? Base: All doctors excluding don't know (3211)

Half (49%) of doctors found it difficult to take breaks due to the intensity of their workload at least once a week, including more than a quarter (27%) finding it difficult once a day (Figure 4.4). Just one in ten (11%) doctors reported they never experienced this.

**Figure 4.4 Difficulty taking breaks due to workload intensity**



C1. How frequently, if at all, have you experienced the following... ? Found it difficult to take breaks due to the intensity of my workload. Base: All doctors (3386)

Reflecting the pattern reported for proportion of high workload days above, GPs were more likely than any other registration type to find it difficult to take breaks at least once a week (81%); this compares with half (51%) of specialists, fewer than two in five (36%) of those in training, and a quarter (24%) of SAS/LE doctors.

## Doctor wellbeing and experience of burnout

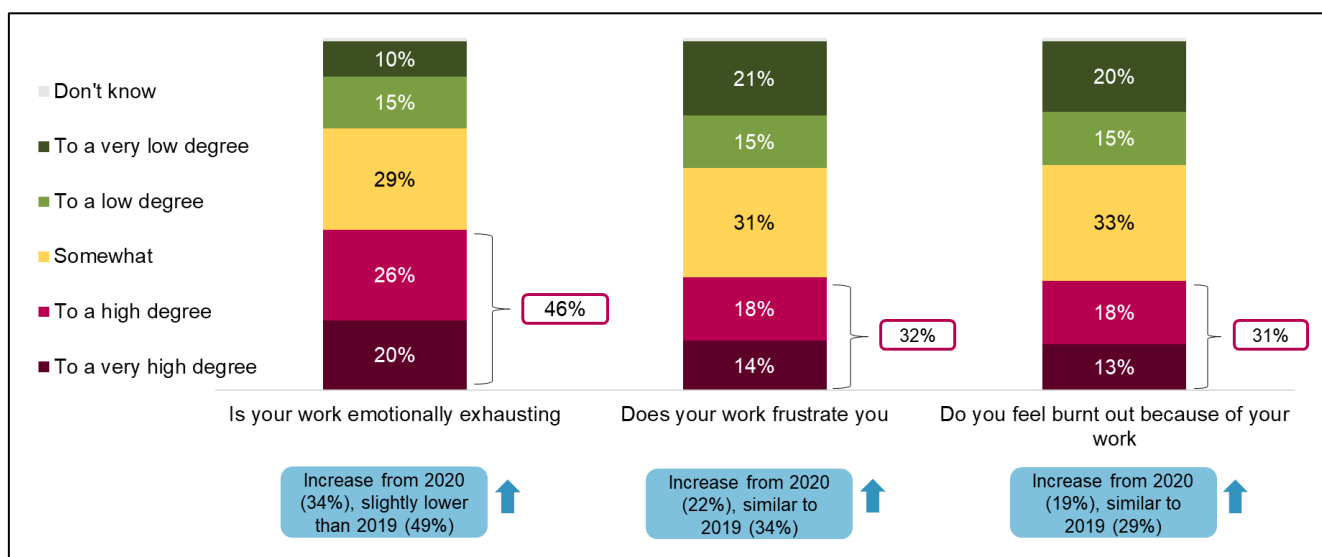
To understand the prevalence of burnout in the medical profession, doctors were asked about their experience using seven measures from the Copenhagen Burnout Inventory (CBI)<sup>3</sup> – see Figure 4.5 and Figure 4.6.

The burnout indicators most frequently experienced by doctors were feeling worn out at the end of the day (56% felt this way often or always) and finding work emotionally exhausting (46% felt this to a high or very high degree). Just under a third of doctors found their work frustrating (32%), three in ten felt burnt out because of their work (31%), and three in ten also felt exhausted at the thought of another day at work (31%) to a high or very high degree. Three in ten (30%) doctors also never or seldom had enough energy for family and friends, and more than a quarter (27%) found every working hour tiring often or always.

Across all of these indicators, doctors felt more burnt out in 2021 than they did in 2020, with most indicators returning to similar levels as 2019.

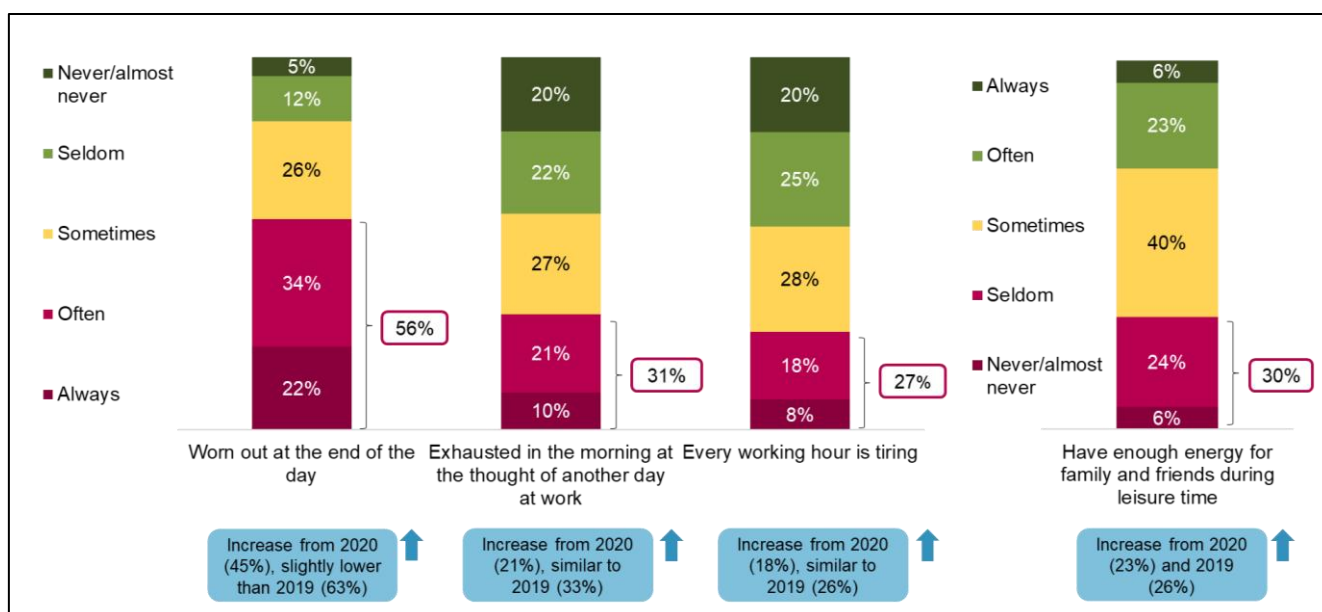
<sup>3</sup> Please refer to the Technical Appendix for more information on the CBI

Figure 4.5 Degree of experiencing burnout



D1: To what degree do you feel the following about your work? Base: All doctors (3386)

Figure 4.6 Frequency of experiencing burnout



D2. How often, if at all, do you feel the following about your work? Base: All doctors (3386)

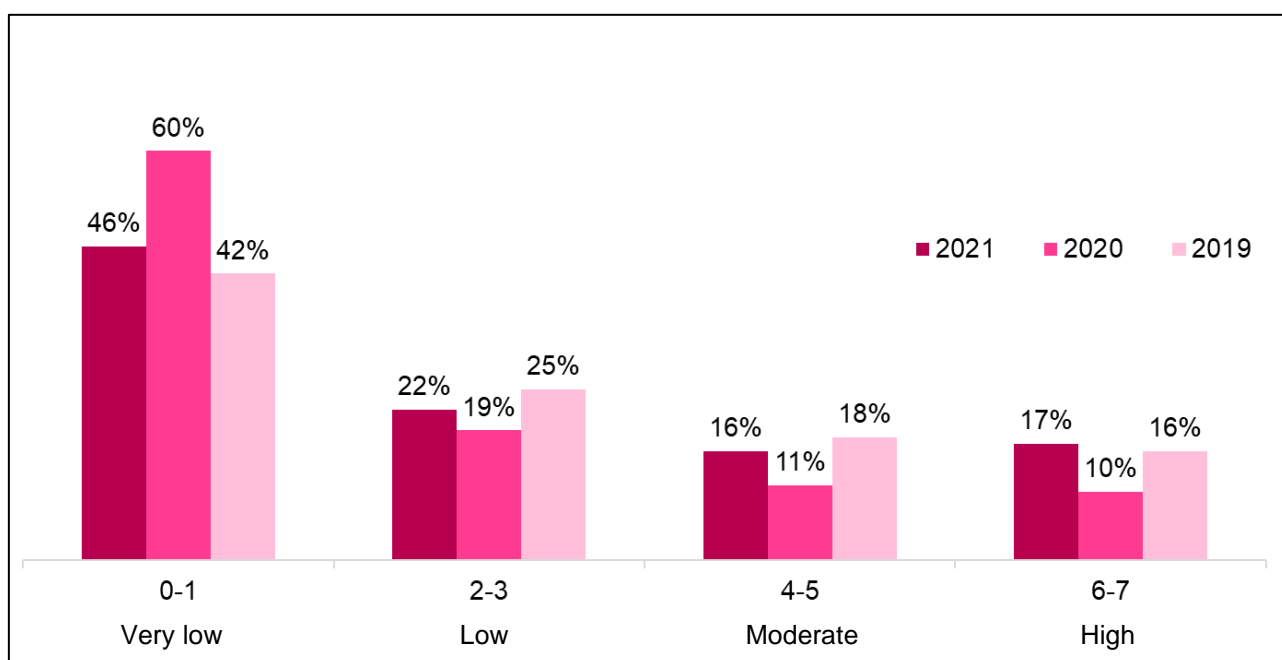
To consider the burnout measures as a whole, doctors were split into four categories, as shown in Figure 4.7, based on the number of measures they scored 'highly' on (meaning they responded to a high or very high degree/often or always).<sup>4</sup> Just under half (46%) of doctors scored highly in either none of the aspects, or in only one (from now on referred to as those 'at very low risk of burnout'), while at the other end of the spectrum, just under one in five (17%) scored highly across six or seven of the measures (from now on referred to as those 'at high risk of burnout'). On average, doctors scored highly on 2.5 measures.

<sup>4</sup> 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

One quarter (25%) of doctors working beyond rostered hours at least once a week were at high risk of burnout, as were more than two in five (44%) of those struggling to cope with their workload. Burnout was also associated with dissatisfaction, with almost seven in ten (68%) dissatisfied doctors being at high risk of burnout. Among the groups of doctors more likely to be at high risk of burnout were GPs (33%) and disabled doctors (29%). Doctors in training and SAS/LE doctors were less likely to be at high risk of burnout (11% and 7% respectively).

As Figure 4.7 shows, a greater proportion of doctors are at high risk of burnout (17%) than in 2020 (10%), but similar to 2019 (16%). This reflects the pattern seen for ‘inability to cope with workload’.

**Figure 4.7 Number of reported burnout measures, over time**



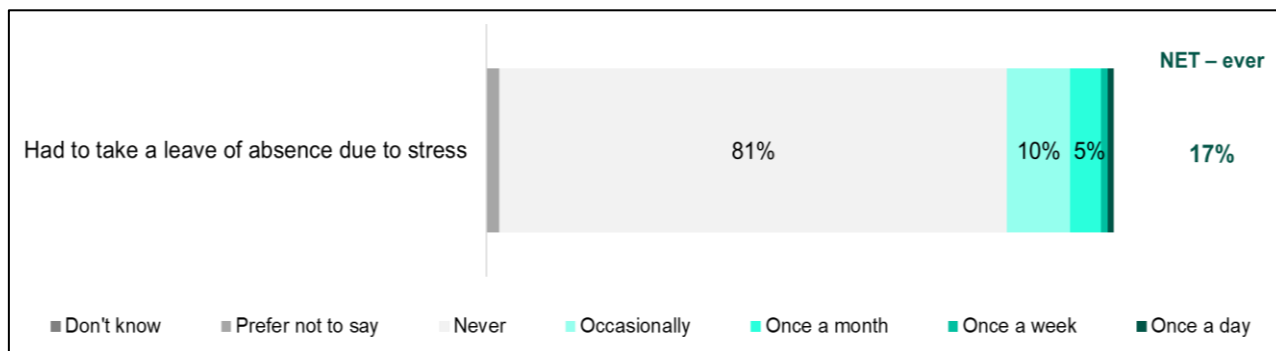
Base: All doctors (3386)

### Taking a leave of absence due to stress

Just under one in five doctors (17%) reported having taken a leave of absence due to stress over the last year. This is a higher proportion than reported having done so in 2020 (14%)<sup>5</sup> and 2019 (12%). This higher proportion in 2021 may reflect the higher levels of burnout among doctors – indeed, doctors who scored highly on 6-7 burnout measures were most likely to have taken a leave of absence due to stress (23%).

<sup>5</sup> Although as elsewhere, findings from 2020 are not directly comparable as we asked about ‘during 2020’ rather than over the last year.

**Figure 4.8 Taking a leave of absence due to stress**



C1\_3. How frequently, if at all, over the last year have you experienced the following? Had to take a leave of absence due to stress Base: All doctors (3386)

SAS/LE doctors (30%) and those in training (24%) were more likely to have had to take a leave of absence at some point in the last year, with fewer than one in ten GPs (9%) or specialists (8%) having done so. It is possible that doctors in these roles feel more able to take these absences, which leads them to feel more satisfied when they return. This largely continues a pattern seen in previous years: in 2019 and 2020, doctors in training were also more likely than average to have taken a leave of absence, SAS/LE doctors were in 2019 but not 2020.

Doctors who had been redeployed over the last year were more likely to have taken a leave of absence (23%) than those who were not redeployed (14%) – this was the case within doctors in training and specialists as well at overall level, so is not just an effect seen because of correlation with registration type. Disabled doctors were also more likely than non-disabled ones to have taken a leave of absence (24% vs. 17% respectively).

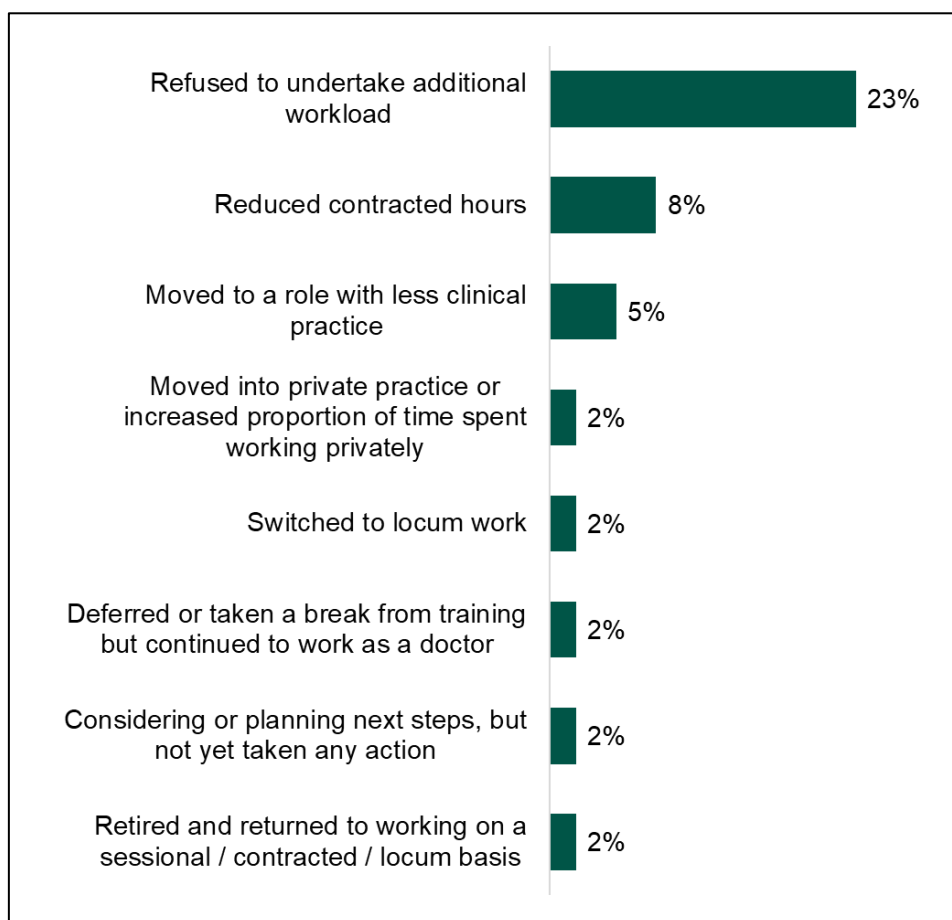
### Adjustments made in response to pressures on workload

As a result of pressure on their workload or capacity, three in ten (30%) doctors felt it necessary to make some kind of adjustment. As Figure 4.9 highlights, the ‘first port of call’ option remains refusing additional workload (with 23% of doctors doing this). There were also significant minorities who have made career changes in the past year, such as reducing hours (8%) or moving to a role with less clinical practice (5%).

Proportions refusing to undertake additional workload were higher than in 2020 (16%), but lower than in 2019 (33%).<sup>6</sup>

<sup>6</sup> In the 2020 survey, doctors were asked to think about ‘during 2020’, whereas in the 2021 and 2019 surveys they were to think about ‘the last year’, therefore any comparisons to 2020 are not comparing like for like in terms of time period.

Figure 4.9 Adjustments made as a result of workload



C2. In the last year, has pressure on workload and capacity led you to do any of the following? Base: All doctors (3386)

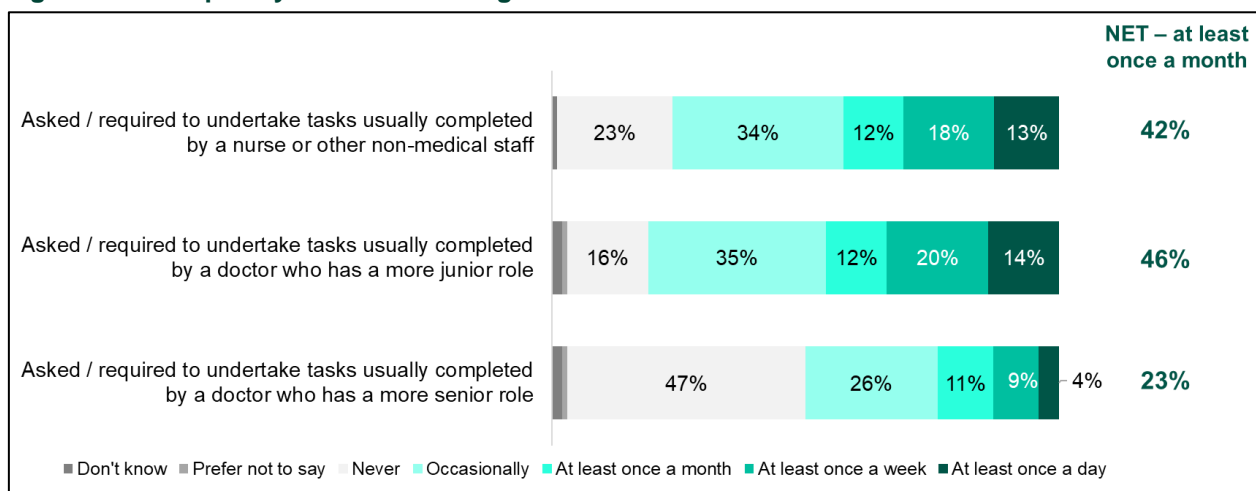
Specialists were most likely to have refused to take on additional workload (31%), while GPs were most likely to have reduced contracted hours (13%) or have moved to a role with less clinical practice (9%).

### Doctors acting outside of their usual role

High workloads and lack of resource can also lead to needing to undertake work usually completed by another role.

Just over two in five (42%) doctors reported being asked or required to undertake tasks usually completed by a nurse or other non-medical staff at least once a month. Just under half (46%) said they were asked or required to do tasks usually completed by a doctor with a more *junior* role at least once a month, with just under one quarter (23%) of doctors saying the same of tasks usually completed by a doctor with a more *senior* role.

**Figure 4.10 Frequency of doctors acting outside of their role**



C3\_X. How frequently, if at all, over the last year have you been asked / required to...? Base: All doctors (3386)

SAS/LE doctors were most likely to report being asked or required to undertake tasks usually completed by a doctor who has a more senior role at least once a month (42%), followed by doctors in training (33%). Specialists were the registration type most likely to have been asked or required to do the same in relation to tasks usually done by a doctor with a more junior role at least once a month (52%). Meanwhile, GPs were the registration type most likely to report being asked or required to undertake tasks usually completed by a nurse or other non-medical staff at least once in the last month (57%).

Undertaking tasks usually completed by a more junior doctor, nurse or other non-medical staff was more common among doctors who were dissatisfied and those at high risk of burnout. However, there is no such correlation for undertaking tasks usually completed by a doctor with a more senior role and, in fact, those in the ‘most satisfied’ group are more likely to report doing this at least once a month. This suggests that having the chance to take on more responsibility can sometimes be viewed in a positive light.

Overall, while out of role working has increased since 2020 it has not yet returned to pre-pandemic levels. The proportions of doctors undertaking roles usually completed by non-medical staff or by doctors with a more junior role are still below 2019 levels (42% and 46% in 2021 when they were 55% and 53% respectively). However, the proportion of doctors undertaking roles usually completed by a more senior doctor has increased a little (from 19% in 2019 to 23% in 2021).

### Support from clinical and non-clinical colleagues

Doctors were asked about their perception of support and teamwork to explore the difference which a supportive environment makes on doctors’ wellbeing and their experience of working life.

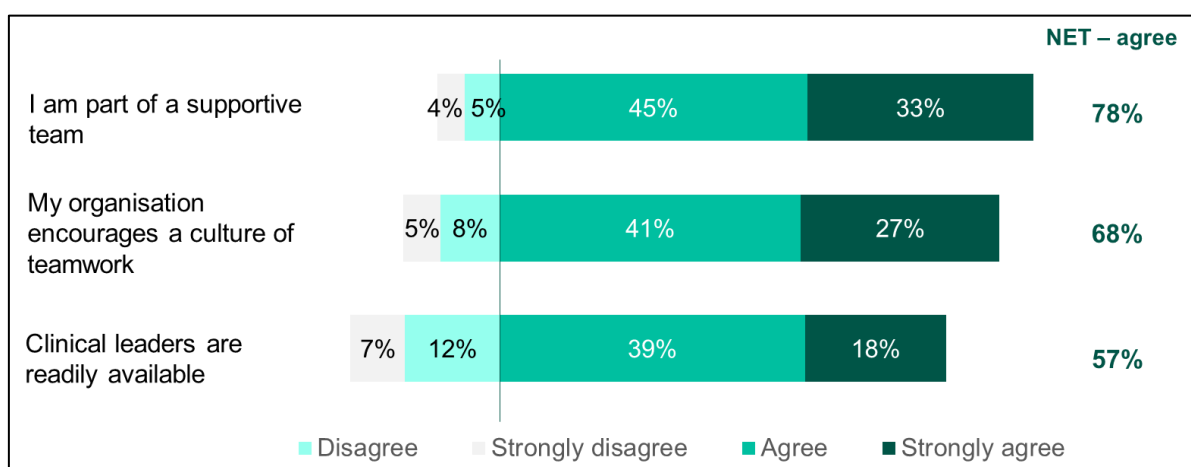
As shown in Figure 4.11, over three-quarters (78%) of doctors agreed that they were part of a supportive team, two-thirds (68%) that their organisation encourages a culture of teamwork and a majority (57%) that clinical leaders are readily available.

Slightly fewer doctors felt they were part of a supportive team than in 2020 (down from 80% to 78%) and that clinical leaders were readily available (down from 61% to 57%).

Further analysis suggests that a supportive team may protect against feelings of burnout and dissatisfaction. As in 2020, 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 (88% vs. 56% who scored highly on 6-7 burnout measures), that their organisation encourages a culture of teamwork (80% vs. 45%) 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. 57%), that their organisation encourages a culture of teamwork (78% vs. 43%), and that clinical leaders are readily available (68% vs. 31%).

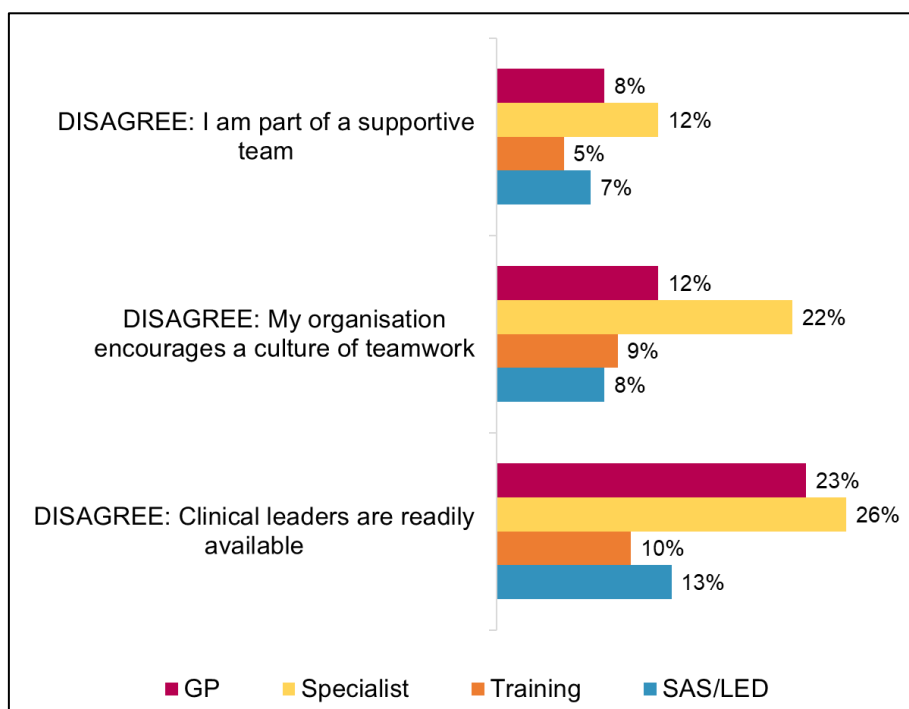
**Figure 4.11 Support from team**



D3\_X: To what extent do you agree with the following statements? Base: All doctors (3386). Chart does not show 'neither agree nor disagree', 'DK' or 'prefer not to say'

Specialists were more likely than other registration types to disagree across each measure relating to support and teamwork. In contrast, doctors in training and SAS/LED doctors had a more positive experience, being less likely to disagree that they feel part of a supportive team or that clinical leaders are readily available (see Figure 4.12).

Figure 4.12 Support from team – disagreement by registration type



D3\_X: To what extent do you agree with the following statements? Base: All doctors (3238). Chart does not show 'neither agree nor disagree', 'DK' or 'prefer not to say'

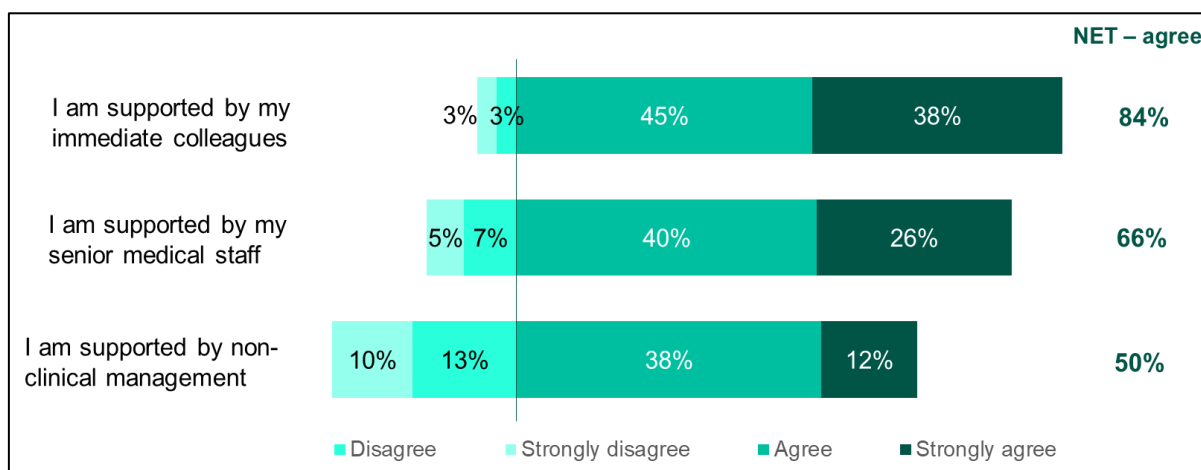
Doctors who achieved their PMQ in the UK (81%) and white doctors (82%) were more likely to feel that they are part of a supportive team, while female doctors (71%) were more likely to feel their organisation encourages teamwork. Those redeployed in the past year (61%) and doctors who did their PMQ outside the UK/EEA (61%) were more likely to agree that clinical leaders were readily available.

Disabled doctors were less likely to feel supported across all three statements (17% disagree they are part of a supportive team, 22% disagree their organisation encourages teamwork, 34% disagree that clinical leaders available). This is a recurring theme from previous years, suggesting support is a particular challenge for these doctors. Doctors were more likely to feel unsupported by non-clinical management than by senior medical staff or immediate colleagues; see Figure 4.13.

Whereas over eight in ten (84%) agreed that they felt supported by immediate colleagues, two thirds felt supported by senior medical staff (66%) and only half of doctors (50%) felt supported by non-clinical management. These results are consistent with 2020.<sup>7</sup>

<sup>7</sup> NB. The question changed in 2020 to ask about level of agreement (rather than frequency, as in 2019); therefore, direct comparison with 2019 is not possible.

**Figure 4.13 Support from clinical and non-clinical colleagues**

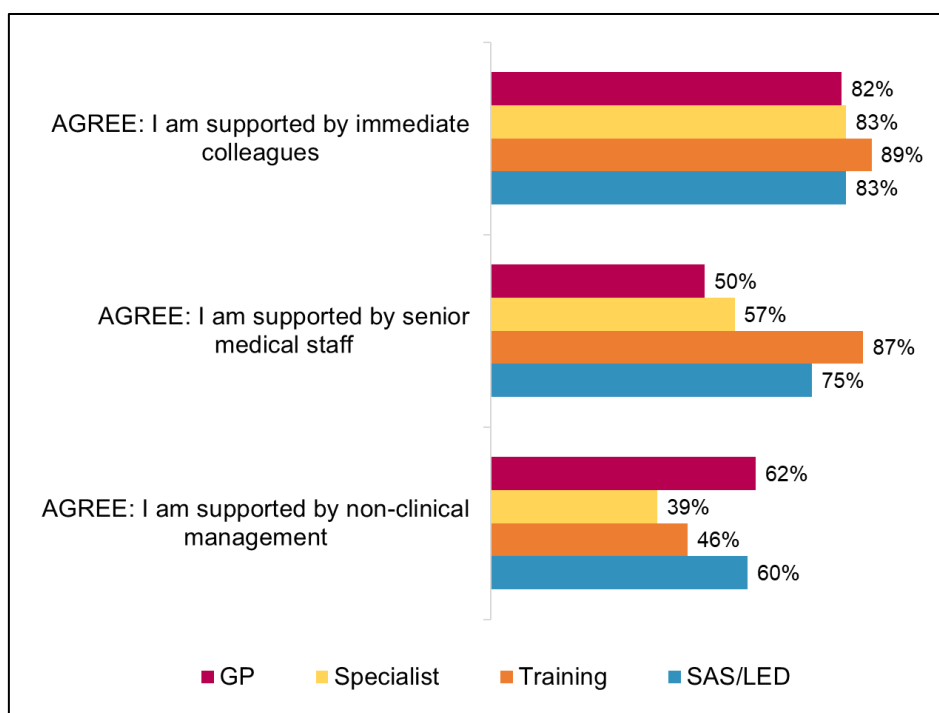


D3\_X: To what extent do you agree with the following statements? Base: All doctors (3238). Chart does not show 'neither agree nor disagree', 'DK' or 'prefer not to say'

As shown in Figure 4.14, doctors in training were more likely than other doctors to have felt supported by senior medical staff (87% agree that they are supported) and by their immediate colleagues (89%).

Doctors in training, alongside specialists, were *less* likely than other registration types to agree that they are supported by non-clinical management (39% and 46%), with GPs (62%) and SAS/LE doctors (60%) the most likely to agree. For SAS/LE doctors this is in stark contrast to 2020, when they were the *least* likely to agree they felt supported by non-clinical management (39%).

**Figure 4.14 Support from management – agreement by registration type**



D3\_X: To what extent do you agree with the following statements? Base: All doctors (3238). Chart does not show 'disagree', 'neither agree nor disagree', 'DK' or 'prefer not to say'

## 5 Impact on patients

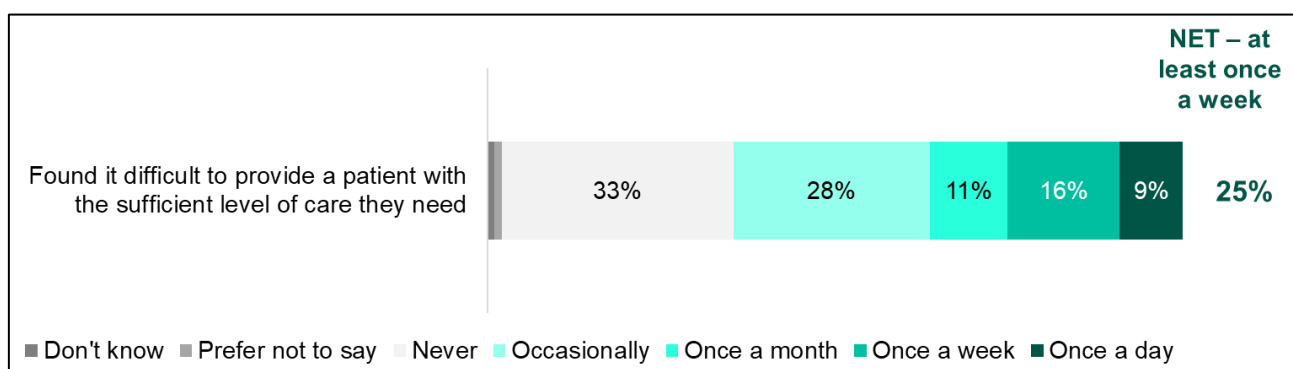


This chapter examines the frequency with which doctors felt unable to provide a sufficient level of care to a patient and what they consider to be the barriers to patient care. It then covers the proportion of doctors that have witnessed patient care being compromised, and the drivers behind such lapses in patient care.

### Barriers to patient care

Difficulty providing a sufficient level of patient care was reasonably common, with almost two-thirds (64%) of doctors reporting they experienced this at least occasionally, including a quarter (25%) who did so at least once a week (Figure 5.1. This was consistent with 2020 but less frequent than in 2019, when a third (34%) of doctors had difficulty providing sufficient care at least weekly.<sup>8</sup>

**Figure 5.1 Difficulty providing a patient with sufficient care**



C1. How frequently, if at all, over the last year have you experienced the following? Base: All doctors (3386)

It was more common for GPs and specialists to find it difficult to provide a sufficient level of patient care at least once a week (45% and 31% respectively) than doctors in training or SAS/LE doctors (13% and 9% respectively).

Difficulty providing sufficient care at least weekly was associated with burnout and high workloads:

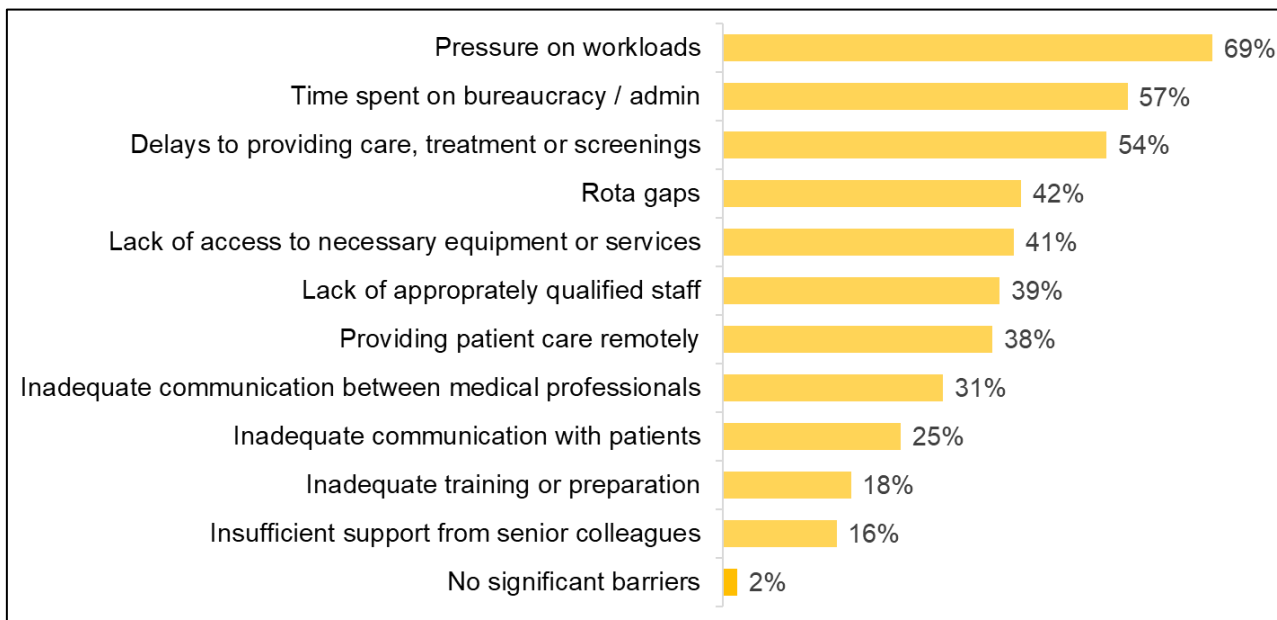
- Over half of those at high risk of burnout (56%) had difficulty providing patient care at least once a week, compared with only nine per cent at very low risk of burnout;
- Over half (57%) of those who felt unable to cope with workload at least weekly, compared to 11% who felt unable to cope less frequently; and

Doctors that experienced a high number of negative impacts from the COVID-19 pandemic were also much more likely to have regularly found it difficult to provide a sufficient level of patient care, with two-thirds (67%) reporting that on a weekly basis.

<sup>8</sup> In the 2020 survey, doctors were asked to think about 'during 2020', whereas in the 2021 and 2019 surveys they were to think about 'the last year'. While comparisons over time are therefore not strictly like for like, this is mitigated by doctors thinking about the *frequency* of e.g. working beyond rostered hours rather than an overall number of instances, which would be less comparable.

Doctors identified pressure on workloads (69%) as the most common barrier to patient care (Figure 5.2). Other frequent barriers mentioned by over half of doctors were time spent on bureaucracy and admin (57%) and delays to patient care, treatment or screenings (54%) – the latter likely stemming at least in part from the COVID-19 pandemic.

**Figure 5.2 Barriers to providing good patient care**




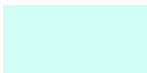
C9. What would you consider to be the main barriers, if any, to providing good patient care that you have observed or experienced over the last year? Base: All doctors (3386)

Those at high risk of burnout and with high workloads were more likely to report all of the barriers to patient care, likely linked to the increased frequency that they encountered barriers to patient care.

There were a number of differences in the likelihood of the registration types to report many of these barriers to patient care (Table 5.1). GPs were more likely to report many of the barriers. Conversely, SAS/LE doctors and doctors in training were less likely to report many of the barriers. However, they were more likely to cite inadequate training or preparation. Specialists were mostly in line with the average, but were more likely to mention rota gaps (alongside doctors in training) and lack of appropriately qualified staff.

**Table 5.1 Statistically significant differences in barriers to providing good patient care by registration type**

	GP	Specialist	Training	SAS / LE
Pressure on workloads	90%	68%	67%	52%
Time spent on bureaucracy / admin	80%	60%	46%	42%
Delays to providing care, treatment or screenings	70%	55%	49%	42%
Rota gaps	30%	53%	51%	30%
Lack of access to necessary equipment or services	49%	45%	39%	28%
Lack of appropriately qualified staff	40%	50%	31%	29%
Providing patient care remotely	46%	40%	33%	35%
Inadequate communication between healthcare professionals	48%	27%	26%	26%
Inadequate training or preparation	10%	14%	25%	25%

 Significantly higher       Significantly lower

### Situations where patient safety has been compromised

Just under three in ten (29%) doctors reported that they had witnessed a situation in the last year where they believed a patient's care had been compromised (Figure 5.3). While this was slightly higher than in 2020<sup>9</sup> (26%), as with difficulty providing sufficient care, it remained lower than in 2019 (32%).

It was more common for GPs (41%) and specialists (37%) to have witnessed such a situation, and rarer for SAS/LE doctors (14%). In terms of specialty, doctors working in anaesthetics and intensive care (40%) were more likely to report witnessing a situation than other specialties.<sup>10</sup> Doctors who were redeployed to a different specialty were also more likely (36%), possibly relating to the settings they had been redeployed to.

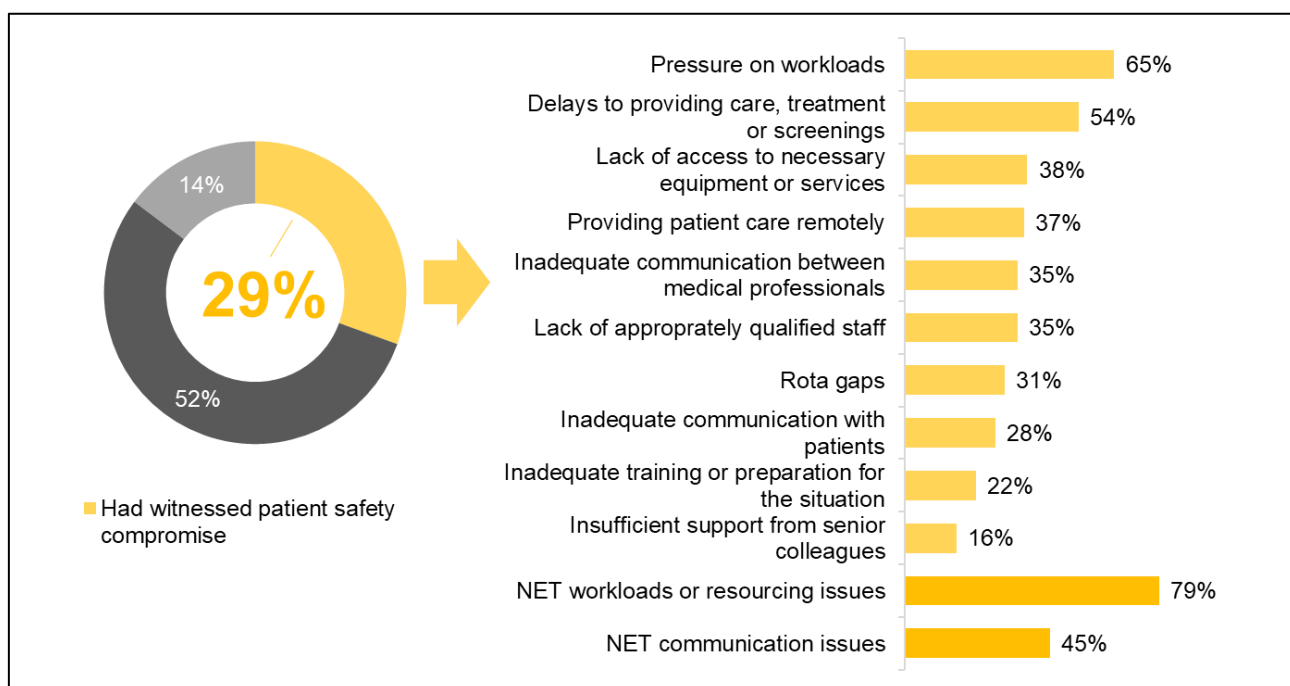
As with difficulty providing care, witnessing a compromise to patient safety or care was associated with being at high risk of burnout (49%) and high workloads (47% of those in the 'Struggling' quadrant).

<sup>9</sup> In the 2020 survey, doctors were asked to think about 'during 2020', whereas in the 2021 and 2019 surveys they were to think about 'the last year', therefore any comparisons to 2020 are not comparing like for like in terms of time period.

<sup>10</sup> This was also the case in 2019 so appears to be due to the nature of working in this specialty rather than anything to do with these doctors' role during COVID-19.

Additionally, disabled doctors (48%), doctors of mixed or multiple ethnicities (38%) and white doctors (34%) were more likely to have witnessed a compromise to patient safety or care.

**Figure 5.3 Proportion that believed patient safety or care was compromised and contributing factors**



C6 In the last year, 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 (3386) / 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 (1210)

The factors which doctors felt contributed to the patient safety compromises they had witnessed had a lot in common with the barriers they perceived to patient care mentioned above. Most commonly, doctors attributed the compromises to patient safety that they had witnessed to pressure on workloads (65%), an increase from 47% in 2020. Delays to providing care, treatment or screenings was also identified as a common reason (54%), again likely to be related at least in part to the COVID-19 pandemic. Both of these were more often reported by GPs than other registration types (71% and 59% respectively). Delays to patient care, treatment or screenings were also more likely to be cited by doctors specialised in surgery (68%).

Lack of access to equipment or services was mentioned by just under four in ten (38%) doctors, with doctors specialising in psychiatry (58%), anaesthetics and intensive care (51%) and surgery (51%) more likely to attribute patient safety compromises to this.

Over a third (37%) of doctors believed that providing care remotely was a contributing factor to the most recent patient safety/care compromise they had witnessed. This was more common among GPs (54%), likely due to GPs being more likely to deliver remote care.

Communication issues were identified as a factor in around half (45%) of situations, more often amongst medical professionals (35%) rather than communication with patients (28%).

## 6 Future intentions



This chapter looks at doctors' concerns for the coming year, as well as the likelihood of doctors making various career changes and the factors associated with this.

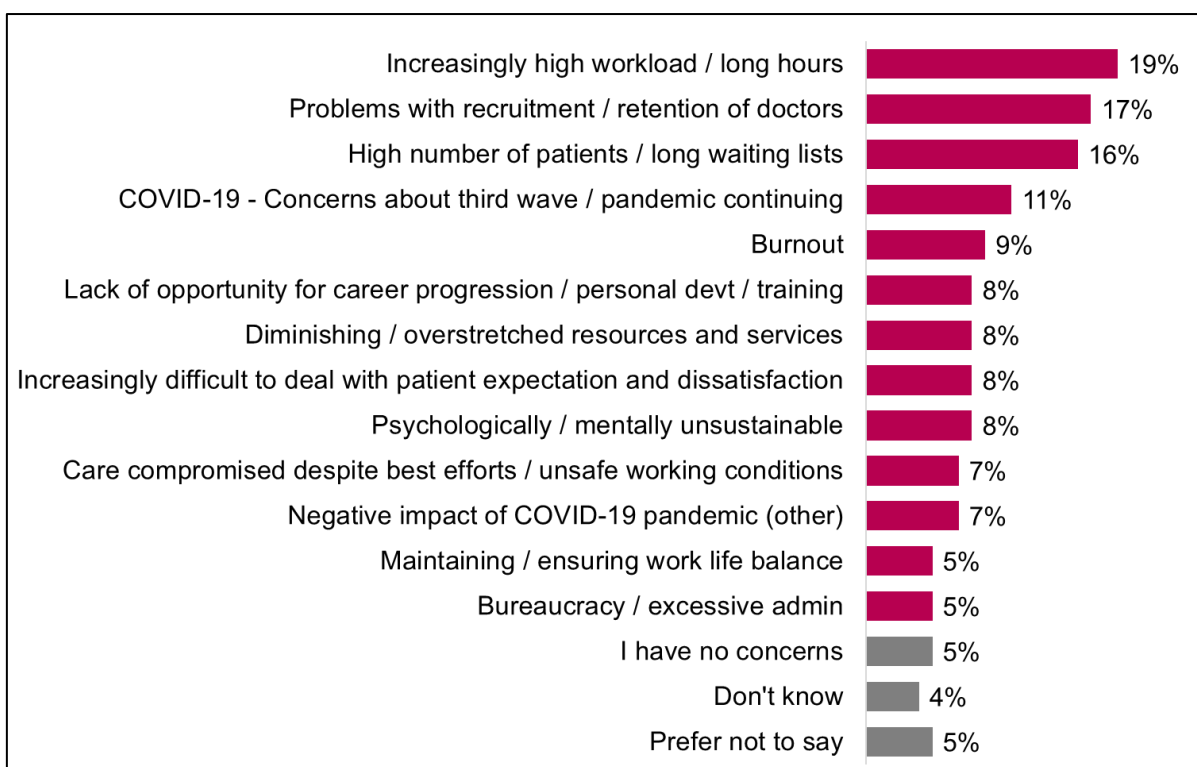
### Concerns for the coming year

In the 2021 survey we asked doctors about their main concerns for the coming year. As Figure 6.1 shows, one in five doctors (19%) outlined they are concerned about increasingly high workloads and long hours in the coming year, the most frequent concern held. Similar proportions mentioned problems with recruitment and retention of doctors (17%) and high numbers of patients and long waiting lists (16%). These concerns mirror some of the key barriers to providing patient care which doctors identified.

Secondary concerns, reported by around one in ten, included concerns about a potential third wave of the COVID-19 pandemic (11%) and burnout (9%).

Just five per cent of doctors reported having no concerns for the coming year.

**Figure 6.1 Doctors' concerns for the upcoming year**



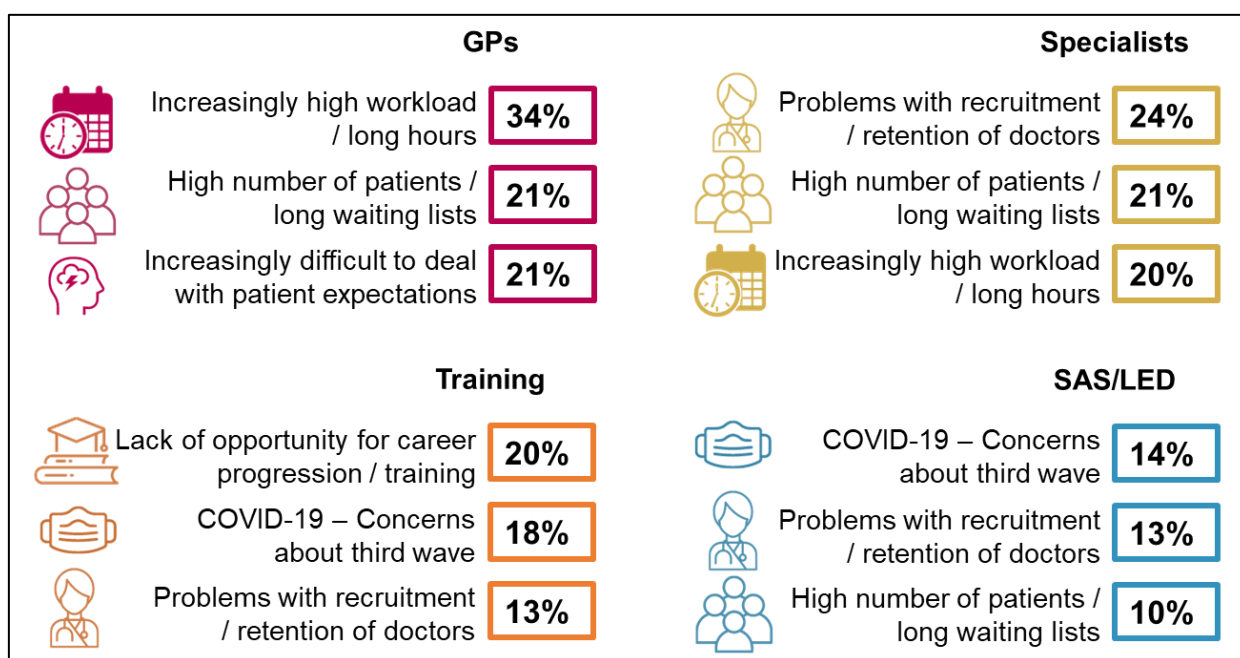
A3. Looking ahead, what are your main concerns as a doctor for the coming year? (Unprompted) Base: All doctors (3386)

When it comes to registration type, GPs were more likely than other doctors to be concerned about increasingly high workloads and long hours (34%), it being increasingly difficult to deal with patient expectation and dissatisfaction (21%), burnout (12%), and care being compromised despite best efforts and working under unsafe conditions (11%). This aligns with other findings that show GPs have been more affected by high workloads over the last year.

Specialists and GPs were both more likely than other registration types to be concerned about a high number of patients and long waiting lists (21% respectively) and about problems with recruitment and retention of doctors (24% of specialists and 18% of GPs). Meanwhile, doctors in training were more concerned than others about a lack of opportunity for career progression / personal development / training (20%) and both doctors in training and SAS/LE doctors about a potential COVID-19 third wave (18% and 14% respectively).

Figure 6.2 shows the top three concerns for each registration type to illustrate the differences in priorities of concern across these groups.

**Figure 6.2 Top three concerns for the coming year for each registration type**



A3. Looking ahead, what are your main concerns as a doctor for the coming year? (Unprompted) Base: All doctors (3386)

Doctors who achieved their PMQ in the UK were more likely to have concerns across most areas compared to those who achieved their PMQ outside the UK. This included them being more concerned about increasingly high workloads and long hours in the coming year (21% vs. 15%), problems with recruitment and retention of doctors (20% vs. 13%), and high numbers of patients and long waiting lists (19% vs. 11%). Doctors who achieved their PMQ outside the UK and EEA were the most likely to have no concerns (9%).

## Career changes doctors are likely to make

Almost three in five (58%) doctors felt they would be very or fairly likely to make a career change in the next year, when prompted with a list of possible changes. This was similar to the proportion in 2020 (57%).

As displayed in Figure 6.3, by far the most likely career change doctors plan to make in the next year is reducing their contracted hours (35%), with one in six (16%) saying they are very likely to do so. A quarter (24%) of doctors said they are likely to move to a role with less clinical workload, including one in ten (11%) very likely to do so.

Figure 6.3 Likelihood of making different career changes in the next year<sup>11</sup>



B1. How likely are you to make any of the following career changes in the next year? Base: All doctors (3386)

There were a number of differences between registration types in the proportions considering each career change, likely relating to the nature of their role and the stage of their career. GPs were more likely to be considering a number of options, including reducing their contracted hours (47%), moving to a role with less clinical workload (38%), switching to locum work (20%) and leaving the profession for a reason other than retirement (13%). The higher proportion of GPs considering these options could reflect the fact that GPs are also more likely to be struggling with workload and burnout, so are looking to make a change to address these.

Doctors in training were more likely to be considering switching to locum work (14%), taking a break from training (17%) and taking a career break (16%).

There were also patterns relating to doctors' age. Some were straightforward relationships, for example younger doctors being aligned with the changes doctors in training were more likely to be considering, and older doctors being more likely to be considering changes relating to retirement. Doctors in their 40s were more likely to be considering a few options, potentially because they want to make a change but are not yet at the point to do so through retirement. This age group were also the most likely to be considering leaving the profession for a reason other than retirement (14%), i.e. considering leaving the profession prematurely.

Doctors that achieved their PMQ outside of the UK were more likely to be considering moving to practise abroad (20%) than those that achieved their PMQ in the UK (9%). This suggests that there are 'pull' factors attracting doctors back to their previous countries.

Doctors in 2021 were more likely than in 2020 to indicate they will make most changes, with a few exceptions: moving to practise abroad, planned parental or caring leave and deferring / taking a break

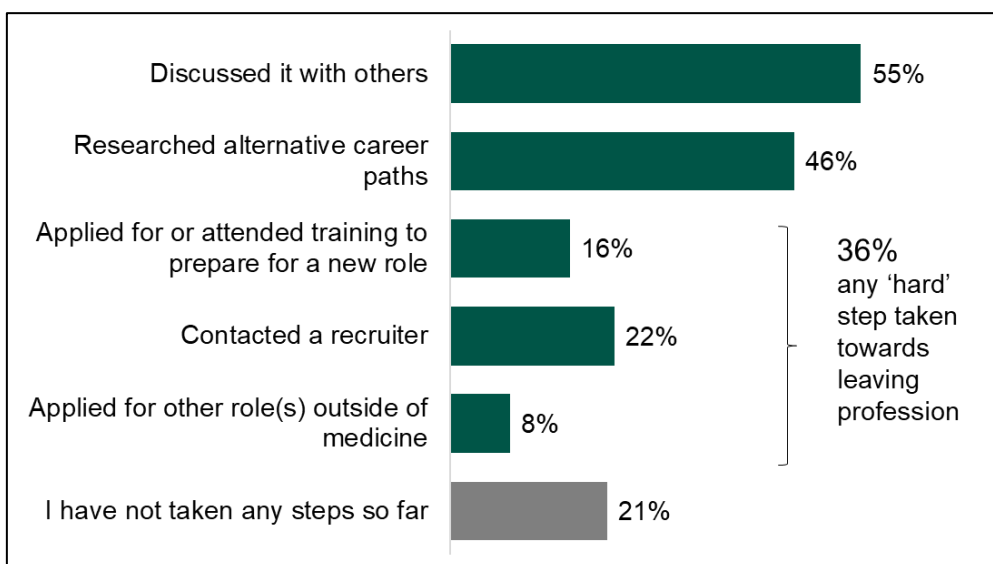
<sup>11</sup> This question's answer options were updated in 2020, so no comparisons can be drawn with 2019.

from training (and they were slightly less likely to plan an increase to their contracted hours). Given that the proportion of doctors looking to make *any* change has remained similar since 2020, this indicates that doctors who are likely to make a change are considering a greater number of options this year.

## Leaving the UK profession

Among doctors who said they were likely to leave the UK profession<sup>12</sup> but who were not at retirement age, over half (55%) had discussed their plan with others and almost half had researched alternative career paths (46%). Just over a third (36%) of doctors had taken 'harder' / more concrete steps such as contacting a recruiter (22%), applying for or attending training to prepare for a new role (16%) or applying for a new role outside of medicine (8%).

**Figure 6.4 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 (677)

The proportion of all doctors taking such hard steps towards leaving the profession was 7% in 2021, up from 4% in 2020. This may be the result of pent-up demand: for example, some routes into posts abroad have not been available throughout the pandemic.

Perhaps unsurprisingly, having taken hard steps towards leaving was much more likely amongst doctors reporting high risk of burnout (19%), dissatisfaction (17%) and a high number of negative impacts of the pandemic (17%). It was also slightly more likely among GPs (9%).

<sup>12</sup> Due to retirement, moving abroad or another reason.



















## Reasons for making career changes

### Reasons given by doctors

We asked doctors which of the changes they said they were likely to make was the most likely (see Figure 9.1 in the appendix for the proportions for each career change), and then the reason why they were considering that 'most likely' change. The reasons doctors gave for considering making these career changes were fairly consistent across different changes (Figure 6.5). The two most common occurring reasons were feeling that their current role adversely impacts their wellbeing, and to have more non-working time to spend with family.

Desire to increase pay was a motivator for some of the career changes: moving to practice abroad, moving to private practice, switching to locum work and increasing contracted hours. The most common reason for wanting to move to practice abroad was the perception that doctors were treated better in the country they were considering.

**Figure 6.5 Two most frequently given reasons for making career changes**

<p><b>Leave profession for reason other than retirement (n=51)</b></p> <p><b>79%</b> My current role/s adversely impact my wellbeing </p> <p><b>55%</b> More non-working time with family </p>	<p><b>Retire from the profession (n=239)</b></p> <p><b>65%</b> My current role/s adversely impact my wellbeing </p> <p><b>50%</b> More non-working time with family </p>	<p><b>Move to practise abroad (n=130)</b></p> <p><b>71%</b> Doctors are treated better in other countries </p> <p><b>53%</b> I want to increase my pay </p>
<p><b>Reduce contracted hours (n=652)</b></p> <p><b>70%</b> More non-working time with family </p> <p><b>68%</b> My current role/s adversely impact my wellbeing </p>	<p><b>Move to role with less clinical workload (292)</b></p> <p><b>73%</b> My current role/s adversely impact my wellbeing </p> <p><b>46%</b> More non-working time with family </p>	<p><b>Retire and return on part time or sessional basis (217)</b></p> <p><b>67%</b> More non-working time with family </p> <p><b>51%</b> My current role/s adversely impact my wellbeing </p>
<p><b>Move to private practice or increase proportion of time spent working privately (n=180)</b></p> <p><b>54%</b> I want to increase my pay </p> <p><b>53%</b> My current role/s adversely impact my wellbeing </p>	<p><b>Switch to locum work (n=60)</b></p> <p><b>52%</b> More non-working time with family </p> <p><b>48%</b> I want to increase my pay </p>	<p><b>Increase contracted hours (n=86)</b></p> <p><b>45%</b> I want to increase my pay </p> <p><b>26%</b> I would like a new challenge </p>

B2. Which of the following explain why that is? Base: Those who are most likely to do each action

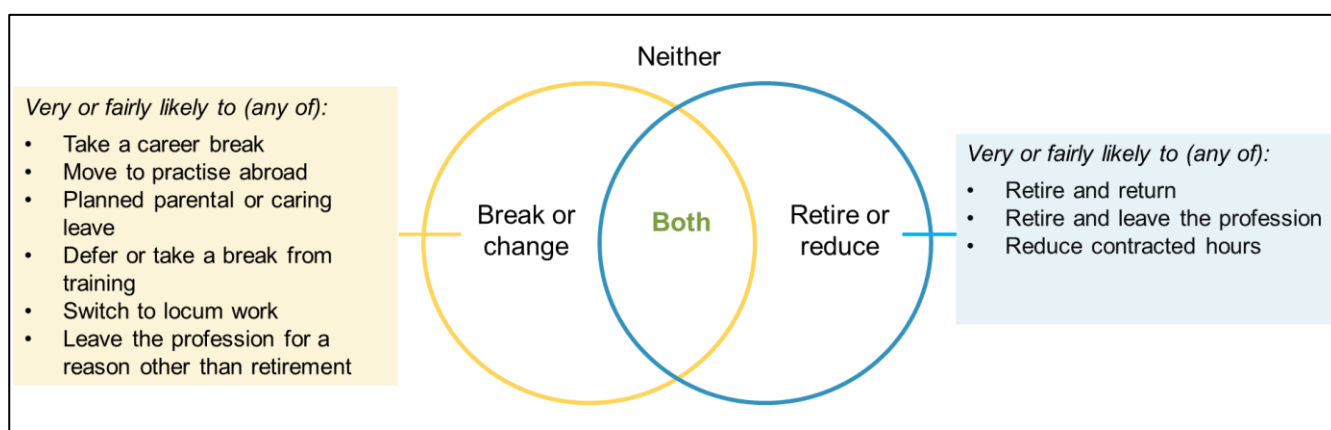
### Underlying reasons

To understand more about the career changes doctors said they were likely to take in the next year we undertook some advanced statistical analysis which allowed us to look in a new way at the many complex interactions in the dataset. It lets us say with more confidence which doctors, in terms of their personal characteristics and experiences at work, are most likely to make different types of changes.

The first step we took was to conduct a factor analysis, which looked at the way doctors answered the question about which career changes they were very or fairly likely to make over the next year. This took into account the combinations of answers selected, recognising that many rated several changes as very or fairly likely.

Setting aside 'move to private practice', 'increase contracted hours' and 'move to a role with less clinical workload' - doctors broadly fell into four categories as displayed in Figure 6.6: those who are considering a break or change; those looking to reduce their hours or retire; those considering both of these things; and those considering neither.

**Figure 6.6 Categories identified in the multivariate analysis**



Following this, we undertook a multinomial regression to see how much career intentions related to personal circumstances and workplace pressures. As the three groups that were considering changes were the most interesting to investigate further, the neither group were used as a reference category in the regression to compare the other three groups against. We loaded the demographics into the model first, followed by registration type and then the attitudinal/experience measures. This means that any correlations between attitudinal/experience measures and demographics or registration type is controlled for and only the explanatory power beyond this is taken account of in the model.

The factors affecting which group doctors fell into include:

- age;
- registration type;
- degrees of burnout and frustration;
- the impact of the pandemic on access to development or learning opportunities;
- supportive management or a well/organised functioning department as a reason for satisfaction with their day to day work, whether feel supported by senior medical staff;
- whether already reduced contracted hours due to pressure on workload, whether refused to undertake additional workload due to pressure on workload, whether cited pressure on workload as a barrier to patient care; and

- working contract (full / part time, permanent / temporary etc.), whether specialise in acute medicine and ethnicity.

To see how much the model holds true for doctors of all ages and registration types, the final step we took was to explore interactions by age and registration type. This provided extra information on whether each descriptor had a greater or lesser effect on doctors of different ages / registration types.

## Overall patterns

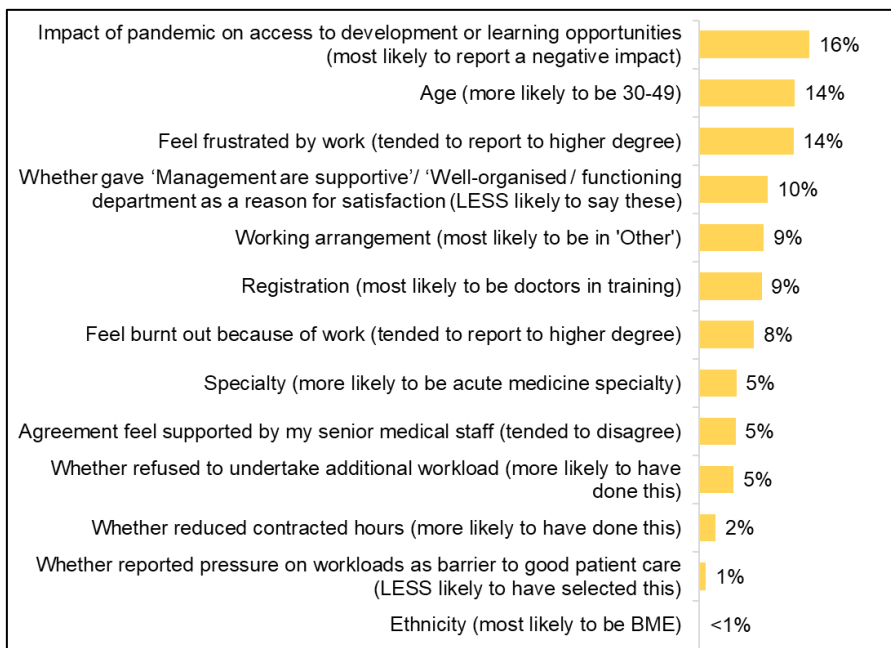
At an overall level, it is striking that, while **burnout and frustration are high**, the link to **workload is not as strong** as may be expected. Instead, the **lack of supportive management** and of a well-organised department features as a bigger driver in doctors' decisions to make career changes.

The doctors most likely to be in each of the groups which are likely to make a career change are summarised in the following pen portraits, with the accompanying bar charts outlining the explanatory power of each factor:

### Break or change

- Doctors who would like to take a break or make a change have felt a **negative impact on their access to learning and development** as a result of the pandemic
- They tend to be **aged 30-49**, and are most commonly doctors **in training**
- They are often **frustrated by their work**. Possibly due to the reduction in L&D or because they **don't feel supported by management / senior medical staff** or that they work in a **well-organised department**

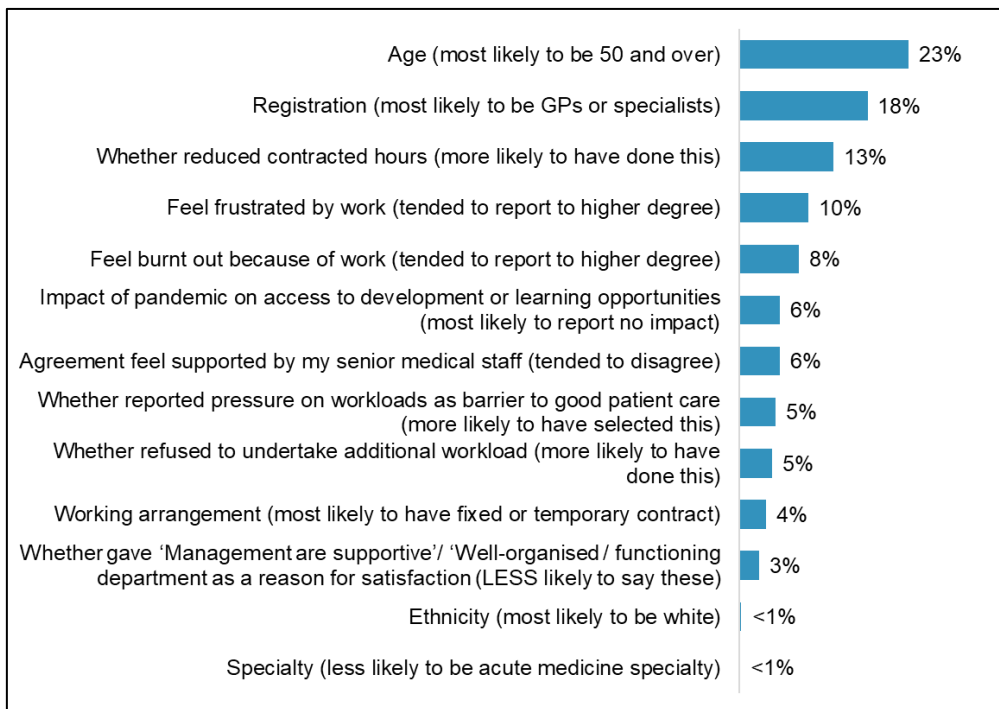
Figure 6.7 Explanatory power of factors for break or change category



## Retire or reduce

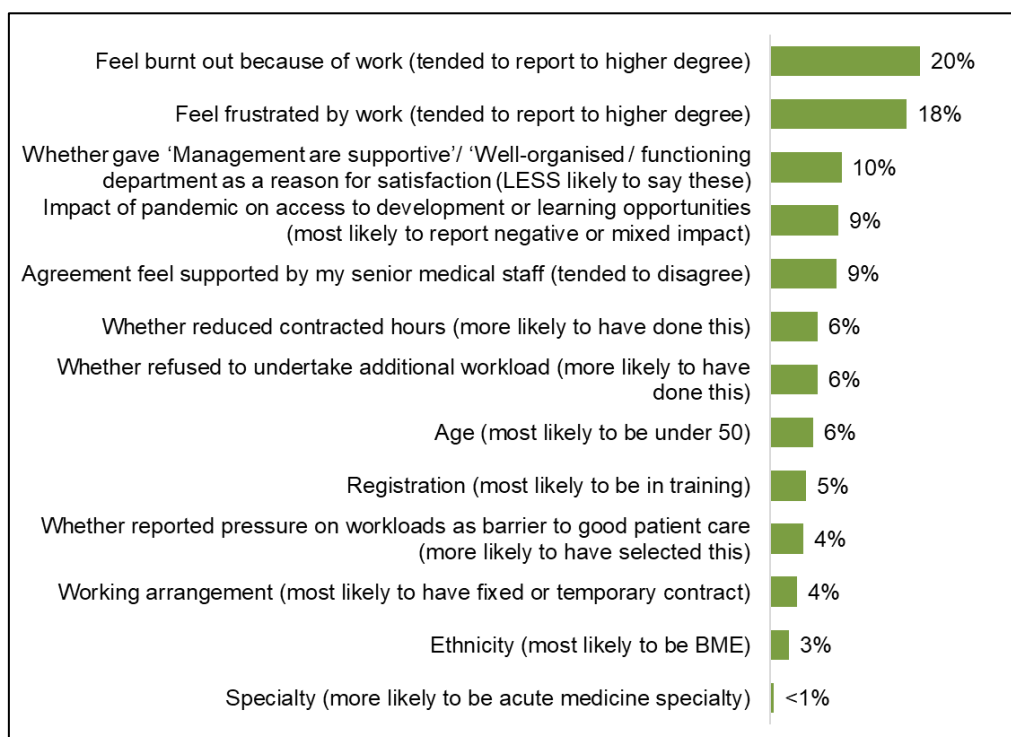
- Those considering retirement or reducing their hours tend to be **aged 50 and over**, so heading towards the end of their career
- Commonly they are **GPs or specialists**
- They have often already **reduced their working hours** in the last year
- Despite this, they intend to reduce further and feel **pressure from workloads, burnt out and frustrated**

Figure 6.8 Explanatory power of factors for retire or reduce category



- Both**
- Although all three groups feel **frustrated and burnt out** by work, this group feel it **to the highest degree**
  - They are also the **least likely** to feel **supported by management** or that they work in a **well-organised department**
  - This suggests that these doctors are **considering all options**, as they feel a **need for something to change** in their working life
  - **Less driven by demographics or doctor type than the other two categories**

**Figure 6.9 Explanatory power of factors for both category**



### Focus on doctors under 30

These profiles generally hold true across registration type and age. However, further analysis showed that age was a stronger driver than registration type and that there were some differences in the extent to which various factors affected the career intentions of doctors of different ages. In particular, doctors under 30:

- were particularly likely to be considering making a break or change due to having experienced a negative impact of the pandemic on access to learning and development opportunities. Unlike other age groups, frustration was not a driver for them.

- in the 'retire or reduce' category were more likely to have 'reduced their contracted hours' but reported low levels of frustration suggesting another reason for hours reduction.
- who were considering break/change and retire/reduce options (i.e. in the 'both' category) were *more* frustrated than older doctors.

## 7 Key findings



The COVID-19 pandemic has inevitably continued to have a huge impact on the medical profession, with these impacts being felt not only during the peak of the second wave but also beyond. A substantial number of doctors were redeployed over the last year, and remote care has become much more commonplace.



Some of the improved ways of working in response to the pandemic, that we first reported in the 2020 survey, have been sustained so far – primarily teamwork and knowledge sharing across the profession. However, this year doctors are reporting more negative experiences across several indicators. Some of these (frequency working beyond rostered hours and overall satisfaction) remain more positive than they were in 2019, but ability to cope with workload and burnout have returned to the 2019 baseline, suggesting many doctors are feeling the cumulative impact of working under strain for a prolonged period.



The longer-term impacts on patients are also unfolding. Doctors are concerned that workload pressure is affecting the care they are able to provide, which is particularly concerning in a landscape where patients are also facing delays to care due to the backlog caused by the pandemic.



Reflecting these issues, a considerable proportion of doctors reported that they are likely to make a career change to reduce the amount of hours they work, despite often telling us they have already reduced their hours. Many doctors were considering multiple career options, with those considering the widest range being the most likely to feel burnt-out, frustrated, and not supported by management. It seems as though these doctors are considering all options as they know they need something to change.



There has also been an increase since 2020 in the proportion of doctors that are considering leaving the medical profession and who have taken steps towards doing so. That rise could be due to a backlog of doctors who did not leave during the pandemic, either through choice or a lack of opportunities during the peak. It could also reflect the growing frustration and burnout rates among doctors.



Tackling workload issues which doctors cite as a key barrier to providing sufficient patient care and ensuring doctors feel supported by both clinical and non-clinical management remain key.

## 8 Appendix A – 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 18 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 30, doctors in training and SAS/LE doctors:
  - ‘Snowballing’ exercise that involved IFF Research asking doctors that had already taken part to forward an open invite survey on to one or two doctors in training;
  - Email invitation to healthcare professional panel members that were doctors in training or SAS/LE doctors, primarily targeting those under 30 years of age.

**Table 8.1 Summary of survey responses from Wilmington Healthcare sample contacted via email**

	Number of survey responses	Number of email addresses sent to	Number of emails sent <sup>13</sup>	Response rate
Direct email invitation	2,742	37,453	6	7%

The number of responses provides robust base sizes for analysis, including analysis by subgroup. The response rate was a little lower than in previous years, which may have been due to the stage in the COVID-19 pandemic and/or a longer questionnaire.

### Sampling

A total of 39,000 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 or 2020 surveys or other IFF Research projects were also excluded.

<sup>13</sup> Includes initial email invitation and reminders

We 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 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 and 2020, 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 8.2 Weighting profile**

Profile category		Weighting targets <sup>14</sup>	Survey completes	Weighted profile
<b>Registration</b>	GP register only	22.5%	25.7%	22.5%
	Specialist register only	28.8%	50.8%	28.8%
	On both GP and specialist register	0.5%	0.5%	0.4%
	Training register	22.2%	9.9%	22.3%
	None of these	23.5%	10.7%	23.5%
	Prefer not to say	2.5%	2.5%	2.5%
<b>Age</b>	Under 30	13.3%	6.2%	13.4%
	30-34	15.9%	6.2%	16.0%
	35-45	29.7%	19.2%	29.6%
	46-49	8.7%	12.0%	8.7%
	50-54	9.1%	18.3%	9.1%
	55 or over	15.6%	30.5%	15.5%
	Prefer not to say	7.7%	7.7%	7.7%
<b>Ethnicity</b>	White	52.7%	67.8%	52.7%
	Asian / Asian British	28.8%	18.3%	28.8%
	Black, African, Caribbean or Black British	5.4%	2.9%	5.4%
	Mixed or multiple ethnic groups	2.6%	2.6%	2.6%
	Other ethnic group	4.8%	2.5%	4.7%
	Not stated / prefer not to say	5.7%	5.9%	5.7%
<b>PMQ area</b>	UK	62.5%	71.6%	62.5%
	EEA	8.6%	7.6%	8.6%
	Outside UK and EEA	27.4%	19.2%	27.4%
	Prefer not to say	1.6%	1.6%	1.6%

<sup>14</sup> Weighting targets are the population figures, re-percentage to take account of unknowns and prefer not to says, this enables more accurate comparisons

## Multivariate analysis

To understand more about the career changes doctors said they were likely to take in the next year we undertook some advanced statistical analysis which allowed us to look in a new way at the many complex interactions in the dataset.

The first step we took was to conduct a factor analysis, which looked at the way doctors answered the question about which career changes they were very or fairly likely to make over the next year. This took into account the combinations of answers selected, recognising that many rated several changes as very or fairly likely. This identified the four groups of doctors as displayed in Figure 6.6.

Following this, we undertook a multinomial regression to see how much career intentions related to personal circumstances and workplace pressures. Regression analysis is a statistical technique to identify relationships between a dependent variable and other variables. The dependent variables tested through our model were the four categories of 'break or change', 'retire or reduce', both or never. We loaded the demographics into the model first, followed by registration type and then the attitudinal/experience measures. This means that any correlations between attitudinal/experience measures and demographics or registration type is controlled for and only the explanatory power beyond this is taken account of in the model.

The regression analysis identified thirteen descriptors most related to career change.

To see how much the model holds true for doctors of all ages and registration types, the final step we took was to explore interactions by age and registration type. This provided extra information on whether each descriptor had a greater or lesser effect on doctors of different ages / registration types.

While the overview of who is in each category provided in chapter 6 are the most useful descriptions, these charts provide further detail on sub-group interactions alongside the relative importance of the descriptors:

Figure 8.2 Further detail on break or change category

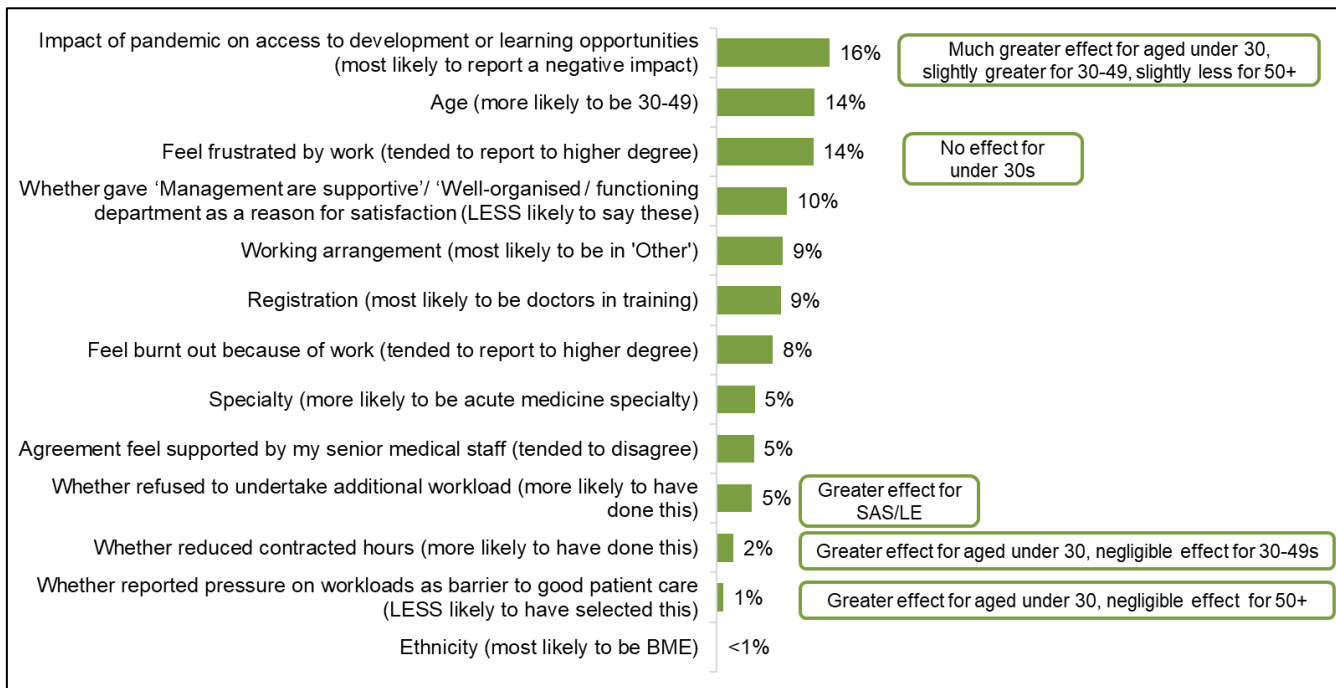
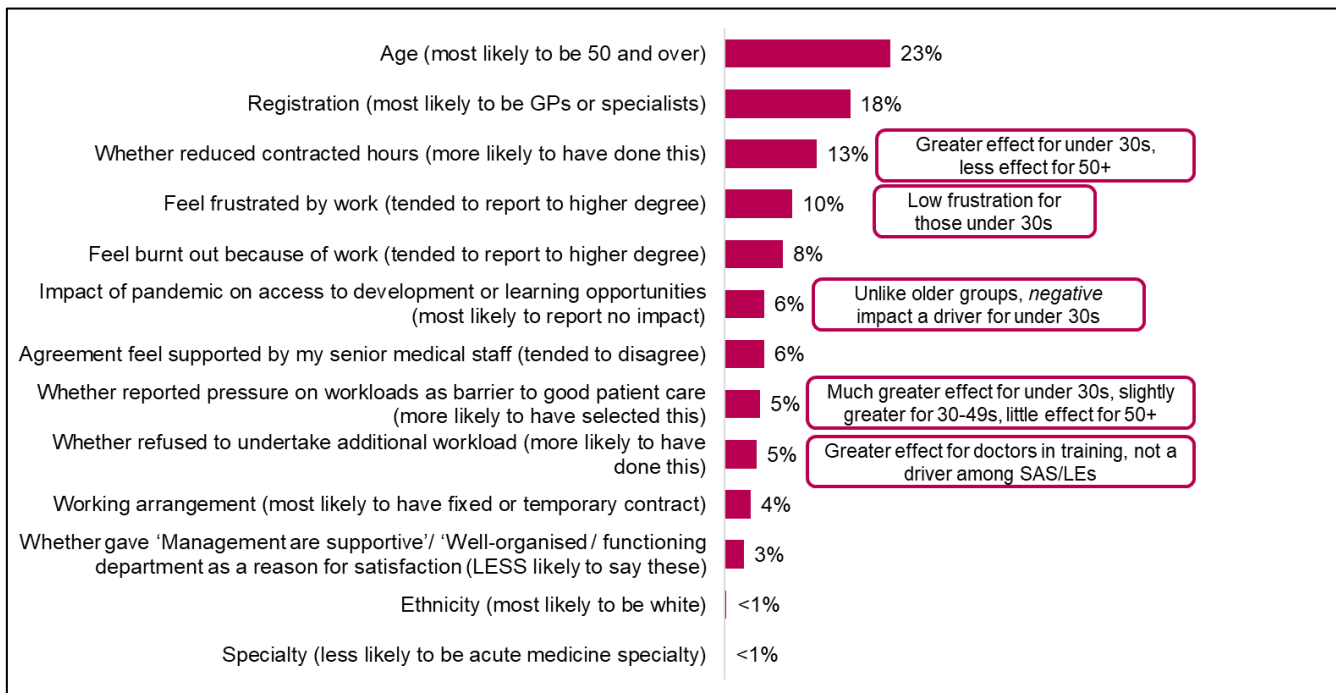
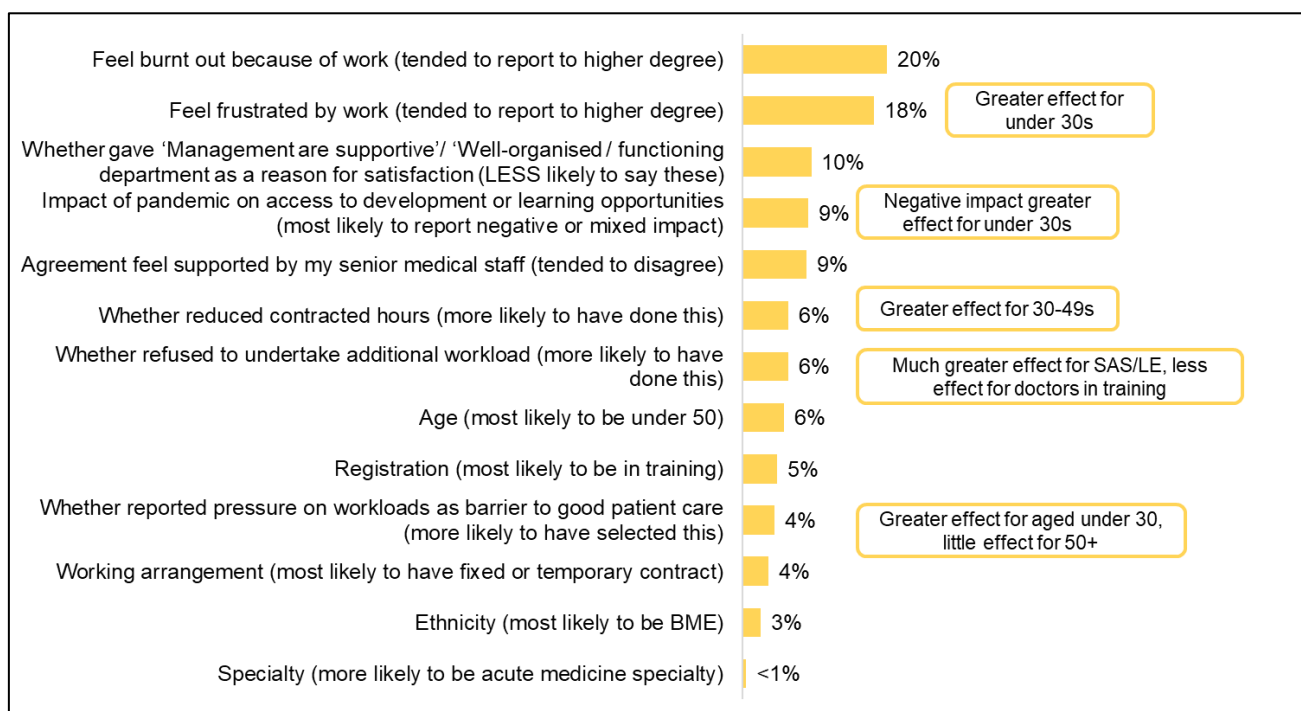


Figure 8.3 Further detail on reduce or retire category



**Figure 8.4 Further detail on both break or change and reduce or retire category**



## 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:

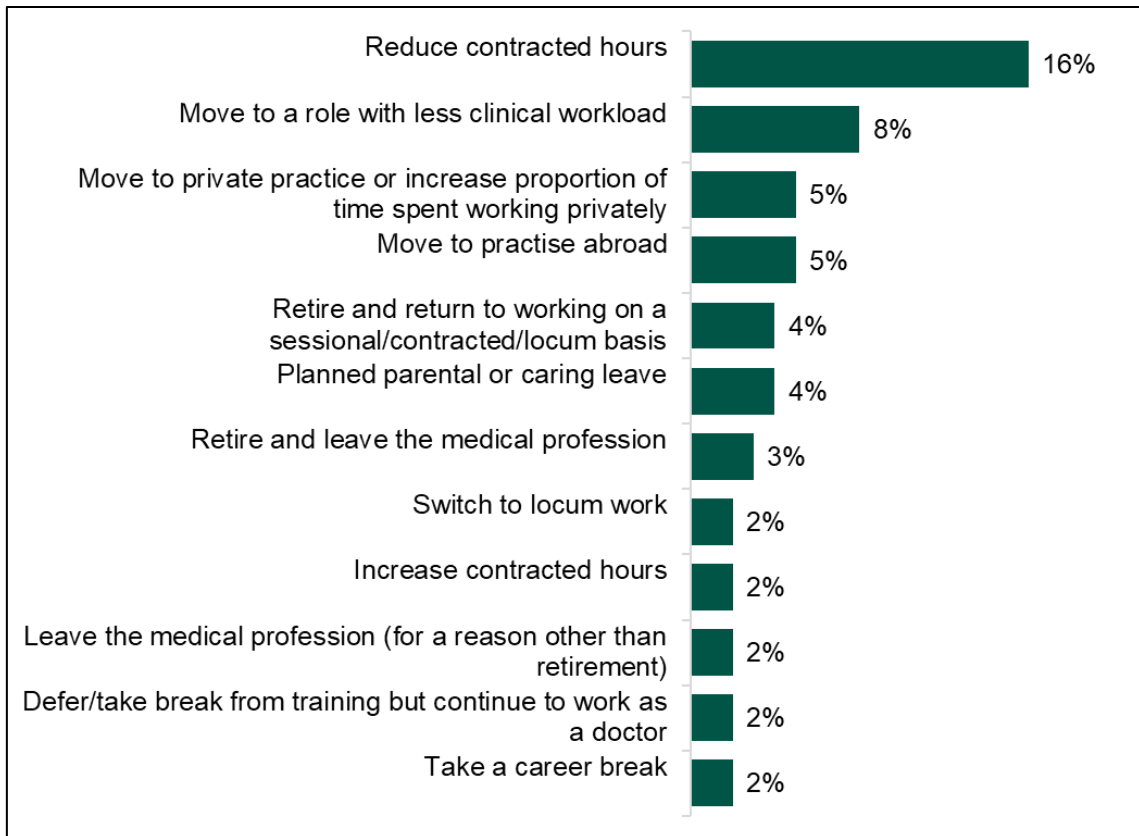
- Is your work emotionally exhausting?
- Do you feel burnt out because of your work?
- Does your work frustrate you?
- Do you feel worn out at the end of the working day?
- Are you exhausted in the morning at the thought of another day of work?
- Do you feel that every working hour is tiring for you?
- 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.

## 9 Appendix B – Career change most likely to make

Figure 9.1 Career change most likely to make



B1a. Career change most likely to make? Base: All doctors (3386)

“

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.

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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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