The State of Medical Education and Practice (SoMEP) Barometer 2023

Prepared by IFF Research for the General Medical Council

Jane Thompson, Ollie Gooding, Christa Downing, Will Douch, Anya Karadia and Isabel Kearney

April 2024

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Snapshot summary

Across key measures, 2023 barometer survey findings showed some slight improvements but remained largely consistent with the concerning levels seen in 2022

- The proportion of doctors satisfied with their day-to-day work remains low, at just over half (53%). The proportion dissatisfied (39%) has slightly decreased since 2022 (43%) but is still considerably higher than in the years prior (22% in 2021, 17% in 2020 and 30% in 2019).

- The proportion at high risk of burnout has also decreased slightly since 2022 (21% in 2023 compared to 25% in 2022) but remains high.

Modest improvements in satisfaction and burnout may be linked to a slight easing in workloads since 2022

- Although still considerably higher than in 2021, since 2022 there has been a slight reduction in the proportion working beyond their rostered hours (from 70% to 66%), struggling to take breaks (from 68% to 65%) and unable to cope at least once a week (from 42% to 38%).

Views on relationships with patients remain positive, but doctors continued to share concerns over patient care

- Just under nine in ten (88%) doctors agreed that they have positive relationships with their patients, and over eight in ten (83%) enjoy their patient interactions.

- In line with the historically high levels seen in 2022, more than two in five (43%) doctors found it difficult to provide their patients with the care needed, and a similar proportion (41%) had witnessed a situation where they believed a patient's safety or care was compromised. Doctors most commonly linked these concerns to capacity and resourcing issues.

- Although most doctors (63%) felt confident raising concerns about patient care, nearly one in five (18%) did not. And one in five (22%) had to act in a way that conflicted with their personal values at least once a week.

There have been slight increases in the level of support received from immediate colleagues, but support from other staff remains relatively low

- In 2023 doctors were slightly more likely to feel supported by immediate colleagues than in 2022 (85% vs. 82%), returning to levels seen in 2021.
- Feeling supported by senior medical staff (61%) and non-clinical management (41%) remained consistent with 2022, and still lower than in 2021. Potentially linked to this, less than half (46%) of doctors agreed that they feel confident raising concerns about workplace culture.

Supportive workplaces and good learning environments were associated with a greater sense of autonomy among doctors

- Six in ten (60%) doctors felt they had enough autonomy in their role, with doctors primarily relating autonomy to clinical decision-making and to influence in the workplace.
- Doctors who said they had enough autonomy in their role were more likely to agree that they felt supported by immediate colleagues, senior medical staff, and non-clinical management. They were also more likely to agree that they had sufficient access to development or learning opportunities.

The proportion of doctors looking to leave the UK profession remained high

- In 2023, 16% had taken hard steps towards leaving the UK medical profession. This is in line with the 15% recorded in 2022, which was the highest proportion recorded since the barometer survey started in 2019. The system presenting too many barriers to care continued to be a key reason doctors are considering leaving the UK profession.

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.

The key research questions in 2023 remained similar to previous years, exploring:

- Doctors' workload and how they are coping with it;
- 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.

In addition to the previous research questions, the survey in 2023 included new questions exploring doctors' experiences of having to act in a way which conflicted with their values, the levels of autonomy they experience within their roles and the induction process for new team members.

In 2023, the research also included qualitative (in-depth) interviews with 40 doctors on the subject of autonomy, the findings of which will be included in a separate report.

Research approach

Fieldwork was conducted online between 12th September-20th October 2023 with a total of 4,288 doctors currently working in the UK.

A random sample of 50,000 doctors was sourced directly from the UK medical register, with oversampling of doctors in Northern Ireland and those of mixed ethnicity. Following a month long opt-out period, the survey was distributed to 49,366 doctors. A total of 4,288 completes were achieved through this sample of doctors, giving a response rate of around 9%.

Since 2022, the survey has sourced doctors directly from the medical register (information on the sampling and recruitment approach used 2019-2021 can be found in the technical appendix). The more comprehensive nature of the medical register sample has helped to ensure a more representative sample of doctors since 2022, with larger base sizes for doctors in training, specialty and specialist grade (SAS) doctors, and locally employed (LE) doctors. 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 between 2019 and 2022 to allow for comparability where appropriate between the data sets.

Questionnaire

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

As 2022 saw an unprecedented fall in satisfaction, this report compares 2023 findings not just with the preceding year but with 2021 as well, which was more in line with previous averages. On certain key metrics, findings are also compared across years since 2019 to get a broader overview of changes over time.

As a note, the 2020 survey adapted some key indicator questions to focus on the period since the start of 2020 (due to the wide impact of the Covid-19 pandemic), while since 2021 the survey has reverted to asking doctors to reflect on the past year. Where different time periods are used, comparisons over time are caveated as necessary.

Reporting

Throughout this report, differences mentioned between types of respondent in the survey 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 register group, 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 foundation, core, GP or specialty training;
- SAS: licensed in a specialist, associate specialist or specialty role;
- LE: licensed in a locally employed doctor role e.g. clinical fellow, trust doctor, trust grade, etc.

In this 2023 report, findings for SAS and LE doctors are reported separately wherever possible. However, we cannot compare to the years before 2022 for these groups separately.

Appendix A brings together notable differences and key stories by doctors' demographic groups and area of practice.

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

2 Doctors' satisfaction in their work

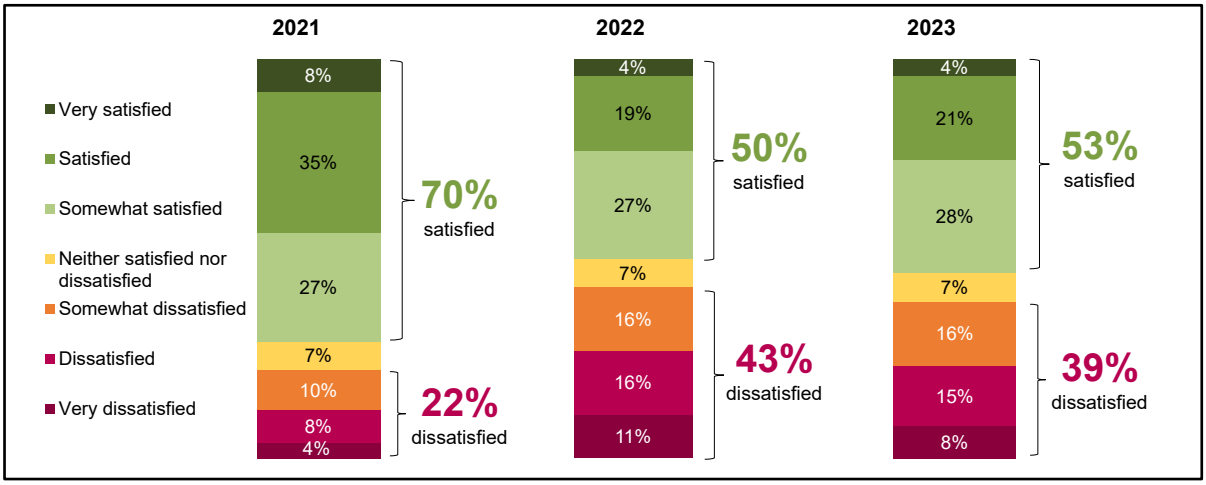
This chapter explores the extent to which doctors feel they are satisfied in their day-to-day work and their reasons for feeling that way.

Overall satisfaction

Just over half (53%) of doctors in 2023 were at least somewhat satisfied with their day-to-day work as a doctor, with just under four in ten (39%) stating that they were dissatisfied (Figure 2.1).

The proportion of satisfied doctors was slightly higher than in 2022 (50%) but remained lower than in 2021 (70%) as well as 2020 (75%) and 2019 (63%).

Figure 2.1 Proportion of doctors satisfied or dissatisfied with their day-to-day work

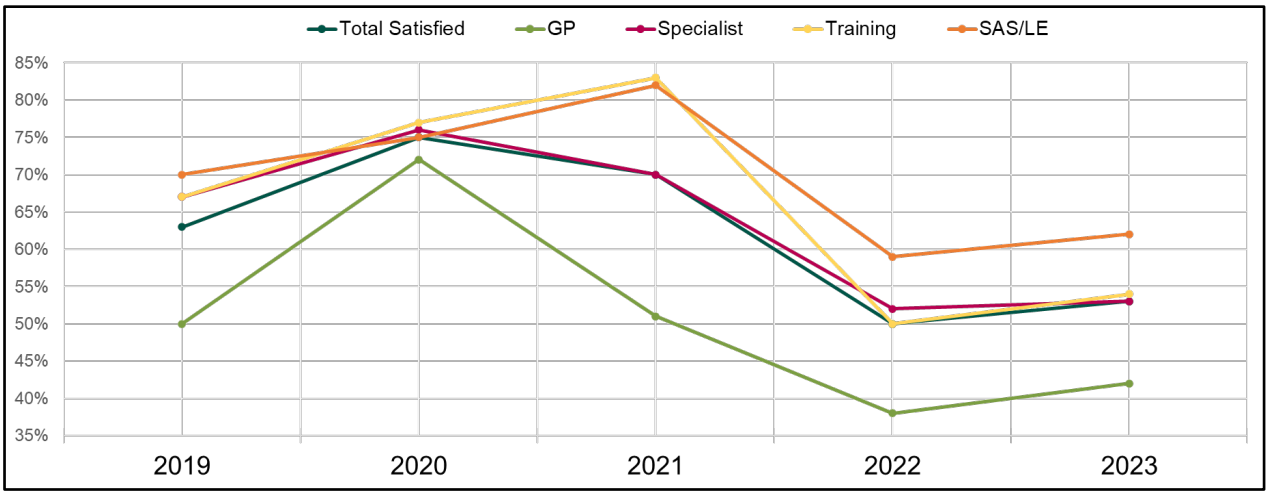


A1. To what extent are you satisfied or dissatisfied day to day in your work as a doctor? Base: All doctors (4288)

GPs have continued to be less satisfied than other doctors, with just over four in ten (42%) feeling satisfied with their day-to-day work as a doctor. The highest level of satisfaction was amongst SAS (62%) and LE doctors (61%). The satisfaction of specialists and doctors in training were in between, with their satisfaction levels in line with average (53% and 54% respectively).

As shown in Figure 2.2, satisfaction of all register groups increased between 2019 and 2020 (when the survey took place during the first national lockdown due to the Covid-19 pandemic). For GPs and specialists, satisfaction peaked in 2020 before declining substantially between 2020 and 2022. The higher levels of satisfaction appeared to last longer for doctors in training and SAS/LE doctors, with satisfaction for these groups peaking in 2021 before declining particularly sharply between 2021 and 2022. In 2023, levels of satisfaction remained comparatively low among all groups.

Figure 2.2 Overall satisfaction by register group



A1. To what extent are you satisfied or dissatisfied day to day in your work as a doctor? Base: All doctors (4288)

Outside register group, as in previous years, disabled doctors were more likely to be dissatisfied (44% vs 38% of those without a disability). However, the difference in satisfaction between disabled and non-disabled doctors has reduced between 2022 and 2023, and is no longer statistically significant at the 95% confidence level (44% vs. 51% in 2022 and 50% vs. 54% in 2023).

The following groups of doctors were also more likely to be satisfied:

- Doctors aged 60+ (74%)
- Doctors who achieved their Primary Medical Qualification (PMQ) outside the UK and EEA (62%),
  - Doctors with EEA PMQs were also more likely to be satisfied than those who qualified in the UK (56% vs. 49%)
- Doctors practising in Scotland (59%)

Reasons for satisfaction

The reasons for satisfaction stated by doctors in 2023 were largely the same as previous years, with the most commonly cited reason amongst satisfied doctors being related to finding their work fulfilling and rewarding (27%). This was true across all register groups, with specialists (34%) being more likely to state this.

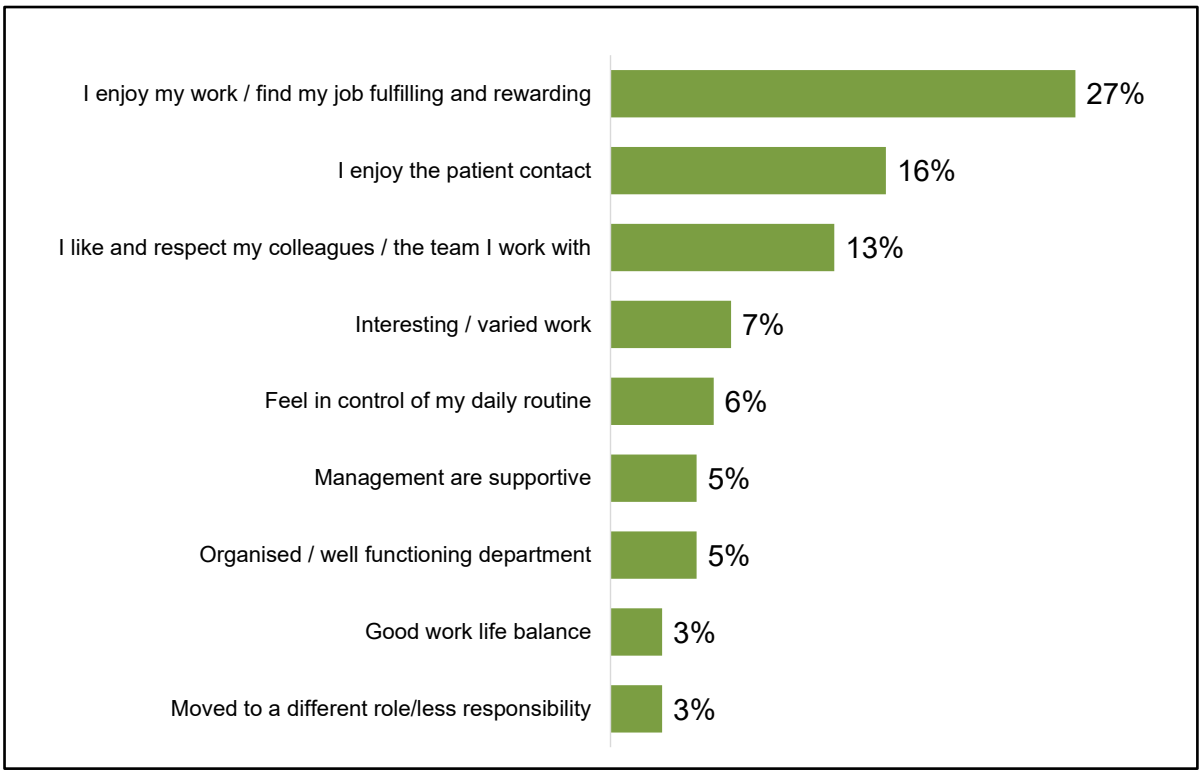
Doctors also commonly mentioned enjoying patient contact (16%, rising to 22% among GPs), liking and

"I enjoy my job and most days I look forward to going to work. It pays reasonably well although it could be better, considering the level of responsibility and years of training…. The work is rewarding.
Anaesthetics, female, UK PMQ

respecting their team/colleagues (13%) and finding their work interesting and varied (7%). Further reasons for satisfaction included doctors feeling in control of their daily routine (6%), feeling that management were supportive (5%), and being a part of an organised department (5%). Doctors in training were more likely to cite having good access to training/development (8%) or supportive management (9%).

"I feel respected, included in team decisions and valued by my patients. My UK colleagues have always been kind, patient and sincere towards me. I indeed feel lucky to be here (although I have been here for 20 years now!)." **– Specialist, Female, Outside UK and EEA PMQ**

Figure 2.3 Reasons for satisfaction



A2. Why do you say that are satisfied? (Unprompted) Base: All doctors that gave satisfied score (2302) *In 2023 the grouping “Interesting / varied work” was changed to remove codes related to training.

Reasons for dissatisfaction

The most common reason for dissatisfaction continued to be high workloads and long hours, with one third of dissatisfied doctors citing this (33%). This has decreased since 2022 (39%) but remained consistent with 2021 (33%).

" I do not feel pay is in keeping with remuneration for work done, inflation rates, or other areas. The services are becoming more and more stretched, making days busier, constantly in demand and with fewer healthcare professionals to the number of patients. With this, I do not feel able to provide a good level of care which my patients deserve, which is demoralising"
Paediatrics, Female, UK PMQ

Over one in five dissatisfied doctors mentioned problems with recruitment/retention of doctors (25%), poor salary renumeration or compensation (23%) or care being compromised / working under unsafe conditions (22%).

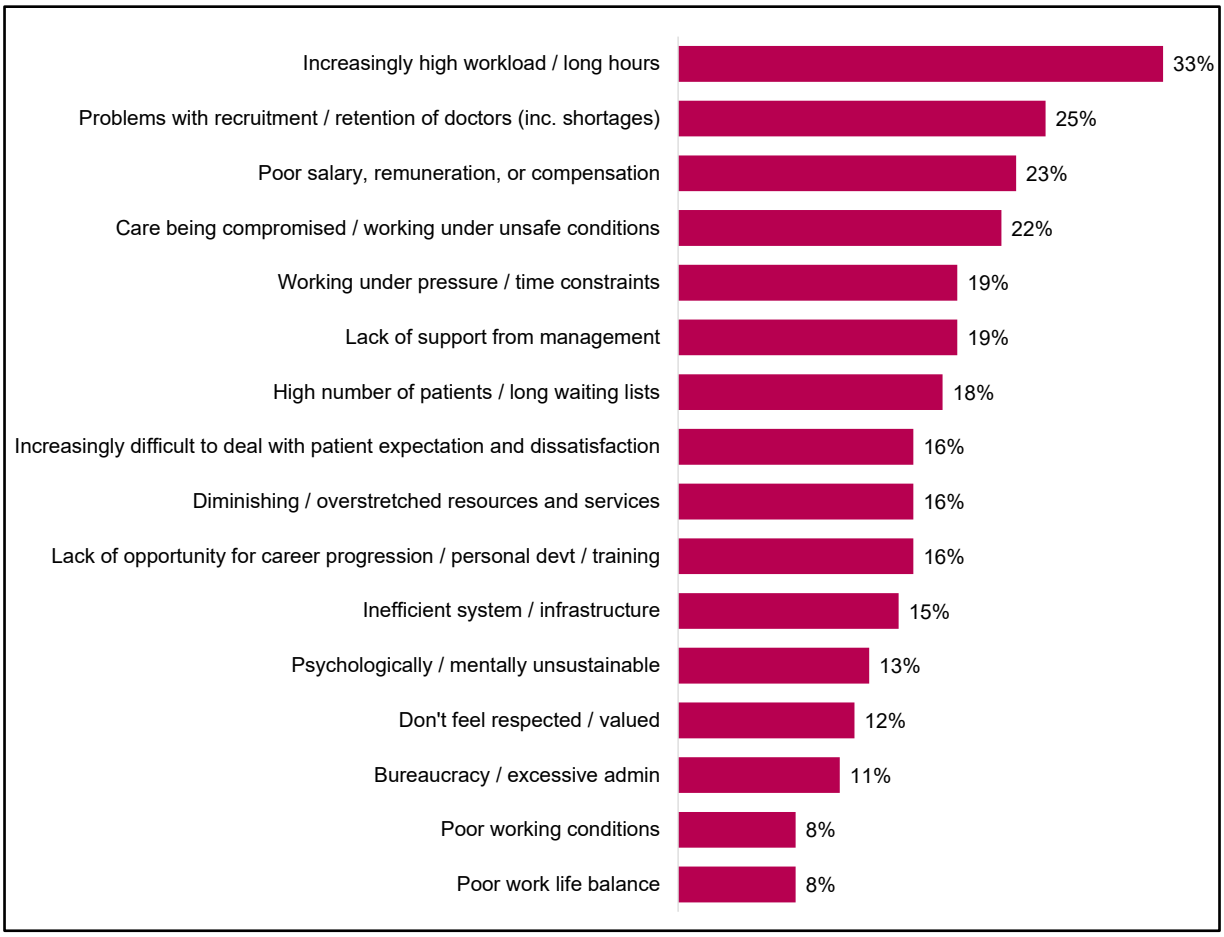
It is notable that while salary continued to be a source of dissatisfaction for many, this did not increase in prominence among concerns, despite strike action during 2022.

"The workload, stress, staffing issues are all making me dissatisfied with my current work pattern and I feel like I should be reconsidering my life choices of training and working as a doctor"
Training, female, Outside UK and EEA PMQ

Reasons for dissatisfaction that increased compared to 2022 included the high number of patients/long waiting lists (at 18%, up from 15% in 2022 and from 9% in 2021) and not feeling respected or valued (up from 9% in 2022 to 12%).

The work being psychologically/mentally unsustainable was mentioned less frequently as a reason for dissatisfaction in 2023 (down from 17% in 2022 to 13%). However, doctors still mentioned this more than they did in 2021 (10%).

Figure 2.4 Reasons for dissatisfaction



A2. Why do you say that are dissatisfied? (Unprompted) Base: All doctors that gave dissatisfied score (1658)

GPs were more likely than other types of doctor to cite high workloads/long hours as a cause of their dissatisfaction (45%) in 2023. GPs were also more likely to be dissatisfied about finding it increasingly difficult to deal with patient expectations (32%), working under pressure/time constraints (32%), the high number of patients/long waiting lists (28%). They were less likely than any other register group to mention problems with recruitment / retention of doctors as an issue (14%).

Doctors in training and LE doctors were particularly likely to mention a lack of opportunity for career progression or personal development as a reason for dissatisfaction (35% and 36% respectively). These groups of doctors were also more likely to cite a poor work-life balance (14% each). Doctors in training were more likely than other doctors to mention poor salary/renumeration (35%).

Specialists were more likely to mention diminished / overstretched resources (21%) and, along with SAS doctors, a lack of support (28% each).

3 Workloads

This chapter explores doctors' workload in the 12 months prior to them taking part in the research. It explores the extent to which doctors were experiencing workload pressure, the role of remote care, how often they worked outside of their normal role, and what adjustments they had to make a result of workload pressure.

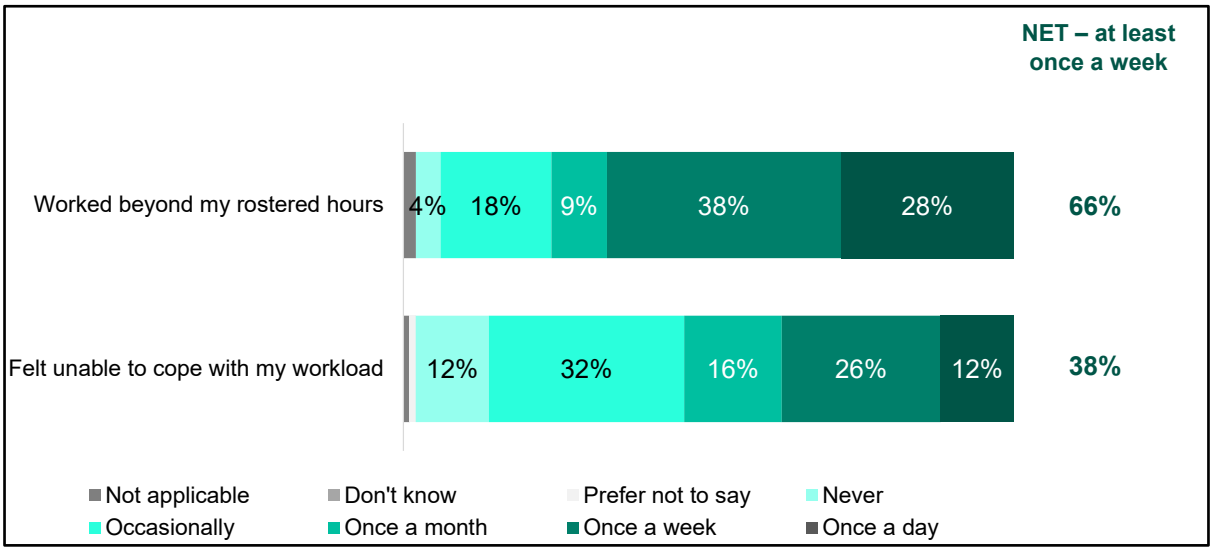
Workload pressure

In 2023, around two thirds of doctors worked beyond their rostered hours (66%) on at least a weekly basis. Just under four in ten doctors also felt unable to cope with their workload (38%) as shown in Figure 3.1.

The proportion working beyond rostered hours at least once a week (66%), was lower than 2022 (70%) but remained higher than 2021 (59%) or 2020 (44%). In 2019 (68%) the level was similar to 2023.

The proportion who felt unable to cope at least once a week (38%) was lower than 2022 (42%) but higher than in 2021 (30%), 2020 (19%) or 2019 (28%).

Figure 3.1 Frequency of experiencing workload pressures



C1. How frequently, if at all, over the last year have you experienced the following… ? Base: All doctors (4288)

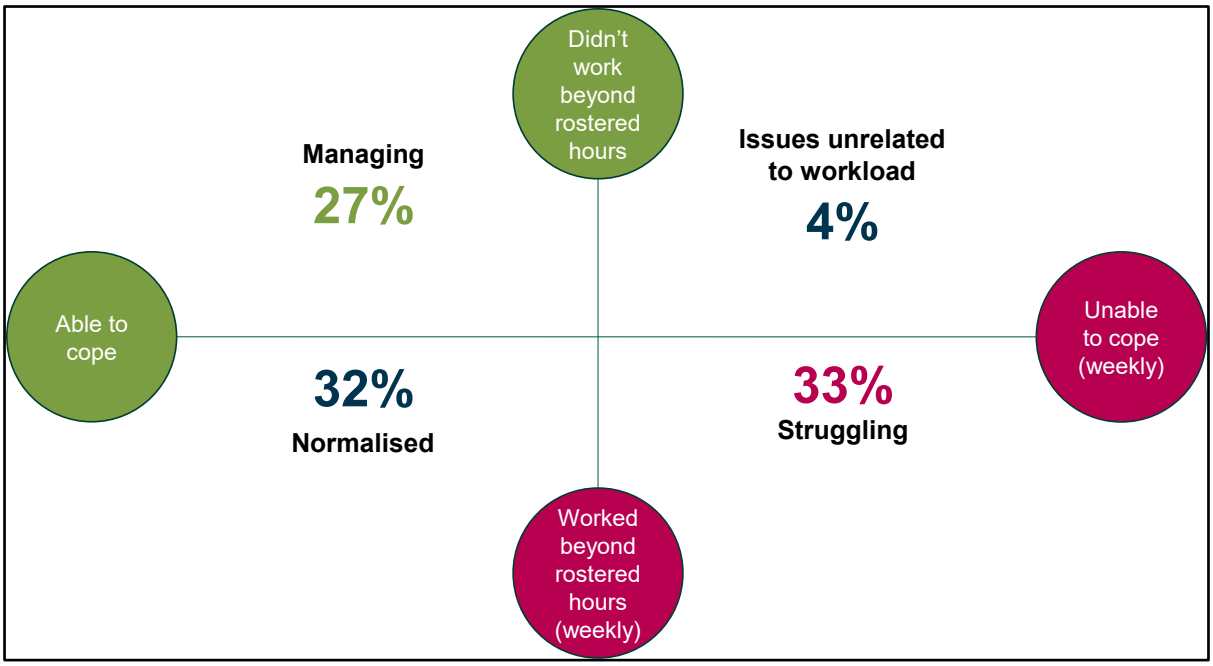
Similarly to previous years, doctors were split into four categories in order to better understand the relationship between working beyond rostered hours and ability to cope, as shown in Figure 3.2.

- **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 a quarter (27%) of survey respondents;

- **Normalised:** *those working beyond rostered hours at least weekly but feel unable to cope with their workload less often than this*. Almost one in three (32%) 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 (4%) of doctors fall into this group, who, despite not facing especially high workloads, are facing other issues to an extent that is leading them to feel 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*. One in three (33%) doctors fit into this group.

In 2023, there were significant changes amongst both the 'managing' and 'struggling' categories, with the proportion of doctors 'managing' showing a slight increase (25% to 27%) and the proportion of those that were 'struggling' decreasing (from 38% to 33%). Despite these marginal improvements, the workload pressure on doctors remained notably worse than levels recorded in 2021 (when 'managing' was 35% and 'struggling' 26%).

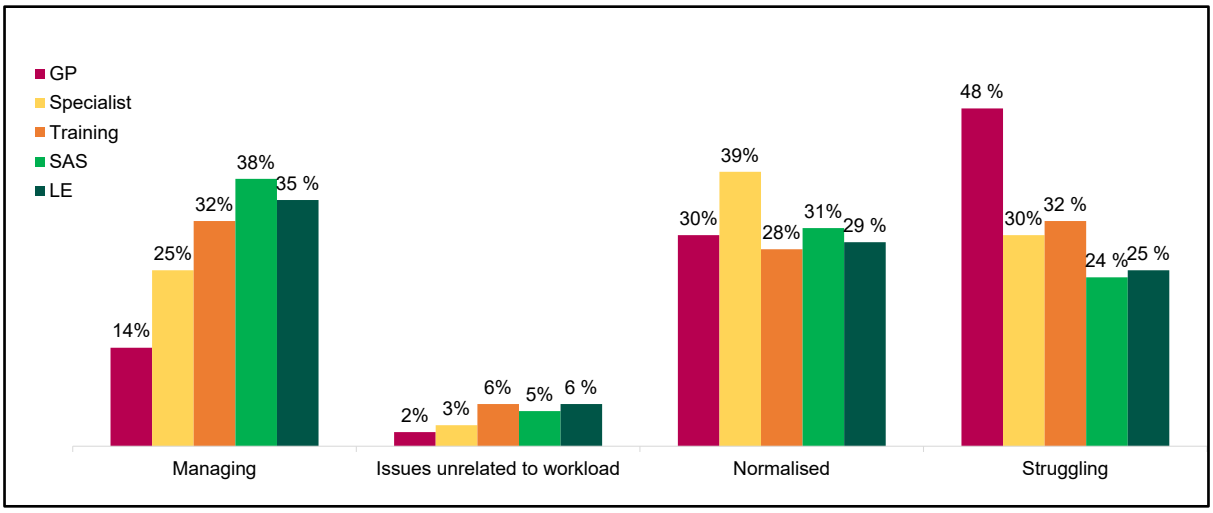
Figure 3.2 Quadrant analysis of working hours and ability to cope



Base: All doctors (4288)

Just under half of all GPs were 'struggling' (48%), by far the highest proportion compared to other register groups, continuing a pattern seen in the past four years. On the other hand, doctors in training (32%), SAS (38%) and LE (35%) doctors were all more likely to 'managing' compared to doctors overall, as shown in Figure 3.3. Specialists were more likely to belong to the 'normalised' group (39%), working beyond their weekly rostered hours, but mostly feeling able to cope with it.

Figure 3.3 Workload pressure by register group

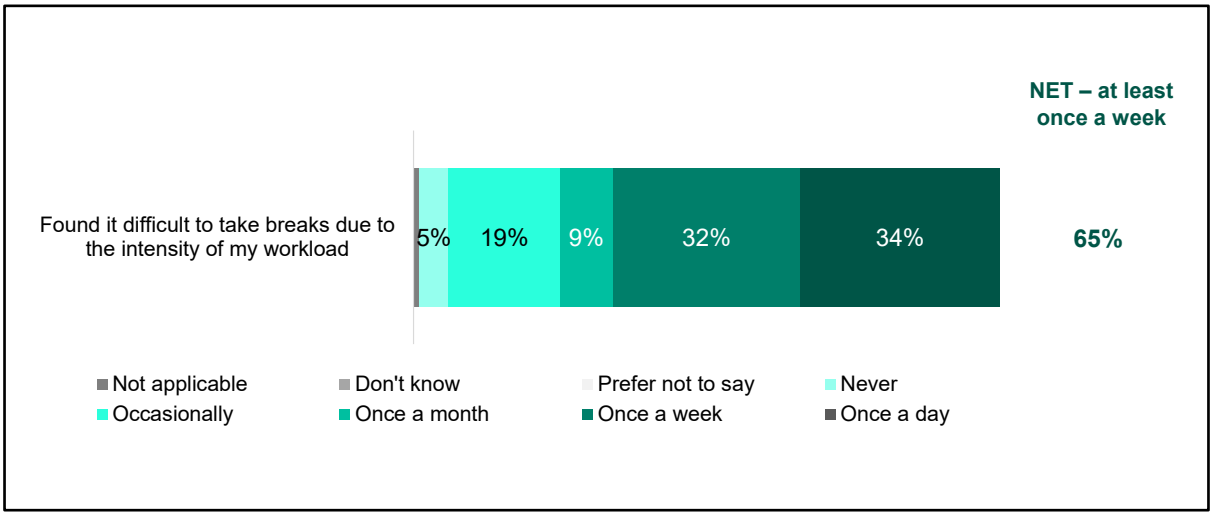


Base: All doctors (4288)

Other types of doctors that were more likely to be 'struggling' with their workload pressure in 2023 included disabled doctors (44%), those with a UK PMQ (38%) and female doctors (36% vs. 29% male).

Doctors were also asked how the intensity of their workload impacted their ability to take breaks. Two thirds of doctors (65%) found it difficult to take a break due to the intensity of their workloads at least once a week in 2023, shown in Figure 3.4. This was a slight reduction compared to 2022 (68%) but remained higher than in 2021 (49%). Similar to the workload pressure quadrant analysis, GPs were also more likely than other register groups to find it difficult to take breaks due to the intensity of their workload (79%).

Figure 3.4 Intensity of workload



C1. How frequently, if at all, over the last year have you experienced the following… ? Base: All doctors (4288)

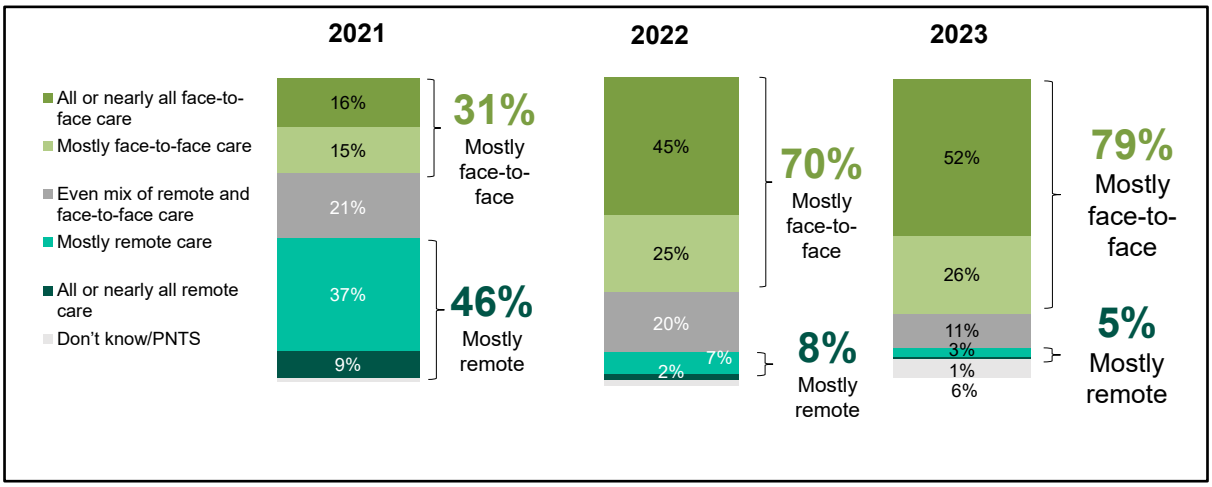
Other types of doctor that were more likely to find it difficult to take breaks due to the intensity of their workload included disabled doctors (70%), those with a UK PMQ (71%) and

female doctors (68%) – the same groups more likely to be 'struggling' with workload pressure.

Remote care

Just under four fifths of doctors (79%) provided mostly face-to-face care, with just one in twenty (5%) providing mostly remote care, down from 8% in 2022 and from 46% in 2021.

Figure 3.5 Doctors that conducted patient care remotely during the last year



I6. Roughly, how much of your patient care has been provided remotely and how much face-to-face during the last year? Base: All doctors (4288)

GPs were more likely than other doctors to provide the majority of their care remotely (8%), but levels of remote working have also decreased among GPs since 2022, when one in five (19%) GPs were still providing the majority of their care remotely. Those working in pathology (15%), radiology (14%) and psychiatry (8%) were also more likely than other specialities to provide most of their care remotely.

Among GPs, those who worked mainly remotely were more likely than other GPs to be satisfied (53% vs. 42% average) and more likely to be 'managing' in terms of workload (21% vs. 14% average). It is possible that for some, working remotely may be helping ease workload pressures.

This picture appears to have shifted since 2022, when the qualitative interviews undertaken as part of the barometer highlighted that some doctors felt remote working added to the pressure they experienced. They described having to triage some patients multiple times due to inefficient systems and the proliferation of ways patients could contact them. 2022 survey results also reflected this – GPs with an even mix of remote and face-to-face care were less likely than average to be 'managing' and more likely to be 'struggling' in terms of workload.

The Barometer survey did not ask about remote working prior to the Covid-19 pandemic, so it is not possible to say definitively whether levels of face-to-face care have returned to pre-pandemic levels. However, it is clear that while the proportions of those providing all / nearly

all remote care is very small (1%), the proportions providing *any* remote care – even if less than face-to-face – is still substantial (41%).

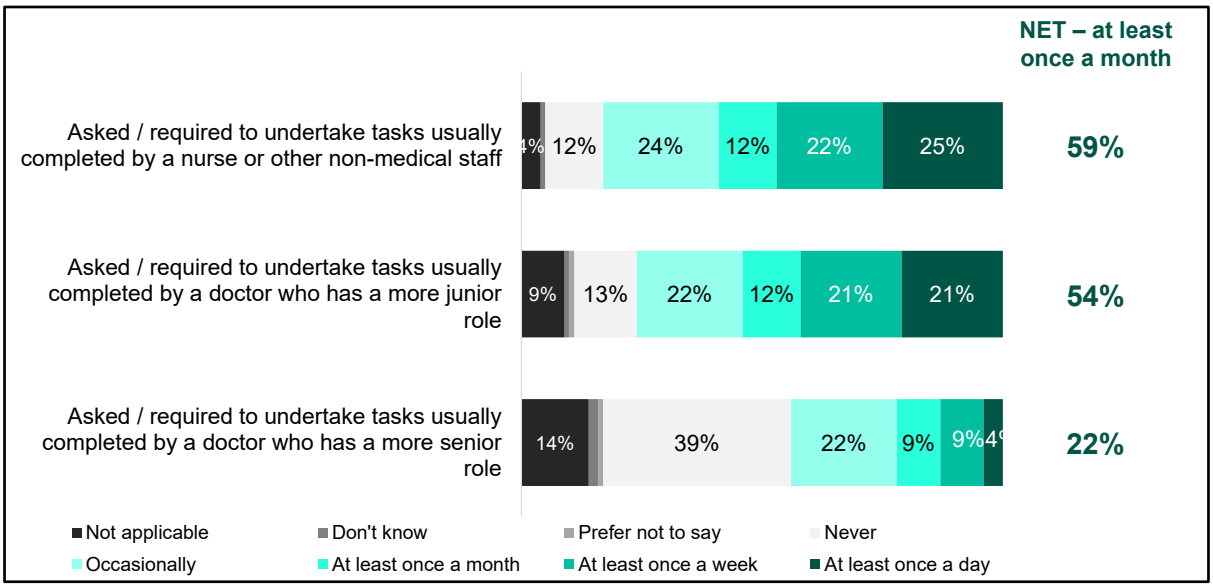
Doctors acting outside of their usual role

High workloads and staff shortages can lead to doctors being required to undertake work usually completed by those in other roles.

Three in five (59%) doctors reported being asked or required to undertake tasks usually completed by a nurse or other non-medical staff at least once a month. A similar proportion (54%) of doctors had been asked to undertake tasks usually completed a doctor who has a more junior role. In both of these instances, the proportion of doctors undertaking these tasks was consistent with 2022 (58% nurse or other non-medical staff, 53% junior doctor) but remain higher than 2021 (42% nurse or other non-medical staff, 46% junior doctor).

Just over one in five doctors (22%) stated that they had been required to undertake a task by a doctor with a more *senior* role in 2023, which is in line with both 2022 (24%) and 2021 (23%).

Figure 3.6 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 (4288) *Note that "Not Applicable" was added in 2023.

Analysis across register groups shows similar trends to previous years, with SAS (37%) doctors, LE doctors (35%) and doctors in training (33%) all being more likely to undertake tasks completed by more senior doctors once a month or more.

Specialists were more likely to say they undertook tasks usually completed by more junior doctors (64%). GPs (62%) and doctors in training (69%) were more likely to say they undertook tasks usually completely by a nurse or other non-medical staff.

Adjustments made in response to pressures on workload

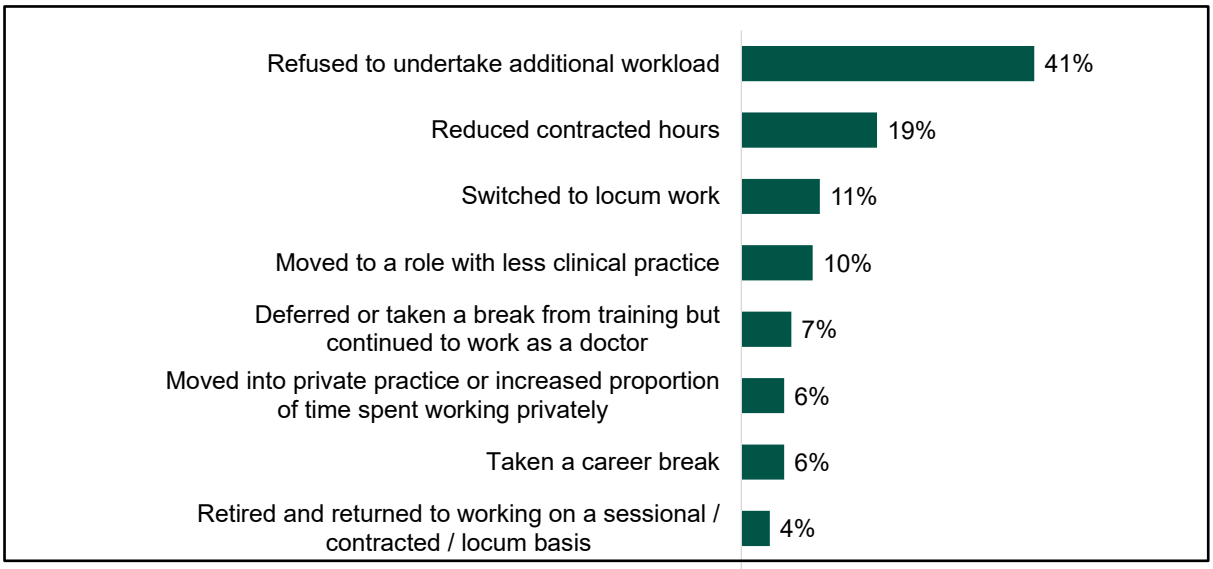
Around two thirds of doctors (65%) made some kind of adjustment to the way they work in the past year because of pressure on their workload and capacity. The breakdown of these actions, in Figure 3.7, shows that the most common action taken was to refuse to undertake any additional workload, which around four in ten doctors did (41%). This was higher for specialists, where just under half have refused to undertake additional work (49%).

Other actions that doctors had most commonly taken were reducing contracted hours (19%), switching to locum work (11%) or moving to a role with less clinical practice (10%). GPs were more likely to have taken all of these actions: three in ten reduced their contracted hours (29%) while 18% switched to locum work and 16% moved to a role with less clinical practice.

> *"I like being a GP but I have greatly reduced my hours as the pressure of pace of work is too great. This is a shame as I would like to work more"*
> ***GP, female, UK PMQ***

Compared to 2022, the majority of these adjustments remained constant, with only the proportion that retired and returned to working on a sessional/contracted/locum basis increasing (4% compared to 3% in 2022).

Figure 3.7 Adjustments made as a result of workload pressures



C2. In the last year, has pressure on workload and capacity led you to do any of the following? Base: All doctors (4288)

4 Doctors' wellbeing

This chapter explores doctors' burnout and wellbeing, including whether they have taken a leave of absence due to stress.

Doctors' wellbeing and experience of burnout

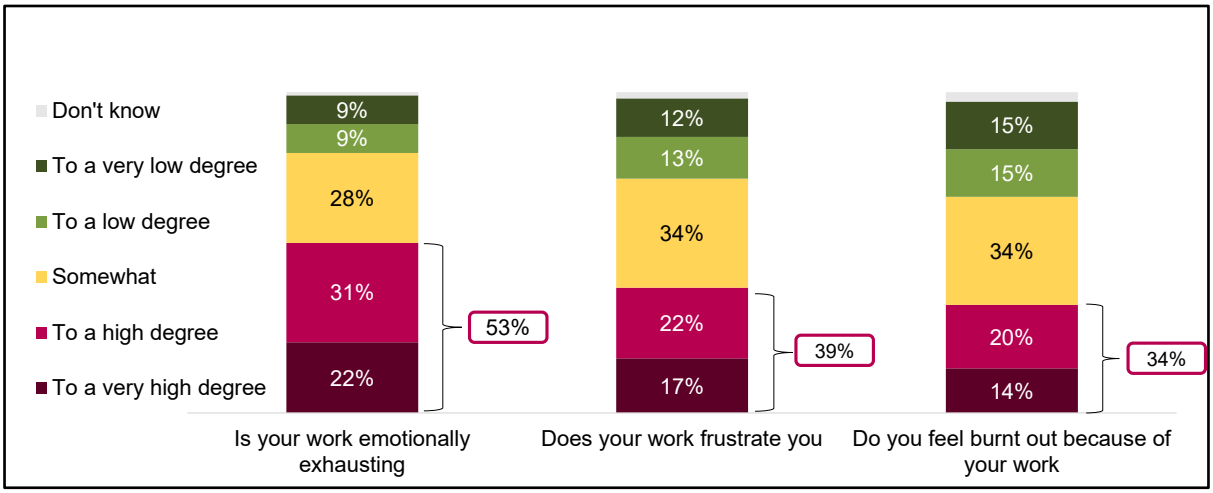
The SOMEP barometer uses seven measures from the Copenhagen Burnout Inventory (CBI)[1] to monitor the prevalence of burnout in the medical profession. Responses to these seven measures are shown across Figure 4.1 and Figure 4.2.

As in 2022, the burnout measures most commonly experienced were feeling worn out at the end of the day (67% felt this often or always) and finding work emotionally exhausting (53% felt this to a high or very high degree).

Other burnout measures remained high, with just under four in ten (39%) saying their work frustrates them to a high or very high degree, and a similar proportion (38%) reporting that they often or always feel exhausted at the thought of another workday. Around one in three (34%) said they feel burnt out because of their work to a high or very high degree, with slightly fewer (31%) saying that they often of always feel every working hour is tiring. One in four (25%) reported that they seldom or never have enough energy for family and friends during leisure time.

While burnout remains higher than in 2021 and previous years, each measure had improved slightly compared to 2022.

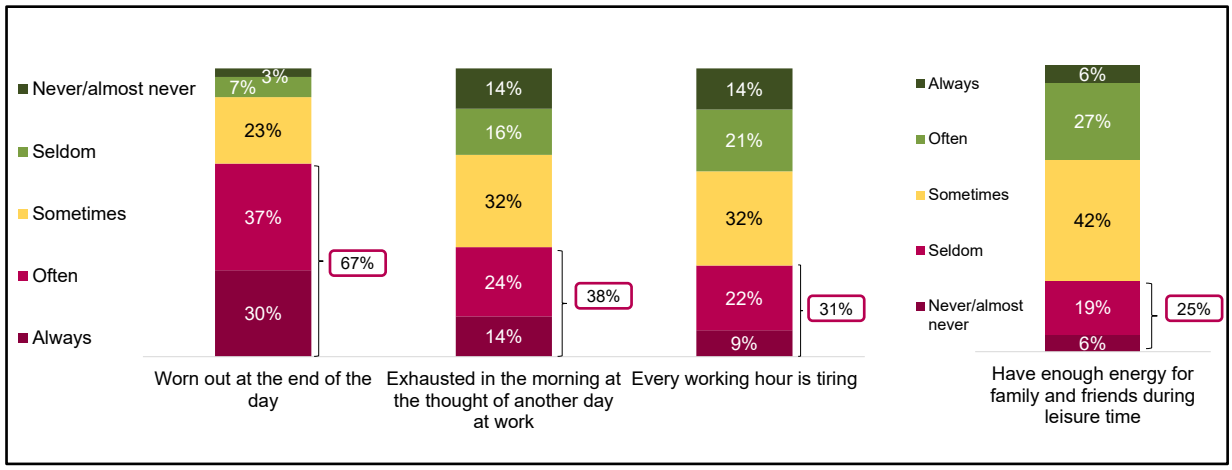
Figure 4.1 Degree of burnout experienced



D1: To what degree do you feel the following about your work? Base: All doctors (4288)

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

Figure 4.2 Frequency of burnout experienced



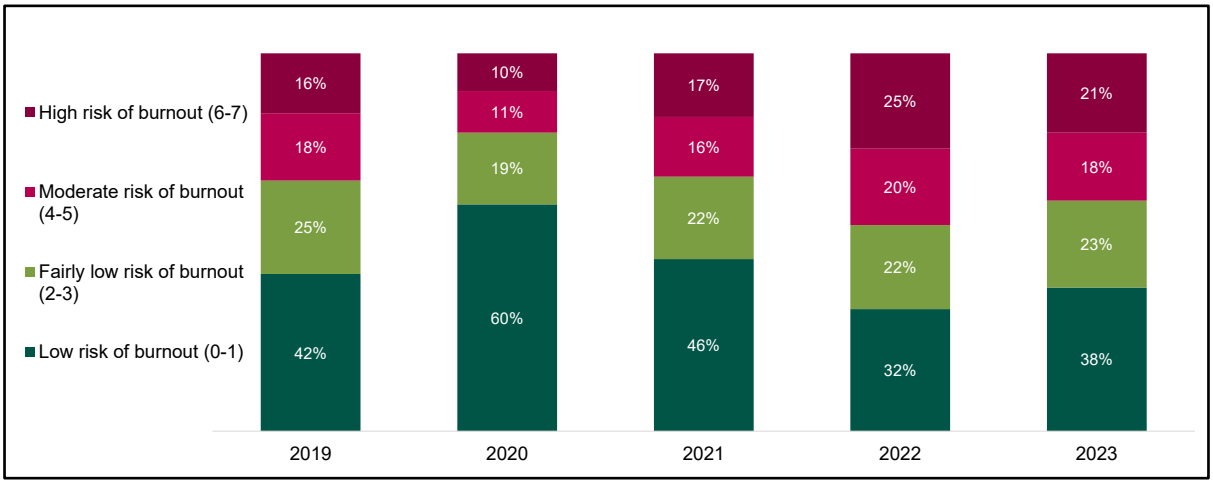
D2. How often, if at all, do you feel the following about your work? Base: All doctors (4288)

To assess overall levels of burnout, doctors were split into four 'burnout risk' categories, as shown in Figure 4.3, based on the number of measures doctors scored "highly" on (responding with a high/very high degree, often/always, or seldom/never in the case of having enough energy).

Over a fifth (21%) of doctors scored highly across six or seven of the measures (from now on referred to as those at a 'high risk of burnout'), while at the other end of the spectrum just under two in four doctors (38%) scored highly in either none or one of the aspects measured (from now on referred to as those at a 'low risk of burnout'). The average number of measures doctors scored highly on was 2.9.

The proportion of doctors at high risk of burnout has decreased slightly since 2022 (21% in 2023 compared to 25% in 2022), but remains higher than in 2021 (17%), 2020 (10%), or 2019 (16%).

Figure 4.3 Risk of burnout over time



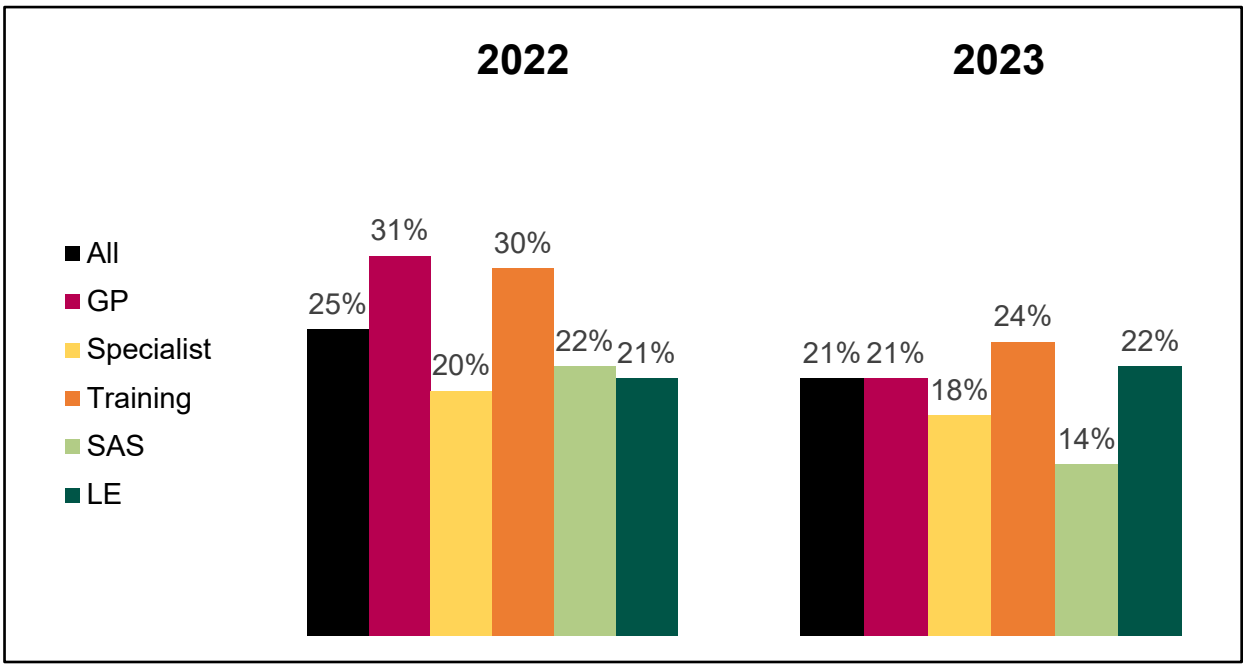
Base: All doctors (4288)

As in previous years, high risk of burnout was associated with several other negative measures. Those working beyond rostered hours at least once a week (26%) and those frequently feeling unable to cope with their workload (41%) were more likely to be at high risk of burnout. Those who were dissatisfied were also more likely to be at high risk of burnout (42%).

By register group, doctors in training (24%) were the group most likely to be at high risk of burnout, with specialists (18%) and SAS doctors less likely than the other register groups (14%).

The distribution of burnout risk across register groups shifted between 2022 and 2023. The largest reduction in burnout risk was amongst GPs (with those at a high risk of burnout down from 31% to 21%). This may be related to the reduction in the proportion of GPs in the 'struggling' workload quadrant (48% in 2023, down from 55% in 2022). Similarly, a smaller proportion of SAS doctors were at high risk of burnout (down from 22% to 14%) and a smaller proportion of doctors in training (down from 30% to 24%). Specialists and LE doctors remain at a similar level to 2022.

Figure 4.4 High risk of burn-out (6-7) by register group

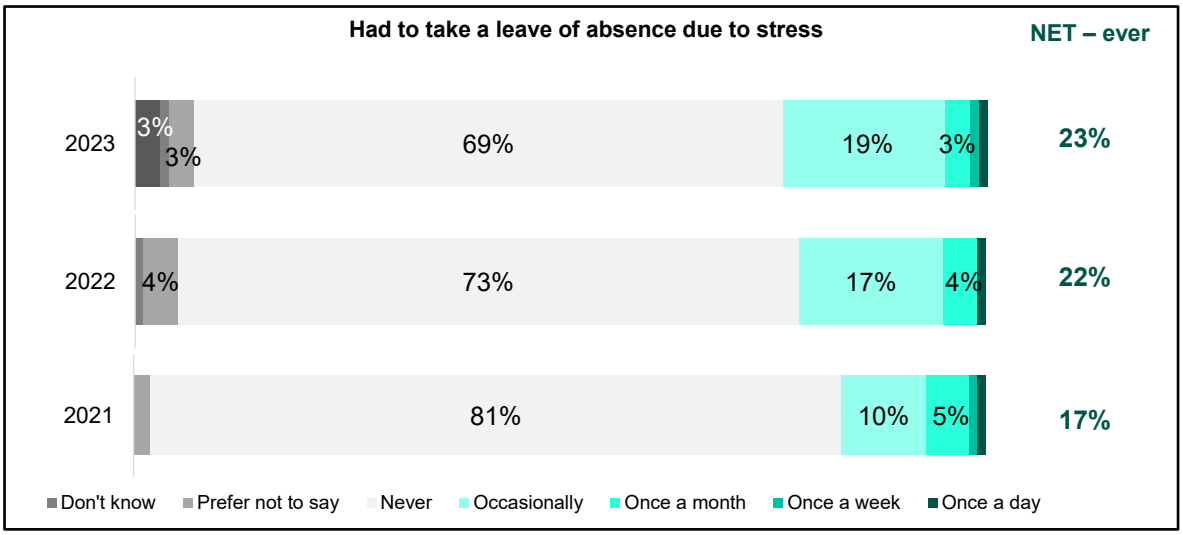


Base: All doctors (4288)

Taking a leave of absence due to stress

Doctors were asked whether they had had to take a leave of absence due to stress over the last year. In line with 2022, just over one in five doctors (23%) reported having taken a leave of absence in 2023, as shown in Figure 4.5. This is a higher proportion than in 2021 (17%), 2020 (14%)[2], or 2019 (12%).

Figure 4.5 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 (4288)

Doctors in training (33%) and LE doctors (32%) were more likely to have taken a leave of absence due to stress at some point in the last year. GPs (18%) and Specialists (16%) were less likely than other doctors to have done so, with SAS doctors in line with the average. This largely continues a pattern seen in previous years.

Taking a leave of absence was also associated with other negative measures. Those who were dissatisfied (32%) and those who were at high risk of burnout (43%) were more likely to have done this. As in 2022, disabled doctors were also much more likely than non-disabled ones to have taken a leave of absence due to stress (38% vs. 22% respectively). Those with a non-UK PMQ were also more likely to have experienced this (26%).

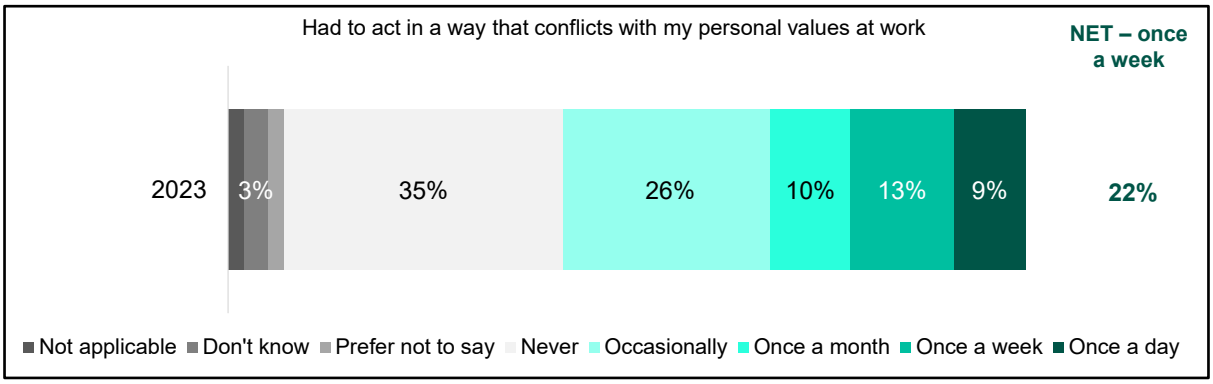
[2] Although as elsewhere, findings from 2020 are not directly comparable as we asked about 'during 2020' rather than over the last year.

Acting in conflict with personal values

The 2023 survey introduced a new question relating to moral injury[3]; specifically, how often doctors felt they had to act in a way that conflicted with their personal values when at work. As shown in Figure 4.6, a fifth of doctors (22%) felt that they had to act in a way that conflicts with their personal values at least once a week.

This was particularly common among GPs (31%) and specialists (25%). It was less common among doctors who achieved their PMQ outside the UK and EEA (13% vs. 25% EEA and 27% UK).

Figure 4.6 Frequency of acting in a way that conflicts with values



C1_7. How frequently, if at all, over the last year have you experienced the following? Had to act in a way that conflicts with my personal values when at work Base: All doctors (4288)

Responses to this question were associated with other negative measures. For example, almost half (47%) of those at high risk of burnout felt they had to act in a way which conflicts with their values at least once a week.

It is also the case that those who disagreed that they have enough autonomy in their role were more likely to have to act in a way that conflicts with their personal values at least once a week (41% vs. 16%).

[3] Psychological distress resulting from actions, or lack of action, violating a person's moral or ethical code.

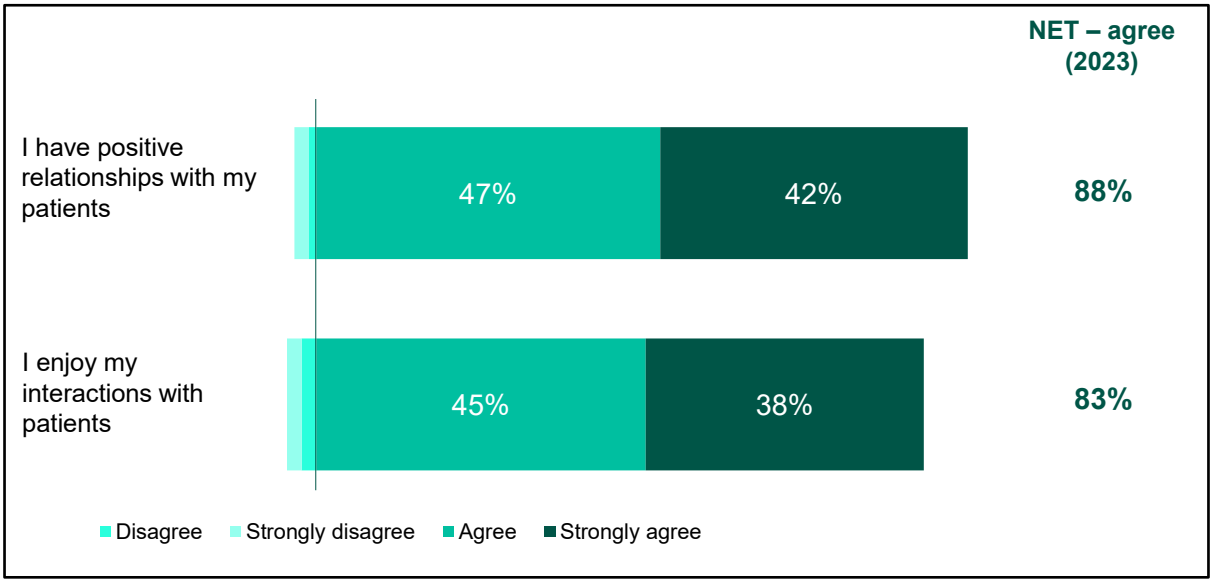
5 Patient care

This chapter looks at patients' expectations and doctors' relationships with their patients. The chapter also examines the proportion of doctors that have witnessed patient care being compromised, and the drivers behind such lapses in patient care. It also explores 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.

Patient relationships

Aligning with 2022, just under nine in ten (88%) doctors agreed that they have positive relationships with their patients, with over eight in ten (83%) enjoying their patient interactions, as shown in Figure 5.1.[4]

Figure 5.1 Relationship with patients



D2a_X: To what extent do you agree with the following statements when it comes to working with patients? Base: All doctors (4288). Chart does not show 'neither agree nor disagree', 'DK' or 'prefer not to say'.

SAS doctors were more likely to enjoy interaction with their patients (88%), while GPs were less likely to report this (80%). Specialists were also less likely to report a positive relationship with their patients (86%).

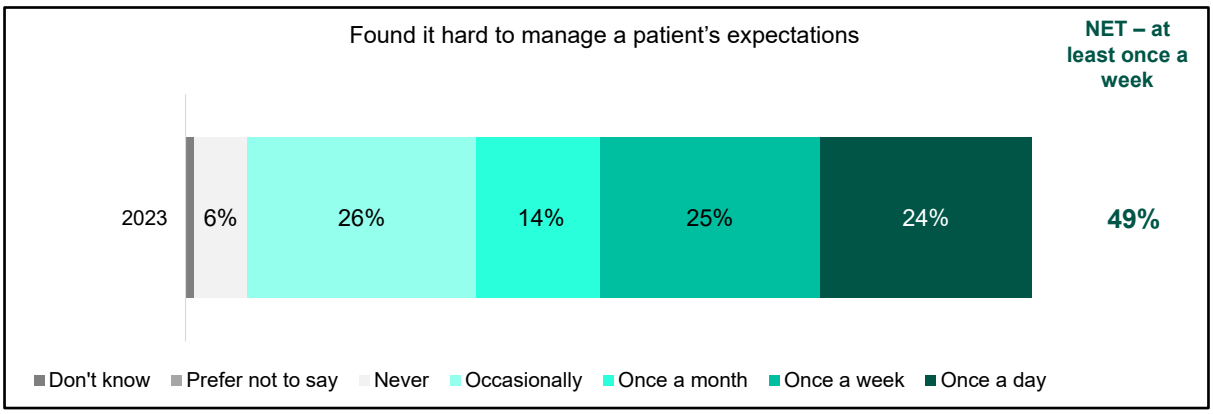
As in 2022, doctors who practised mostly face-to-face care were more likely to have a positive relationship and enjoy interactions with their patients (91% and 86%).

[4] These questions were introduced in 2022, so cannot be compared against previous years.

Patient expectations

As shown in Figure 5.2, just under half of doctors (49%) found it hard to manage a patient's expectations at least once a week, which is in line with 2022.

Figure 5.2 Managing patients' expectations



C1_6. How frequently, if at all, over the last year have you experienced the following? Found it hard to manage a patient's expectations. Base: All doctors (4288)

GPs were more likely than other register groups to find it hard to manage patients' expectations at least once a week (79%). Specialists (42%), LE (33%) and SAS (30%) doctors were less likely to experience this.

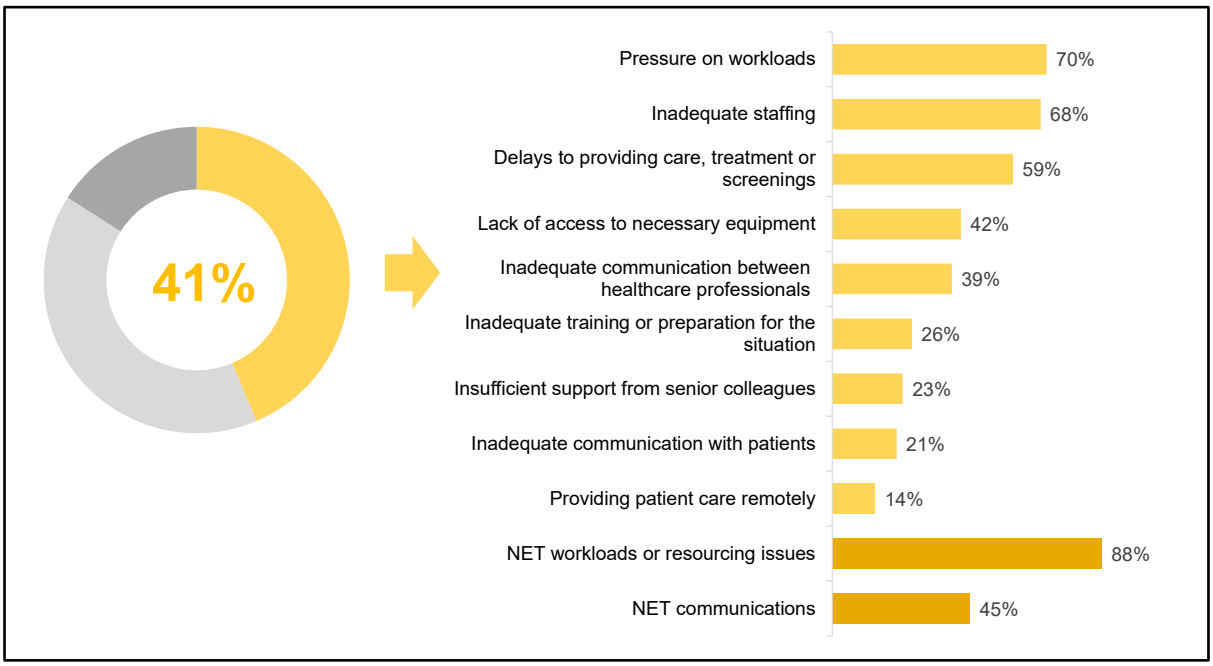
Those working with a mix of remote and face to face care were more likely to find managing expectations hard at least once a week (66%) as were those with a UK PMQ (61%) and doctors working part time (58%).

Situations where patient safety has been compromised

The proportion of doctors who had witnessed a situation where they believed a patient's safety or care was compromised (41%) remained at historically high levels. This was in line with 2022 (42%), but higher than in 2021 (29%), 2020, (26%) and 2019 (32%). Specialists were more likely than other register groups to have witnessed such a situation (47%), while LE doctors were less likely to have done so (32%).

GPs who worked mainly remotely were more likely to see patient safety compromised (56%), despite having higher levels of satisfaction and more likely to be 'managing' in terms of workload.

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 a patient's safety or care was being compromised when being treated by a doctor? Base: All doctors (4288)
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 (1725)

As shown in Figure 5.3, pressure on workloads (70%) and inadequate staffing (68%) were the most commonly identified contributing factors to patient safety compromises. Six in ten identified delays to treatment, care or screenings (59%), and around four in ten identified a lack of access to equipment (42%) and inadequate communication between healthcare professionals (39%). These factors had all decreased compared to 2022 except for inadequate staffing which was added to the questionnaire in 2023, replacing previous options of 'rota gaps' and 'lack of appropriately qualified staff'[5].

Differences by doctors' register group are shown in Table 5.1. Those in training were more likely to report pressure on workloads, inadequate staffing, inadequate training and insufficient support from senior colleagues as factors contributing to patient safety compromises. LE doctors were also more likely than other doctors to say this of inadequate staffing and insufficient support from senior colleagues but also to cite inadequate communication with patients.

Among GPs, factors more likely to be reported included delays to care, treatment or screening and providing patient care remotely. Specialists were more likely to say lack of

[5] 56% and 52% respectively in 2022.

access to necessary equipment was a factor in patient safety compromises as well as inadequate staffing.

Table 5.1 Differences in contributing factors to situations where a patient's safety or care has been compromised by register group.

Factors	Total	GP	Specialist	Trainees	SAS	LE
Pressure on workloads	70%	72%	*66%	*77%	*59%	72%
Inadequate staffing	68%	*51%	*72%	*76%	64%	*77%
Delays to providing care treatment or screenings	59%	*66%	57%	59%	*48%	57%
Lack of access to necessary equipment or services	42%	39%	*46%	42%	36%	42%
Inadequate communication between healthcare professionals	39%	41%	*35%	41%	44%	43%
Inadequate training or preparation for the situation	26%	*16%	25%	*33%	32%	30%
Insufficient support from senior colleagues	23%	*11%	*15%	*37%	28%	*39%
Inadequate communication with patients	21%	22%	*17%	22%	20%	*27%
Providing patient care remotely	14%	*21%	13%	*10%	15%	10%

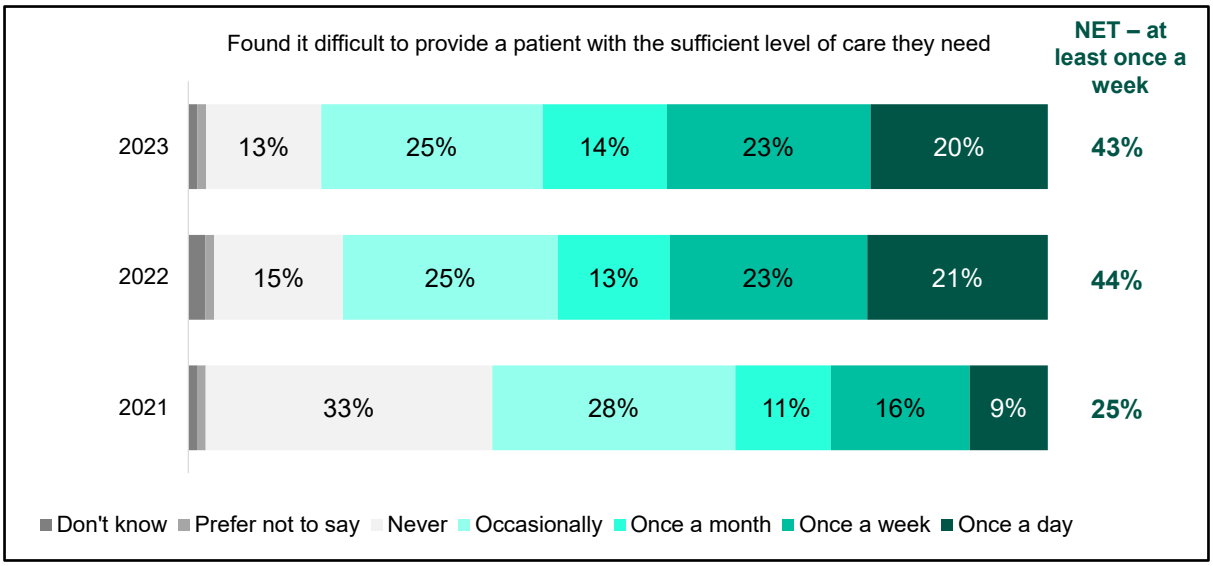
Significantly higher than average

Significantly lower than average

Barriers to patient care

Over two in five (43%) doctors found it difficult to provide a patient with a sufficient level of care at least once a week. This is in line with 2022 (44%) and remains above the level in 2021, which was one in four (25%), as shown in Figure 5.4.

Figure 5.4 Doctors who found it difficult to provide a patient with sufficient level of care they need



C1_4. How frequently, if at all, over the last year have you experienced the following? Found it difficult to provide a patient with the sufficient level of care they need. Base: All doctors (4288)

Differences by register group were consistent with 2022, with GPs more likely to report finding it difficult to provide a sufficient level of care once a week (62%), and SAS (27%) and LE (32%) doctors less likely to report this.

Other groups of doctors more likely to experience this at least once a week included those with a UK PMQ (54%) and disabled doctors (52%).

Finding it difficult to provide a sufficient level of care once a week was associated with other negative measures, including being dissatisfied (67%), at high risk of burnout (69%), and 'struggling' with workload (73%).

The most common barrier to providing good patient care was inadequate staffing, identified by four out of five doctors (79%). Pressure on workloads (75%) and time spent on bureaucracy/admin (70%) were the second and third most cited barriers as shown in Figure 5.5, barriers were broadly aligned with 2022, although cannot be directly compared due to a change to the question format.[6]

[6] In 2023 the question was changed from an open text response to a pre-coded list.

Figure 5.5 Barriers to patient care

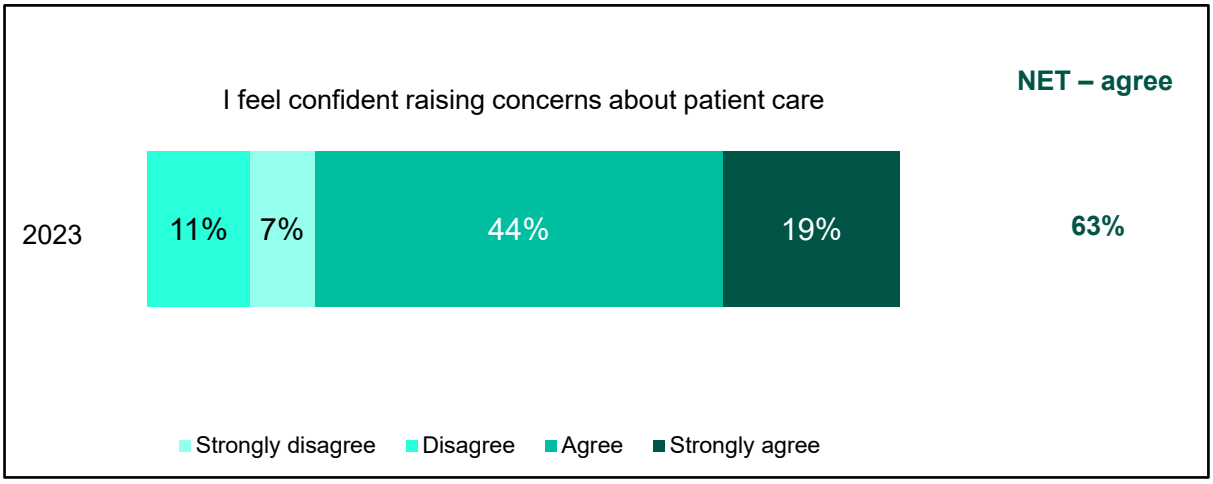
C9. What would you consider to be the main barriers, if any, to providing good patient care that you have observed or experienced over the last year? (Unprompted) Base: All doctors (4288)

Barriers to patient care varied for different register groups. GPs were more likely to mention pressure on workloads, time spent on admin, and delays to treatment and less likely to mention patient flows/bed pressures. Specialists and trainees were more likely to cite inadequate staffing and poor organisational leadership.

Confidence in raising concerns about patient care

Three in five (63%) doctors agreed they felt confident raising concerns about patient care, whereas almost one in five (18%) disagreed, as shown in Figure 5.6. These proportions were in line with 2022.[7]

Figure 5.6 Confidence raising concerns about patient care



[7] This question was introduced in 2022, so cannot be tracked for previous years.

D3_7: To what extent do you agree with the following statements? I feel confident raising concerns about patient care. Base: All doctors (4288). Chart does not show 'neither agree nor disagree', 'DK' or 'prefer not to say'

The pattern by register group was again similar to 2022, with GPs more likely to agree they were confident raising concerns (75%), and specialists (60%) less likely to say this. In 2023, doctors in training (57%) were also less likely to agree they were confident raising concerns.

Doctors working part time were more likely to agree they were confident in raising concerns (68%) – which may be linked to the high proportion of GPs (50%) who work part-time – while bank or locum doctors were less likely to report this (53%). Disabled doctors were also less likely to be confident in raising concerns (54%), as were BME doctors with a UK PMQ (57%).

6 Feeling supported

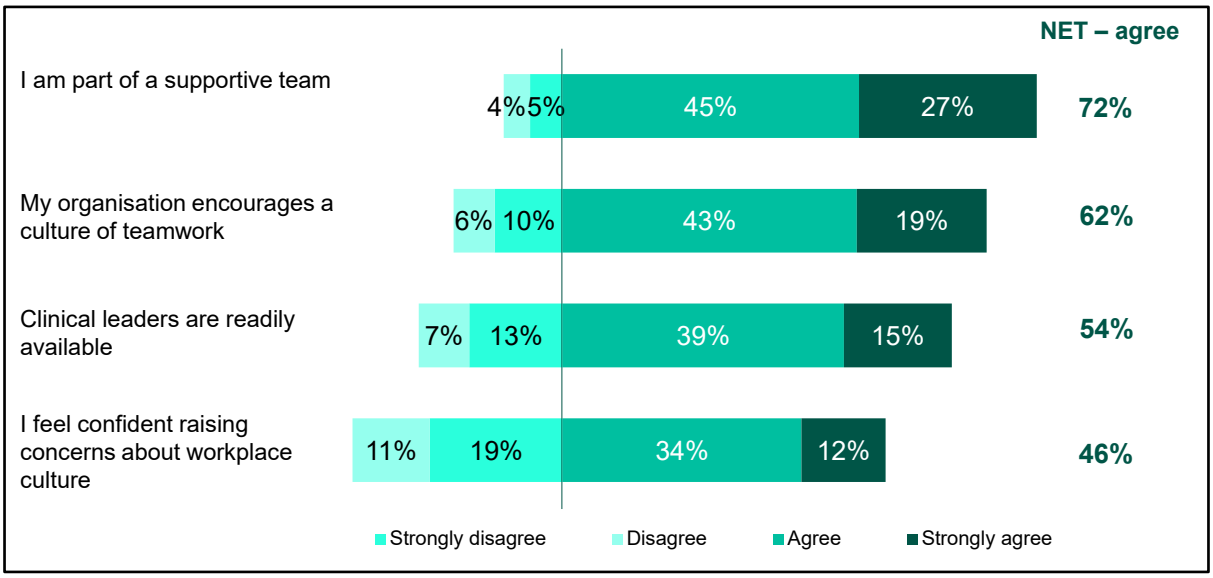
This chapter looks at the extent to which doctors feel supported by colleagues and other staff, including the impact of feeling supported or not, and potential ways support can be enhanced.

Feelings of support

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

As shown in Figure 6.1, just under three quarters of doctors (72%) agreed that they were part of a supportive team, just over three in five (62%) that their organisation encouraged a culture of teamwork, and a majority (54%) that clinical leaders were readily available. These proportions were consistent with from 2022 but below those recorded in 2021 (78%, 68% and 57% respectively).

Figure 6.1 Feeling of support



D3_X: To what extent do you agree with the following statements? Base: All doctors (4288). Chart does not show 'neither agree nor disagree', 'DK' or 'prefer not to say'

GPs were more likely than other doctors to agree that they were part of a supportive team (79%), that their organisation encourages a culture of teamwork (75%), and that they were confident raising concerns about workplace culture (65%).

The other register groups had less positive experiences of support. Specialists were less likely to say their organisation encourages a culture of teamwork (54%). LE doctors were less likely to agree they were part of a supportive team (66%) and less likely to feel confident raising concerns about workplace culture (36%). SAS doctors and doctors in

training were also less likely to feel confident raising this type of concern (40% and 36% respectively).

On the other hand, trainee doctors were the only group more likely to say that clinical leaders were readily available (57%).

Doctors with a UK PMQ were more likely to feel part of a supportive team (77%) and feel confident raising concerns about workplace culture (49%), compared to doctors with an EEA PMQ (66% and 40% respectively) or doctors with a PMQ from outside UK/EEA (66% and 41% respectively). They were also more likely to say clinical leaders were readily available than doctors with an EEA PMQ (56% vs. 48%).

As in previous years, the various aspects of feeling part of a team were associated with positive workplace experiences in other areas. Those who were satisfied with their day to day work were more likely to agree that they were part of a supportive team (82% vs. 60% of those dissatisfied), that their culture encourages a culture of teamwork (74% vs. 46%), that clinical leaders are readily available (64% vs. 41%), and that they were confident about raising concerns about workplace culture (55% vs. 34%).

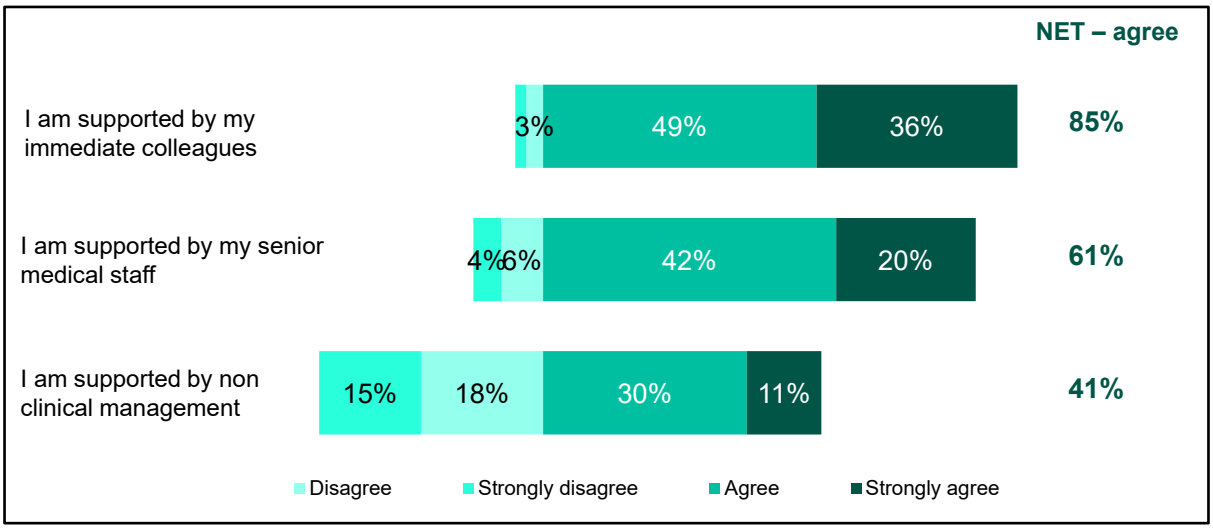
Similarly, those at low risk of burnout were more likely to agree with these statements than those at high risk of burnout:

- I am part of a supportive team (82% vs. 52%)
- My organisation encourages a culture of teamwork (75% vs. 38%)
- Clinical leaders are readily available (65% vs. 35%)
- I feel confident raising concerns about workplace culture (57% vs. 26%).

The survey also asked doctors to consider the different colleagues that provided support to them within their team as shown in Figure 6.2.

In 2023 doctors were more likely to feel supported by immediate colleagues than in 2022 (85% vs. 82%), returning to levels seen in 2021. Conversely, feeling supported by senior medical staff (61%) and non-clinical management (41%) remained lower than in 2021 but was consistent with 2022.

Figure 6.2 Support from clinical and non-clinical colleagues



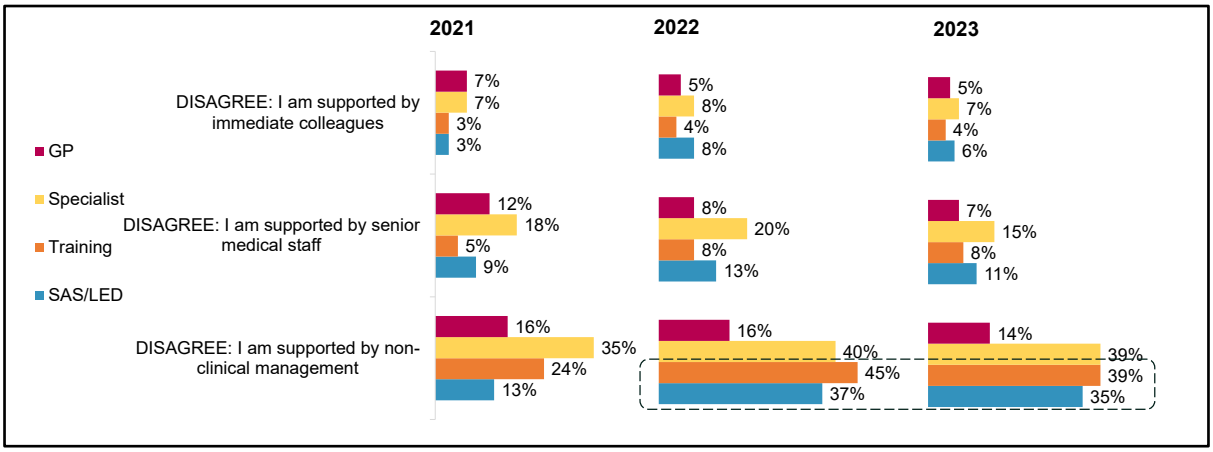
D3_X: To what extent do you agree with the following statements? Base: All doctors (4288) Chart does not show 'neither agree nor disagree', 'DK' or 'prefer not to say'

Figure 6.3 shows that, over time, the largest shift in experience by register group happened between 2021 and 2022, when more trainees and SAS/LE doctors disagreed that they felt supported by non-clinical management.

This year there has been a slight reduction in the proportion of doctors in training who felt unsupported by non-clinical management compared to 2022 (39% vs. 45%). This, however, remains far higher than in 2021 (24%).

The increase in feeling unsupported by non-clinical management among SAS/LE doctors seen in 2022 was sustained in 2023.

Figure 6.3 Support from colleagues – disagreement by register group

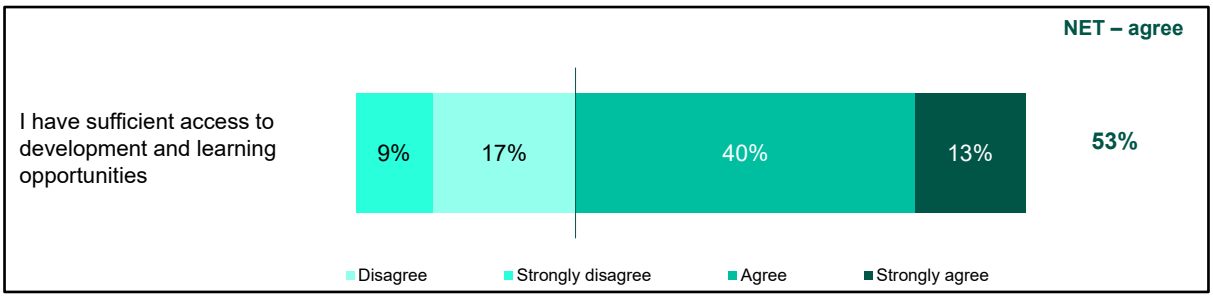


D3_X: To what extent do you agree with the following statements? Base: All doctors (4288). Chart does not show 'disagree', 'neither agree nor disagree', 'DK' or 'prefer not to say

Induction and access to learning and development opportunities

Doctors were asked about their access to learning and development opportunities. As Figure 6.4 shows, around half of doctors (53%) felt they had sufficient access to learning and development opportunities, consistent with the proportion that said this in 2022.[8]

Figure 6.4 Doctors' access to learning and development opportunities

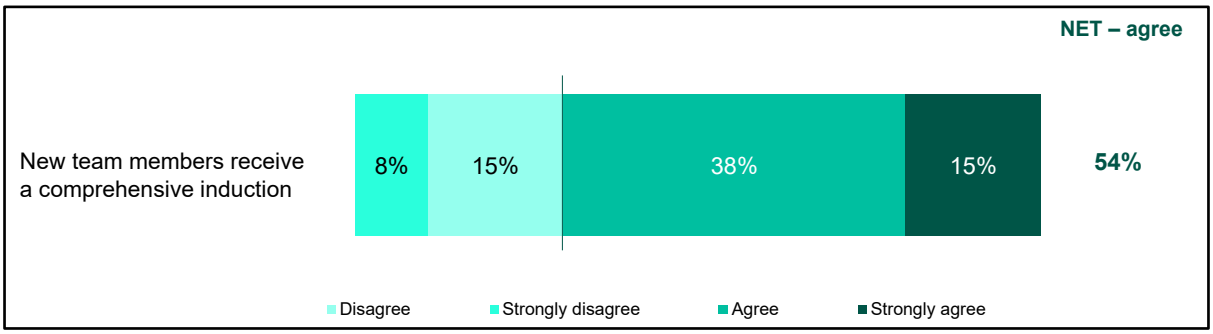


D3_X: To what extent do you agree with the following statements? Base: All doctors (4288) Chart does not show 'neither agree nor disagree', 'DK', 'prefer not to say' or 'N/A'

GPs and specialists were more likely than other register groups to agree that they had sufficient access to learning and development (61%, 57%) while doctors in training (48%) and particularly LE doctors (42%) were less likely to feel that sufficient opportunities were available to them

As shown in Figure 6.5, just over half (54%) of all doctors agreed that new team members received a comprehensive induction, which was a new question in 2023.

Figure 6.5 Doctors receiving a comprehensive induction



D3_X: To what extent do you agree with the following statements? Base: All doctors (4288) Chart does not show 'neither agree nor disagree', 'DK', 'prefer not to say' or 'N/A'

By register group, GPs were again more likely to agree that new team members receive a comprehensive induction (66%), while doctors in training (49%), SAS doctors (48%) and LE doctors (42%) were less likely to do so.

[8] This question was added in 2022 so cannot be compared to previous years

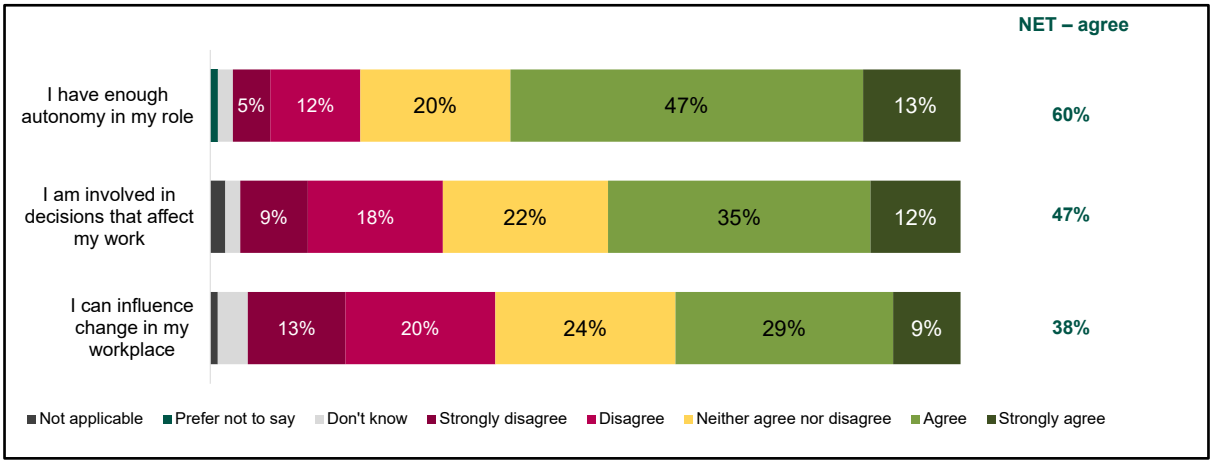
7 Working autonomously

This chapter looks at the extent to which doctors felt they have autonomy, particularly in terms of whether they felt involved in decisions that affect their work and the extent to which they can influence change in their workplace.

Autonomy and change in the workplace

The 2023 survey included a new set of statements designed to explore different aspects of workplace autonomy. Only six in ten (60%) doctors felt they had enough autonomy in their role, as shown in Figure 7.1. Less than half (47%) doctors felt they were involved in decisions that affect their work and just over a third (38%) felt they can influence change in their workplace.

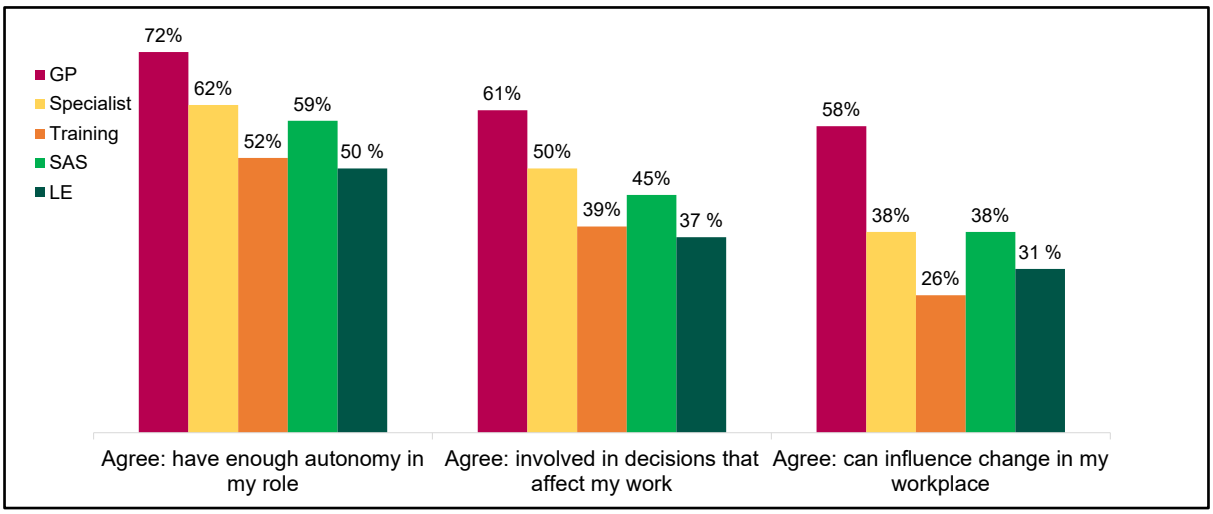
Figure 7.1 Agreement with autonomy statements



D3_X/a: To what extent do you agree with the following statement(s)? Base: All doctors (4288)

GPs were notably more likely to agree that they have enough autonomy in their roles (72%), while doctors in training (52%) and LE doctors (50%) were less likely. The same pattern can be seen for doctors agreeing that they are involved in decisions that affect their work or that they can influence change in their workplace, as shown in Figure 7.1.

Figure 7.2 Doctors' autonomy by register group



D3_X/a: To what extent do you agree with the following statement(s)? Base: All doctors (4288)

In general, views on autonomy seem to be linked to doctors' roles and/or level of seniority, where more senior doctors felt greater autonomy than less senior doctors. Indeed, among doctors in training, those in GP or specialty training were more likely to feel involved in decision making and able to influence change than those in core or foundation training.

Doctors working in surgery and obstetrics & gynaecology specialties were less likely to agree that they had enough autonomy in their role (44% and 48% respectively).

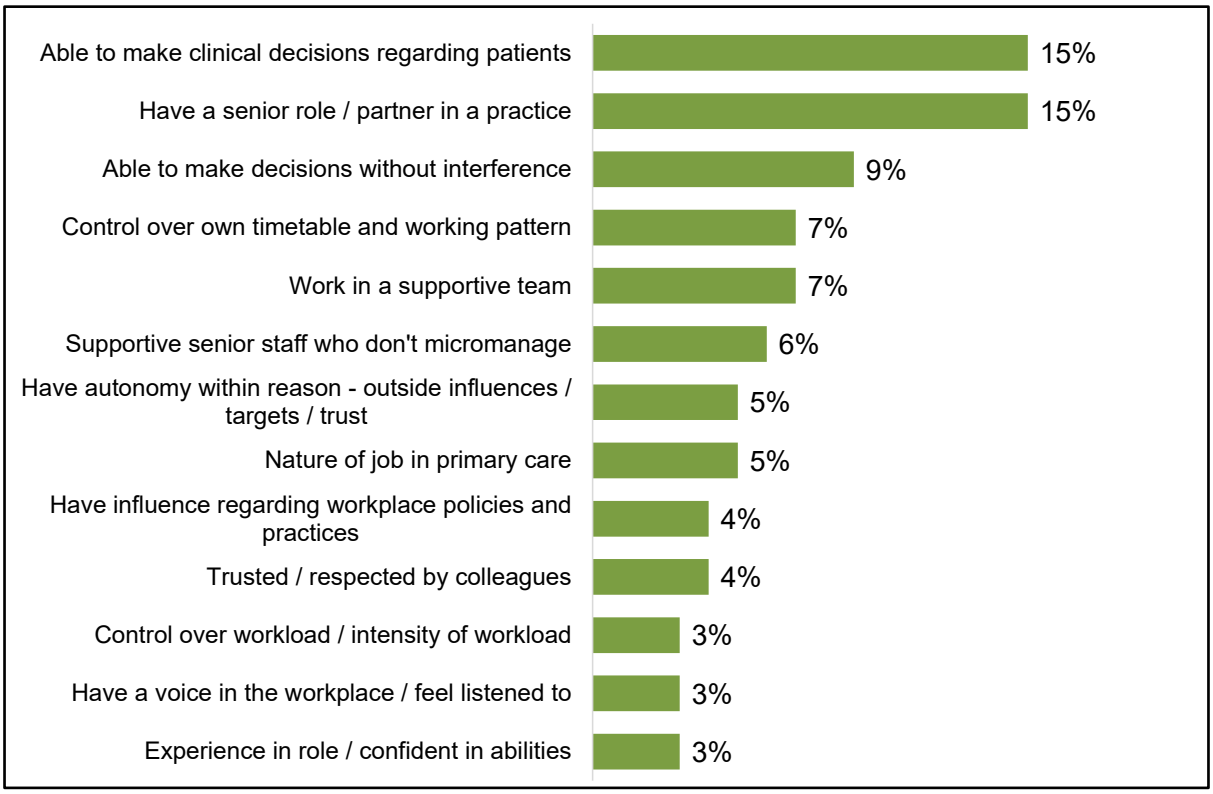
Doctors with a PMQ from outside UK/EAA were also less likely to feel they had enough autonomy in their role (53%) compared to UK PMQ doctors (64%) and EEA PMQ doctors (61%).

Barriers and enablers to working autonomously

The 2023 survey also included an open-question asking doctors why they did or did not feel they had enough autonomy in their role. The reasons doctors gave tended to be focused around the decisions they were able to make – whether clinical decisions or about wider workplace issues. For example, the top reasons given by doctors agreeing they have enough autonomy in their role were that they were able to make clinical decisions regarding patients, that they have a senior role / partner in a practice or were able to make decisions without interference (see Figure 7.3).

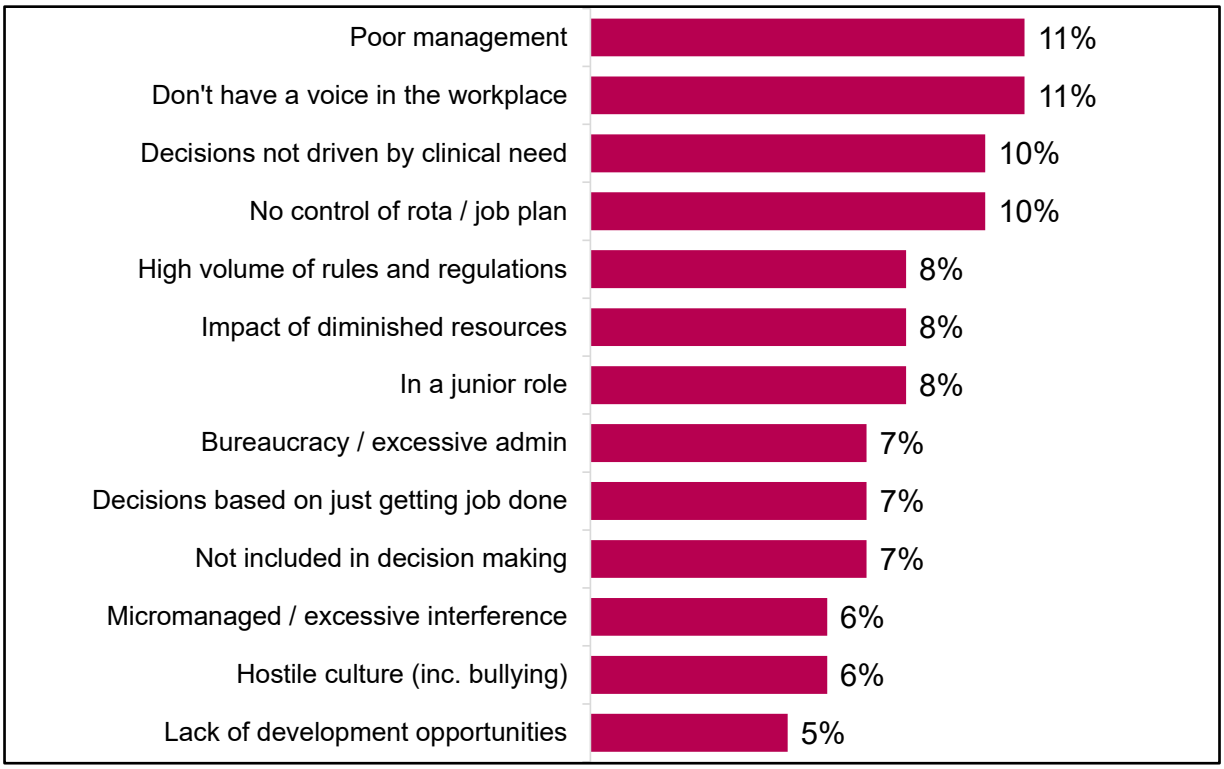
Conversely, the most common reasons cited by doctors disagreeing they have enough autonomy in their role were poor management, feeling like they don't have a voice in the and decisions not being driven by clinical need (see Figure 7.4).

Figure 7.3 Reasons for agreeing doctors have enough autonomy in role



D3b. What makes you feel that you have autonomy in your role? Base: Those who feel they have enough autonomy in their role (2559)

Figure 7.4 Reasons for disagreeing doctors have enough autonomy in role



D3c. What makes you feel that you don't have autonomy in your role? Base: Those who feel they do not have enough autonomy in their role (741)

Looking at reasons for having enough autonomy by register group, GPs were more likely to reference their senior role. GPs who felt they did not have enough autonomy were more likely to cite high volume of rules and regulations, decisions being made centrally/externally, high workload, and overstretched services.

Specialists who felt they had enough autonomy were more likely to say this was due to control over their working pattern; while those who felt they did not have enough autonomy more commonly identified poor management decisions, not having a voice in their workplace, decisions not being driven by clinical need, and a hostile culture.

Doctors in training who felt they had enough autonomy were more likely than other register groups to say this was because they felt able to make clinical decisions regarding patients and had supportive senior staff. Among those who felt they did not have enough autonomy, trainees cited a lack of control over their job plan.

For SAS doctors, the most common reason for saying they had enough autonomy in their role was being able to make clinical decisions regarding patients. They were also more likely than other doctors to mention control over their workload and being trusted by colleagues. Those who felt they did not have enough autonomy were more likely to mention not having a voice in the workplace, not being included in decision making, and a hostile culture.

LE doctors who felt they had enough autonomy were more likely to say this was due to supportive senior staff who don’t micromanage, being able to make decisions without

interference, and being trusted by colleagues. Among doctors without enough autonomy, LE doctors were more likely than other registration groups to mention lack of development opportunities.

Relationships between autonomy and other factors

Doctors who agreed they had enough autonomy in their role were more likely to be satisfied (64% compared to 27% of those who disagreed), less likely to work beyond rostered hours on at least a weekly basis (63% vs. 74%) and less likely to be at high risk of burnout (13% vs. 41%).

This is in direct contrast to doctors who disagreed they had enough autonomy. This cohort were more likely to have made adjustments, such as refusing additional workload or reducing their hours, as a result of workload pressure. They were also more likely to have acted outside of their role in the last month than those that felt they had enough autonomy, having more often been asked or required to undertake tasks usually completed by doctors in a more senior role (34% vs. 17%), a more junior role (70% vs. 49%), or a nurse or non-medical role (75% vs. 54%).

Feelings of autonomy were also related to both support and development opportunities. Doctors who said they had enough autonomy in their role were more likely to agree that:

- They felt supported by immediate colleagues (91%);
- They felt supported by senior medical staff (69%);
- They felt supported by non-clinical management (53%);
- They had access to sufficient development or learning opportunities (65%)

Given these relationships– and definitions of autonomy given by doctors – it feels clear that being able to act autonomously is closely related to having a supportive environment, including the culture around learning and development.

8 Future intentions

This chapter looks at the likelihood of doctors making various career changes and the factors associated with this.

Career changes doctors are likely to make

Over three quarters (77%) of doctors reported they were likely to make some sort of career change in the next 12 months. This was in line with the proportion in 2022 (77%) but remained higher than in 2021 (58%). Doctors often indicated that they were considering many career changes, and as in previous years we asked which they were most likely to make.

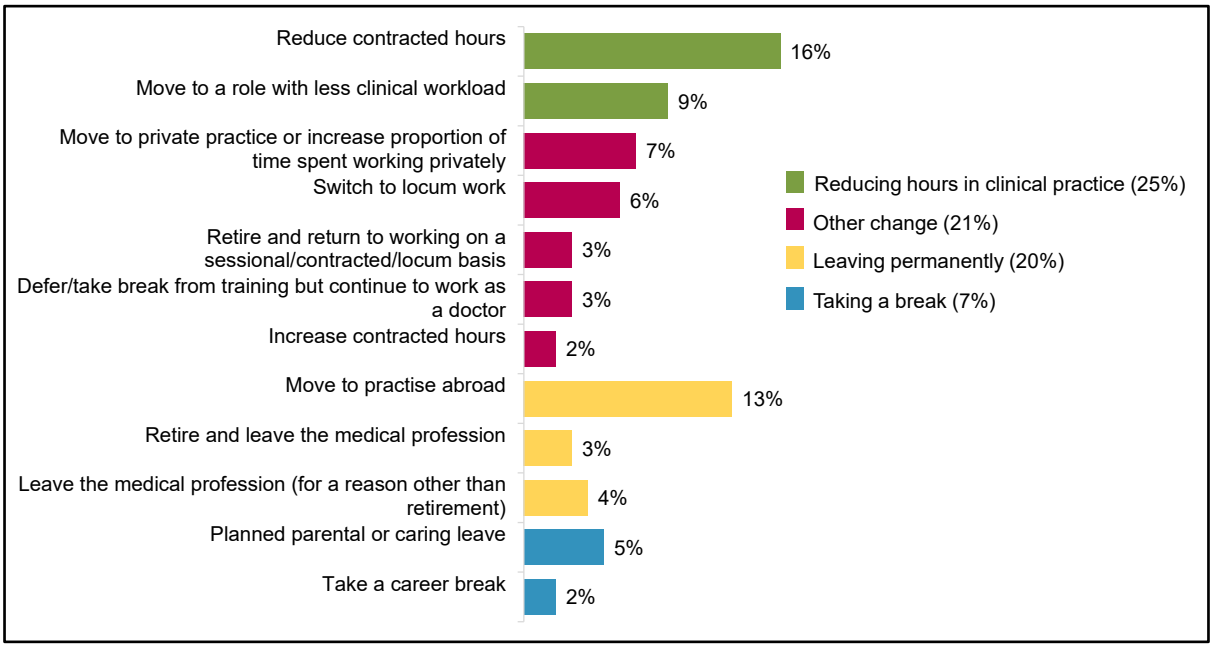
An intention to reduce hours in clinical practice[9] remained the most common career change doctors were considering, with one in four (25%) reporting this was their most likely change, as shown in Figure 8.1. This was in line with both 2022 and 2021. Both GPs (29%) and specialists (27%) were more likely than other register groups to be considering reducing their hours in clinical practice. This did not appear to be related to wanting to retire – those who said they were considering retiring were actually less likely to say they wanted to reduce hours in clinical practice (15%). Reducing clinical hours was also more common among those with a UK PMQ (24%).

LE doctors were less likely to say they were considering reducing hours in clinical practice (20%).

One in five doctors (20%) reported their most likely career change would involve leaving the UK profession,[10] up slightly from (18%) in 2022, and also higher than in 2021 (11%). The change from 2022 was driven by an increase in those considering moving to practise abroad (13% up from 10%). LE doctors (26%) were more likely than other register groups to be considering leaving the UK profession.

[9] Either reducing contract hours, or moving to a role with less clinical workload
[10] Including retire, move abroad, or leave the medical profession

Figure 8.1 Types of career change doctors reported they were most likely to make in the next year



B1a. Career change most likely to make? Base: All doctors (4288)

Leaving the UK profession

Looking at doctors who said they were likely to leave the profession[11], excluding those of retirement age, the steps they had taken were broadly consistent with 2022. As shown in Figure 8.2, over half had discussed plans with others (56%), and over four in ten had researched alternative career paths (45%). Just under half had researched career opportunities abroad (47%), up from 41% in 2022.

One in six doctors (16%) had taken a 'hard step' towards leaving the profession[12], in line with 2022 (15%) but remaining higher than in 2021 (7%)[13]. The most common 'hard step' taken was contacting a recruiter (23%), although around one in ten had actually applied for a new role abroad (14%) or outside medicine (13%).

[11] Due to retirement, moving abroad or another reason.
[12] A 'hard step' is defined by either contacting a recruiter, having applied for a clinical job abroad, applied for or attended training for a new role, applied for other role(s) outside of medicine or applied for retirement/pension
[13] New response options that were considered 'hard steps' were included in the 2022 survey compared to 2021, but the increase between 2021 and 2022 persisted regardless of their inclusion.

Figure 8.2 Steps doctors have taken towards leaving the medical profession

B3. What steps, if any, have you taken towards leaving the medical profession? Base: Those likely to leave the UK medical profession, excluding retirement age retirees (1562)

As in previous years, those who had taken hard steps to leave were more likely to have had negative experiences in their role. The following groups of doctors were more likely to have taken hard steps:

- High risk of burnout (51%);
- Feeling dissatisfied (51%);
- Found it difficult to provide sufficient patient care at least weekly 51%);
- In the 'struggling' workload quadrant (47%).

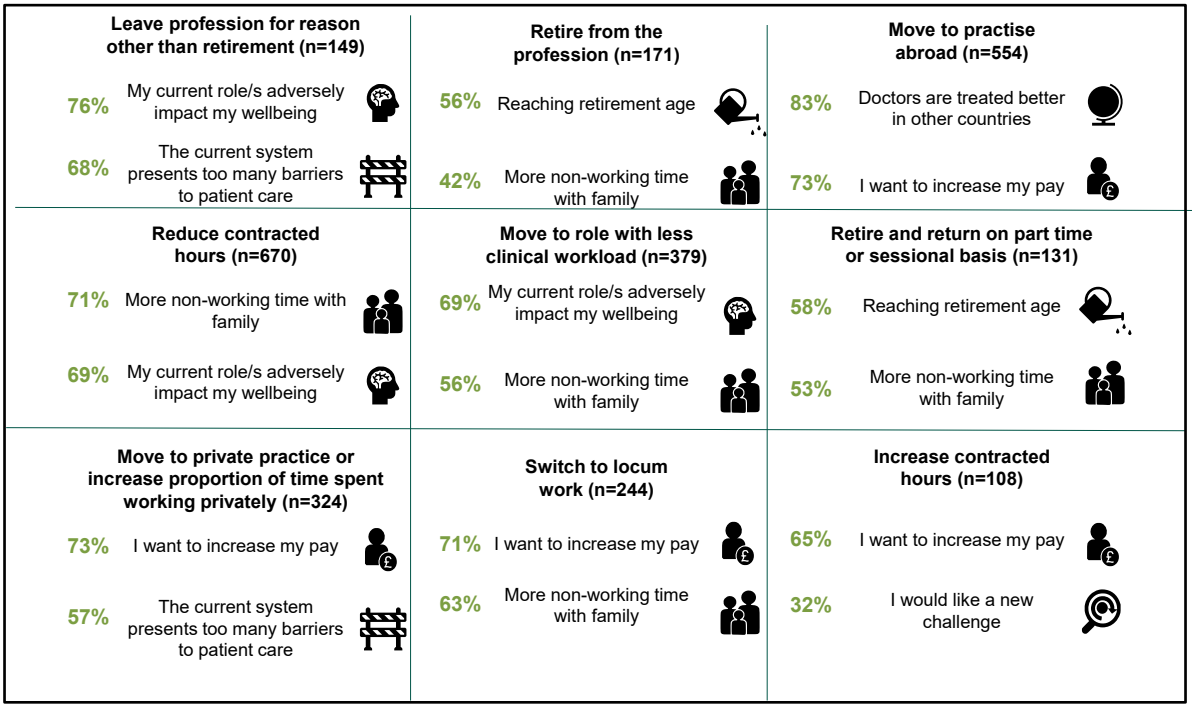
Reasons for considering career changes

The reasons doctors gave for considering making career changes are shown in Figure 8.3. As in previous years, the most common reasons doctors gave for making changes involved negative impacts of the role on their wellbeing and the desire to have more non-working time to spend with family. These two factors were among the most common for doctors who said they wanted to reduce hours, but also those who were considering retiring, or leaving the profession for reasons other than retirement.

For those considering moving to practice abroad, moving to private practice or switching to locum work, a desire to increase pay was key. An increased proportion of those moving to practice abroad or to private practice mentioned pay compared to 2022.

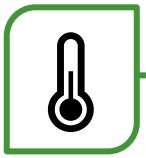
Repeating patterns in 2022, the system presenting too many barriers to care was a key motivation for leaving the profession or increasing time spent in private practice.

Figure 8.3 Most frequently given reasons for considering different career changes



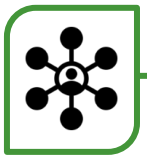
B2. Which of the following explain why that is? Base: Those who are most likely to do each action.

9 Key findings



The 2022 barometer survey highlighted some deeply concerning trends, with sharp increases in the proportion of doctors dissatisfied, struggling with their workload and at risk of burnout. Now, in 2023, we have found the proportions experiencing these challenges have either plateaued or in some areas shown some slight improvements. While the data suggests that doctors' workplace experiences have not further declined, we should remain cautious as results for many of the key survey measures continue to be much poorer than in previous years.

Dissatisfaction with day-to-day work and burnout is still prevalent among doctors, although slight improvements in both have been seen in 2023. These improvements could relate to an easing in workloads, with fewer doctors working beyond their rostered hours, struggling to take breaks and struggling to cope with their workload generally. It's important to note that these proportions are still much higher than in 2021, so a focus on further reducing workloads to a manageable level for doctors remains crucial. Furthermore, the proportion of doctors having to take a leave of absence due to stress remains substantial.



A high number of doctors enjoy the support of their immediate colleagues. Frustration with management and their decisions is evident, however. Levels of support from non-clinical management remain relatively low, and doctors tend not to feel involved in decisions that affect their work or that they can influence change in the workplace. Furthermore, among the large minority of doctors who do not feel they have enough autonomy, poor management and not having a voice in the workplace were the most common reasons provided.

Many of the concerns raised by doctors relate to systemic issues and their impact on patient outcomes. Pressure on workloads, inadequate staffing, delays to treatment and bureaucracy were commonly identified as factors contributing to patient safety being compromised or barriers to providing good patient care.

Despite some slight improvements across key barometer indicators, the number of doctors with intentions to leave the UK medical profession continues to be at the highest level since the survey began. Addressing these concerns will be critical in succession planning and ensuring the UK has a workforce which can meet patient needs.

10 Appendix A - Key differences by type of doctor

This brings together notable differences and key stories by doctors' demographic group and area of practice.

Protected characteristics

As in previous years, the following groups of doctors had more negative experiences:

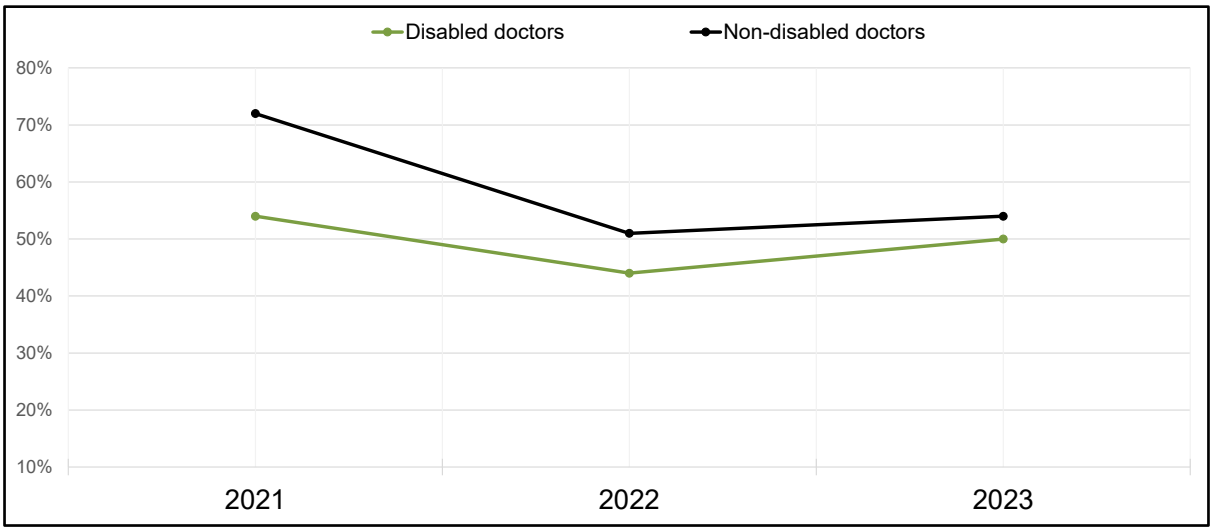
- Doctors with a disability;
- Younger doctors;
- Female doctors, to some extent;
- Doctors with a UK PMQ[14] (and white doctors)

Disability

The gap in satisfaction between disabled and non-disabled doctors has narrowed compared to 2022 and previous years. The difference in the proportion of disabled doctors and non-disabled doctors who were satisfied was not significant at the 95% level (50 vs. 54%), a smaller gap than in 2022 (44% vs. 51%) and 2021 (54% vs. 72%). However, the proportion of disabled doctors who were dissatisfied remained higher than for non-disabled doctors (44% vs. 38%).

[14] Although PMQ is not a protected characteristic, as in previous years we have included it in this section due to it being very highly correlated with ethnicity meaning it is necessary to discuss them together.

Figure 10.1 Satisfaction for disabled/ and non-disabled doctors



A1. To what extent are you satisfied or dissatisfied day to day in your work as a doctor?

However, other trends from previous years have continued. Disabled doctors feel less supported than non-disabled doctors. This included fewer disabled doctors feeling supported by immediate colleagues (80% vs. 85%) and non-clinical management (35% vs. 43%), and feeling part of a supportive team (66% vs. 74%). They were, however, no longer less likely to feel supported by senior staff than non-disabled doctors.

Disabled doctors also continued to report more challenges around workload and wellbeing. They were more likely than non-disabled doctors to be in the 'struggling' workload quadrant (44% vs. 32%) and to be at high risk of burnout (30% vs 19%). They were also more likely to find it difficult to provide a patient with sufficient care at least once a week (52% vs. 42%).

On the new measures introduced in 2023, disabled doctors were more likely to have had to act in a way that conflicts with their personal values at work (30% vs 21%) and to say they do not have enough autonomy in their role (26% vs 16%).

Despite these more negative experiences, the same proportion of disabled and non-disabled doctors said they are likely to leave the UK medical profession (38% and 37% respectively), with similar proportions having taken hard steps (17% vs. 16%). Disabled doctors were however more likely to be considering retiring early (13% vs 7%).

Disabled doctors' experiences varied slightly by types of disability. Doctors with a learning difficulty reported particularly negative experiences, although these findings should be seen as indicative as the base size was low (n=47). They were more likely to be in the 'struggling' workload quadrant (48%), at high risk of burnout (41%), and to have acted in a way which conflicted with their personal values (40%). They were less likely to agree they had enough autonomy in their roles (44%).

Table 10.1 Differences by disability status on key measures

	All doctors	Disabled	Non-disabled doctors
Base Size	4,288	381	3702
Satisfaction	53%	50%	54%
'Struggling' workload quadrant	33%	44%	32%
High risk of burnout	21%	30%	19%
Part of a supportive team	72%	66%	74%
Had to act in a way that conflicts with personal values*	22%	31%	21%
Taken Hard Steps	16%	17%	16%

* once a week or more

Significantly better than average

Significantly worse than average

Gender

Differences by gender were similar to those seen in 2022 and previous years. In 2023, male and female doctors had similar levels of satisfaction and feelings in relation to the support they received.

Differences by gender may be partly explained by the gender split by doctor register group. Female doctors were more likely than male doctors to be GPs (26% vs. 19% male) or doctors in training (25% vs. 21% male). Male doctors were more likely to be specialists (32% vs. 25% female) or locally employed (17% vs. 15% female). However, within register group, some differences persist by gender.

Female doctors were more likely than their male counterparts to have experienced difficulties in relation to workload:

- To be in the 'struggling' workload quadrant (36% vs. 29% male)
- To have found it difficult to take breaks due to the intensity of my workload (68% vs 62%)

These differences across gender for workload measures also persist within GPs and specialists.

Despite fewer issues with workload, male doctors were more likely than females to take 'hard' steps towards leaving the medical profession (20% vs 12%). This difference was seen amongst all register groups.

Age

Similar to previous years, younger doctors tended to have more negative experiences.

All age groups saw a reduction in the proportion 'struggling' with workload between 2022 and 2023, but doctors under 30 saw a particularly sharp fall (33% vs. 44% in 2022) and are now in line with the average for all doctors. Doctors aged 30-49 are now the age group most likely to be in the 'struggling' workload quadrant (35% vs 29% of those aged 50 or over). Older doctors were more likely to be in the 'normalised' workload quadrant (35% of 50+ vs 32% of 30-49 year olds and 29% of under 30s).

Both those under 30 and those aged 30-49 were more likely to be at high risk of burnout (24% and 22% vs. 14% of doctors aged 50 or above).

In terms of support, doctors under 30 were less likely to feel supported by non-clinical management (28% vs. 44% 30-49 vs. 50% 50+), but more likely to feel supported by senior medical staff (79% vs. 65% 30-49 vs. 49% 48+).

Younger doctors were also less likely to feel that they had enough autonomy in their role compared to older doctors (52% of under 30 year olds, 61% of 30-49 year olds and 66% of 50+).

Doctors under 30 were also more likely to have taken 'hard' steps towards leaving the UK medical profession (24% vs 16%) and in particular, were more likely to be planning to move abroad (46% vs 29%).

They were more likely to give the following reasons for moving to practise abroad:

- Doctors are treated better in other countries compared to the UK (93% vs 83%)
- To want to move to increase their pay (86% vs 73%)

PMQ status

Overall, doctors who achieved their Primary Medical Qualification (PMQ) in the UK had a more negative experience, much the same as in previous years. They were less satisfied, more likely to be 'struggling' with workload, and at higher risk of burnout than those with a non-UK PMQ. They were also more likely to find it difficult to provide a sufficient level of care, manage patient expectations and have witnessed a compromise to patient safety.

However, this did not translate into being more likely to leave the UK profession. Doctors with a UK PMQ were also more likely to agree that they had enough autonomy and were more likely to feel they were part of a supportive team.

Doctors who achieved their PMQ outside the EEA had a more positive experience overall, with EEA PMQ doctors generally falling in the middle. Those with a PMQ outside the EEA were more likely to be satisfied, more likely to have a low risk of burnout, and less likely to be in the 'struggling' workload quadrant. While they were less likely to agree they had

enough autonomy, this may be related to the higher proportion of SAS and LE doctors with PMQs outside the UK/EEA.

Table 10.2 Differences by PMQ on key measures

	Total	UK PMQ	EEA PMQ	PMQ outside UK/EEA
Base Size	*4,288*	*2347*	*387*	*1466*
Satisfied	53%	49%	56%	62%
'Struggling' workload quadrant	33%	38%	31%	24%
Found it difficult to provide a patient with the sufficient level of care they need*	43%	54%	36%	25%
Found it hard to manage a patient's expectations*	49%	61%	40%	30%
Witnessed patient safety compromise	41%	49%	37%	27%
Had to act in a way that conflicts with their personal values when at work*	22%	27%	25%	13%
Low risk of burnout	38%	33%	42%	47%
I have enough autonomy in my role	60%	64%	61%	53%
Part of a supportive team	72%	77%	66%	66%
Taken hard steps to leaving UK profession	16%	17%	18%	14%

* once a week or more

Ethnicity

Patterns by ethnicity tend to mirror those by PMQ. This is because 86% of white doctors had a UK PMQ in 2023 and 66% of Black and Minority Ethnic (BME) doctors had a PMQ from outside the UK.

BME doctors were less likely to report the following negative experiences than White doctors:

- To be 'struggling' with workload (29% vs 37%, especially Black / Black British doctors (22%));
- To have found it difficult to provide a patient with sufficient care at least once a week (34% vs. 51%, especially Black / Black British doctors (23%)).

[15] Differences by PMQ are clearer when looking at low risk of burnout than high risk, which is what we tend to highlight elsewhere.

However, BME doctors were less likely to say they were part of a supportive team compared to white doctors (68% vs 78%) and less likely to agree that they have enough autonomy in their role (54% vs 66%).

Ethnicity and PMQ

When we look at PMQ and ethnicity together, PMQ rather than ethnicity seems to be more important in driving doctors' experiences.

For example, looking at satisfaction, doctors with a non-UK PMQ (both white and BME doctors) were more likely to be satisfied than doctors with a UK PMQ (59% and 61% vs. 51% white UK PMQ and 47% BME UK PMQ doctors).

A notable exception to the pattern of PMQ driving measures was taking hard steps to leave the profession. BME doctors with a UK PMQ were more likely than average to have taken hard steps to leave the UK profession, despite doctors with a UK PMQ overall not being significantly more likely than average to have taken hard steps. Burnout was also higher among BME doctors with a UK PMQ than any other group.

Looking at the different pattern around patient safety compromises and autonomy, it is likely that this can be explained by how ethnicity interacts with register group. GPs and specialists were more likely to report patient safety compromise, and higher levels of autonomy as well as being White, with a UK PMQ.

Table 10.3 Differences by PMQ and ethnicity on key measures

	Total	BME + UK PMQ	BME + Non-UK PMQ	White+ UK PMQ	White + Non-UK PMQ
Base Size	*4,288*	*392*	*1282*	*1805*	*372*
Satisfaction	53%	47%	61%	51%	59%
Dissatisfaction	39%	48%	29%	44%	35%
High risk of burnout	21%	25%	19%	20%	18%
Part of a supportive team	72%	72%	67%	80%	65%
Unable to cope with workload*	38%	44%	31%	40%	33%
Enough autonomy in their role	60%	57%	53%	67%	62%
Patient safety compromised	41%	44%	27%	51%	40%
Taken hard Steps toward leaving the UK profession	16%	23%	14%	14%	18%

* once a week or more

Area of practice

Register group

As mentioned in the main body of the report, there was a slight improvement in satisfaction across all register groups between 2023 and 2022 but this did not constitute a recovery to the levels seen in 2021 and previously.

The table below shows key measures across register group. Each is discussed in more detail below.

Table 10.4 Key measures by register group

	Total	GPs	Specialists	Training	SAS	LE
Base Size	*4,288*	*957*	*1235*	*1035*	*398*	*600*
Satisfaction	53%	42%	53%	54%	63%	61%
'Struggling' workload quadrant	33%	48%	30%	32%	24%	25%
High risk of burnout	21%	21%	18%	24%	14%	22%
Part of a supportive team	72%	79%	72%	72%	70%	66%
Supported by immediate colleagues	85%	88%	83%	87%	82%	81%
Supported by senior medical staff	61%	47%	52%	77%	65%	71%
Supported by non-clinical management	41%	66%	36%	30%	39%	35%
Have enough autonomy in role	60%	72%	62%	52%	59%	50%
Difficult to provide sufficient level of care*	43%	62%	41%	42%	27%	32%
Had to act in a way that conflicts with personal values*	22%	31%	25%	19%	15%	14%
Taken Hard Steps toward leaving the UK profession	16%	16%	13%	19%	11%	20%

* once a week or more

GPs

GPs remain the least satisfied and most likely to be 'struggling' with their workload of all register groups. However, GPs were also the most likely register group to feel part of a

supportive team and were more likely to agree they felt supported by non-clinical management and immediate colleagues.

GPs also saw the largest reduction of burnout risk, down from 31% in 2022 to 21% in 2023. Alongside this, the proportion of GPs in the 'struggling' workload quadrant also decreased from 55% in 2022 to 48% in 2023.

While they were less likely to say they felt supported by senior medical staff, it is worth noting that this difference is no longer present when we remove the high proportion (36%) for which this is not applicable.

GPs were more likely than other doctors to agree that they had enough autonomy in their role but were also more likely to report having acted in a way that conflicts with their personal values and more likely to have found it difficult to provide a sufficient level of patient care at least once a week. However, within GPs, those with more autonomy were less likely to have to act in a way that conflicted with their values, indicating that the relationship between autonomy and moral injury is not straightforward.

Specialists

Specialists were in line with the average for day-to-day satisfaction. They were less likely than other doctors to be in the 'struggling' workload quadrant, or at high risk of burnout.

Similarly to GPs, specialists were more likely to say they had autonomy in their roles but were also more likely to say they had had to act in a way that conflicted with their personal values. Again, within specialists, it is those with more autonomy who were less likely to have had to regularly act in a way that conflicted with their values.

In terms of support, specialists were less likely to feel supported by non-clinical management. They were also less likely to feel supported by senior medical staff. In the case of senior medical staff however, the level of 'not applicable' was far higher than other register groups outside of GPs. Removing these would bring the levels in line with the average.

Specialists were less likely to have taken hard steps to leave the profession.

Doctors in training, and trainees by level

In 2023, doctors in training replaced GPs as the register group at highest risk of burnout. However, this is in the context of a reduction in the proportion of trainees at a high risk of burnout (24%, compared to 30% in 2022).

Trainee doctors were more likely than other doctors to disagree that they were supported by non-clinical management. However, trainees were more likely than average to feel supported by immediate colleagues and senior medical staff.

Trainee doctors were also less likely to agree that they have sufficient access to training and development opportunities (48% vs 53% average).

Trainees were overall less likely to have had to act in a way which conflicts with their personal values (19%). Doctors in training are less likely to report having enough autonomy in their role compared to doctors overall.

Trainees were more likely than average to have taken hard steps toward leaving the UK profession, or to have taken a leave of absence due to stress (33% vs. 23% average).

Across training levels, those in core training were the least satisfied (45%), and the most likely to have found it difficult to provide a sufficient level of patient care (59%) or witnessed patient safety compromised (48%).

However, GP trainees had the highest risk of burnout across all training and register groups (28%). They were also the group most likely to be planning to reduce contracted hours in the next year (59%).

GP and specialist trainees were more likely to agree they had enough autonomy compared to core trainees (55% and 55% vs. 45%). GP trainees were also less likely overall to have witnessed patient safety being compromised (29%). Perhaps surprisingly, given the opposite pattern among GPs on the GP register, GP trainees were less likely than other trainees to have found it difficult to provide sufficient care once a week (34%).

SAS doctors

SAS doctors were the most positive register group overall – the most satisfied, the least likely to be 'struggling' with workload and the least likely to have taken hard steps towards leaving the UK profession. They were also less likely to have had to act in a way that conflicted with their personal values or to have found it difficult to provide a sufficient level of patient care.

Non-UK PMQ SAS doctors with less than 5 years' experience working in the UK were particularly likely to be 'managing' in terms of workloads (54% vs. 38% of Non-UK SAS doctors with 5+ years' experience, and 25% of UK PMQ SAS doctors).

LE doctors

LE doctors show a mixed picture, falling between the experience of SAS doctors and doctors in training. They were amongst the most satisfied, and the least likely to be 'struggling' with their workload. However, they were the least likely to feel they were part of a supportive team and the most likely to have taken hard steps to leave the profession.

LE doctors were in line with the average in terms of risk of burnout, though less likely to have had to act in a way that conflicted with their values or found it difficult to provide a sufficient level of patient care.

Looking specifically at differences between SAS and LE doctors, there were more LE doctors at high risk of burnout than SAS doctors.

LE doctors were less likely to feel they have sufficient access to development or training opportunities compared to doctors overall, and to SAS doctors specifically (42% vs 53% for doctors overall and 55% for SAS specifically)

LE doctors were more likely to say they found it difficult to take breaks due to the intensity of their workload (59% vs 49%) at least once a week. They were more likely to have deferred training (20% vs. 5%).

In terms of reasons for dissatisfaction, LE doctors were more likely to say there was a lack of opportunity for career progression (36% vs. 8%). SAS doctors were more likely to have experienced care being compromised despite best their efforts (26% vs. 13%), working under time pressure/constraints (16% vs. 5%) and diminishing/overstretched resources (19% vs. 10%)

Specialty

Table 10.5 Differences by specialty on key measures

	Total	GP	Anaesthetics	Intensive Care Medicine	Medicine	Paediatrics	Psychiatry	Radiology	Surgery	Obs/ Gynae	Pathology	Acute Medicine	Emergency Medicine	Ophthalmology
Base Size	*4,288*	*1096*	*302*	*99*	*747*	*244*	*277*	*101*	*485*	*162*	*77*	*133*	*267*	*60*
Satisfaction	53%	43%	64%	63%	57%	67%	60%	58%	50%	53%	65%	54%	46%	63%
'Struggling' workload quadrant	33%	46%	12%	19%	33%	25%	29%	25%	28%	34%	20%	36%	32%	38%
High risk of burnout	21%	23%	15%	13%	19%	16%	15%	23%	26%	23%	14%	23%	26%	16%
Part of a supportive team	72%	78%	72%	80%	73%	79%	77%	69%	59%	64%	65%	74%	75%	61%
Task usually completed by more senior role*	22%	19%	13%	8%	26%	21%	19%	11%	27%	31%	14%	29%	27%	27%
Task usually completed by more junior role*	54%	41%	52%	72%	64%	59%	57%	40%	66%	63%	34%	60%	57%	54%
Task usually completed by a nurse*	59%	61%	50%	45%	58%	58%	55%	35%	59%	62%	34%	66%	80%	64%
Taken Hard Steps	16%	16%	17%	18%	14%	10%	14%	16%	19%	11%	16%	19%	22%	16%
Have enough autonomy in role	60%	70%	60%	58%	58%	62%	64%	50%	44%	48%	62%	54%	61%	71%
Patient safety compromised	41%	41%	42%	48%	43%	30%	31%	38%	43%	45%	19%	43%	52%	42%

* once a month or more

Doctors working in surgery, emergency medicine, obstetrics/gynaecology and general practice were amongst those with more negative experiences. Mirroring patterns seen in previous years, doctors practising in anaesthetics, paediatrics, radiology, pathology, psychiatry and intensive care medicine had more positive experiences than other doctors.

Specialties with a more positive experience

Anaesthetics

Doctors working in anaesthetics were more satisfied compared to doctors overall, less likely to be 'struggling' with workload and had a lower risk of burnout compared to doctors overall.

Intensive Care Medicine

Doctors working in Intensive Care Medicine were more likely to be satisfied compared to doctors overall and were less likely to be in the 'struggling' workload quadrant. They were however more likely than average to have to undertake tasks performed by someone with a more junior role at least once a month.

Medicine

Doctors working in medicine were more likely to be satisfied compared to doctors overall. They were however more likely than average to have to undertake tasks performed by both someone with a more junior and a more senior role at least once a month.

Paediatrics

Paediatricians were more likely to be satisfied compared to doctors overall, were less likely to feel that they were 'struggling' with workload and more likely to feel that they were part of a supportive team. They were also less likely to have witnessed patient safety compromises and less likely to have taken hard steps towards leaving the UK medical profession.

Psychiatry

Psychiatrists were more likely to be satisfied compared to doctors overall and were at a lower risk of burnout. They were also less likely to have witnessed patient safety compromises.

Pathology

Pathologists were more satisfied compared to doctors overall and were less likely to be 'struggling' with workload. They were also less likely to have witnessed patient safety compromises.

Specialties with a more negative experience

GPs

Doctors working in general practice were less likely to be satisfied compared to doctors overall, more likely to be 'struggling' with workload and were at a higher risk of burnout compared to doctors overall.

Mirroring findings by registration they were more likely to feel that they were part of a supportive team and more likely to feel they have enough autonomy in their role.

Surgeons

Surgeons were less likely to be 'struggling' with workload compared to doctors overall. However, they were at a higher risk of burnout and less likely to feel that they were a part of a supportive team. They were also more likely than average to have to undertake tasks performed by both someone with a more junior and a more senior role at least once a month.

Surgeons were less likely to feel they have enough autonomy in their role and were more likely to have taken hard steps towards leaving the UK medical profession.

Emergency Medicine

Doctors working in emergency medicine were less satisfied compared to doctors overall. They had a higher risk of burnout and were also more likely to have taken hard steps towards leaving the UK profession. They were more likely to have witnessed patient safety compromised, and more likely to have had to undertake tasks usually completed by a nurse at least once a month.

Obs/Gynae

Doctors that work in Obs/Gynae were less likely to feel that they were part of a supportive team and less likely to feel that they have enough autonomy in their role. They were also more likely than average to have to undertake tasks performed by both someone with a more junior and a more senior role at least once a month.

Table 10.6 Differences by specialty on contributing factors to patient safety compromise

	Total	GP	Anaesthetics	Intensive Care Medicine	Medicine	Paediatrics	Psychiatry	Radiology	Surgery	Obs/ Gynae	Pathology	Acute Medicine	Emergency Medicine	Ophthalmology
Base Size	1725	443	129	50	310	72	85	37	208	72	16	57	138	27
Pressure on workloads	70%	73%	77%	73%	70%	67%	61%	76%	*57%	*56%	74%	*83%	*81%	52%
Inadequate staffing	68%	*54%	*77%	76%	72%	73%	75%	*84%	65%	70%	64%	74%	*78%	79%
Delays to providing care treatment or screenings	59%	*67%	53%	63%	55%	56%	*47%	55%	59%	*38%	51%	48%	*67%	64%
Lack of access to necessary equipment or services	42%	40%	48%	51%	38%	46%	48%	*59%	36%	45%	21%	49%	47%	36%
Inadequate communication between healthcare professionals	39%	41%	36%	41%	41%	38%	35%	47%	40%	30%	48%	38%	41%	28%
Inadequate training or preparation for the situation	26%	*16%	24%	35%	*33%	26%	26%	*52%	*31%	31%	18%	19%	27%	19%
Insufficient support from senior colleagues	23%	*13%	*13%	14%	*31%	32%	19%	15%	*30%	22%	13%	33%	*31%	29%
Inadequate communication with patients	21%	22%	*14%	21%	23%	18%	19%	22%	22%	20%	13%	22%	20%	10%
Providing patient care remotely	14%	*20%	*6%	8%	17%	8%	15%	*31%	10%	*3%	0%	13%	12%	15%

As shown in Table 10.6, contributing factors given by those who witnessed patient safety compromises varied by specialty. Doctors in radiology were more likely to cite a range of reasons for patient safety compromises. These included inadequate staffing, lack of access to necessary equipment, inadequate training, and providing patient care remotely.

Doctors in emergency medicine were also more likely to cite a range of issues leading to patient safety compromises, including workload pressures, inadequate staffing, delays to care, treatment or screenings, and insufficient support from senior colleagues.

Doctors in surgery were less likely to mention issues with workload. However, they were more likely to say that inadequate training and insufficient support from senior colleagues had led to patient safety compromises. Doctors in medicine were also more likely to cite these two issues.

GPs were more likely to say delays to care, treatment or screening, and providing remote care were contributing factors to patient safety compromises.

Full-time, Part-time and Bank/Agency locum working

Working patterns were associated strongly with register group. GPs were much less likely to be working full-time and LE doctors were much more likely to be bank/agency workers. Overall trends by working pattern for doctors tended to mirror these underlying differences by register group.

One area where an impact appeared to go beyond register group was for burnout. GPs and Specialists working full-time were at a higher risk of burnout than those working part-time (29% of full-time GPs at high risk of burnout vs. 18% of part-time; 21% of full-time specialists at high risk of burnout vs. 11% of part-time). This was not the case for doctors in training, SAS doctors or LE doctors.

Trainer vs non-trainer

More than three in five (64%) trainers were specialists so their experience tends to reflect that of specialists more broadly. For example, they were less likely to have taken hard steps to leave the UK medical profession compared to non-trainers and less likely to feel supported by senior medical staff.

However, some differences do not appear to be driven by register group. Trainers were most likely to be working beyond rostered hours, whatever their ability to cope with their workload. There are therefore more trainers in the ‘normalised’ quadrant at an overall level (39% vs. 29% non-trainers) and within specialists (42% vs. 35% non-trainers). Trainers were also more likely to be in the ‘struggling’ quadrant compared to non-trainers overall (36% vs 31%) and within specialists (33% vs. 24%).

Trainers among specialists also had a range of more negative experiences. While trainers as a whole were more likely to agree they have enough autonomy in their role, among

specialists, trainers were actually less likely than non-trainers to agree with this (59% vs. 70% non-trainers).

GP trainers were more likely than other GPs to agree they were part of a supportive team (85% vs 77% for non-trainers). However, they were also more likely to have witnessed patient safety compromised (50% vs. 41%) and less likely to be in the ‘managing’ workload quadrant (10% vs. 16%).

The four UK nations

The main differences across the nations are shown in Table 10.7, with some more detailed differences for Scotland and Northern Ireland following this.

Due to the disproportionate size of England in the UK, differences against average are often effectively differences against England. Another key point to note is the higher proportions of doctors in our sample from outside the UK and EEA in England (33%) and Wales (37%) compared to Scotland (19%) and Northern Ireland (13%). With similar proportions of EEA doctors in each, there are correspondingly more doctors with a UK PMQ in Northern Ireland (77%) and Scotland (74%) compared to England (57%) and Wales (52%).

By register group, it is notable that within our sample there is a higher proportion of SAS doctors in Wales (15%), than Scotland (8%) and England (8%), although it is in line with Northern Ireland (12%).

Table 10.7 Differences by country on key measures

	Total	England	Scotland	Wales	Northern Ireland
Base Size	*4,288*	*3485*	*286*	*173*	*132*
Satisfaction	53%	54%	59%	52%	46%
Dissatisfaction	39%	39%	35%	42%	48%
High risk of burnout	21%	21%	14%	21%	27%
Part of a supportive team	72%	73%	77%	68%	69%
Unable to cope with workload*	38%	38%	31%	35%	43%
Autonomy in their role (agree)	60%	60%	68%	57%	54%
Patient safety compromised	41%	40%	44%	47%	52%
Taken Hard Steps toward leaving the medical profession	16%	16%	17%	17%	16%

* once a week or more

Doctors from Scotland were more likely to be satisfied and to feel they have enough autonomy in their role. They were also less likely to be at high risk of burnout and less likely to feel unable to cope with their workload at least once a week.

Conversely, doctors from Northern Ireland were more likely to be dissatisfied and more likely to have witnessed patient safety compromised. They were also more likely to disagree that they had enough autonomy in their role (24% *disagree* vs. 17% overall) and more likely to feel it was difficult to provide sufficient care at least once a week.

There were no significant differences between the experiences of doctors in Wales compared to doctors overall.

11 Appendix B – Technical Appendix

The research outlined in this report consisted of an online survey of 4,288 doctors who are currently licensed to practice in the UK.

Survey sampling

A total of 50,000 records were sampled directly from the UK medical register. Records for Northern Ireland and doctors of mixed ethnicity were oversampled to ensure minimum base sizes for analysis. Any individuals that had previously unsubscribed from the 2019, 2020, 2021 or 2022 surveys or other IFF Research projects were excluded. Additionally, the GMC contacted doctors before the launch of the survey to give them the opportunity to opt-out. Following a month long opt-out period, the survey was distributed to 49,366 doctors.

2022 was the first year which sourced doctors directly from the medical register, and this was repeated for 2023. In 2019-2021, doctors were recruited through a number of sources including a commercial sample provider, a panel of healthcare professionals and a 'snowballing' exercise which involved asking doctors that had already taken part in the research to forward a link to the survey. This hybrid approach was designed to ensure sufficient response from doctors in training and SAS/LE doctors.

The more comprehensive nature of the medical register sample has helped to ensure a more representative sample of doctors since 2022, with larger base sizes for doctors in training and, specialty and specialist grade (SAS) doctors, and / locally employed (LE) doctors.

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.

Survey responses

The average time taken to complete the online survey was 19.5 minutes.

Doctors were invited to take part in the survey via an email invitation sent by IFF Research on behalf of the GMC. The email invites were sent using contact details from the UK medical register.

Table 11.1 Summary of survey responses

	Number of survey responses	Number of email addresses sent to	Number of emails sent	Response rate
Direct email invitation	4,288	49,366	4-5	9%

The number of responses provides robust base sizes for analysis, including analysis by subgroup. The response rate was the same as 2022 (9%) and slightly higher than 2021 (7%). The response rates in 2020 and 2019 were 10% and 12% respectively.

All doctors in the sample received an invite email, in addition to three reminder emails. In order to boost the response rates for particular subgroups, the third reminder used tailored wording for doctors under 30 and doctors in Northern Ireland. A further reminder email was also sent to Asian/Asian British doctors and doctors under 45.

Survey 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 between 2019 and 2022 to allow for comparability where appropriate between the data sets.

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

Table 11.2 Weighting profile

Profile category		Survey completes	Weighted profile[1]
Registration	GP register only	21%	22%
	Specialist register only	28%	28%
	On both GP and specialist register	1%	<1%
	Training register	24%	23%
	None of these	24%	24%
	Prefer not to say	2%	2%
Age	Under 30	9%	13%
	30-34	14%	15%
	35-45	27%	28%
	46-49	8%	8%
	50-54	10%	8%
	55 or over	18%	14%
	Prefer not to say	13%	13%
Ethnicity	White	51%	49%
	Asian / Asian British	23%	32%
	Black, African, Caribbean or Black British	9%	7%
	Mixed or multiple ethnic groups	3%	3%
	Other ethnic group	5%	6%
	Not stated / prefer not to say	9%	3%
PMQ area	UK	55%	58%
	EEA	9%	8%
	Outside UK and EEA	34%	31%
	Prefer not to say	2%	2%

[1] The weighting profile exactly matched the weighting targets. The weighting targets were the population figures re-percentaged to take account of unknowns and prefer not to says – this enables more accurate comparisons.

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 'enough 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. Doctors who scored highly on 4-5 measures were considered to be at moderate risk of burnout, while those who scored highly on 2-3 measures were considered to be at fairly low risk of burnout. Finally, those who scored highly on 0-1 measures were considered at low risk of burnout.

“

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

Our Values:

1. Being human first:

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

2. Impartiality and independence:

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IFF Research

5th Floor
St. Magnus House
3 Lower Thames Street
London
EC3R 6HD
Tel: +44(0)20 7250 3035
Website: iffresearch.com

Contact details: