IFF Research

SoMEP Barometer survey 2025 report

General Medical Council

April 2026

Contents

Snapshot summary

There was evidence of a decline in doctors' experiences in 2025 across some key measures, reversing some improvements seen in the 2024 survey.

- The proportion of doctors satisfied with their day-to-day work decreased to 55%. This is lower than the 59% seen in 2024, but in line with the 53% who were satisfied in 2023.
- The proportion of doctors at high risk of burnout also increased slightly to 20% this year from 18% in 2024. This again brings the results back in line with 2023 levels (21%).
- In previous years, changes in overall satisfaction have often been mirrored by similar shifts in reported workload. This year, whilst there was a slight increase in the proportion of doctors who felt unable to cope with their workload at least once a week (36% vs. 33% in 2024), there was no change in the proportion of doctors reporting working beyond their rostered hours at least once a week (61%), suggesting the decline in doctors' experiences seen this year may be being driven by something other than increased working hours.

Lack of progression and development opportunities emerged as a key trend this year, which could be influencing overall satisfaction.

- In 2025, there was a reduction in the proportion of doctors who agreed that they can progress their career in the way they want (36% vs. 39% in 2024 36%). High workload or clinical pressures (54%) and lack of time for training and development opportunities (46%) were the most common barriers to progression reported by doctors.
- More doctors mentioned "Lack of career development or opportunities for progression" as a reason for why they were dissatisfied this year (18% vs. 14% in 2024), and there was also an increase in the proportion who identified this as a reason for considering a move abroad (52% vs. 40% in 2024).
- Locally employed doctors (particularly those who have been qualified for 5 years or less) stood out most as experiencing challenges related to career progression and development. Locally employeddoctors were less likely than other doctors to suggest they can progress their career in the way they want (28%) and more likely to give "Lack of opportunity for career progression" as a reason for dissatisfaction (43%).

There was also a decline in some measures related to how supported doctors felt in 2025.

- There was a decrease in the proportion of doctors who said they felt supported by non-clinical management (38% vs. 42% in 2024). Feelings of support were much lower in relation to non-clinical management than other colleagues, including immediate colleagues (82%) and senior medical staff (59%).
- There was a slight decrease in the proportion of doctors who felt that they are part of a supportive team (71% vs. 73% in 2024).
- There was also a reduction in the proportion of doctors who felt confident raising concerns about workplace culture (41% vs. 44% in 2024).

Doctors continued to face challenges related to patient care, which were broadly consistent with previous years.

- In line with previous years, two in five (41%) doctors found it difficult to provide a patient with the sufficient level of care they need on at least a weekly basis. A similar proportion (39%) reported witnessing a situation where they believed patient care was compromised in the last year.
- There was a reduction in the proportion of doctors who felt confident raising concerns about patient care (61% vs. 64% in 2024).
- One in five (20%) doctors agreed that there is effective coordination of patient care between primary and secondary care. Among GPs, only 12% agreed with this statement.

There was a slight increase in the proportion of doctors looking to leave the UK medical profession, and specifically those considering moving to practise abroad.

- In 2025, there was an increase in the proportion of doctors who suggested leaving the UK profession was the career change they were **most** likely to make in the next year (22% vs. 19% in 2024). The demands of doctors' current role adversely impacting their wellbeing was again a key reason given for wanting to leave.
- Driving this was an increase in the proportion of doctors who suggested that moving to practise abroad was the change they were most likely to make (15% vs. 12% in 2024).
- Among doctors who suggested they were likely to move to practise abroad in the next year, over a third (35%) indicated they did not intend to return to UK practice.

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. The findings that are brought together are reported in two separate reports: the Workforce report, which provides insights on the capacity of the UK's healthcare systems; and the Workplace experiences report, which provides insights and implications related to doctor's day to day experiences.

Since 2019, the primary research feeding into the SoMEP reports 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' experiences in the workplace and career intentions.

The key research questions in 2025 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;
- working in a 'system under pressure' and the impacts of this on doctors' wellbeing;
- doctors' experiences of providing patient care;
- career intentions over the next year, including likelihood to reduce hours or leave the UK medical profession.

In 2025, the research also included qualitative (in-depth) interviews with 40 doctors to explore their experiences of finding it difficult to provide a sufficient level of patient care. The aim of the qualitative research was to explore in depth what doctors mean when they report experiencing difficulty providing a sufficient level of care, what factors contribute to this, and the impact it has on doctors, patients and working relationships. The full findings from these interviews are covered in a separate report, but some findings are included where relevant in this report to provide additional context to the quantitative data.

Research approach

Fieldwork was conducted online between 3rd September and 13th October 2025, with a total of 4,606 doctors currently working in the UK.

An initial random sample of 60,000 licensed 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 period for doctors in the sample to remove themselves from the research, the survey was distributed to 59,253 doctors. Initial uptake for the survey was low this year, so the GMC then drew and directly invited an additional random sample of 40,000 doctors to the survey. This meant that, in

total, 99, 253 doctors were invited to take part in the Barometer survey 2025. A total of 4,606 completes was achieved, giving a response rate of 5%.

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 (PMQ) was gained. This approach was the same as the one taken since 2019 to allow for comparability where appropriate between the data sets.

More information about the sampling and recruitment approach this year can be found in the technical annex (Appendix B).

Questionnaire

Each year, the Barometer survey is reviewed and where necessary refined. This includes making updates to existing questions to aid clarity, removing questions that are no longer adding value, and adding new question to address emerging priorities.

The core elements of 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.

In addition to the previous research questions, the survey in 2025 included new questions exploring trainer roles, changes that have improved patient care, coordination between primary and secondary care and the anticipated period of time doctors will be out of the country for those considering moving abroad.

Reporting

Throughout this report, differences mentioned between types of respondent within, and between different years, 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 referenced in the commentary. When we say a specific group of respondents are different to the average, we mean that the group is significantly different to the average of all other respondents excluding that group.

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 2025 report, findings for SAS and LE doctors are reported separately wherever possible. However, comparisons before 2022 cannot be made for these groups separately.

When referring to differences by where doctors received their primary medical qualification (PMQ), this is typically done with reference to the following groups:

- UK PMQ: those who received their PMQ in the UK;
- Non-UK PMQ: those who received their PMQ outside of the UK. This group is further broken down into:
    - EEA PMQ: those who received their PMQ from a country within the European Economic Area;
    - Outside UK/EEA PMQ: those who received their PMQ from a country outside of the UK and the European Economic Area.

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

While longer-term comparisons are highlighted for key questions, this report primarily compares 2025 findings with those from 2024 and 2023. Care should be taken when looking at results from 2020 and 2021, which were collected during the unique context of the Covid-19 pandemic.

Further details of the research approach can be found in the Technical Annex (Appendix B).

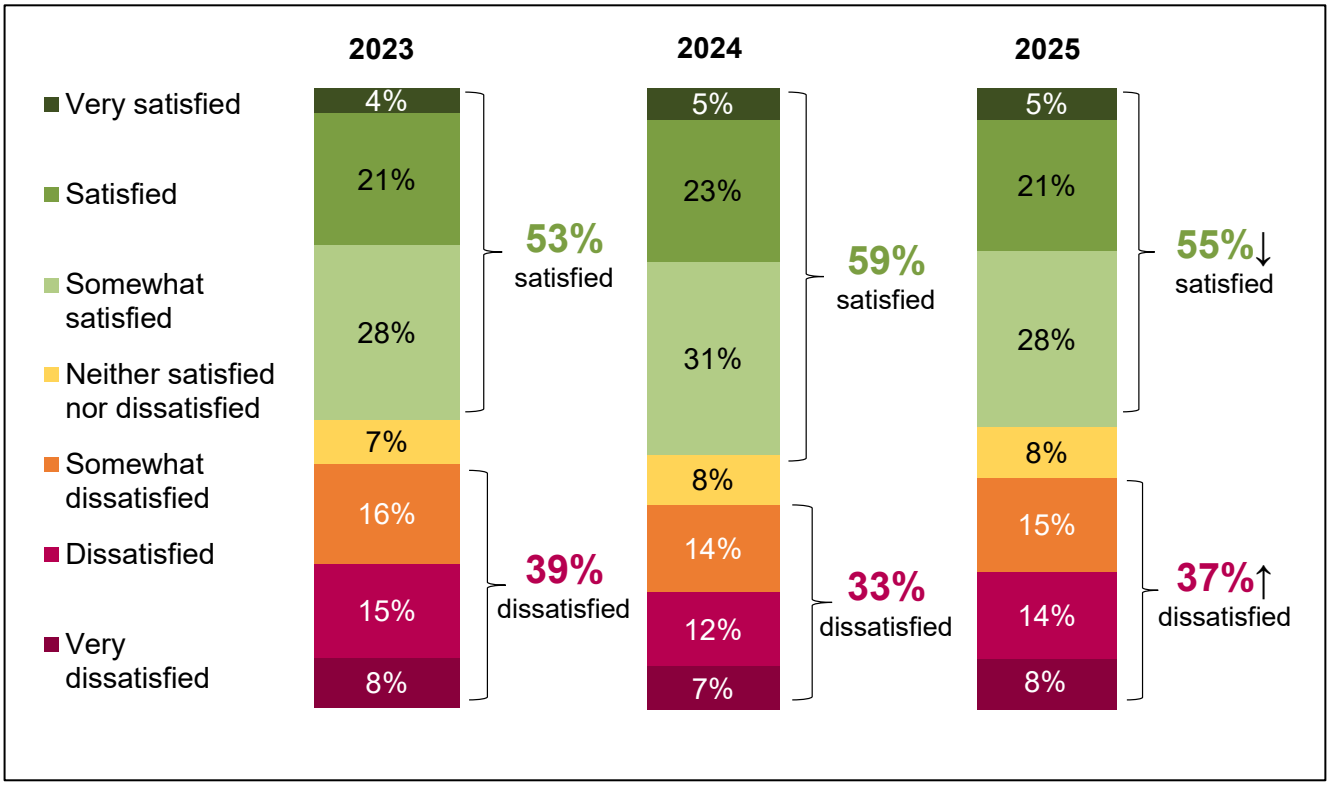
2. Doctor's satisfaction in their work

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

Overall satisfaction

As shown in Figure 2.1, in 2025, more than half (55%) of doctors were satisfied with their day-to-day work. This has decreased since 2024 (59%) but is in line with 2023 (53%).

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

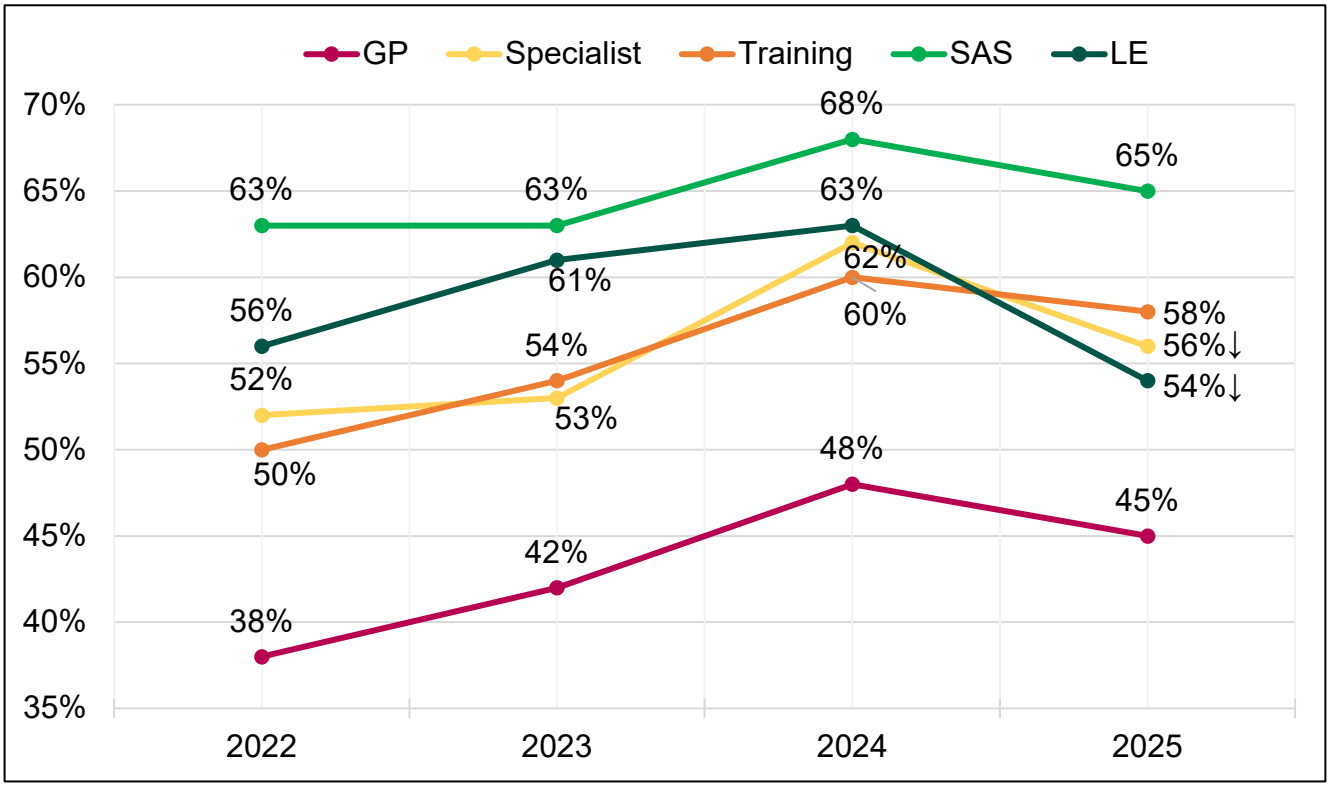


A1. To what extent are you satisfied or dissatisfied day to day in your work as a doctor? Base: All doctors 2025 (4606), 2024 (4697), 2023 (4288) (Arrows indicate significant differences from 2024 data)

SAS doctors (65%) were the register group that stood out as being most likely to be satisfied. Doctors in training (58%) were also more likely to be satisfied than other doctors, while GPs continued to be most likely to be dissatisfied (47%).

Looking at changes over time (shown in Figure 2.2), the sharpest drop in satisfaction this year has been among LE doctors (54% vs. 63% in 2024), moving from being the second most satisfied register group to the fourth. Satisfaction also dropped among specialists (65% vs. 62% in 2024), following an increase in the previous year.

Figure 2.2 Satisfaction over time by register group



A1. To what extent are you satisfied or dissatisfied day to day in your work as a doctor? Base: All doctors 2025 (4606), 2024 (4697), 2023 (4288), 2022 (4269) (Arrows indicate significant differences from 2024 data)

In terms of differences outside of register group, consistent with previous years, doctors who had been qualified for 40 years or more (77%), Black/Black British doctors (65%), doctors who gained their PMQ outside the UK/EEA (60%) or who had been practising in the UK for less than 5 years (60%) were all more likely to be satisfied.

In line with 2024 and previous years, disabled doctors (44%) were less likely to be satisfied than non-disabled doctors (57%). Doctors with a UK PMQ were also less likely to be satisfied than other doctors (52%).

Reasons for satisfaction

As shown in Figure 2.3, the most common reason for job satisfaction reported by satisfied doctors continued to be related to finding work enjoyable and rewarding (31%). This was followed by enjoying treating patients or patient contact (16%) and liking and respecting their colleagues or the team they work with (12%).

The key reasons why doctors report being satisfied with their job have remained consistent over time, but there have been some small changes in the proportion of satisfied doctors giving some reasons for their satisfaction. The proportion of doctors who gave enjoying treating patients as a reason for

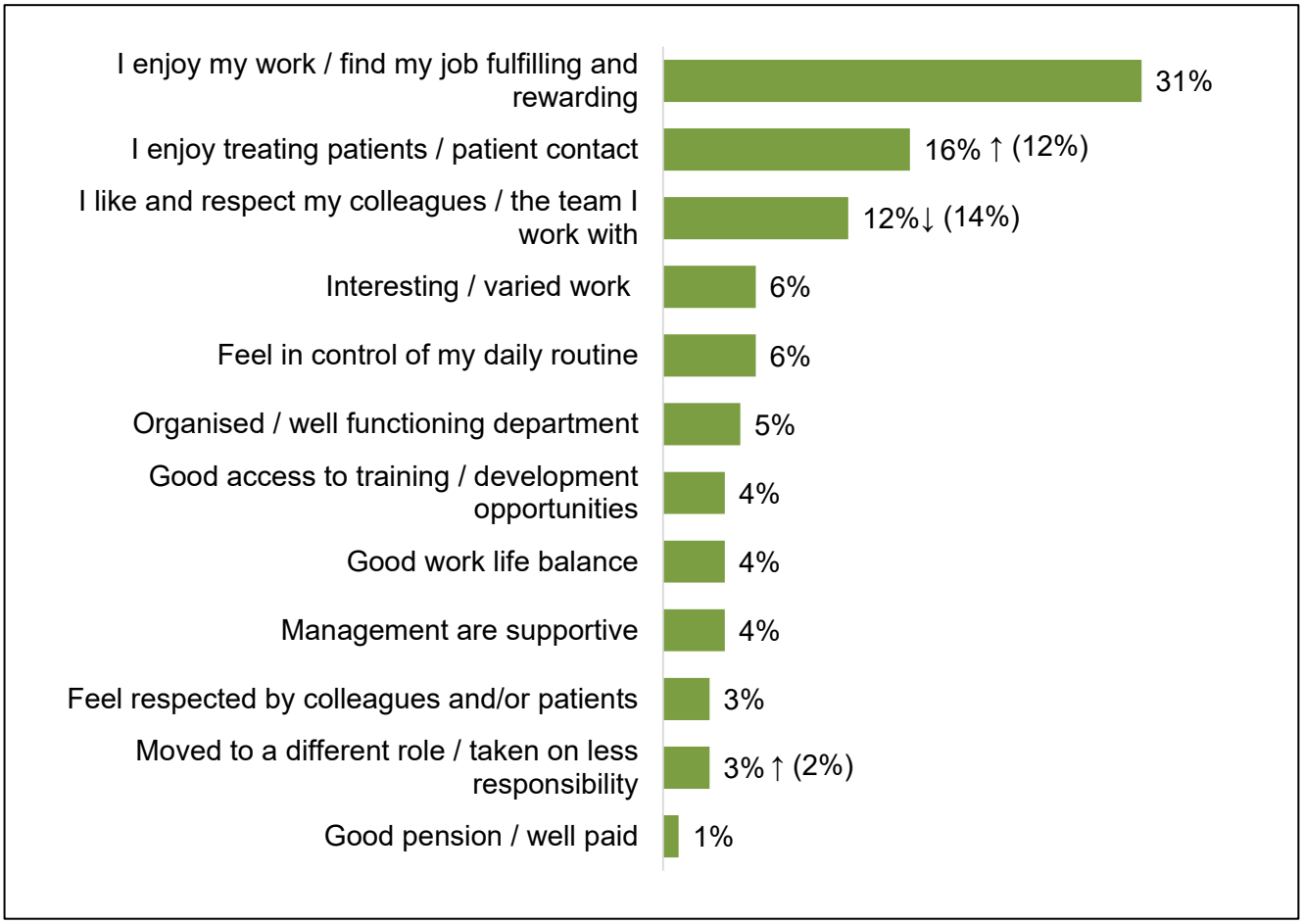
satisfaction rose (16% vs.12% in 2024), while doctors were slightly less likely to mention liking and respecting the colleagues they work with as a reason for satisfaction (12% vs. 14% in 2024).

Specialists were more likely than other doctors to mention enjoying treating patients (19%), whereas SAS and LE doctors were less likely to do so (both 11%).

> *"I like being a doctor and enjoy working with both patients and colleagues. Majority of people are good to work with. I control a large part of my work and my line manager is supportive."*
>
> **Trainee, Female, Outside UK or EEA PMQ**

GPs were more likely than other doctors to say that feeling in control of their daily routine was a reason for their satisfaction (12%). In contrast, only 3% of doctors in training gave this as a reason for their satisfaction.

Figure 2.3 Reasons for satisfaction



A2. Why do you say that you are satisfied? Base: All doctors that gave satisfied score (2541) (Data in brackets is 2024 data) (Arrows and bracketed numbers indicate significant differences from 2024 data)

Reasons for dissatisfaction

As shown in Figure 2.4, the most frequently cited reason for dissatisfaction was increasingly high workloads and long working hours (32%), in line with previous years. Other issues including lack of support, concerns about care being compromised, staff shortages, patient expectations and lack of career opportunities were also given as reasons for dissatisfaction by around one in five dissatisfied doctors.

There was an increase in the proportion of dissatisfied doctors reporting a couple of reasons for their dissatisfaction compared to 2024, including lack of career development or opportunities for progression (18% vs. 14% in 2024) and not feeling respected or valued (15% vs. 12% in 2024). However, there were also decreases in some reasons given. The proportion citing poor salary, remuneration or compensation continued its downward trend (15% vs. 20% in 2024, and 23% in 2023), and the proportion who attributed their dissatisfaction to a high number of patients or long waiting lists also decreased (10% vs. 14% in 2024).

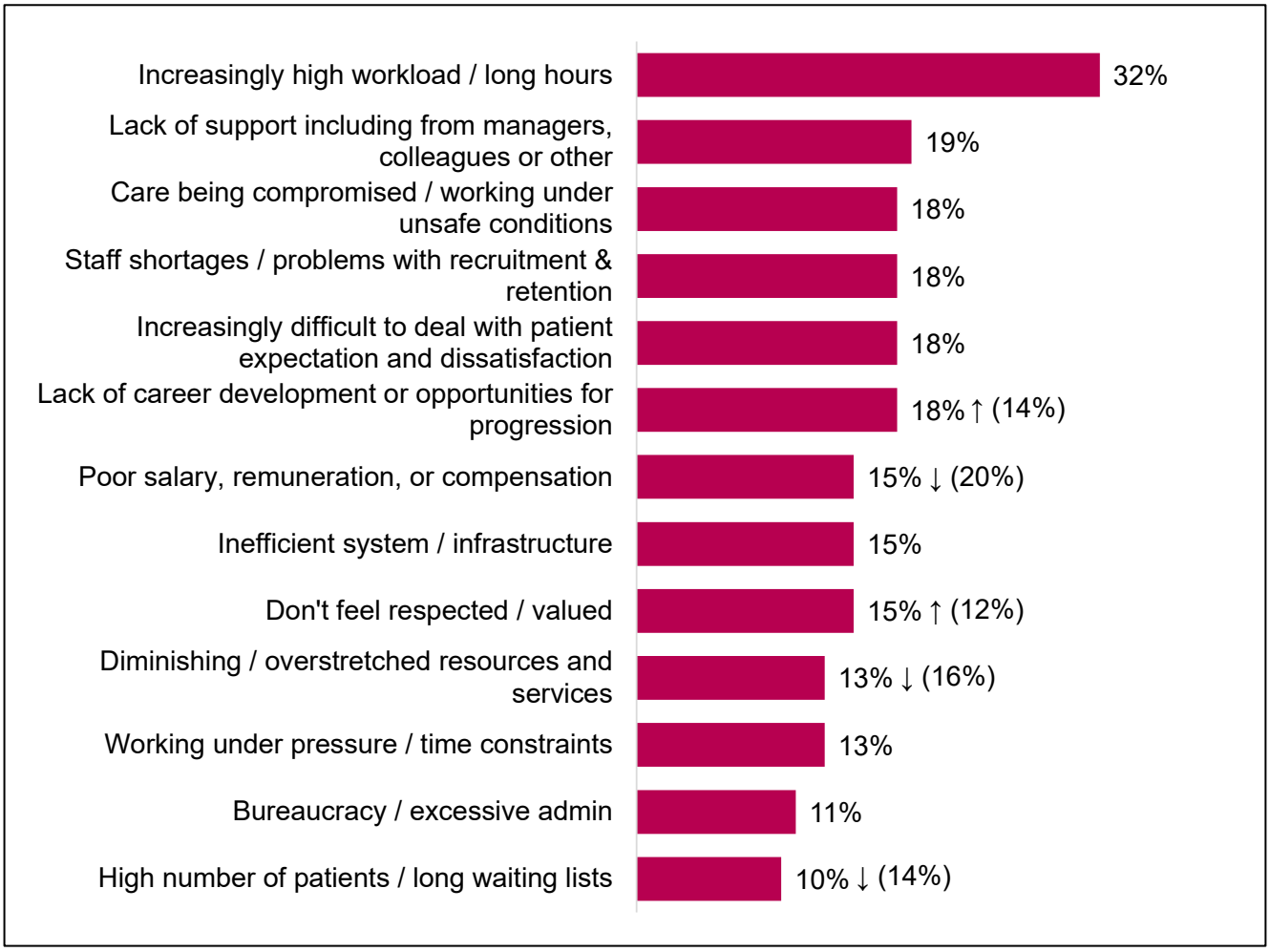
> *"Clinical burden is a lot, requiring difficult decisions. Pressure from management regarding times and admin work. Lack of adequate peer support due to everyone being busy in their own work."*
>
> **SAS, Female, Outside UK and EEA PMQ**

GPs (50%) continued to be the register group most likely to mention high workload as a reason for dissatisfaction and they were even more likely to give this reason than in 2024 (39%). Specialists (19%) remained less likely than other doctors to mention high workload, consistent with 2024 findings, but continued to be more likely to mention patient care being compromised (26%) as a reason for dissatisfaction. Specialists were also more likely than other doctors to report a lack of support including from managers or colleagues (32%), a pattern that was also seen among SAS doctors (28%).

> *"It's extremely pressured and I work many more hours than I'm paid for."*
>
> **GP, Female, UK PMQ**

Lack of opportunity for career progression, personal development or training was more likely to be a reason for dissatisfaction among both LE doctors (43%) and doctors in training (31%). Doctors in training were also more likely than other doctors to give staff shortages or problems with recruitment and retention (26%) and not feeling respected or valued (19%) as reasons for their dissatisfaction.

Figure 2.4 Reasons for dissatisfaction



A2. Why do you say that you are dissatisfied? Base: All doctors that gave dissatisfied score (1689) All responses >9% shown. (Arrows and bracketed numbers indicate significant differences from 2024 data)

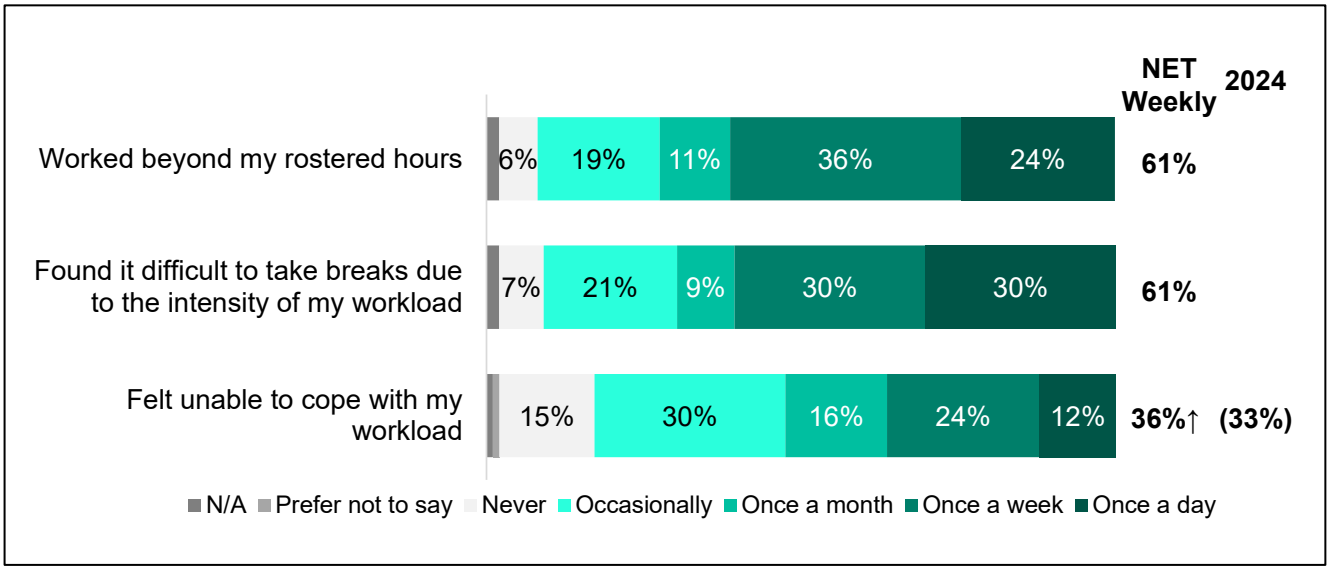
3. Workloads

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, and what adjustments they had to make as a result of this.

Workload pressure

Figure 3.1 shows the proportion of doctors who experienced different pressures resulting from workload. In 2025, approximately three in five doctors worked beyond their rostered hours at least once a week (61%), which is consistent with 2024. The same proportion found it difficult to take breaks at least once a week (61%), again in line with 2024. Around a third of doctors felt unable to cope with their workload at least once a week (36%), which has increased compared to 2024 (33%), returning to similar levels to those seen in 2023 (38%).

Figure 3.1 How frequently doctors experienced workload pressures



C1. How frequently, if at all, over the last year have you experienced the following…? Base: All doctors (4606)
(Arrows and bracketed numbers indicate significant differences from 2024 data)

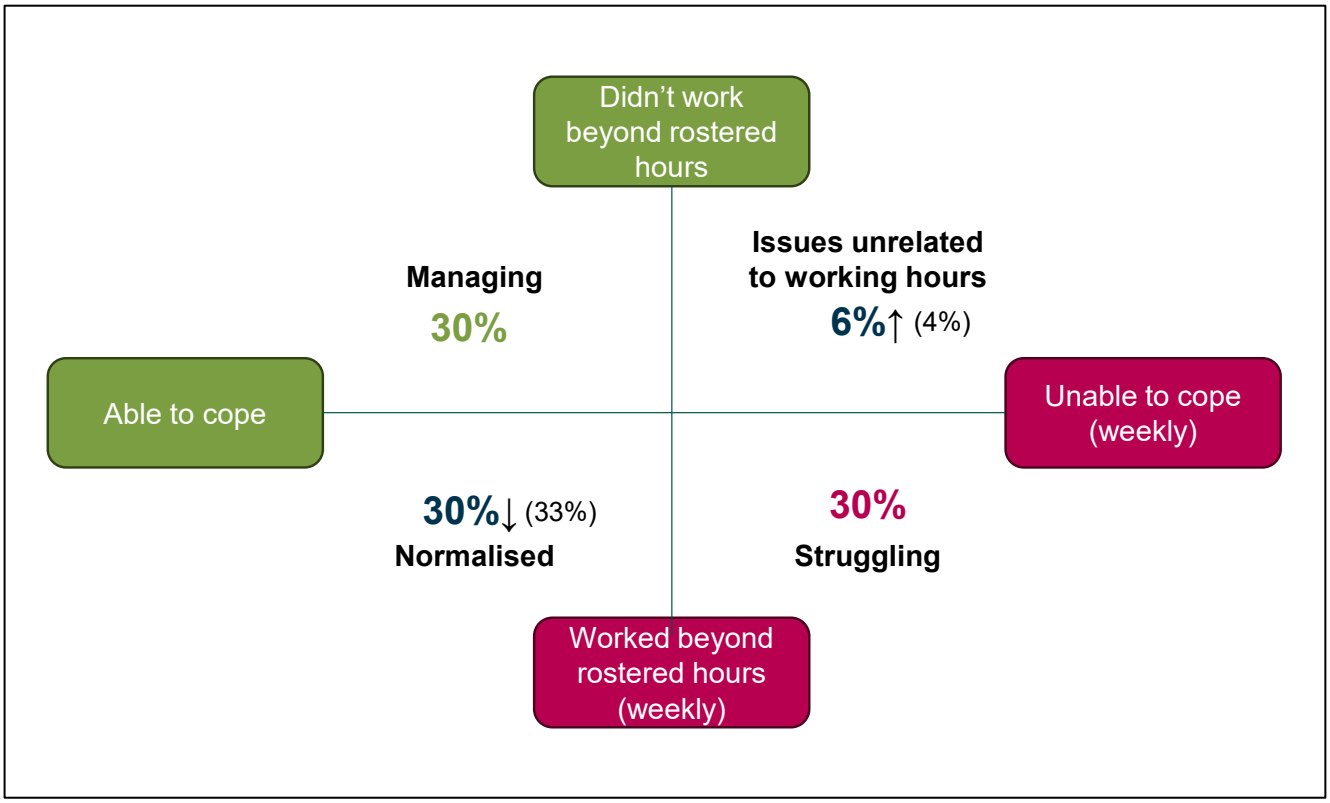
GPs continued to be the register group who were most likely to have experienced these workload pressures on at least a weekly basis: they were more likely than other doctors to have worked beyond their rostered hours (77%), found it difficult to take breaks (74%), and felt unable to cope with their workload (47%). Doctors in training were also more likely than other doctors to have felt unable to cope with their workload (42%) and found it difficult to take breaks on at least a weekly basis (65%). Consistent with 2024, specialists, SAS and LE doctors were generally less likely to have reported experiencing these workload pressures.

Similar to previous years, doctors were split into four categories to better understand the relationship between working beyond rostered hours and ability to cope,[1] as shown in Figure 3.2.

[1] Note that doctors who selected "Not appliable", "Prefer not to say" or "Don't know" for whether they worked beyond rostered hours or felt unable to cope with workload are excluded from the workload quadrant analysis, therefore the proportion of doctors in each quadrant does not sum to 100%.

- **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 made up just under a third (30%) of survey respondents.
- **Normalised:** *those working beyond rostered hours at least weekly but feeling unable to cope with their workload less often than this.* Under a third (30%) of doctors fell into this category, which was fewer than in 2024 (33%).
- **Issues unrelated to working hours:** *those feeling unable to cope on at least a weekly basis but are not working beyond their rostered hours regularly.* Only a very small minority (6%) of doctors fell into this group. Nevertheless, a higher proportion of doctors were included in this quadrant than in 2024 (4%).
- **Struggling:** *those who are working beyond rostered hours on at least a weekly basis and feeling unable to cope with workload at least weekly.* Three in ten (30%) doctors fell into this group.

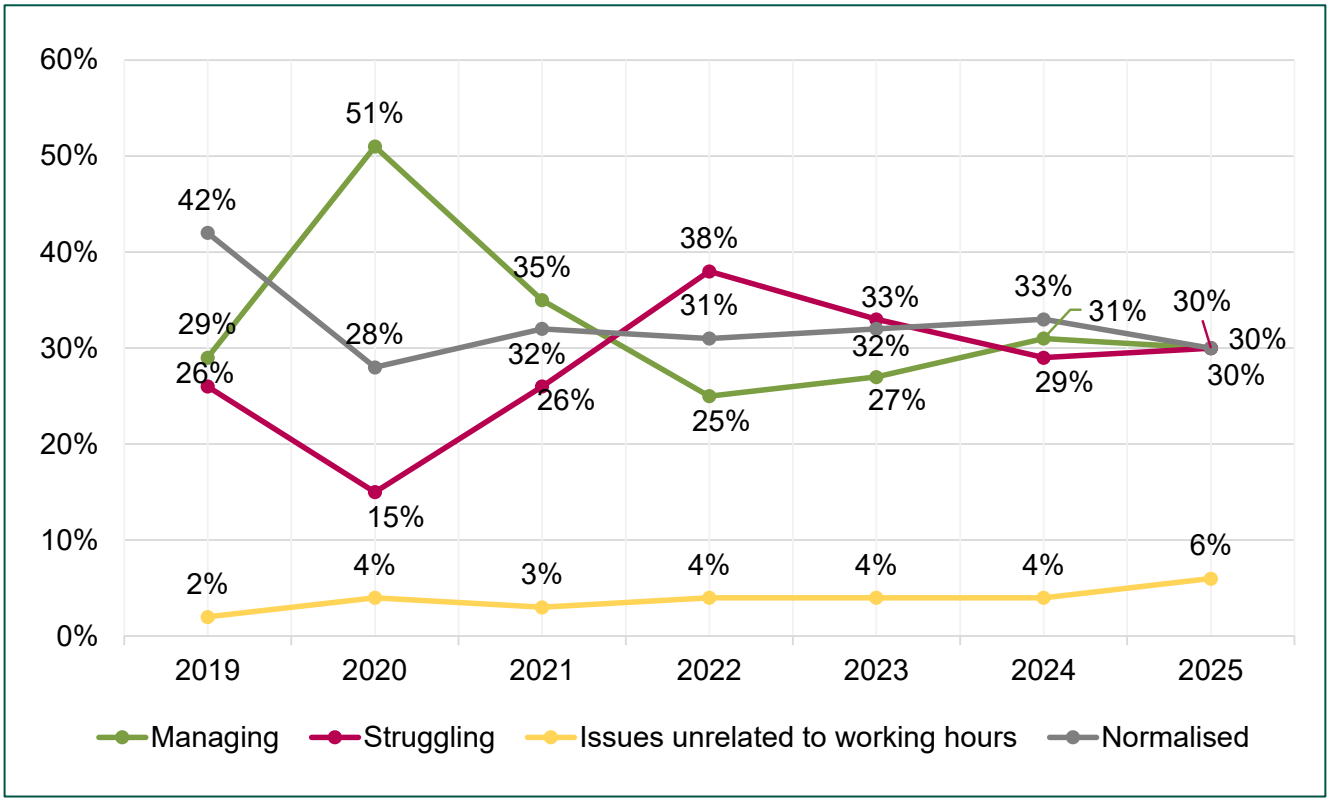
Figure 3.2 Quadrant analysis of working hours and ability to cope



Base: All doctors (4606) (Arrows and bracketed numbers indicate significant differences from 2024 data)

As shown in Figure 3.3, patterns in doctors' workload experiences have fluctuated considerably over time. The proportion of doctors in the 'managing' and 'struggling' quadrants have seen more change than other quadrants. Doctors were more likely to be 'struggling' than 'managing' for the first time between 2022 and 2023, however this trend began to reverse in 2024. In 2025, the proportion of doctors in the 'managing' or 'struggling' workload quadrants were proportionately equal, each accounting for 30% of doctors. The proportion of doctors in the 'normalised' quadrant has remained mostly stable since 2020 at around 30%. Meanwhile, those experiencing issues unrelated to working hours remain a small minority but the proportion in this group has increased this year.

Figure 3.3 Workload pressures quadrants over time



Base: All doctors 2025 (4606), 2024 (4697), 2023 (4288), 2022 (4269), 2021 (3386), 2020 (3693), 2019 (3876)

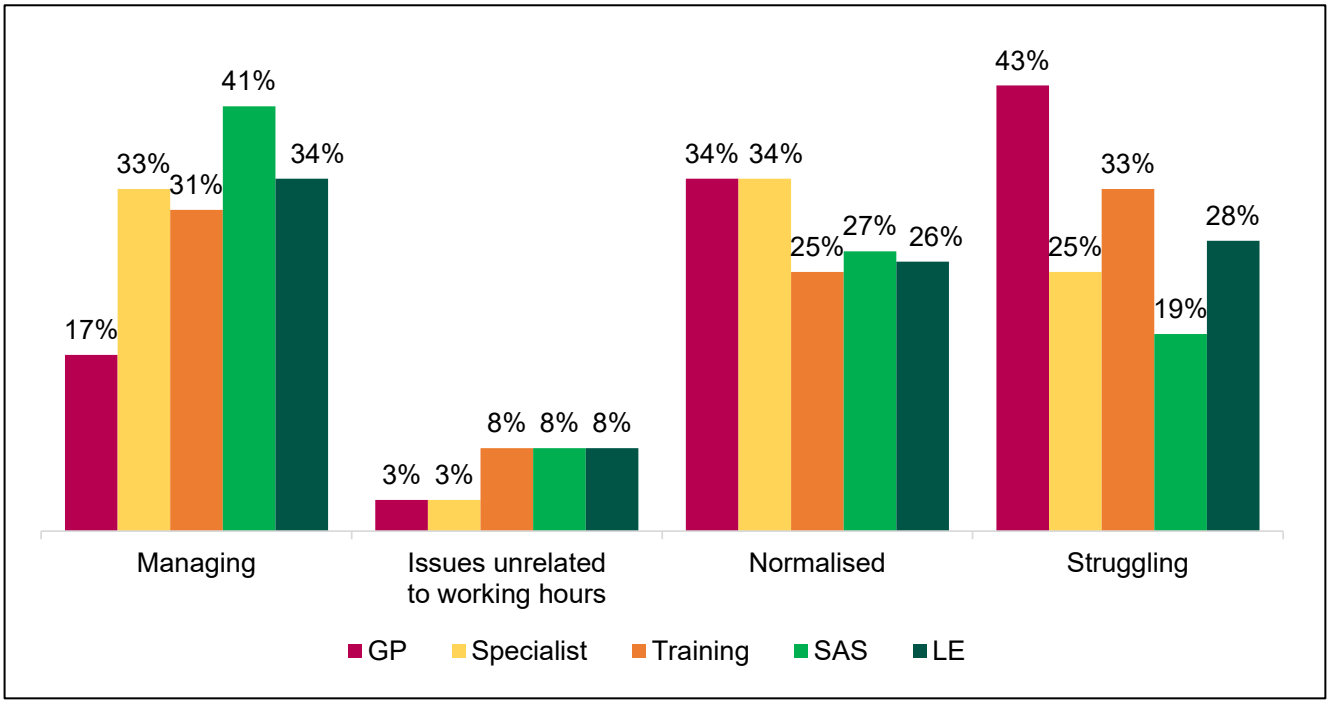
As shown in Figure 3.4, SAS doctors (41%) were the most likely register group to be in the 'managing' workload quadrant. Compared to 2024, fewer LE doctors fell into this workload quadrant (34% vs. 42% in 2024).

SAS doctors, alongside LE doctors and doctors in training, were also more likely to be in the 'issues unrelated to working hours' quadrant (all 8%). These three register groups were all more likely to be in this quadrant compared to 2024.

GPs and doctors in training were more likely than other doctors to be in the 'struggling' workload quadrant (43% and 33% respectively). A higher proportion of doctors in training fell into this quadrant this year (33% vs. 29% in 2024).

In terms of trends by other groups, disabled doctors (42%) were more likely than other doctors to fall into the 'struggling' workload quadrant, particularly those who need reasonable adjustments (47%). Doctors under the age of 30 (38%), and doctors with an EEA PMQ (36%) or UK PMQ (34%) were also all more likely to be in the 'struggling' workload quadrant.

Figure 3.4 Quadrant analysis of working hours and ability to cope by register group



Base: All doctors (4606)

Adjustments made in response to pressure on workload

In line with recent years, 62% of doctors had made some form of adjustment to the way they work in response to pressure on their workload and capacity in the past year.

The adjustments doctors were most likely to have made are shown in Table 3.1. As in previous years, the most common action was to refuse to take on additional workload, with almost two in five doctors (38%) reporting having done this in the past year. Reducing contracted hours was the next most commonly reported action, though at a much lower level (19%). Other adjustments such as reducing time spent in a trainer or supervisor role (9%), moving to roles with less clinical practice (8%), or switching to locum work (7%) were less common but still taken by a notable minority of doctors. The proportion of doctors taking most actions has decreased since last year, continuing a downward trend seen between 2023 and 2024. This suggests that while workload pressures remain, fewer doctors are making major changes to their working patterns than in previous years, with refusing additional workload remaining the most common adjustment made.

Table 3.1 Adjustments made as a result of workload

Factors	2023	2024	2025
Base size	*4288*	*4697*	*4606*
Refused to undertake additional workload	41%	39%	38%
Reduced contracted hours	19%	20%	19%
Stopped or reduced time spent in a trainer or supervisor role	N/A	11%	9%↓
Moved to a role with less clinical practice	10%	10%	8%↓
Switched to locum work	11%	9%↓	7%↓
Moved into private practice / increased proportion of time spent working privately	6%	6%	5%↓
Deferred / taken a break from training but continued to work	7%	6%	5%↓
Taken a career break	6%	5%↓	5%
Retired and returned to working on a sessional / contracted / locum basis	4%	3%↓	3%

C2. In the last year, has pressure on workload and capacity led you to do any of the following? Base: All doctors (4606)

Specialists were the most likely register group to have refused additional workload (45%), stopped/reduced time spent in a trainer or supervisor role (19%), or moved into private practice/ increased the proportion of time spent working privately (10%).

Meanwhile, GPs were more likely to have reduced contracted hours (23%), moved to a role with less clinical practice (13%) or switched to locum work (10%).

SAS doctors were the register group who were least likely to have refused additional workload (33%), whilst LE doctors were less likely than other doctors to have reduced contracted hours (16%).

4. Doctors' wellbeing

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

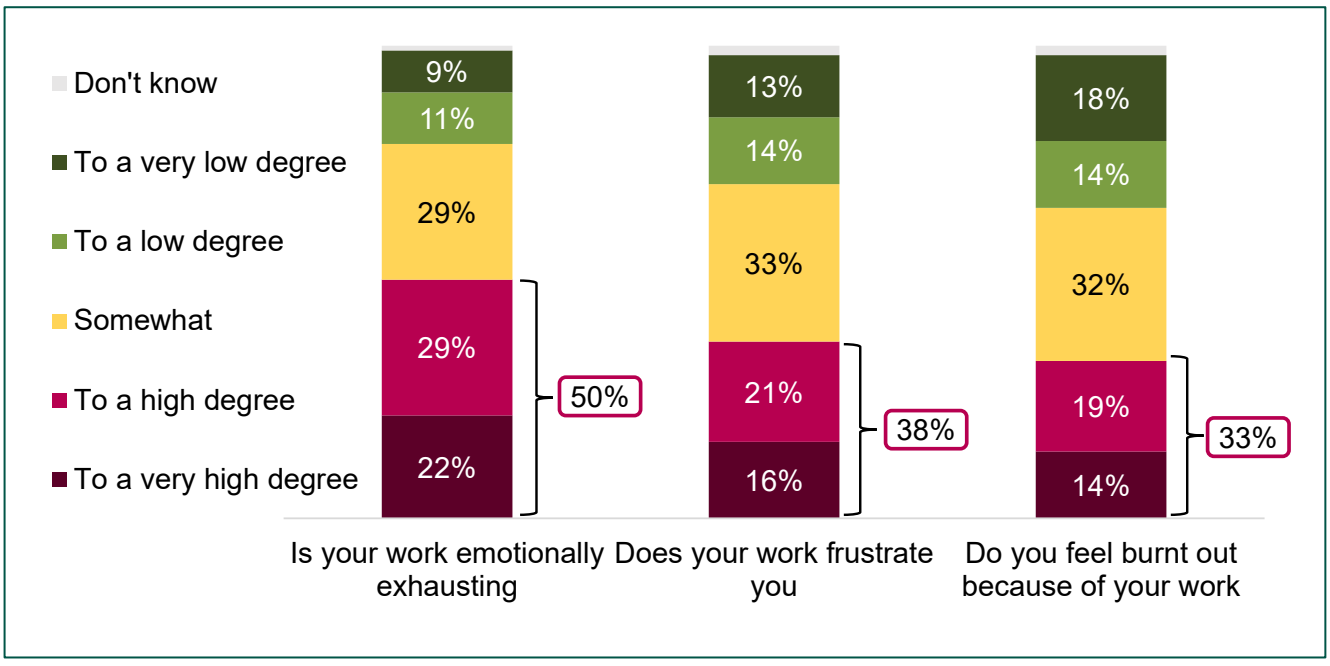
Doctors' wellbeing and experience of burnout

The SoMEP barometer uses seven measures from the Copenhagen Burnout Inventory (CBI)[2] to monitor the risk of burnout in the medical profession. Responses to these seven measures are shown across Figure 4.1 and Figure 4.2.

The burnout measures most commonly experienced by doctors were feeling worn out at the end of the day (63% felt this often or always) and feeling their work is emotionally exhausting (50% felt this to a high or very high degree).

Just under four in ten doctors (38%) said their work frustrates them to a high or very high degree, while a similar proportion (37%) said they often or always feel exhausted in the morning at the thought of another day at work. A third (33%) said they feel burnt out because of their work always or often, three in ten (30%) said they feel every working hour is tiring always or often, and just over a quarter (26%) said they seldom or never have enough energy for family and friends during their leisure time.

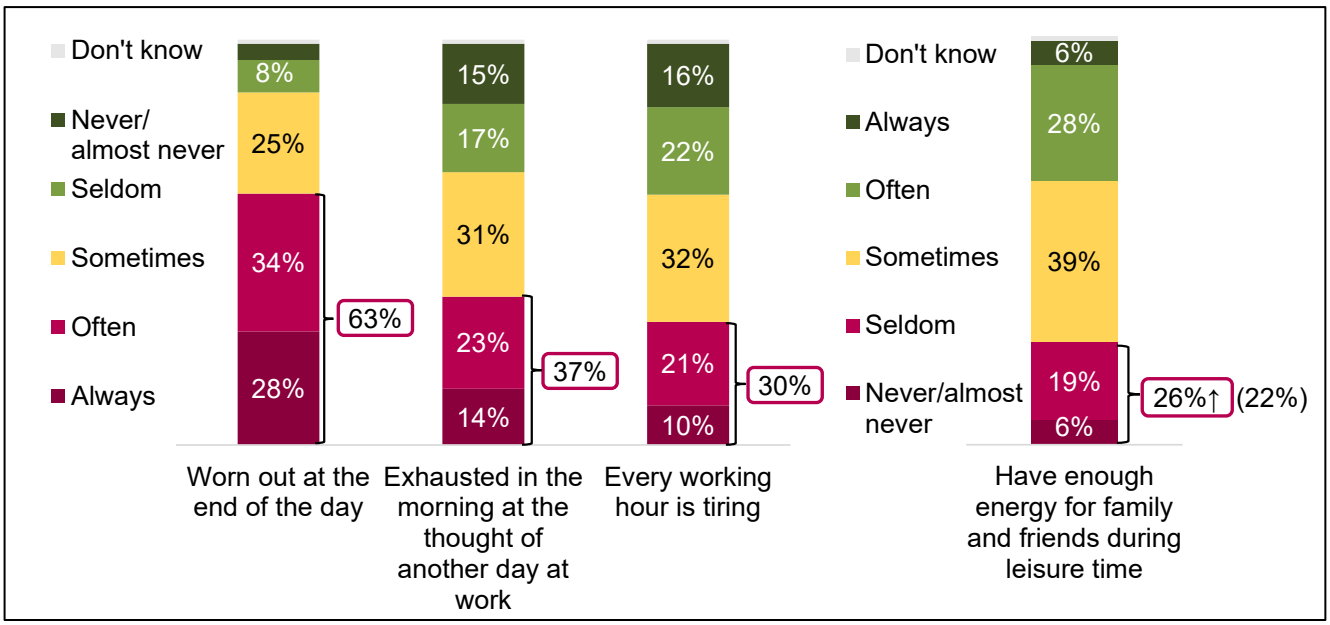
Figure 4.1 Degree of burnout experienced



D1. To what degree do you feel the following about your work? Base: All doctors (4606)

[2] Please refer to the Technical Annex 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 (4606); D2b. How often, if at all, do you have enough energy for family and friends during leisure time? All doctors (4606) (Arrows and bracketed numbers indicate significant differences from 2024 data)

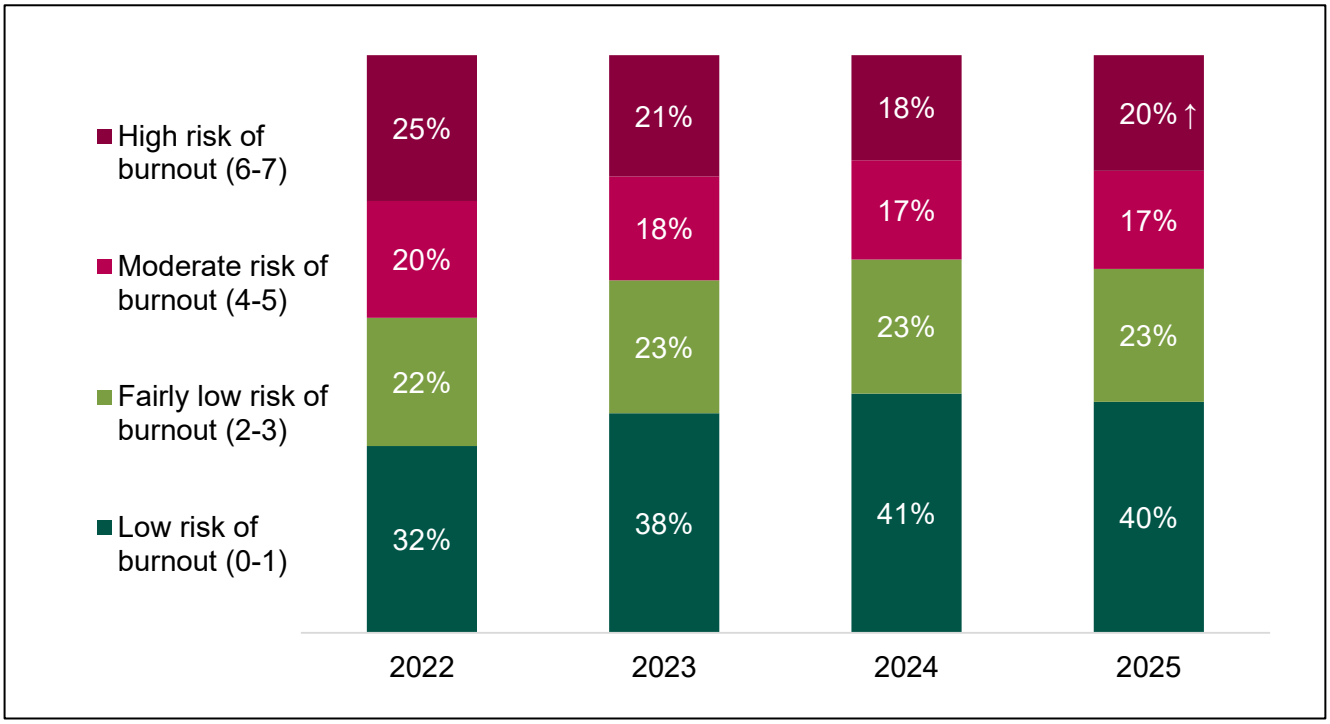
Responses to the burnout measures were mostly consistent with 2024, with the exception of an increase in the proportion who felt they seldom or never have enough energy for family and friends during leisure time (26% vs. 22% in 2024).

To assess overall levels of burnout, doctors were split into four 'burnout risk' categories, based on how many of the seven burnout measures doctors scored 'highly' on (responding with a high/very high degree, often/always, or seldom/never in the case of having enough energy for friends and family).

Figure 4.3 shows doctors who were in each burnout risk category tracked over time. Doctors were considered to be at 'high risk of burnout' if they scored 'highly' on six or seven of the measures, 'moderate risk of burnout' if they score 'highly' on four or five of the measures, 'fairly low risk of burnout' if they scored 'highly' on two or three of the measures and 'low risk of burnout' if they scored 'highly' on zero or one of the measures. A fifth of doctors (20%) fell within the high risk of burnout category in 2025. This represents an overall increase compared to 2024 (18%), bringing the proportion back in line with 2023 (21%). Across the other burnout risk categories, in 2025 17% of doctors were at moderate risk of burnout, 23% were at fairly low risk and 40% were at low risk of burnout.

As in previous years, high risk of burnout was associated with several other negative measures. For example, those who fell into the 'struggling' workload quadrant (44%) or were dissatisfied (43%) were more likely to be at high risk of burnout.

Figure 4.3 Proportion of doctors in each burnout risk category over time

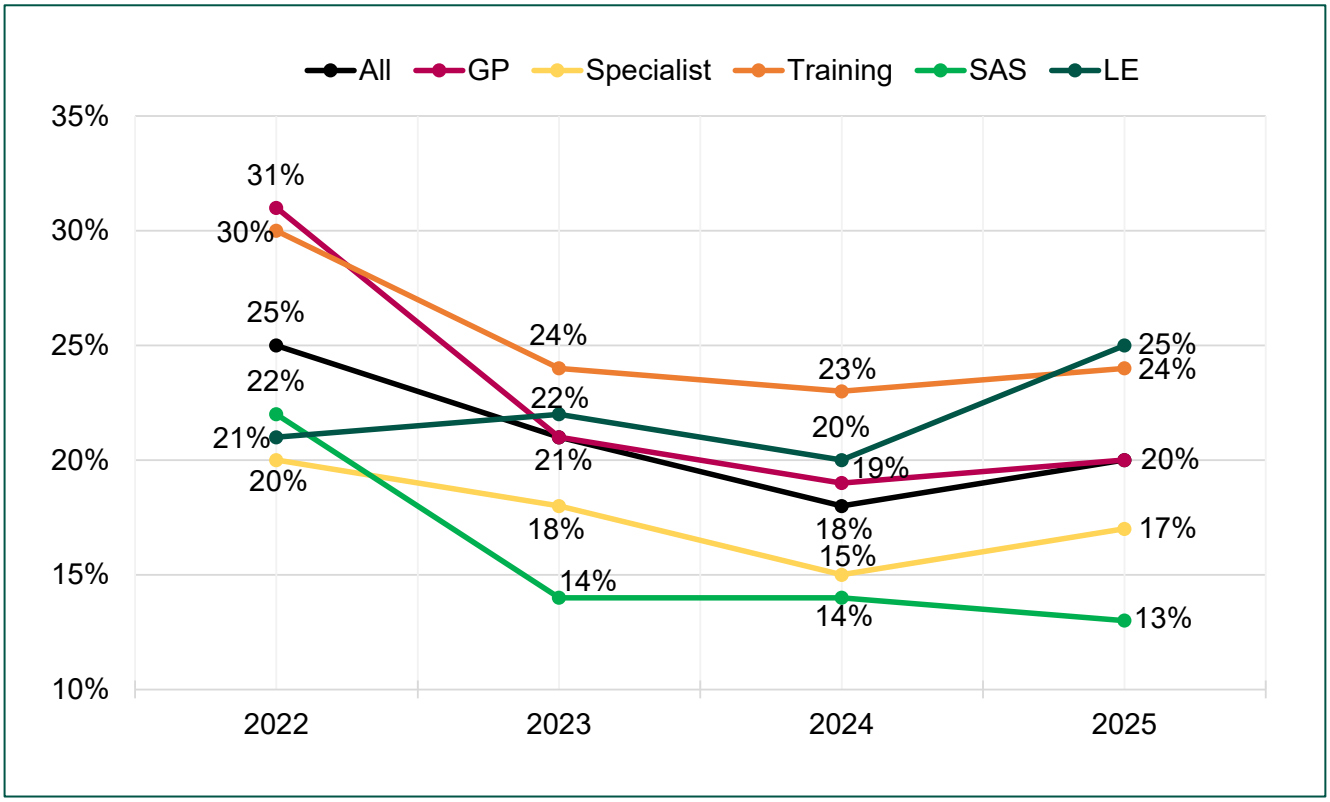


Base: All doctors 2025 (4606), 2024 (4697), 2023 (4288), 2022 (4269), 2021 (3386), 2020 (3693), 2019 (3876)
(Arrows indicate significant differences from 2024 data)

Figure 4.4 shows the burnout risk by register group tracked over time. In 2025, LE doctors (25%) and doctors in training (24%) were more likely than other doctors to be at high risk of burnout. Whilst this was the case for doctors in training in both 2023 and 2024, LE doctors were previously in line with the average.

Conversely, specialists and SAS doctors were less likely than other doctors to be at high risk of burnout in 2025, consistent with 2024 and 2023.

Figure 4.4 Proportion of doctors at high risk of burnout over time (by register group)

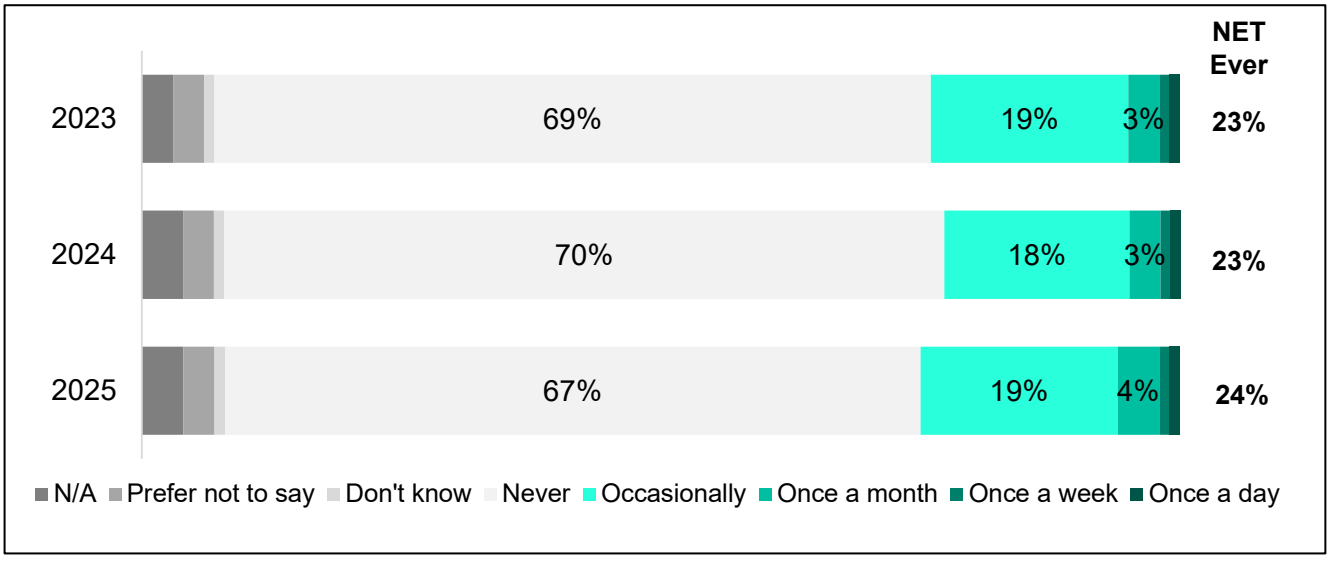


Base: All doctors 2025 (4,606), 2024 (4697), 2023 (4288), 2022 (4269), 2021 (3386), 2020 (3693), 2019 (3876)

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. Consistent with recent years, just under a quarter of doctors (24%) said they had to take a leave of absence due to stress, as shown in Figure 4.4.

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 (4606)

As in previous years, LE doctors (37%) and doctors in training (30%) were more likely than other doctors to have taken a leave of absence due to stress. The proportion of LE doctors saying they have done this has increased from 30% in 2024. Specialists (15%) and GPs (20%) were less likely than other doctors to have taken a leave of absence due to stress.

Taking a leave of absence due to stress was associated with being at high risk of burnout, with nearly half (47%) of those in the 'high risk of burnout' group reporting taking a leave of absence due to stress at least once in the past year.

Almost four in ten doctors who were in the 'struggling' (37%) and 'issues unrelated to workload' (39%) quadrants had taken a leave of absence for stress (i.e. both of the quadrants where doctors felt unable to cope with their workload at least once a week, suggesting that this is closely associated with taking a leave of absence). While those in the 'normalised' (18%) and 'managing' (16%) workload quadrants were less likely to have done this than other doctors. Those who were satisfied overall in their day-to-day work were less likely to have needed to take a leave of absence due to stress (16%).

Disabled doctors (41% and 51% of disabled doctors who require reasonable adjustment), doctors who qualified in the last 15 years (31%) and doctors who had gained their PMQ outside the UK or EEA (27%) were also more likely than other doctors to have taken a leave of absence due to stress.

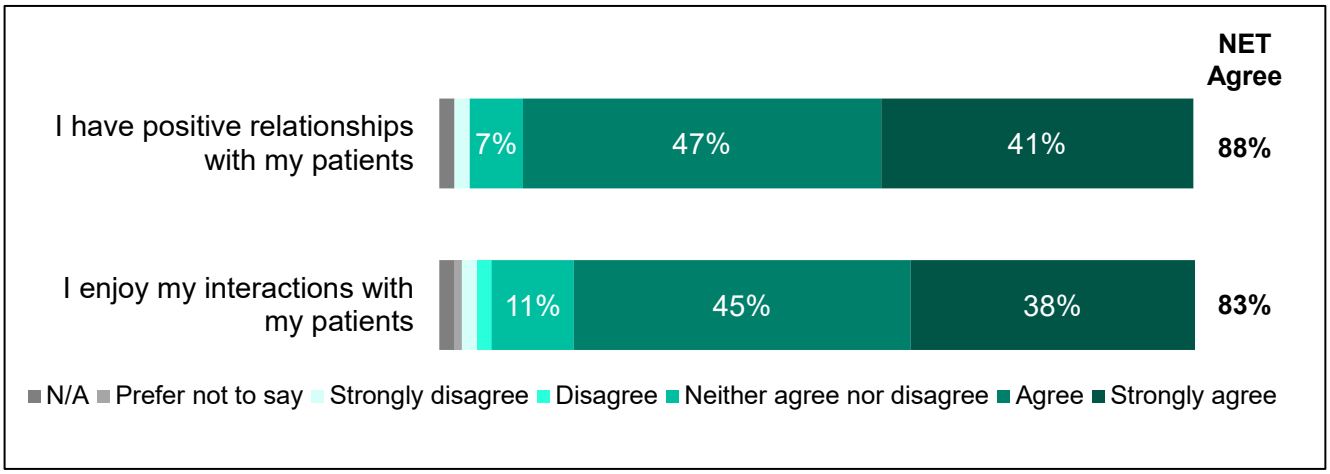
5. Patient care

This chapter looks at doctors' experiences of providing patient care, situations in which patient care or safety has been compromised, and the factors that impact doctors' ability to provide good patient care.

Patient relationships

Almost nine in ten doctors (88%) agreed they have positive relationships with patients, and over eight in ten (83%) reported that they enjoy their patient interactions (see Figure 5.1). These findings have remained stable since the questions were introduced in 2022.

Figure 5.1 Relationships with patients



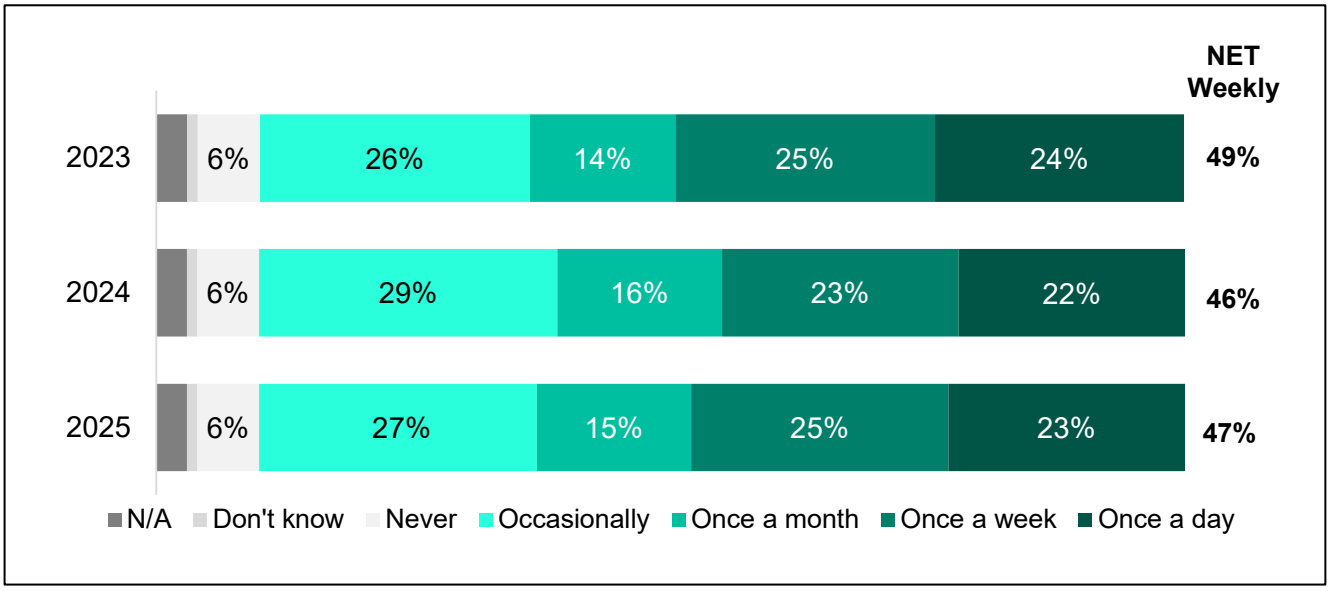
D2a. To what extent do you agree with the following statements when it comes to working with patients? Base: All doctors (4606)

LE doctors were more likely than other doctors to say they had a positive relationship with their patients (90%) and enjoy their patient interactions (86%), while GPs were slightly less likely to say they enjoy their interactions with patients (80%).

Patient expectations

Almost half of doctors (47%) said they found it hard to manage a patient's expectations at least once a week, consistent with 2024 (46%), as shown in Figure 5.2.

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 2025 (4606), 2024 (4697), 2023 (4288)

Trends among register groups remained consistent with 2024. GPs were much more likely than other doctors to find it hard to manage a patient's expectations at least once a week (71%). SAS doctors (29%) were the register group who were least likely to report this. LE doctors (38%) and specialists (42%) were also less likely to report regularly finding it had to manage a patient's expectations.

Doctors with a UK PMQ (59%), and disabled doctors (54%) were also more likely than other doctors to have found it hard to manage a patient's expectations at least once a week.

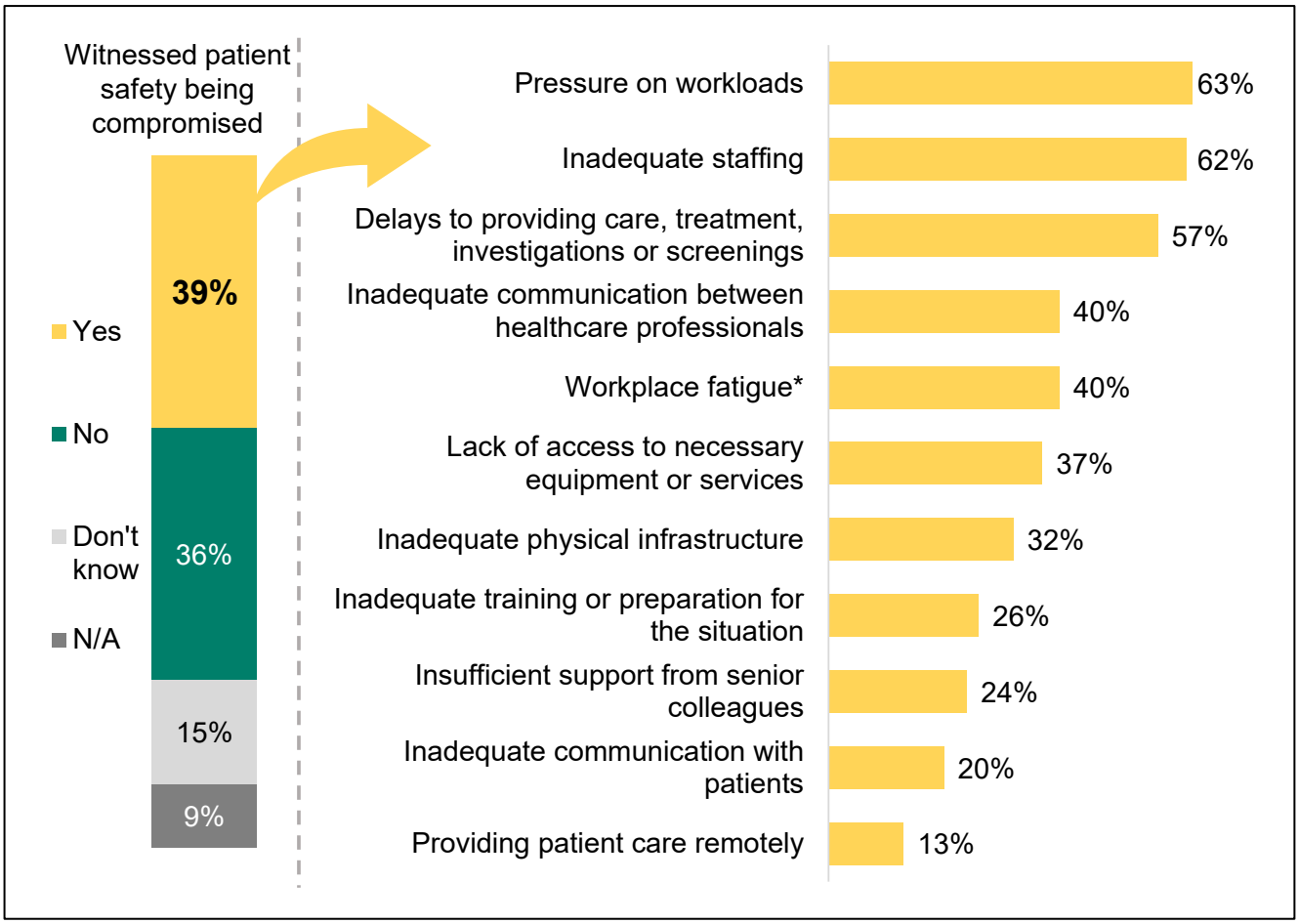
Situations where patient care or safety has been compromised

Nearly four in ten doctors (39%) reported witnessing a situation where they believed a patient's safety or care was compromised when being treated by a doctor in the past year. This was consistent with 2024 and 2023.

Similar to previous years, specialists were particularly likely to report having witnessed a compromise in patient safety or care (44%), while LE doctors were less likely than other doctors to do so (34%). In 2025, SAS doctors were also less likely to report this (34%), which wasn't the case in 2024.

As shown in Figure 5.3, the main factors doctors felt contributed to compromises in patient safety or care were pressure on workloads (63%) and inadequate staffing (62%), followed by delays to providing care, treatment, investigations or screenings (57%). This is consistent with 2023 and 2024. Workplace fatigue, a new response option introduced in 2025, was the next most commonly reported factor (40%).

Figure 5.3 Main reported contributing factors to compromises in patient safety or care, among those who reported witnessing this



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 (4606). C7. Thinking of the most recent situation you observed, which of the following do you believe were contributing factors? Base: Those who witnessed patient safety being compromised (1868). *In 2025, “workplace fatigue” was added as a code.

Differences by register group (shown in Table 5.1) were very similar to previous years. GPs were more likely than other doctors to suggest delays to providing treatment, investigations or screenings (65%, the most commonly selected factor among GPs), as well as inadequate communication between healthcare professionals (44%), inadequate communication with patients (25%) and providing patient care remotely (19%) as contributing factors. Specialists were more likely to select inadequate physical infrastructure (39%) as a contributing factor.

Doctors in training, SAS and LE doctors were all more likely than other doctors to report that insufficient support from senior colleagues was a contributing factor (36%, 36% and 34% respectively). LE doctors were also more likely to report pressure on workloads (71%) and inadequate staffing (70%). While doctors in training were also more likely to report inadequate staffing (72%, the most commonly selected option among doctors in training), pressure on workloads (70%), workplace fatigue (49%), and inadequate training or preparation for the situation (30%).

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

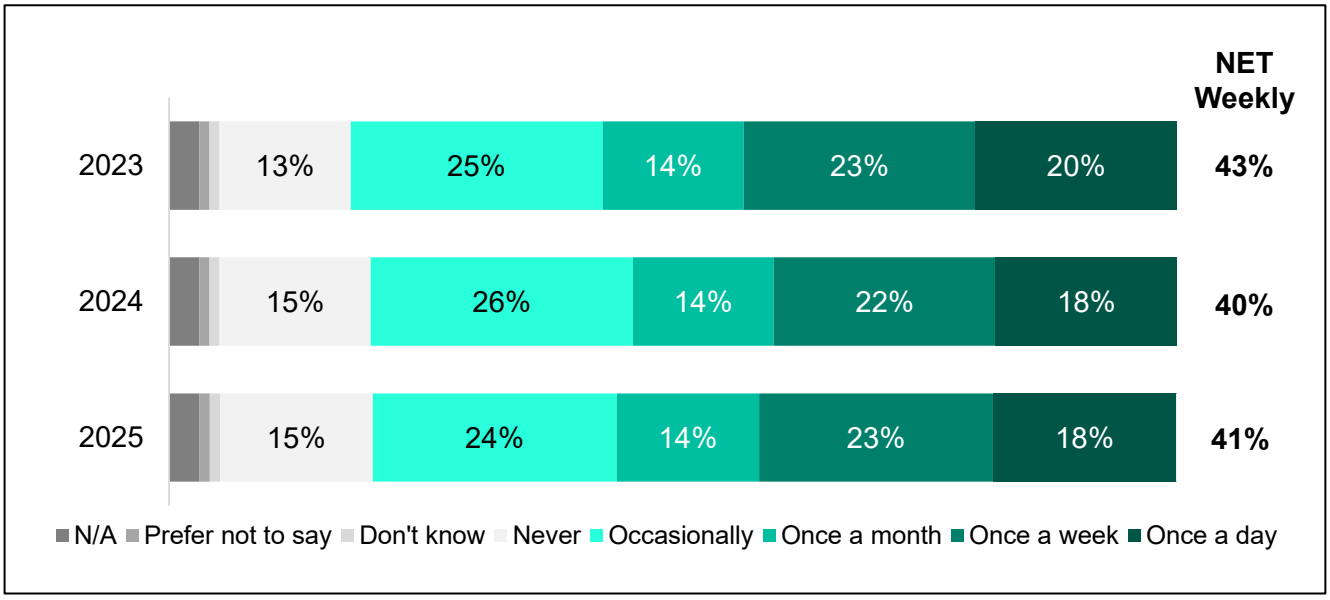
Factors	Total	GP	Specialist	Training	SAS	LE
Base size	*1868*	*449*	*673*	*411*	*138*	*170*
Pressure on workloads	63%	63%	56%	70%	56%	71%
Inadequate staffing	62%	48%	61%	72%	61%	70%
Delays to providing care, treatment, investigations or screenings	57%	65%	52%	58%	51%	60%
Workplace fatigue	40%	33%	38%	49%	40%	45%
Inadequate communication between healthcare professionals	40%	44%	34%	43%	42%	38%
Lack of access to necessary equipment or services	37%	38%	38%	36%	25%	36%
Inadequate physical infrastructure	32%	20%	39%	36%	30%	31%
Inadequate training or preparation for the situation	26%	16%	28%	30%	29%	31%
Insufficient support from senior colleagues	24%	13%	17%	36%	36%	34%
Inadequate communication with patients	20%	25%	17%	20%	24%	16%
Providing patient care remotely	13%	19%	13%	10%	12%	11%

Pink shading indicates significantly higher than average and green shading indicates significantly lower than average. Significance testing applied at the 95% confidence interval using z-tests.

Barriers to patient care

Two in five doctors (41%) said they found it difficult to provide a patient with the sufficient level of care they need at least once a week, as shown in Figure 5.4. This is in line with 2024 (40%) and 2023 (43%).

Figure 5.4 Doctors who found it difficult to provide a patient with a 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 2025 (4606), 2024 (4697), 2023 (4288)

In line with previous years, GPs were more likely than other doctors to find it difficult to provide a sufficient level of care on at least a weekly basis (60%), while SAS doctors (25%) LE doctors (33%) and specialists (38%) were less likely to experience this on at least a weekly basis.

Other groups more likely to say they found it difficult to provide a sufficient level of care at least once a week included LGBTQ+ doctors (57%), disabled doctors (52%), doctors who gained their PMQ in the UK (51%), doctors aged under 30 (50%), and doctors practising in Wales (47%) or Scotland (46%).

Insights from the qualitative follow-up Interviews

This year, follow-up qualitative interviews explored doctors' experiences with difficulty providing sufficient patient care to help us understand in more depth how they were interpreting and responding to this survey question.

In the qualitative research, doctors defined 'sufficient care' as being **timely**, **patient-centred** (including listening attentively and tailoring care to individual circumstances), and focused on the **patient as a whole person** (such as emotional and social needs, rather than just medical symptoms). Although they described using professional standards and guidance to ensure minimum standards of care were met, they typically considered '**sufficient' to be more than just 'minimum'** care. For example, using the 'friends and family test' to consider whether they are providing the level of care that they would want for their own loved ones.

Doctors interviewed emphasised that 'difficulty providing sufficient care' **rarely implied compromises in professional standards or patient safety**. More typically, it **reflected falling short of personal standards** when under sustained pressure (e.g. not being able to provide emotional support for patients) and/or **challenges securing onward services** for their patients (e.g. being unable to refer to secondary or community care services that are at capacity). Some doctors also included their own **emotional strain** as part of difficulties providing sufficient care, where they

experienced distress due to the challenges of trying to overcome these systemic barriers and/or the moral injury of not being able to deliver the level of care they would want to.

Doctors reported in the qualitative research that they experienced **substantial and cumulative impacts** from difficulties providing sufficient care and the resulting emotional strain. Some positioned this as a **factor in considering taking actions** such as reducing their working hours or moving abroad.

Doctors felt that the impacts on patients of these difficulties providing sufficient care typically related to **continuity of care** and **patient experience**, rather than immediate safety. Doctors thought that long waiting lists, repeat presentations and limited time for discussion drove **anxiety and frustration** among patients, **eroded trust** in the healthcare system, and sometimes led to **patients' health conditions deteriorating during delays**.

In line with previous years, the most frequently reported barrier to providing good patient care was inadequate staffing (69%), closely followed by pressure on workloads (66%) and time spent on bureaucracy / admin (66%), as shown in Table 5.2. A smaller proportion of doctors selected around half of the barriers[3] compared to 2024, which continues a trend seen last year of a general reduction in the proportion of doctors selecting a range of response options.

Table 5.2 Barriers to providing good patient care

Factors	2023	2024	2025
Base size	*4288*	*4697*	*4606*
Inadequate staffing	79%	72%↓	69%↓
Pressure on workloads	75%	69%↓	66%↓
Time spent on bureaucracy / admin	70%	68%↓	66%↓
Patient flow / bed pressures	57%	56%	54%
Delays to providing care, treatment or screenings	60%	57%↓	53%↓
Low staff morale	57%	49%↓	48%
Poor organisational leadership	46%	45%	46%
Lack of access to necessary equipment or services	46%	44%	42%
Inadequate physical infrastructure[4]	-	40%	39%
Inadequate communication between healthcare professionals	37%	37%	33%↓
Insufficient support from senior colleagues	18%	19%	19%
Inadequate training or preparation	20%	18%↓	18%
Inadequate communication with patients	19%	17%↓	14%↓

[3] 6 out of 13 barriers including: inadequate staffing, pressure on workloads, time spent on bureaucracy/admin, delays to providing care, treatment or screenings, inadequate communication between healthcare professionals, inadequate communication with patients.
[4] New code in 2024

C9. What would you consider to be the main barriers, if any, to providing good patient care that you have observed or experienced over the last year? Base: All doctors (4606) (Arrows signify where the finding is significantly higher or lower than the previous year)

By register group (as shown in Table 5.3), GPs were more likely than other doctors to report pressure on workloads (78%), time spent on bureaucracy / admin (71%), delays to providing care, treatment or screenings (73%), lack of access to necessary equipment or services (47%) and inadequate communication between healthcare professionals (45%) as barriers to patient care.

Specialists were more likely than other doctors to name patient flow or bed pressures (58%), low staff morale (58%), poor organisational leadership (57%) and inadequate physical infrastructure (46%) as barriers to patient care.

Doctors in training were more likely than other doctors to select most barriers, the exceptions being delays to providing, care, treatment or screenings, low staff morale, poor organisational leadership and inadequate communication between healthcare professionals.

LE doctors were more likely than other doctors to report inadequate staffing (74%), patient flow or bed pressure (61%), insufficient support form senior colleagues (28%), and inadequate training or preparation (29%).

Table 5.3 Differences in most significant barrier to patient care by register group

Factors	Total	GP	Specialist	Training	SAS	LE
Base size	*4606*	*1024*	*1479*	*1054*	*404*	*505*
Inadequate staffing	69%	57%	70%	77%	66%	74%
Pressure on workloads	66%	78%	61%	71%	57%	65%
Time spent on bureaucracy / admin	66%	71%	66%	70%	54%	64%
Patient flow or bed pressures	54%	31%	58%	67%	51%	61%
Delays to providing care, treatment, investigations or screenings	53%	73%	48%	55%	40%	45%
Low staff morale	48%	44%	58%	49%	42%	43%
Poor organisational leadership	46%	33%	57%	48%	45%	44%
Lack of access to necessary equipment or services	42%	47%	42%	46%	31%	37%
Inadequate physical infrastructure	39%	32%	46%	44%	29%	37%
Inadequate communication between healthcare professionals	33%	45%	30%	35%	28%	26%
Inadequate support from senior colleagues	19%	9%	15%	27%	21%	28%
Inadequate training or preparation	18%	8%	10%	30%	15%	29%

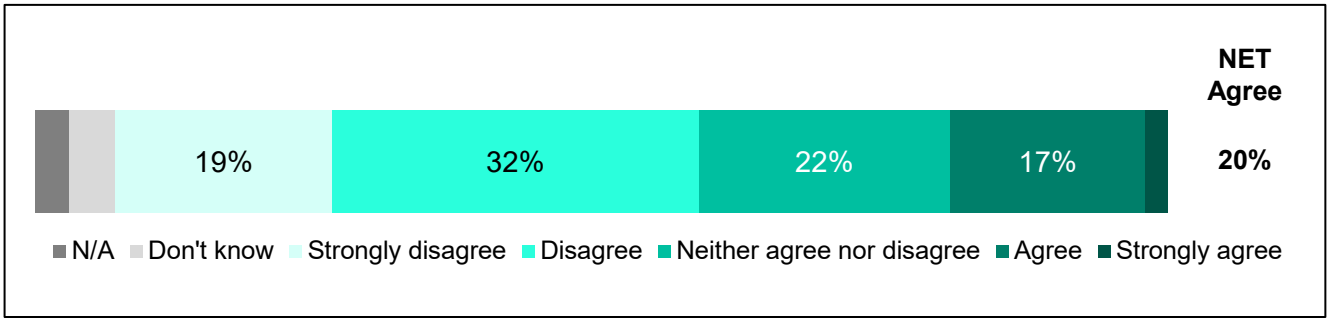
Inadequate communication with patients	14%	16%	12%	16%	12%	15%

Pink shading indicates significantly higher than average and green shading indicates significantly lower than average. Significance testing applied at the 95% confidence interval using z-tests.

Coordination of patient care

For the first time in 2025, we asked doctors the extent to which they agreed that there is effective coordination of patient care between primary and secondary care. As shown in Figure 5.5, only one in five (20%) doctors agreed with this statement.

Figure 5.5 Doctors views on coordination of patient care between primary and secondary care



D3. To what extent do you agree with the following statement? In my experience there is effective coordination of patient care between primary and secondary care. Base: All doctors (4,606)

SAS doctors (28%), LE doctors (26%) and doctors in training (23%) were more likely than other doctors to agree that there is effective coordination of patient care between primary and secondary care. GPs (12%) and specialists (15%) were less likely to agree with this statement.

Doctors who found it difficult to provide sufficient patient care on a weekly basis (10%) or had witnessed a patient safety compromise (11%) were less likely than other doctors to agree there is effective coordination of patient care between primary and secondary care.

There was also a relationship between this statement and negative wellbeing measures, as dissatisfied doctors (9%), doctors at high risk of burnout (10%) and doctors in the 'struggling' workload quadrant (13%) were all less likely to agree that there is effective coordination of care between primary and secondary care.

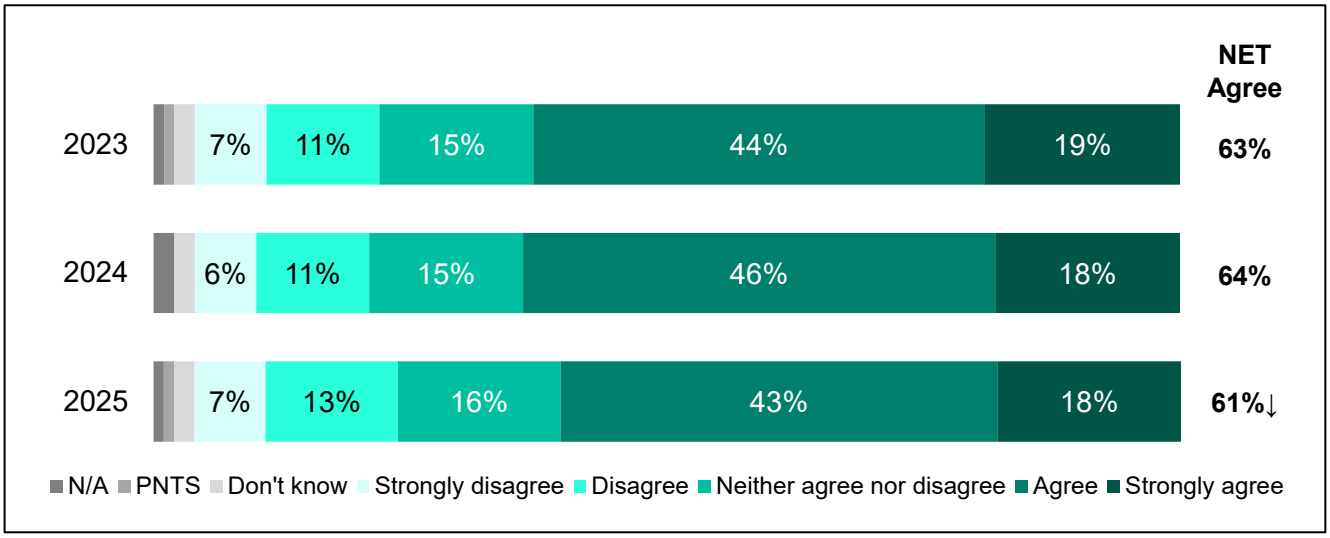
Doctors with a UK PMQ (14%), disabled doctors (16%) and mid-career doctors (17%) were also all less likely than other doctors to agree there is effective coordination of patient care.

Doctors who gained their PMQ outside the UK or EEA (30%), early career doctors (22%) and doctors who felt part of a supportive team (22%) were more likely to agree there is effective coordination of patient care between primary and secondary care.

Confidence in raising concerns about patient care

As shown in Figure 5.6, the proportion of doctors who said they felt confident raising concerns about patient care has decreased since last year, from 64% in 2024 to 61% in 2025. Almost a fifth (19%) disagreed this year.

Figure 5.6 Confidence raising concerns about patient care



D3: To what extent do you agree with the following statements? I feel confident raising concerns about patient care. Base: All doctors (4606) (Arrows indicate significant differences from 2024 data)

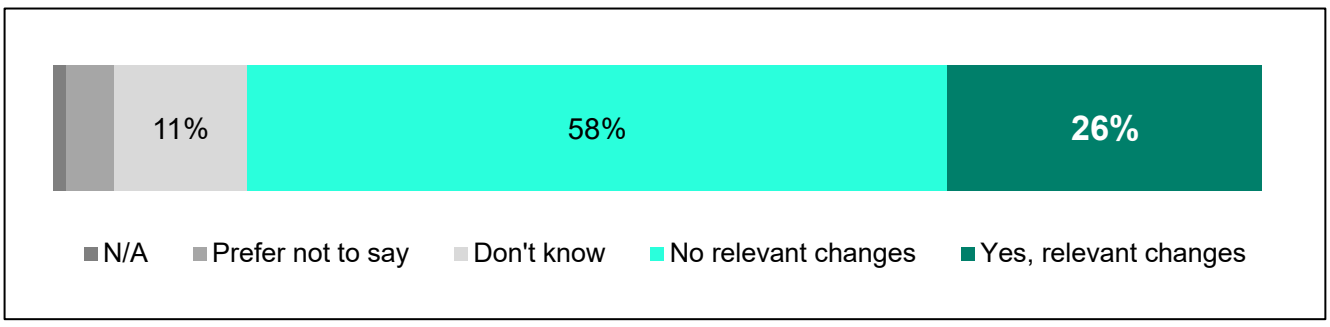
GPs were more likely than other doctors to say they felt confident raising concerns (70%). Conversely, specialists and doctors in training were less likely to agree with this (each 57%).

Doctors who gained their PMQ in the EEA (55%) and disabled doctors (52%) were less likely than other doctors to agree they felt confident raising concerns. Dissatisfied doctors were also less likely to agree with this (46%).

Changes to improve patient care

In the 2025 survey, we introduced a new question asking doctors if there had been any workplace changes introduced during the last year that have improved their ability to provide good patient care. As shown in Figure 5.7, a quarter of doctors (26%) reported that there had been changes that improved their ability to provide good patient care, with GPs (37%) being more likely to indicate this than other doctors. Doctors in training (19%) were the least likely register group to identify changes and specialists (24%) were also less likely to report this than other doctors. The majority (58%) of doctors reported that there had not been any relevant change.

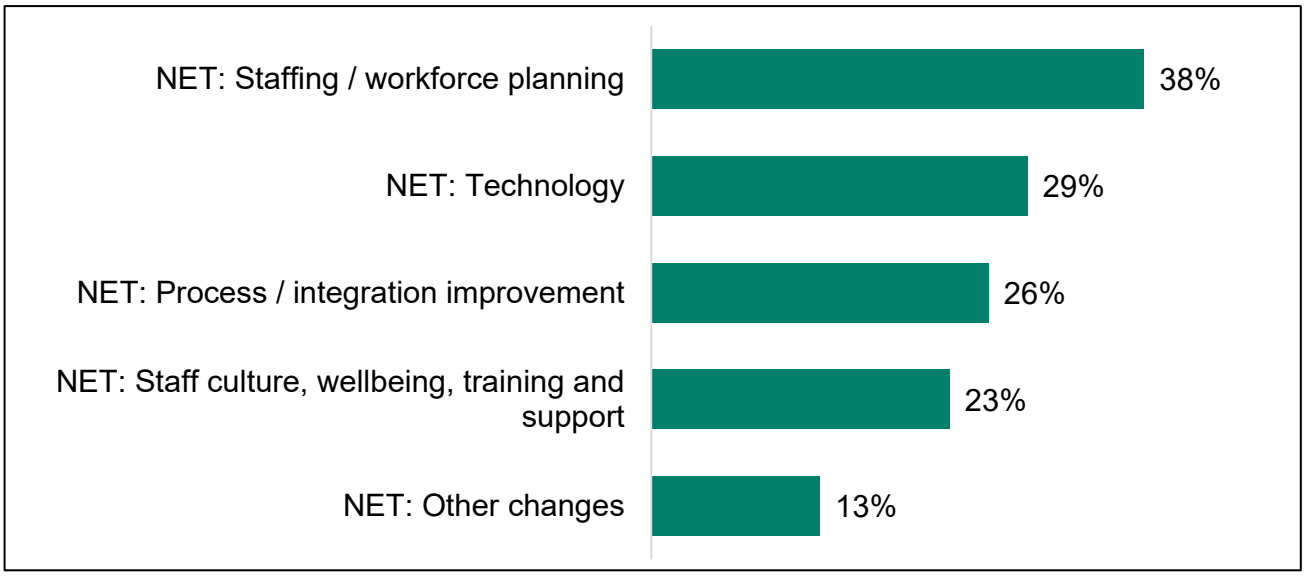
Figure 5.7 Whether doctors have experienced any workplace changes that improved ability to provide good patient care



C10. In the last year, what workplace changes (if any) have been introduced that have improved your ability to provide good patient care? Base: All doctors (4,606)

Among doctors who were able to identify positive changes, there were a wide variety of changes reported across four key themes (see Figure 5.8):

Figure 5.8 Workplace changes doctors suggested had been made that improved their ability to provide good patient care



C10. In the last year, what workplace changes (if any) have been introduced that have improved your ability to provide good patient care? Base: All doctors who suggested there had been relevant changes (1215)

Improvements to staffing or workforce planning (38%[5])

Increased staffing was a key driver of reported improvements. Doctors who reported positive changes about this in the survey said that having temporary or permanent additional staff (whether doctors, healthcare workers or support staff) relieved some of their workload pressures. Benefits of this included enabling them to spend more time with each patient and/or a reduction in otherwise unmanageable levels of stress. Those who reported changes that improved the way staff were allocated across shifts or teams said this improved overall coverage and/or senior supervision. In some cases, this helped to make sure doctors were sufficiently rested for their shifts (particularly the allocation of on-call shifts). Some reported that smaller changes to the schedule of the working day to ensure sufficient breaks and/or give doctors protected admin time also helped them feel better rested. Some doctors made individual changes to their working hours or job role to achieve similar outcomes or had worked on building their personal boundaries in saying no to extra work.

> *"The most important factor was improved staffing in my current department as compared to last year. With more people to share the workload, there are now less chances of missing out on jobs."*
>
> **LE, Female, Outside UK and EEA PMQ**

Technology (29%[6])

Positive changes related to technology reported in the survey largely related to administrative tasks. Doctors mentioned improvements in patient information systems that made it quicker and easier to access patient information between settings and reduced the risk of missed information, despite

> *"Started using ambient AI technology - major improvement in workload and job satisfaction."*
>
> **Specialist, Male, EEA PMQ**

[5] 38% of those reporting a change, 10% of all respondents
[6] 29% of those reporting a change, 8% of all respondents

some challenges remaining in navigating 'hybrid' paper and digital systems during the rollout. Some had benefited from new electronic prescribing systems, though noted this can sometimes be hampered by difficulty accessing computer equipment.

Some doctors mentioned using AI to make their administrative tasks more efficient. Typically, this was through the use of AI scribes or similar programmes to help with note-taking and/or writing reports. Reported benefits included a reduction in time spent on admin, greater ability to focus on patients during appointments rather than taking notes, and improved clarity of records. However, some reported patchy access (including access to software being subsequently withdrawn), concerns about reliability, and only limited gains in efficiency.

Improvements to staff culture, wellbeing, training and support (23%[7])

Some doctors referenced changes related to staff culture, wellbeing and support that they believed improved their ability to provide good patient care. Examples of improvements in these areas included the implementation of the British Medical Association's (BMA) safe working practices and broader cultural shifts, such as the introduction of dedicated wellbeing support, feeling like senior leads were more approachable, team building initiatives and regular feedback opportunities. It was common for these broader cultural shifts to leave doctors feeling like they were closer to, and therefore felt more support by, their colleagues.

Some doctors also saw improvements to training and development, for example due to increased staffing enabling more teaching and learning opportunities, extra funding for training, and dedicated time set aside for training. As a result of these changes, they reported increased confidence, more up-to-date knowledge, expanded skillsets among early-career doctors, and more prepared teams for different challenging scenarios.

> *"A new weekly lunchtime clinical meeting for doctors and nurses to discuss complex cases in our GP surgery. This cost nothing to implement and has improved communication and patient care. This sort of collaborative approach could be used elsewhere e.g. a weekly health and social care meeting in other organisations.*
>
> **GP, Female, UK PMQ**

Improvements to processes or systems (26%[8])

Improvements to administrative processes reported in the survey included introducing a new or improved triage system, particularly within GP practices. Some felt this improved patient access and ensured they received more appropriate care, though others were concerned that it could increase pressure on doctors. Individual doctors mentioned other more specific changes to processes within their department to improve patient flow, pathways and coordination of care across the healthcare sector, reduce the risk of errors or provide more chances to intervene.

> *"Over the past year, several workplace changes have significantly enhanced my ability to provide safe, effective, and compassionate patient care. These improvements span clinical processes (improving local guidelines on staff net), staffing structures (placing more SHOs), and professional development initiatives."*
>
> **Trainee, Female, Outside UK and EEA PMQ**

[7] 23% of those reporting a change, 6% of all respondents
[8] 26% of those reporting a change, 7% of all respondents

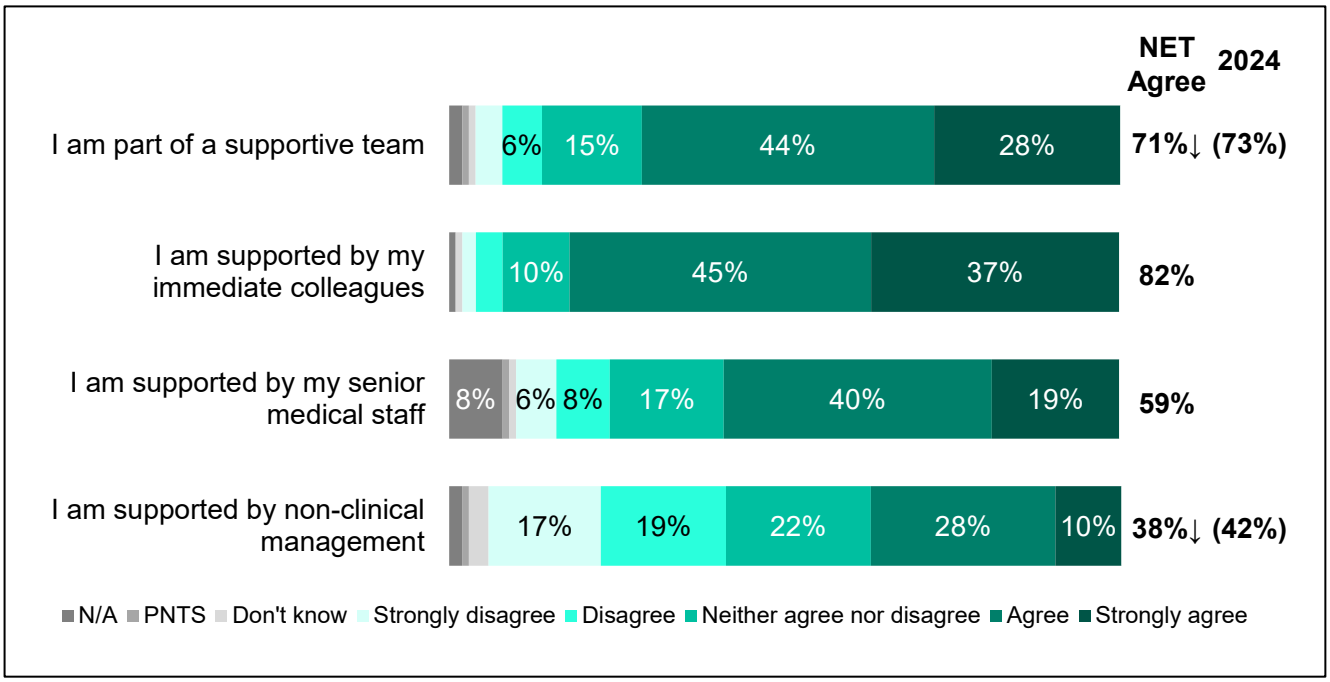
6. Feeling supported

This chapter looks at the extent to which doctors feel supported by colleagues and other staff, and their views on workplace culture and organisational leadership.

Feelings of support

As shown in Figure 6.1, around 7 in 10 (71%) doctors agreed they were part of a supportive team this year, a slight drop from the 73% who reported this in 2024. Within their teams, most doctors felt supported by their immediate colleagues (82%) and senior medical staff (59%). However, fewer felt supported by non-clinical management, which has decreased this year (38% vs. 42% in 2024).

Figure 6.1 Support from colleagues



D3. To what extent do you agree with the following statements? Base: All doctors (4606) (Arrows and bracketed numbers indicate significant differences from 2024 data)

As shown in Table 6.1, GPs (77%) and doctors in training (74%) were more likely than other doctors to feel like they are part of a supportive team, while SAS doctors (67%) and specialists (69%) were less likely to report this. This marks a change for doctors in training and specialists compared to last year when they were both in line with the average.

Other doctors who were more likely to feel like they are part of a supportive team included doctors practising in Northern Ireland (81%) or Scotland (76%), doctors with a UK PMQ (76%), named supervisors (75%) and female doctors (74%).

As has been the case in previous years, feeling part of a supportive team was associated with other positive workplace experiences. Those who were satisfied in their day-to-day work (83%), had autonomy in their roles (82%), had experienced workplace changes that improved care (79%), were in the 'managing' (78%) or 'normalised' (76%) workload quadrants or who did **not** regularly find it difficult to provide sufficient patient care (75%) were more likely to feel part of a supportive team.

Differences by register group for whether doctors felt supported by different team members are also shown in Table 6.1:

- In line with last year, doctors in training were slightly more likely than other doctors to feel supported by their immediate colleagues (86%), while SAS doctors were less likely to feel this way (78%). Marking a change to 2024, this year LE doctors were also slightly less likely to feel supported by their immediate colleagues (78%).
- Again, in line with last year, doctors in training (75%) and LE doctors (68%) were more likely than other doctors to feel supported by senior medical staff. In 2025, SAS doctors were also more likely to feel this way (63%), which was not the case last year. Specialists were less likely than other doctors to feel supported by senior medical staff. While GPs (47%) were also less likely to feel this way, it's important to note that a high proportion of GPs indicated this question was not applicable to them (24%, vs. 8% of all respondents).
- GPs were more likely than other doctors to feel supported by non-clinical management (61%), while specialists (32%) and doctors in training (30%) were less likely to feel this way. This is broadly in line with last year, except this year LEs were also less likely to feel supported by non-clinical management (30%).

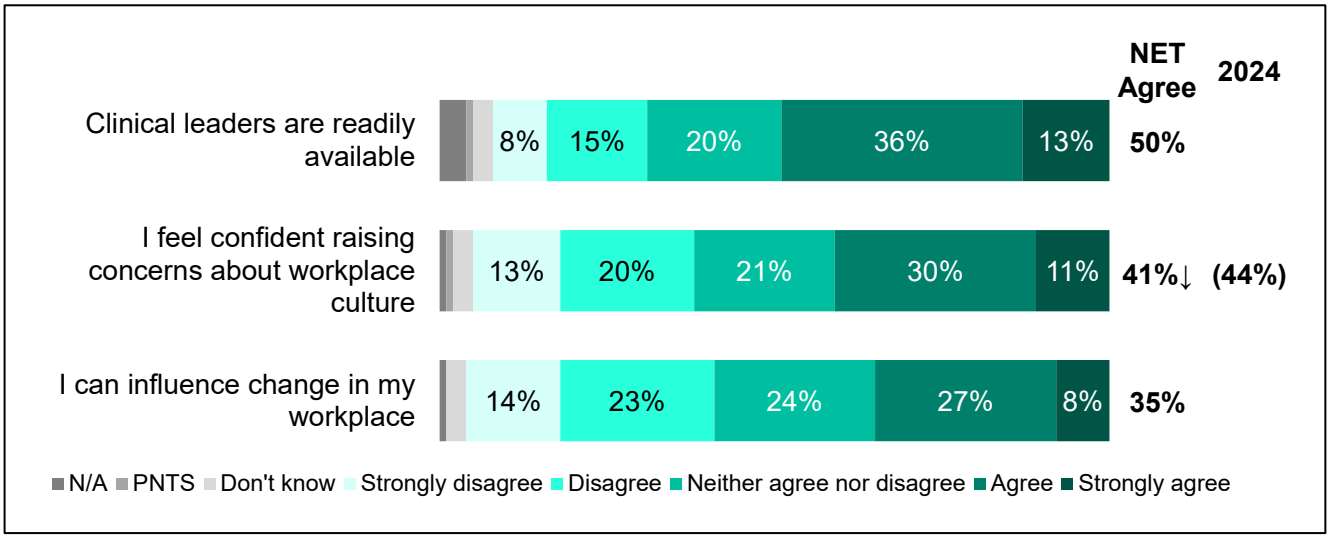
Table 6.1 Support from colleagues by register group (NET agreement)

Factors	Total	GP	Specialist	Trainees	SAS	LE
Base size	*4606*	*1024*	*1479*	*1054*	*404*	*505*
I am part of a supportive team	71%▼	77%	69%▼	74%	67%	70%
I am supported by my immediate colleagues	82%	84%	81%	86%	78%	78%
I am supported by senior medical staff	59%	47%	47%▼	75%	63%	68%
I am supported by non-clinical management	38%▼	61%	32%▼	30%	39%	30%▼

Pink shading indicates significantly lower than average and green shading indicates significantly higher than average. Significance testing applied at the 95% confidence interval using z-tests. Up arrows indicate where that data point was significantly higher than in 2024, and down arrows indicate where that data point was significantly lower than in 2024.

Looking at wider support in terms of workplace culture, in 2025, half of doctors reported that clinical leads were readily available (50%, as shown in Figure 6.2). Mirroring the decline in feeling confident raising concerns about patient care reported in Chapter 5 (above), fewer doctors this year reported feeling confident about raising concerns about workplace culture (41% vs. 44% in 2024). Only just over a third of doctors (35%) agreed that they can influence change in the workplace.

Figure 6.2 Feelings of support related to workplace culture



D3. To what extent do you agree with the following statements? Base: All doctors (4606) (Arrows and bracketed numbers indicate significant differences from 2024 data)

Differences by register group for whether doctors felt supported by workplace culture are also shown in Table 6.2:

- Doctors in training (55%) and LE doctors (54%) were more likely than other doctors to agree that clinical leaders are readily available. GPs were least likely to feel this among register groups (43%).
- In a contrasting picture, GPs were more likely than other doctors to feel like they can influence change in the workplace (51%). Doctors in training (26%) and LE doctors (30%) were less likely to feel this way.
- Doctors in training (33%), SAS doctors (35%) and LE doctors (35%) were all less likely than other doctors to feel confident raising concerns about workplace culture, while GPs were more likely to feel confident (57%). The proportion of specialists who agreed with this was in line with the average (41%) but has decreased since 2024 (46%).

Table 6.2 Experiences of workplace culture by register group (NET agreement)

Factors	Total	GP	Specialist	Trainees	SAS	LE
Base size	*4606*	*1024*	*1479*	*1054*	*404*	*505*
Clinical leads are readily available	50%	43%	48%	55%	54%	54%
I feel confident raising concerns about workplace culture	41%▼	57%	41%▼	33%	35%	35%
I can influence change in my workplace	35%	51%	34%	26%▲	34%	30%

Pink shading indicates significantly lower than average and green shading indicates significantly higher than average. Significance testing applied at the 95% confidence interval using z-tests. Up arrows indicate where that data point was significantly higher than in 2024, and down arrows indicate where that data point was significantly lower than in 2024.

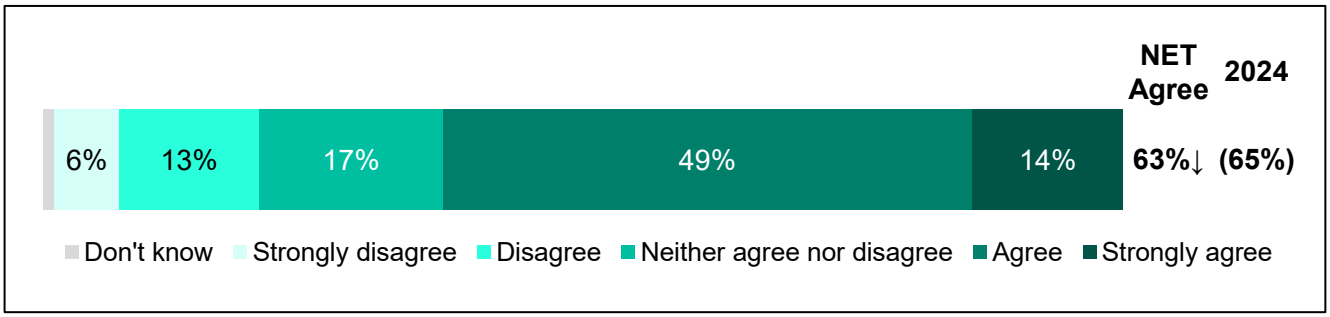
7. Career progression, learning and autonomy

This chapter looks at the extent to which doctors feel they can progress their career in the way they want and why they feel this way. It also analyses whether doctors think they have enough autonomy in their role, and whether they have sufficient learning and development opportunities.

Autonomy

There was a small decrease in the proportion of doctors who reported they have enough autonomy in their role in 2025 (63% vs. 65% in 2024). This is shown in Figure 7.1.

Figure 7.1 Doctors views on whether they have enough autonomy in their role



D3d. To what extent do you agree with the following statements? “I have enough autonomy in my role” Base: All doctors (4606) (Arrows and bracketed numbers indicate significant differences from 2024 data)

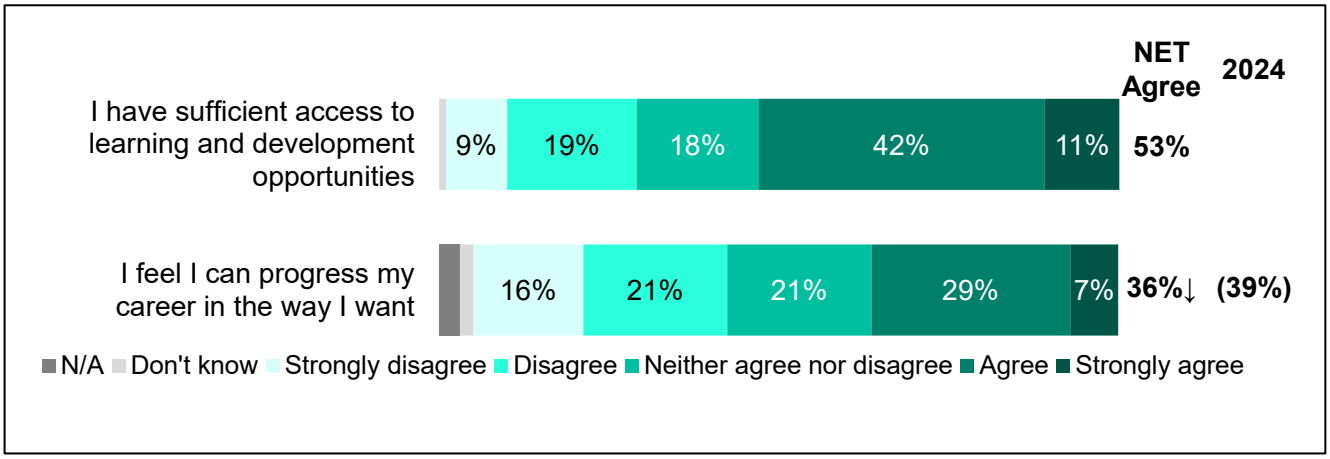
Consistent with last year, GPs (71%) were more likely than other doctors to say they have enough autonomy in their role. In previous years, specialists have also been more likely to report this, but in 2025 they were in line with the average (64%). LE doctors (54%) and doctors in training (57%) were less likely than other doctors to report they have enough autonomy in their role, a decrease since last year in the case of LE doctors (62% in 2024).

Doctors who were satisfied (75%), felt part of a supportive team (72%), and fell in the ‘managing’ workload quadrant (71%) were all more likely than other doctors to agree they had enough autonomy in their role.

Learning, development and career progression

As shown in Figure 7.2, around half of doctors said they had sufficient access to learning and development opportunities (53%), which is consistent with 2024. However, only around a third of doctors reported that they feel they can progress their career in the way that they want, a decrease since last year (36% vs. 39% in 2024).

Figure 7.2 Doctors' perceptions of career and development opportunities



D3d. To what extent do you agree with the following statement(s)? Base: All doctors (4606) (Arrows and bracketed numbers indicate significant differences from 2024 data)

As can be seen in Table 7.1, there were similar patterns across register groups for both statements.

- Specialists (56%) were more likely than other doctors to agree they have sufficient access to development and learning opportunities, while LE doctors were less likely to (44%).
- Similarly, GPs (42%) and specialists (39%) were more likely than other doctors to suggest they can progress their career in the way they want, while SAS (31%) and LE doctors were less likely to do so (28%). Although doctors in training were in line with the average (35%), doctors in foundation training specifically were less likely to feel they can progress their career in the way they want (20%). Overall, fewer doctors in training suggested they can progress their career in the way they want compared to last year (35% vs.41% in 2024).

Table 7.1 Statements related to development by register group - NET agree

Factors	Total	GP	Specialist	Trainees	SAS	LE
Base size	*4606*	*1024*	*1479*	*1054*	*404*	*505*
I have sufficient access to development and learning opportunities	53%	55%	56%▼	52%	55%	44%
I feel I can progress my career in the way I want	36%▼	42%	39%▼	35%▼	31%	28%

Pink shading indicates significantly lower than average and green shading indicates significantly higher than average. Significance testing applied at the 95% confidence interval using z-tests. Up arrows indicate where that data point was significantly higher than in 2024, and down arrows indicate where that data point was significantly lower than in 2024.

Other doctors who were more likely to suggest they can progress their career in the way they want included named supervisors (42%), White doctors (39%), doctors later in their career (qualified for 30 years or more) (39%) and doctors practising in England (37%).

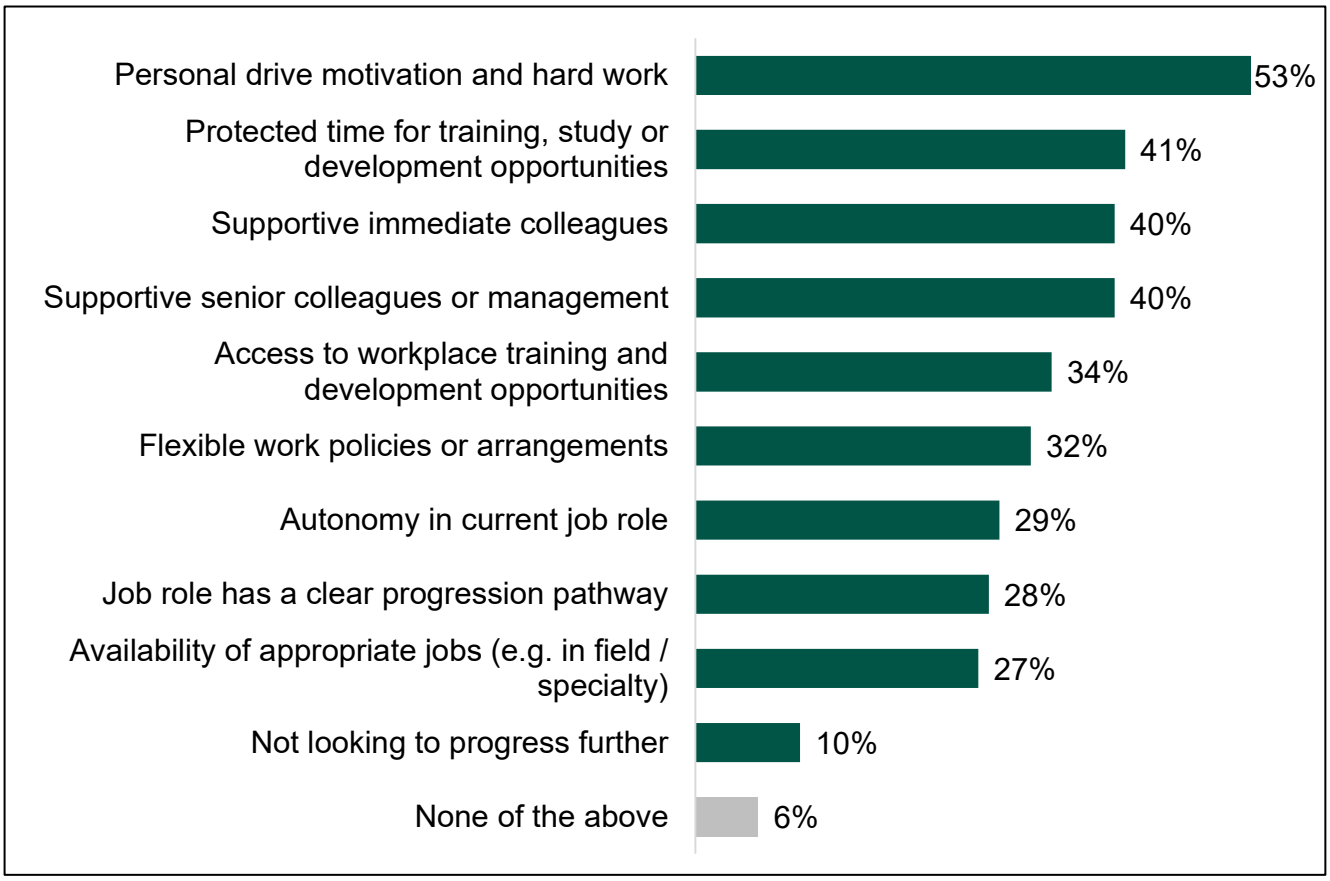
There were also relationships between positive views on career progression and other positive indicators of experience. Doctors who were satisfied (52%), had enough autonomy in their role (50%), were in the 'managing' workload quadrant (48%), did **not** regularly find it difficult to provide sufficient patient care (44%) or felt like part of a supportive team (44%) were all more likely to feel like they can progress their career in the way they want.

Factors that enable career progression

Following the introduction of an open-ended question last year asking doctors what contributed to them feeling they could or could not progress their career in the way they want, multiple response closed questions were included this year based on the most common responses.

As shown in Figure 7.3, the most common factor doctors selected as contributing to being able to progress their career in the way they want was personal drive, motivation and hard work (53%). Protected time for training, study or development opportunities (41%), supportive immediate colleagues (40%) and supportive senior colleagues or management (40%) were also commonly selected enablers.

Figure 7.3 Factors that enable doctors to progress in their career



D3f. What, if any, factors contribute to helping you progress your career in the way you want? Base: All doctors (4606)

The differences by register group for factors that help doctors to progress in the way they want are summarised in Table 7.2.

Doctors in training were more likely than other doctors to select most factors for enabling career progression, excluding flexible work policies, autonomy in current job role and not looking to progress further.

LE doctors were also more likely than other doctors to suggest a high number of factors, including protected time for training (51%), supportive senior colleagues (51%), access to workplace training opportunities (47%), clear progression pathways (44%), availability of appropriate roles (42%), and flexible work policies (36%).

SAS doctors were more likely than other doctors to suggest supportive senior colleagues (46%), access to workplace training (40%), clear progression pathways (37%) and autonomy (35%) as enablers to progression.

GPs (17%) and specialists (15%) were more likely than other doctors to indicate they were not looking to progress further.

Table 7.2 Differences in enablers to doctors progressing their career by register group

Factors	Total	GP	Specialist	Trainees	SAS	LE
Base size	*4606*	*1024*	*1479*	*1054*	*404*	*505*
Personal drive motivation and hard work	53%	48%	51%	62%	48%	53%
Protected time for training, study or development opportunities	41%	32%	30%	55%	42%	51%
Supportive immediate colleagues	40%	32%	42%	47%	39%	39%
Supportive senior colleagues or management	40%	26%	35%	48%	46%	51%
Access to workplace training and development opportunities	34%	25%	23%	42%	40%	47%
Flexible work policies or arrangements	32%	29%	30%	34%	32%	36%
Autonomy in current job role	29%	31%	38%	21%	35%	24%
Job role has a clear progression pathway	28%	13%	15%	43%	37%	44%
Availability of appropriate jobs (e.g. in field / specialty)	27%	21%	16%	35%	29%	42%
Not looking to progress further	10%	17%	15%	1%	12%	*2%

Pink shading indicates significantly higher than average and green shading indicates significantly lower than average. Significance testing applied at the 95% confidence interval using z-tests.

Barriers to career progression

As shown in Figure 7.4, the most common barriers doctors selected that make it harder to progress were high workload/clinical pressures (54%) and lack of time for training, study or development opportunities (46%). Lack of appropriate jobs and competition for training posts were the next most common barriers, identified by around a third of doctors.

Figure 7.4 Factors that make it harder to progress

D3e. What, if any, factors make it harder for you to progress your career in the way you want? Base: All doctors (4606)

The differences by register group for factors that make it harder for doctors to progress in the way they want are summarised in Table 7.3.

LE doctors were more likely than other doctors to select most of the barriers to career progression, particularly competition for training posts (70%), lack of time for training, study or development opportunities (57%), lack of appropriate jobs (56%) and training pathways are too rigid (51%).

Doctors in training were also more likely than other doctors to select a large number of barriers. This included competition for training posts (61%), high workload or clinical pressures (60%), lack of time for training, study or development opportunities (59%), and lack of appropriate jobs (55%).

GPs were more likely than other doctors to select high workload or clinical pressures (57%) and personal circumstances (20%) as barriers.

SAS doctors were more likely than other doctors to report training pathways being too rigid (36%), lack of management or senior colleague support (32%) and personal circumstances (21%) as barriers.

SAS (22%) and LE doctors (18%) were also both more likely than other doctors to report discrimination as a barrier. This was also more likely among BME doctors (22%), disabled doctors (21%), Muslim doctors (25%), Buddhist doctors (25%), and doctors who gained their PMQ outside the UK or EEA (24%).

Table 7.3 Differences in barriers to doctors progressing their career by register group

Factors	Total	GP	Specialist	Trainees	SAS	LE
Base size	*4606*	*1024*	*1479*	*1054*	*404*	*505*
High workload / clinical pressures	54%	57%	53%	60%	44%	51%
Lack of time for training, study or development opportunities	46%	42%	31%	59%	44%	57%
Lack of appropriate jobs (e.g. in field / specialty)	35%	30%	13%	55%	25%	56%
Competition for training positions	32%	9%	5%	61%	24%	70%
Lack of workplace training or development opportunities	29%	21%	14%	41%	28%	45%
Negative impact of work on physical or mental health	27%	28%	21%	35%	23%	29%
Training pathways are too rigid	26%	12%	7%	42%	36%	51%
Lack of management / senior colleague support for training and development	24%	15%	24%	25%	32%	32%
Favouritism (i.e. preferential treatment for some based on personal connections)	19%	12%	20%	18%	21%	23%
Personal circumstances	16%	20%	15%	13%	21%	17%
Discrimination (i.e. being treated unfairly because of a protected characteristic)	14%	10%	14%	14%	22%	18%
Not looking to progress further	10%	18%	17%	1%	11%	3%

Pink shading indicates significantly higher than average and green shading indicates significantly lower than average. Significance testing applied at the 95% confidence interval using z-tests.

There was also a relationship between years practising in the UK and how doctors responded to this question. Doctors who had been practising in the UK for between 5 and 9 years were more likely to select most of the barriers compared to other doctors, including high workload or clinical pressures

(61%), lack of time for training, study or development (54%), lack of appropriate jobs (46%) and competition for training posts (43%).

Doctors who had been practising in the UK for less than 5 years selected fewer barriers but nevertheless were more likely to report competition for training posts (68%), lack of time for training, study and development (60%) and lack of appropriate jobs (55%).

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

Three quarters (75%) of doctors reported that they were likely to make some sort of career change in the next 12 months. This was consistent with 2024 (74%) but slightly lower than in 2023 (77%). Doctors often indicated that they were considering many career changes, and as in previous years we asked which they were most likely to make.

Figure 8.1 shows the career changes that doctors were most likely to make. Career changes were grouped into four different categories, and colour-coded accordingly

- **NET Reducing clinical hours** (22% of all respondents) included doctors whose most likely career change was reducing contracted hours or moving to a role with less clinical workload
- **NET Leaving the UK profession** (22%) included doctors whose most likely career change was to move to practice abroad, or to leave the medical profession, for retirement or any other reason
- **NET Other changes** (19%) included moving to or increasing hours spent in private practice, switching to locum work, increasing contracted hours, taking a break from training but continuing to work as a doctor, or retiring but returning to work as a doctor on a sessional/contracted/locum basis
- **NET Taking a break** (7%) included doctors whose mostly likely career change was to take a break from working in the medical profession, due to parental leave or any other reasons.

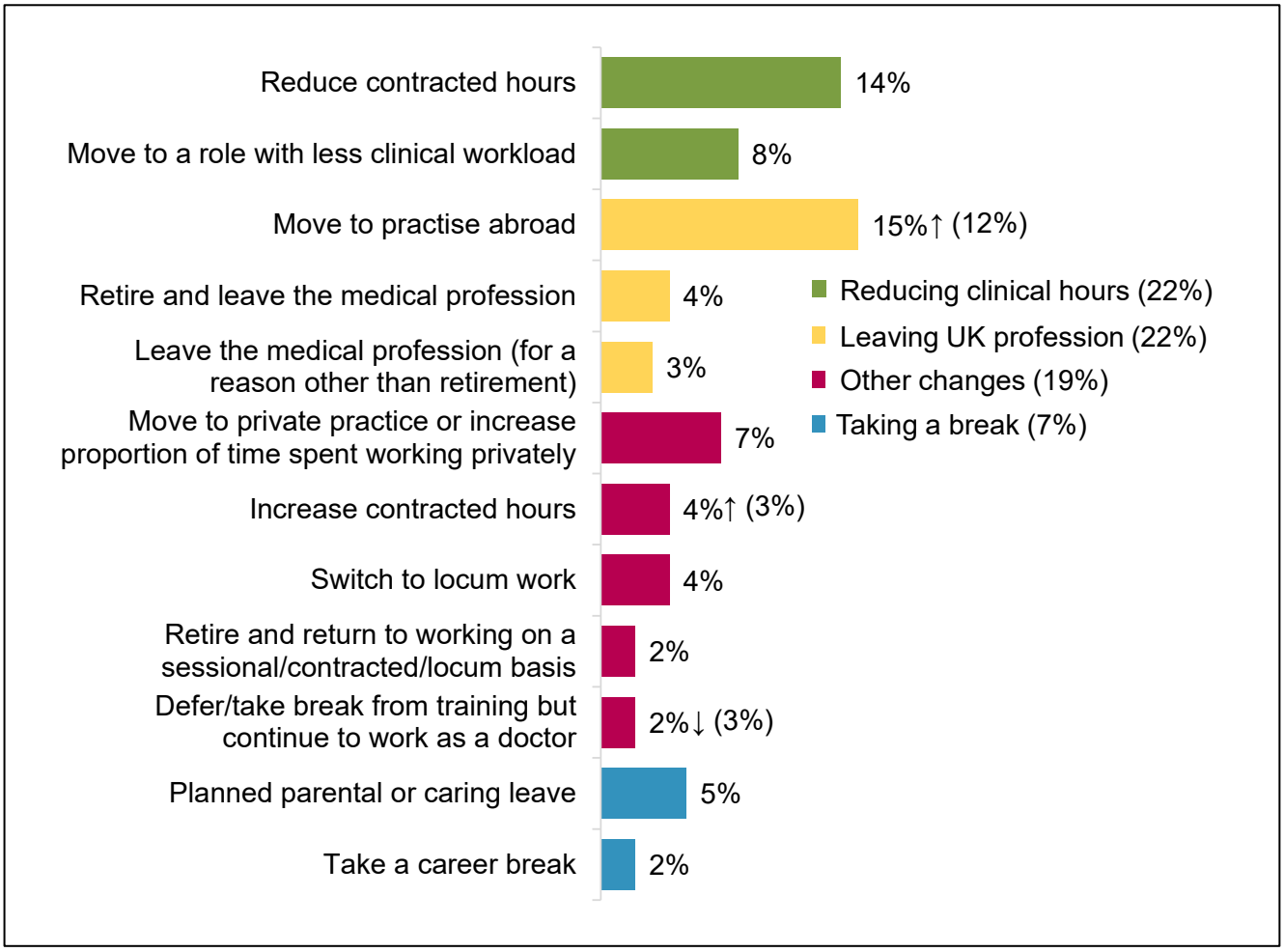
The two most common types of change doctors were likely to make involved either reducing hours in clinical practice[9] or leaving the UK profession,[10] with slightly over a fifth (22%) reporting each.

Doctors in training were more likely than other doctors to be considering taking a break outside the profession (13%) and LEs were more likely to be planning to leave the UK profession (29%).

Negative experiences reported in other areas of the survey were associated with intentions to leave. Doctors who were at a high risk of burnout (37%), did not feel part of a supportive team (37%), felt dissatisfied (33%), were in the 'struggling' workload quadrant (28%), or found it difficult to provide a sufficient level of patient care at least weekly (26%) were all more likely to indicate that leaving the UK profession was the change they were most likely to make. This was also the case for those who obtained their PMQ outside the UK or EEA (25%).

[9] Either reducing contracted hours, or moving to a role with less clinical workload
[10] Either moving to practice abroad, retiring, or leaving the medical profession for reasons other than retirement

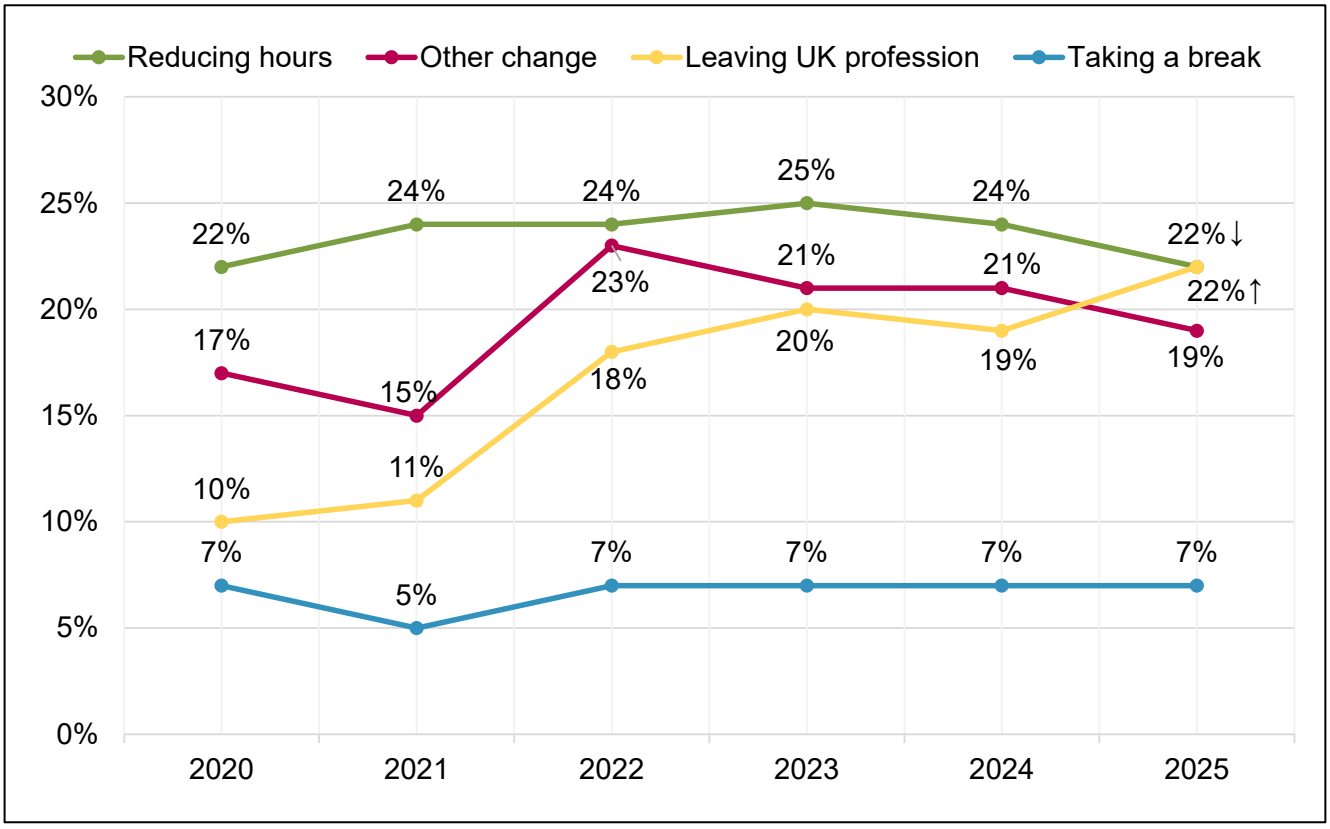
Figure 8.1 Career change doctors most likely to make



B1a. Career change most likely to make? Base: All doctors (4606) (Arrows and bracketed numbers indicate significant differences from 2024 data)

As shown in Figure 8.2, compared to 2024, fewer doctors reported that their most likely career change involved reducing clinical hours (22% vs. 24% in 2024), while an increasing number of doctors said their most likely career change involved leaving the UK profession (22% vs. 19% in 2024). This was driven by an increase in the proportion of doctors whose most likely career change was moving to practise abroad (15% vs. 12% in 2024)', which, for the first time in the history of the Barometer survey, was most frequently reported as the individual career change doctors were most likely to make.

Figure 8.2 Career change doctors most likely to make 2020 to 2025



B1a. Career change most likely to make? Base: All doctors (4606) (Arrows indicate significant differences from 2024 data)

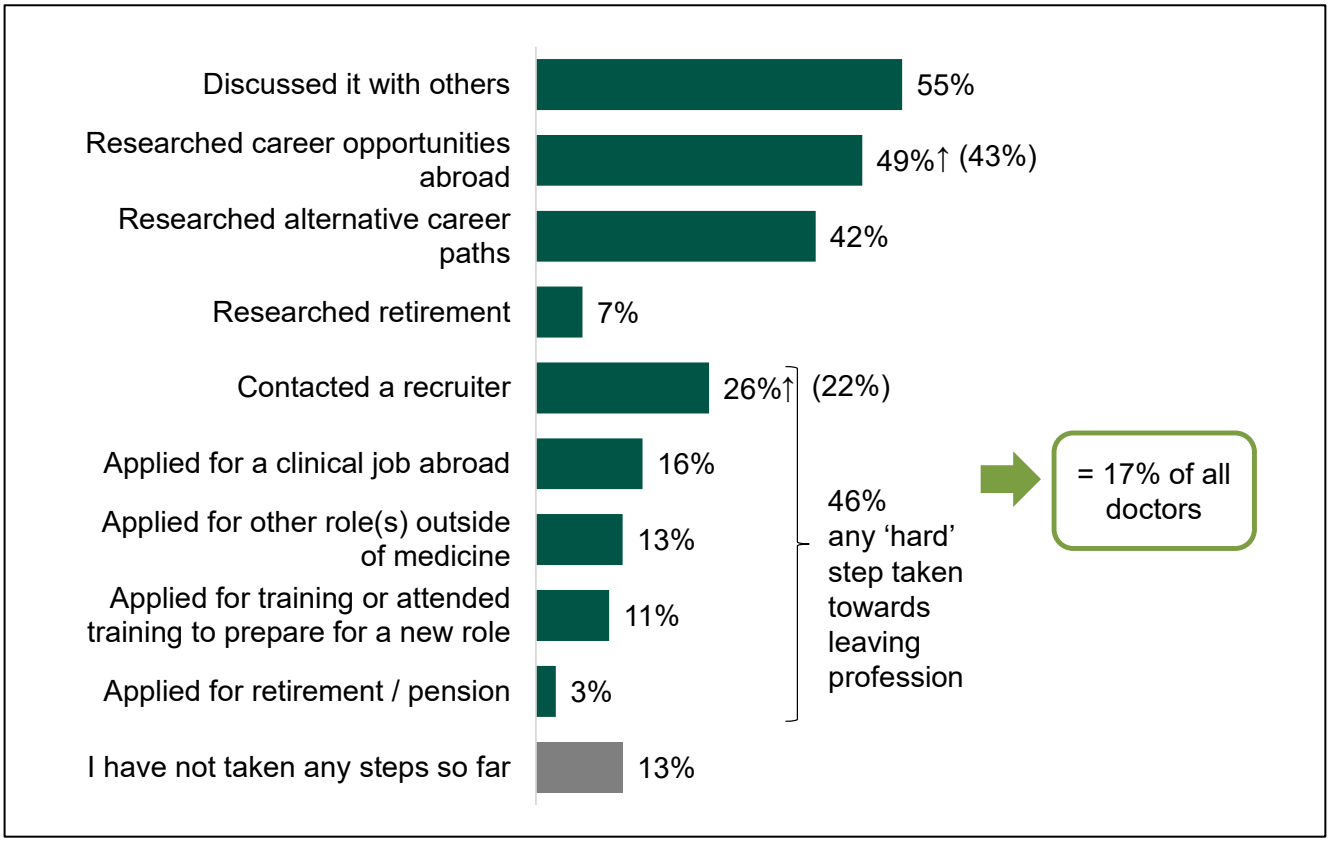
Steps taken towards leaving the UK profession

Steps doctors who indicated they were likely to leave the UK profession had taken towards leaving the UK medical profession,[11] excluding those of retirement age,[12] are shown in Figure 8.3. The most common step they had taken was discussing it with others (55%), followed by researching career opportunities abroad (49%, an increase from 43% in 2024). More doctors also suggested they had contacted a recruiter this year compared to last year (26% vs. 22% in 2024).

Approximately one in six (17%) doctors had taken 'hard steps' towards leaving the UK medical profession,[13] consistent with 2024.

[11] Due to retirement, moving abroad or another reason.
[12] Retirement age is defined as all those age 60 or over to reflect the normal pension age for the 1995 section.
[13] 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, applied for retirement/pension or 'other' (write-in) responses that were coded as 'hard step'.

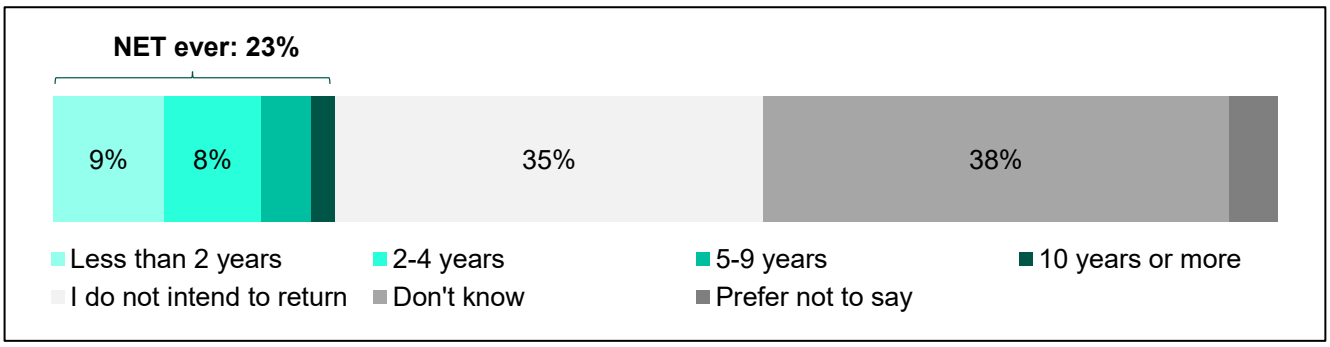
Figure 8.3 Steps doctors have taken towards leaving the medical profession



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 (1582) (Arrows and bracketed numbers indicate sig differences from 2024 data)

Focusing specifically on the doctors that indicated they were likely to move to practise abroad in the next year, Figure 8.4 shows the timeframe they intended to return to the UK, if at all. Over a third (35%) said that they did not intend to return to UK practice, and almost four in ten (38%) did not know when/if they intended to return. Slightly under a quarter (23%) did intend to return, with most of those planning to return within four years.

Figure 8.4 When and if doctors that were likely to move to practise abroad intend to return to UK practice



B4. You said you are likely to move to practise abroad in the next year. After how long if at all do you intend to return to practice in the UK? Base: Those likely to move to practise abroad in the next year (1196)

Registration analysis

In 2024 and 2025, additional analysis was conducted on Barometer 2023 survey data to determine the relationship between doctors suggesting they are likely to leave the UK medical profession in the survey and those who actually go on to do so. Doctors who took part in the 2023 survey were asked for their consent to track their registration status following the survey. We analysed the licence and registration status of the 1820 doctors who consented one year after the 2023 survey period, and then again 18 months after.

This analysis showed that under one in ten (7.7%) doctors who indicated they were NET likely (i.e. fairly or very likely) to leave the UK profession in 2023 (whether due to retirement, moving abroad or for another reason) actually went on to relinquish their licence or leave the register in the 12 months following. This then increased to 11.6% at the 18 month stage.

This proportion was higher amongst doctors who indicated they would be 'very likely' to leave the UK profession (13.5% at 12 months, 18.5% at 18 months). A similar proportion (13.8% at 12 months, 19.9% at 18 months) of those whose most likely career change involved leaving the UK profession left.

Among those NET likely to leave, the following groups were more likely to have left at the 18-month point:

- Doctors aged 45 and over (17% compared to 7% of those aged 44 or under)
- Doctors in a part-time, bank or agency role (17% compared to 8% of those working full-time)
- Doctors holding a UK PMQ (16% vs. 7% of those with a non-UK PMQ)
- Female doctors (15% compared to 9% of male doctors)
- Doctors on the specialist or GP register (15% compared to 8% of those not on the specialist or GP register)

Demographics seem to be more predictive of leaving than workplace experiences, with no significant differences seen by satisfaction, burnout, actions taken to relieve workload pressures or access to learning and development opportunities.

Reasons for considering career changes

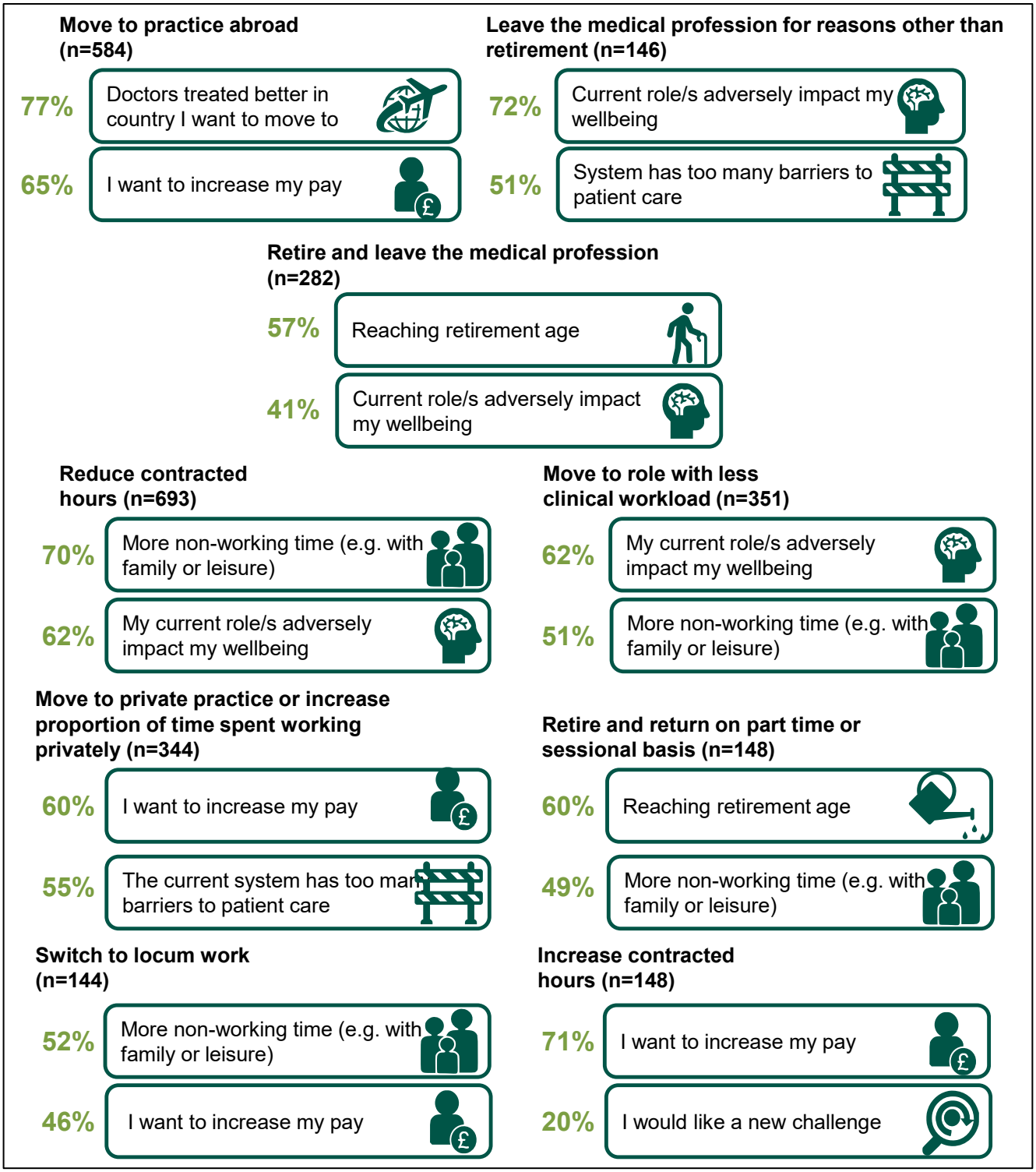
The reasons doctors gave for considering making career changes are shown in Figure 8.5. As in previous years, concerns about wellbeing, and the desire to spend more time with family were the most common reasons doctors gave for wanting to make career changes. Concern about wellbeing was most commonly mentioned as a reason to leave the medical profession (if not retiring) (72%), and desire to spend time with family most commonly mentioned by those considering reducing hours (70%).

Wanting to increase pay was a common driver for doctors who were intending to increase time spent in private practice (60%), switch to locum work (46%), increase contracted hours (71%), or move to practise abroad (65%). Although, the top reason given by doctors who were considering moving abroad was that doctors are treated better in the country/countries they are considering moving to (77%). Additionally, there was an increase this year in the proportion of doctors reporting lack of

career development or opportunities for progression as a reason for considering a move abroad (52% vs. 40% in 2024). LE doctors were much more likely to give this reason (71%).

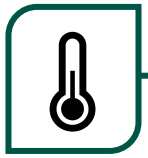
Only 57% of doctors who were planning to retire and leave the medical profession selected reaching retirement age as a reason for this, with impact on wellbeing being a factor for two in five (41%).

Figure 8.5 Most frequently given reasons for career changes



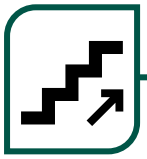
B2. Reasons why making career change. Bases vary depending on number that selected change as most likely to make

9. Key findings



The Barometer survey 2025 findings highlight distinct areas where doctors are experiencing challenges, some of which are more pronounced than in previous years. Career progression particularly emerges as a potential area of focus, especially among certain groups, such as locally employed doctors.

Slightly fewer doctors were satisfied in their day-to-day work in 2025 compared to 2024 and slightly more were at high risk of burnout, reversing some improvements seen last year. High workload and long hours remained the most common reasons for dissatisfaction. Despite this, there wasn't an increase in the proportion of doctors reporting that they were reguarly working beyond their rostered hours, suggesting that the decline in doctors' experiences seen this year may be being driven by something other than increased working hours.



Another key theme that emerged in 2025, that could be contributing to overall declines in satisfaction, was a lack of development opportunities. Fewer doctors felt they can progress their career in the way they want. High workload or clinical pressures and lack of time for training and development were identified as key factors contributing to this. Lack of career development or progression opportunities was also more commonly reported as a reason for considering career changes including moving to practise abroad. Locally employed doctors, particularly those qualified in the last 5 years, emerged as a group being particularly affected by these issues.

The degree of support doctors felt within their workplace also saw some declines this year. Fewer doctors reported that they felt like they are part of a supportive team and that they are supported by non-clinical management. There was also a decrease in the proportion of doctors who felt confident raising concerns about workplace culture.

Despite evidence of some workplace changes that have improved patient care, many doctors continued to face challenges providing a sufficent level of patient care and only a minority suggested there was effective coordination of patient care between primary and secondary care.

Reflecting these trends, there was a slight increase in the proportion of doctors who suggested that leaving the UK medical profession was their most likely career change in the next 12 months, driven by in an increase in those who were planning to move to practise abroad.

10. Appendix A: Key differences by type of doctor

This section brings together notable differences and key stories by doctors' demographic group and area of practice. Significant differences are highlighted between the group selected and the average of all other doctors. Tables summarise differences across a selected set of key measures, which have been chosen to cover different aspects of the survey and enable a consistent comparison when looking at the key differences by type of doctor.

Within these tables, green highlights indicate where a particular group had a more positive experience than the average and pink highlights indicate where a group had a more negative experience. Up arrows indicate where that data point was significantly higher than in 2024, and down arrows indicate where that data point was significantly lower than in 2024. Significance testing was applied at the 95% confidence interval using z-tests. Where relevant, differences by other measures are called out in the body of the text.

Protected characteristics

Differences by age

Consistent with previous years, younger doctors generally reported more negative experiences than their older colleagues (see Table 10.1). However, doctors age 30-49 years old were the age group where experiences have declined the most over the last year.

Doctors under the age of 30 were more likely than other doctors to be in the 'struggling' workload quadrant (38% vs. 30%[14]), be at high risk of burnout (26% vs. 20%) and to report finding it difficult to provide sufficient patient care at least weekly (50% vs. 41%). They were less likely to have identified a positive change that improved their ability to provide good patient care (18% vs. 26%) and to feel they can progress their career in the way they want (26% vs. 36%). They were more likely to indicate leaving the UK profession is the change they are most likely to make (27% vs. 22%).

Doctors aged 50 years and over were more likely than other doctors to be satisfied (60% vs. 55%) and to feel they can progress their career in the way they want (40% vs. 36%) and less likely to be in the 'struggling' workload quadrant (25% vs. 30%) or at high risk of burnout (13% vs. 20%). However, this age group were less likely to think there is effective coordination of patient care between primary and secondary care (16% vs. 20%).

Doctors in the middle of their career (age 30 to 49 years old) presented a less cohesive picture. These doctors were less likely than other doctors to be satisfied (53% vs. 55%) and more likely to be at high risk of burnout (22% vs. 20%). However, they were more likely to think there is effective coordination of patient care between primary and secondary care (21% vs. 20%), more likely to have identified a positive change improving ability to provide good patient care (29% vs. 26%) and more likely to feel they can progress their career in the way they want (38% vs. 36%). They were less likely to report that leaving the UK profession is the change they are most likely to make (21% vs. 22%).

[14] Please note that the data referenced is based on the total of all doctors for illustrative purposes. The significance testing is actually conducted between the focus group (e.g. doctors under the age of 30) and the total of all other doctors (e.g. all doctors who are not under 30).

Doctors aged 30 to 49 years old also saw the highest number of significant negative shifts across key measures compared to last year. Doctors in this age group were less likely to be satisfied (53% vs. 59% in 2024), feel like part of a supportive team (71% vs. 74% in 2024) and feel they can progress their career in the way they want (38% vs. 41% in 2024). They are also now more likely to be at high risk of burnout (22% vs. 19% in 2024) and indicate leaving the UK profession is the change they are most likely to make (21% vs. 17% in 2024).

Table 10.1 Selected key measures by age in 2024 and 2025

	Total 2024	Under 30 2024	30-49 years old 2024	50 years and over 2024	Total 2025	Under 30 2025	30-49 years old 2025	50 years and over 2025
Base Size	*4697*	*508*	*2460*	*1587*	4606	*496*	*2307*	*1663*
Satisfied[15]	59%	59%	59%	63%	55%▼	53%	53%▼	60%
'Struggling' workload quad-rant	29%	32%	29%	26%	30%	38%▲	31%	25%
High risk of burnout	18%	28%	19%	11%	20%▲	26%	22%▲	13%
Difficulty providing sufficient patient care[16]	40%	45%	40%	39%	41%	50%	40%	39%
Effective coordination of primary-secondary care[17]	N/A	N/A	N/A	N/A	20%	20%	21%	16%
Identified a positive change improving patient care	N/A	N/A	N/A	N/A	26%	18%	29%	27%
Part of a supportive team[18]	73%	75%	74%	74%	71%▼	79%	71%▼	72%
Can progress career in the way they want[19]	39%	33%	41%	39%	36%▼	26%▼	38%▼	40%
Leaving the UK profession most likely career change	19%	23%	17%	20%	22%▲	27%	21%▲	22%

Differences by gender

There were some differences by gender this year, with female doctors demonstrating a slightly more positive picture than male doctors (see Table 10.2). Both male and female doctors experienced some declines in their experiences this year.

Compared to other doctors, female doctors were more likely to: be satisfied (57% vs. 55%), have identified a positive change improving their ability to provide good patient care (30% vs. 26%) and

[15] NET satisfied
[16] At least weekly
[17] NET agree
[18] NET agree
[19] NET agree

feel part of a supportive team (74% vs. 71%). They were less likely to suggest that leaving the UK profession is the change they are most likely to make (17% vs. 22%). Male doctors reported more negative experiences across these measures.

Contrastingly, female doctors were more likely to be in the 'struggling' workload quadrant (33% vs. 30%), while male doctors were less likely to be.

Both male and female doctors experienced declines across some measures in 2025. Overall satisfaction fell for both male doctors (53% vs. 57% in 2024) and female doctors (57% vs. 62% in 2024). There was an increase in the proportion of female doctors in the 'struggling' workload quadrant (33% vs. 29% in 2024) and fewer female doctors reported that they feel they can progress their career in the way they want this year (37% vs. 40% in 2024). Male doctors experienced a decline in the proportion who reported being part of a supportive team (70% vs. 73% in 2024) and an increase in intentions to leave the UK profession (27% vs. 23% in 2024).

Table 10.2 Selected key measures by gender in 2024 and 2025

	Total 2024	Male	Female	Total 2025	Male	Female
Base Size	*4697*	*2177*	*2299*	*4606*	*2161*	*2214*
Satisfied[20]	59%	57%	62%	55%▼	53%▼	57%▼
'Struggling' workload quadrant	29%	27%	29%	30%	27%	33%▲
High risk of burnout	18%	18%	18%	20%▲	19%	20%
Difficulty providing sufficient patient care[21]	40%	40%	39%	41%	41%	41%
Effective coordination of primary-secondary care[22]	N/A	N/A	N/A	20%	21%	19%
Identified a positive change improving patient care	N/A	N/A	N/A	26%	24%	30%
Part of a supportive team[23]	73%	73%	74%	71%▼	70%▼	74%
Can progress career in the way they want[24]	39%	39%	40%	36%▼	37%	37%▼
Leaving the UK profession most likely career change	19%	23%	15%	22%▲	27%▲	17%

Differences by gender and age

Differences in experiences between male and female doctors varied depending on age. Doctors under 30 experienced the biggest shift over the last year in terms of gender patterns.

[20] NET satisfied
[21] At least weekly
[22] NET agree
[23] NET agree
[24] NET agree

Among doctors aged under 30, male doctors reported a slightly more negative experience than female doctors (see Table 10.3). Male doctors were less likely than female doctors to be satisfied (45% of males under 30 vs. 57% of females under 30) and to have identified a positive change that improved their ability to provide good patient care (13% of males under 30 vs. 21% of females under 30). Male doctors were also more likely to report finding it difficult to provide sufficient patient care at least weekly (56% of males under 30 vs. 46% of females under 30) and to suggest leaving the UK profession is the change they are most likely to make (37% of males under 30 vs. 21% of females under 30).

Table 10.3 Selected key measures by gender among doctors aged under 30 in 2024 and 2025

	Total 2024	Male Under 30	Female Under 30	Total 2025	Male Under 30	Female Under 30
Base Size	*4697*	*177*	*315*	*4606*	*159*	*313*
Satisfied[25]	59%	57%	61%	55%▼	45%▼	57%
'Struggling' workload quadrant	29%	34%	31%	30%	41%	37%
High risk of burnout	18%	27%	28%	20%▲	24%	26%
Difficulty providing sufficient patient care[26]	40%	49%	41%	41%	56%	46%
Effective coordination of primary-secondary care[27]	N/A	N/A	N/A	20%	20%	20%
Identified a positive change improving patient care	N/A	N/A	N/A	26%	13%	21%
Part of a supportive team[28]	73%	72%	77%	71%▼	79%	79%
Can progress career in the way they want[29]	39%	31%	34%	36%▼	26%	27%
Leaving the UK profession most likely career change	19%	29%	20%	22%▲	37%	21%

Shading indicates significant differences compared to the opposite gender with the equivalent age group, as opposed to the overall sample average.

Among doctors aged 30-49, the picture was not as clear cut (see Table 10.4). As within the under 30 age bracket, male doctors were less likely than female doctors to be satisfied (51% of males aged 39-49 vs. 56% of females aged 30-49), less likely to have identified a positive change that improved ability to provide good patient care (27% of males aged 39-49 vs. 32% of females aged 30-49) and more likely to suggest leaving the UK profession is the change they are most likely to make (27% of males aged 30-49 vs. 15% of females aged 30-49). However, in this age group male doctors were less likely to be in the 'struggling' workload quadrant than female doctors (27% of males aged 30-49 vs. 33% of females aged 30-49).

[25] NET satisfied
[26] At least weekly
[27] NET agree
[28] NET agree
[29] NET agree

Table 10.4 Selected key measures by gender among doctors aged 30 to 49 in 2024 and 2025

	Total 2024	Male 30-49	Female 30-49	Total 2025	Male 30-49	Female 30-49
Base Size	*4697*	*1122*	*1255*	*4606*	*1038*	*1194*
Satisfied[30]	59%	55%	63%	55%▼	51%	56%▼
'Struggling' workload quadrant	29%	29%	28%	30%	27%	33%▲
High risk of burnout	18%	21%	17%	20%▲	22%	20%
Difficulty providing sufficient patient care[31]	40%	41%	38%	41%	41%	39%
Effective coordination of primary-secondary care[32]	N/A	N/A	N/A	20%	23%	20%
Identified a positive change improving patient care	N/A	N/A	N/A	26%	27%	32%
Part of a supportive team[33]	73%	75%	73%	71%▼	70%▼	72%
Can progress career in the way they want[34]	39%	39%	42%	36%▼	38%	38%▼
Leaving the UK profession most likely career change	19%	23%	12%	22%▲	27%▲	15%▼

Shading indicates significant differences compared to the opposite gender with the equivalent age group, as opposed to the overall sample average.

There was also a mixed picture among doctors aged 50 and over (see Table 10.5). Compared to male doctors, female doctors aged 50 and over were more likely to be in the 'struggling' workload quadrant (32% of females 50 plus vs. 21% of males 50 plus), more likely to report finding it difficult to provide sufficient patient care at least weekly (42% of females 50 plus vs. 36% of males 50 plus) and less likely to think there is effective coordination of patient care between primary and secondary care (13% females 50 plus vs.18% males 50 plus).

However, male doctors within this age category were less likely to have identified a positive change that improved ability to provide good patient care (23% of males 50 plus vs. 33% of females 50 plus) and to feel part of a supportive team (69% of males 50 plus vs. 77% of females 50 plus). Male doctors aged 50 plus were also more likely to suggest leaving the UK profession is the change they are most likely to make (23% of males 50 plus vs. 19% of females 50 plus).

[30] NET satisfied
[31] At least weekly
[32] NET agree
[33] NET agree
[34] NET agree

Table 10.5 Selected key measures by gender among doctors aged 50 plus in 2024 and 2025

	Total 2024	Male 50 plus	Female 50 plus	Total 2025	Male 50 plus	Female 50 plus
Base Size	*4697*	*847*	*700*	*4606*	*933*	*684*
Satisfied[35]	59%	62%	64%	55%▼	61%	61%
'Struggling' workload quadrant	29%	21%	32%	30%	21%	32%
High risk of burnout	18%	10%	12%	20%▲	12%	14%
Difficulty providing sufficient patient care[36]	40%	36%	41%	41%	36%	42%
Effective coordination of primary-secondary care[37]	N/A	N/A	N/A	20%	18%	13%
Identified a positive change improving patient care	N/A	N/A	N/A	26%	23%	33%
Part of a supportive team[38]	73%	72%	76%	71%▼	69%	77%
Can progress career in the way they want[39]	39%	40%	37%	36%▼	40%	42%
Leaving the UK profession most likely career change	19%	21%	19%	22%▲	23%	19%

Shading indicates significant differences compared to the opposite gender with the equivalent age group, as opposed to the overall sample average.

In terms of year-on-year differences related to gender and age, it was doctors aged under 30 who saw the biggest shift in terms gender patterns. Despite there not being many changes year-on-year on individual measures among this group, male doctors aged under 30 emerged as having a more negative experience than female doctors aged under 30 in 2025, which was not the case in 2024. In 2025, male doctors aged under 30 reported a more negative experience in terms of satisfaction and difficulty providing sufficient patient care than other doctors.

Differences by disability status

Consistent with previous years, disabled doctors reported more negative experiences than other doctors across most key measures (see Table 10.6), including being less likely to be satisfied (44% vs. 55%), more likely to be 'struggling' (42% vs. 30%), less likely to feel part of a supportive team (62% vs. 71%), and less likely to say they could progress their career in the way they want (27% vs. 36%). Despite these more negative experiences, disabled doctors were not more likely than other doctors to suggest that leaving the UK profession is the change they are most likely to make (23% vs. 22%).

Disabled doctors reported declines in their experience this year on three key measures. These declines were notably sharper than the declines non-disabled doctors experienced. Disabled doctors reported a decline in satisfaction (44% vs. 52% in 2024) and feeling part of a supportive team (62%

[35] NET satisfied
[36] At least weekly
[37] NET agree
[38] NET agree
[39] NET agree

vs. 71% in 2024). A higher proportion of disabled doctors also reported finding it difficult to provide sufficient patient care at least weekly (52% vs. 43% in 2024), which meant that disabled doctors were more likely to report this than other doctors in 2025.

Table 10.6 Selected key measures by disability in 2024 and 2025

	Total 2024	Disabled	Non-disabled	Total 2025	Disabled	Non-disabled
Base Size	*4697*	*478*	*4016*	*4606*	*511*	*3873*
Satisfied[40]	59%	52%	61%	55%▼	44%▼	57%▼
'Struggling' workload quadrant	29%	38%	27%	30%	42%	29%▲
High risk of burnout	18%	28%	17%	20%▲	29%	19%▲
Difficulty providing sufficient patient care[41]	40%	43%	39%	41%	52%▲	40%
Effective coordination of primary-secondary care[42]	N/A	N/A	N/A	20%	16%	20%
Identified a positive change improving patient care	N/A	N/A	N/A	26%	24%	27%
Part of a supportive team[43]	73%	71%	74%	71%▼	62%▼	73%
Can progress career in the way they want[44]	39%	29%	40%	36%▼	27%	38%
Leaving the UK profession most likely career change	19%	19%	19%	22%▲	23%	22%▲

Differences between disabled doctors who need reasonable adjustments and those who do not

In 2025, around two in five (41%) disabled doctors reported they need reasonable adjustments at work. Of these, 81% had requested reasonable adjustments from their current employer. Among those who had requested reasonable adjustments, just over three in five (50%) said their current employer had mostly or fully implemented their requests (18% said their requests had not been implemented at all).

There were some notable differences between the experiences of disabled doctors who need reasonable adjustments and disabled doctors who don't. Disabled doctors who needed reasonable adjustments were less likely than other doctors to feel as though they were part of a supportive team (55% vs. 71%) and that they can progress their career in the way they want (23% vs. 36%), whereas disabled doctors who did not need reasonable adjustments were in line with other doctors on both these measures.

[40] NET satisfied
[41] AT least weekly
[42] NET agree
[43] NET agree
[44] NET agree

Between 2024 and 2025, disabled doctors who need reasonable adjustments experienced declines in their experience across more measures than disabled doctors who do not need reasonable adjustments. Disabled doctors who need reasonable adjustments experienced a decline in satisfaction (40% vs. 52% in 2024), were more likely to report finding it difficult to provide sufficient patient care at least weekly (55% vs. 44% in 2024) and less likely to feel like they were part of a supportive team (55% vs. 67% in 2024). Disabled doctors who do not need reasonable adjustments only experienced a decline in their experiences in terms of a higher proportion of doctors finding it difficult to provide sufficient patient care at least weekly (50% vs. 40% in 2024).

Table 10.7 Selected key measures by disability and need for reasonable adjustments ('RAs') in 2024 and 2025

	Total 2024	Disabled	Disabled and need RAs	Disabled and do not need RAs	Total 2025	Disabled	Disabled and need RAs	Disabled and do not need RAs
Base Size	*4697*	*478*	*203*	*247*	*4606*	*511*	*212*	*269*
Satisfied[45]	59%	52%	52%	53%	55%▼	44%▼	40%▼	48%
'Struggling' workload quad-rant	29%	38%	42%	33%	30%	42%	47%	36%
High risk of burnout	18%	28%	27%	28%	20%▲	29%	32%	25%
Difficulty providing suffi-cient patient care[46]	40%	43%	44%	40%	41%	52%▲	55%▲	50%▲
Effective coordination of primary-secondary care[47]	N/A	N/A	N/A	N/A	20%	16%	15%	17%
Identified a positive change improving patient care	N/A	N/A	N/A	N/A	26%	24%	25%	24%
Part of a supportive team[48]	73%	71%	67%	76%	71%▼	62%▼	55%▼	70%
Can progress career in the way they want[49]	39%	29%	30%	29%	36%▼	27%	23%	31%
Leaving the UK profession most likely career change	19%	19%	19%	19%	22%▲	23%	25%	19%

Differences by ethnicity

Looking at ethnicity in isolation, there were variations between BME and White doctors in terms of their experiences across multiple key measures (see Table 10.8). BME doctors experienced a greater decline in their overall experience than White doctors between 2024 and 2025.

BME doctors reported a slightly more negative experience overall. They were more likely than other doctors to be at high risk of burnout (22% vs. 20%), less likely to feel part of a supportive team (67%

[45] NET satisfied
[46] At least weekly
[47] NET agree
[48] NET agree
[49] NET agree

vs. 71%), less likely to feel they can progress their career in the way they want (34% vs. 36%) and more likely to suggest leaving the UK profession is the change they are most likely to make (24% vs. 22%). However, BME doctors did report a slightly more positive picture when it comes to patient care. BME doctors were less likely than other doctors to report finding it difficult to provide sufficient patient care at least weekly (35% vs. 41%), and more likely to think there is effective coordination of patient care between primary and secondary care (24% vs. 20%). Within the population of BME doctors, it was Asian/Asian British doctors who were driving the more negative experiences, with Black/Black British doctors presenting a more positive picture overall.

White doctors presented an opposing picture. They reported more negative experiences in terms of patient care in that they were more likely than other doctors to find it difficult to provide sufficient patient care at least weekly (48% vs. 41%) and less likely to think there is effective coordination of patient care between primary and secondary care (15% vs. 20%). However, they were less likely to be at high risk of burnout (18% vs. 20%). They were also more likely to feel part of a supportive team (77% vs. 71%), more likely to feel they can progress their career in the way they want (39% vs. 36%) and less likely to suggest leaving the UK profession is the change they are most likely to make (19% vs. 22%).

BME doctors reported declines across most key measures between 2024 and 2025, while the experience of White doctors remained broadly consistent. These declines mean that, unlike in 2024, BME doctors were no longer more likely to be satisfied compared to all doctors and no longer less likely to be in the ‘struggling’ workload quadrant. As already reported, this year they also had more negative experiences than other doctors in terms of risk of burnout, feeling like they can progress their career and likelihood to leave the UK profession, which was not the case last year.

Table 10.8 Selected key measures by ethnicity in 2024 and 2025

	Total 2024	White	BME	Asian / Asian British	Black / Black British	Mixed or multiple ethnic groups	Other ethnic group	Total 2025	White	BME	Asian / Asian British	Black / Black British	Mixed or multiple ethnic groups	Other ethnic group
Base Size	*4697*	*2516*	*1804*	*1131*	*291*	*164*	*218*	*4606*	*2528*	*1678*	*1026*	*313*	*149*	*190*
Satisfied[50]	59%	58%	61%	59%	65%	60%	70%	55%▼	56%	55%▼	54%▼	65%	52%	50%▼
'Struggling' workload quadrant	29%	32%	25%	28%	19%	31%	17%	30%	31%	29%▲	30%	23%	35%	32%▲
High risk of burnout	18%	18%	18%	19%	15%	23%	17%	20%▲	18%	22%▲	22%	15%	23%	26%▲
Difficulty providing sufficient patient care[51]	40%	49%	31%	35%	18%	47%	19%	41%	48%	35%▲	38%	22%	45%	31%▲
Effective coordination of primary-secondary care[52]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20%	15%	24%	21%	38%	13%	29%
Identified a positive change improving patient care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	26%	26%	27%	26%	31%	22%	26%
Part of a supportive team[53]	73%	78%	70%	69%	76%	78%	65%	71%▼	77%	67%	66%	76%	72%	58%
Can progress career in the way they want[54]	39%	41%	38%	37%	43%	40%	39%	36%▼	39%	34%▼	32%▼	42%	31%	36%
Leaving the UK profession most likely career change	19%	18%	20%	19%	21%	16%	24%	22%▲	19%	24%▲	24%▲	26%	25%▲	26%

[50] NET satisfied
[51] At least weekly
[52] NET agree
[53] NET agree
[54] NET agree

Differences by PMQ

Doctors' experiences varied widely depending on where they gained their PMQ (see Table 10.9). Doctors with an EEA PMQ or who gained their PMQ outside the EEA or UK experienced a greater decline in their experience this year.

Doctors who gained their PMQ in the UK were less likely than other doctors to be satisfied (52% vs. 55%) and more likely to be in the 'struggling' workload quadrant (34% vs. 30%). They also reported negative experiences in terms of patient care in that they were more likely to report finding it difficult to provide a sufficient level of patient care at least weekly (51% vs. 41%) and less likely to think there is effective coordination of care between primary and secondary care (14% vs. 20%). However, they were more likely to feel part of a supportive team (76% vs. 71%) and less likely to suggest leaving the UK profession is the change they are most likely to make (20% vs. 22%).

Doctors who gained their PMQ in the EEA were more likely than other doctors to be in the 'struggling' workload quadrant (36% vs. 30%) and to be at high risk of burnout (27% vs. 20%). They were less likely to feel part of a supportive team (63% vs. 71%) or that they can progress their career in the way they want (32% vs. 36%).

Doctors who gained their PMQ outside the UK or EEA presented a more positive picture on measures related to wellbeing and patient care. They were more likely than other doctors to be satisfied (60% vs. 55%), less likely to be in the 'struggling' workload quadrant (24% vs. 30%), less likely to report finding it difficult to provide sufficient patient care at least weekly (26% vs. 41%) and more likely to believe there is effective coordination of patient care between primary and secondary care (30% vs. 20%). However, they were less likely to feel part of a supportive team (65% vs. 71%) and more likely to suggest leaving the UK profession is the change they are most likely to make (25% vs. 22%).

Despite generally reporting more positive experiences than those who gained their PMQ in the UK or EEA, doctors who gained their PMQ outside the UK or EEA saw negative shifts in several key measures between 2024 and 2025. These included a decrease in satisfaction (60% vs. 65% in 2024), an increase in being at high risk of burnout (19% vs. 15% in 2024) and an increase in those saying leaving the UK profession is the most likely career change they would make (25% vs. 20% in 2024).

Doctors with an EEA PMQ also experienced a number of declines. They were less likely to be satisfied this year (51% vs. 58% in 2024) and were more likely to fall into the 'struggling' workload quadrant (36% vs. 29% in 2024), be at high risk of burnout (27% vs. 17% in 2024) and report finding it difficult to provide sufficient patient care at least weekly (40% vs. 32% in 2024).

Doctors with a UK PMQ experienced a decline in their satisfaction (52% vs. 56% in 2024), but other key measures remained consistent with 2024.

Table 10.9 Selected key measures by where doctors gained their PMQ in 2024 and 2025

	Total 2024	UK PMQ	EEA PMQ	Outside UK / EEA PMQ	Total 2025	UK PMQ	EEA PMQ	Outside UK / EEA PMQ
Base Size	*4697*	*2822*	*397*	*1478*	*4606*	*2864*	*385*	*1357*
Satisfied[55]	59%	56%	58%	65%	55%▼	52%▼	51%▼	60%▼
'Struggling' workload quadrant	29%	32%	29%	22%	30%	34%	36%▲	24%
High risk of burnout	18%	20%	17%	15%	20%▲	20%	27%▲	19%▲
Difficulty providing sufficient patient care[56]	40%	51%	32%	23%	41%	51%	40%▲	26%
Effective coordination of primary-secondary care[57]	N/A	N/A	N/A	N/A	20%	14%	17%	30%
Identified a positive change improving patient care	N/A	N/A	N/A	N/A	26%	26%	26%	27%
Part of a supportive team[58]	73%	78%	66%	68%	71%▼	76%	63%	65%
Can progress career in the way they want[59]	39%	39%	31%	40%	36%▼	37%	32%	37%
Leaving the UK profession most likely career change	19%	18%	23%	20%	22%▲	20%	24%	25%▲

Differences by ethnicity and PMQ

Looking at PMQ and ethnicity together, the relationship between the two becomes clear (see Table 10.10). The overall pattern that was seen among White doctors was largely driven by White doctors with a UK PMQ, while the overall pattern that was seen among BME doctors was largely driven by BME doctors with a non-UK PMQ. This is not surprising, given that in the 2025 survey, 69% of doctors with a UK PMQ were White, while 82% of doctors with a non-UK PMQ were BME.

However, looking at ethnicity and PMQ together also highlights the different experience of doctors within each PMQ group. BME doctors with a UK PMQ emerged again this year as the group that had a particularly negative experience.

Despite BME doctors with a non-UK PMQ presenting a more positive picture than those with a UK PMQ, this group experienced the highest number of negative shifts across measures (in line with year-on-year findings for BME doctors and doctors with a non-UK PMQ). BME doctors with a non-UK PMQ experienced declines in satisfaction (60% vs. 66% in 2024), feeling part of a supportive team (65% vs. 69% in 2024) and feeling they can progress their career in the way they want (36% vs. 40% in 2024). They also experienced corresponding increases in being at high risk of burnout (20% vs.

[55] NET satisfied
[56] At least weekly
[57] NET agree
[58] NET agree
[59] NET agree

16% in 2024) and leaving the UK medical profession being the most likely change they would make (25% vs. 20% in 2024).

Table 10.10 Selected key measures by PMQ and ethnicity in 2024 and 2025

	Total 2024	BME + UK PMQ	BME + Non-UK PMQ	White + UK PMQ	White + Non-UK PMQ	Total 2025	BME + UK PMQ	BME + Non-UK PMQ	White + UK PMQ	White + Non-UK PMQ
Base Size	*4697*	*525*	*1279*	*2129*	*387*	*4606*	*513*	*1165*	*2167*	*361*
Satisfied[60]	59%	52%	66%	58%	59%	55%▼	45%▼	60%▼	56%	55%
'Struggling' workload quadrant	29%	33%	22%	32%	32%	30%	38%	25%	32%	30%
High risk of burnout	18%	24%	16%	18%	15%	20%▲	25%	20%▲	18%	20%
Difficulty providing sufficient patient care[61]	40%	49%	23%	52%	37%	41%	53%	26%	50%	37%
Effective coordination of primary-secondary care[62]	N/A	N/A	N/A	N/A	N/A	20%	13%	30%	14%	20%
Identified a positive change improving patient care	N/A	N/A	N/A	N/A	N/A	26%	27%	27%	26%	28%
Part of a supportive team[63]	73%	74%	69%	80%	65%	71%▼	71%	65%▼	79%	64%
Can progress career in the way they want[64]	39%	34%	40%	42%	35%	36%▼	31%	36%▼	39%▼	40%
Leaving the UK profession most likely career change	19%	19%	20%	17%	23%	22%▲	23%	25%▲	19%	20%

[60] NET satisfied
[61] At least weekly
[62] NET agree
[63] NET agree
[64] NET agree

Differences by religion

In 2025, we added a new question to the barometer survey asking doctors what their religion is (a year-on-year comparison of results is therefore not available). There was a lot of overlap between religious affiliation, ethnicity and PMQ region.

Christian doctors (see Table 10.11) were more likely to report positive workplace experiences than other doctors across nearly all the measures in the table.

Doctors with no religion reported the most negative experiences. These doctors were less likely to be satisfied than other doctors (51% vs. 55%), more likely to be in the 'struggling' workload quadrant (35% vs. 30%) and more likely to be at high risk of burnout (22% vs. 20%). They were also more likely to report finding it difficult to provide sufficient patient care at least weekly (51% vs. 41%), were less likely to think there is effective coordination of patient care between primary and secondary care (14% vs. 20%) and less likely to have identified a positive change that improved their ability to provide good patient care (24% vs. 26%). Despite this, they were more likely to suggest they are part of a supportive team (75% vs. 71%) and less likely to suggest that leaving the UK profession is the change they are most likely to make (19% vs. 22%).

Among doctors who indicated they had no religion, 77% were White and 85% achieved their PMQ in the UK. Within this context, the patterns seen for workplace experiences of doctors who indicated they had no religion closely mapped to the patterns seen for doctors with a UK PMQ.

Muslim doctors were less likely than other doctors to be in the struggling workload quadrant (24% vs. 30%), less likely to report finding it difficult to provide sufficient patient care at least weekly (28% vs. 41%) and more likely to think there is effective coordination of patient care between primary and secondary care (27% vs. 20%). However, they were less likely to feel part of a supportive team (64% vs. 71%) and more likely to suggest leaving the UK profession is the change they are most likely to make (25% vs. 22%).

Among Muslim doctors, 97% were BME and 80% obtained their PMQ outside the UK (74% outside the UK or EEA). The picture for Muslim doctors therefore aligned closely with that of doctors who receive their PMQ outside the UK or EEA.

Table 10.11 Selected key measures by religion in 2025

	Total 2025	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh
Base Size	*4606*	*1516*	*1648*	*103*	*314*	*42*	*504*	*31*
Satisfied[65]	55%	51%	59%	61%	56%	62%	55%	72%
'Struggling' workload quadrant	30%	35%	29%	28%	29%	28%	24%	23%
High risk of burnout	20%	22%	17%	21%	18%	17%	22%	18%
Difficulty providing sufficient patient care[66]	41%	51%	38%	34%	38%	45%	28%	51%
Effective coordination of primary-secondary care[67]	20%	14%	21%	23%	23%	6%	27%	26%
Identified a positive change improving patient care	26%	24%	30%	23%	29%	20%	27%	22%
Part of a supportive team[68]	71%	75%	76%	68%	66%	75%	64%	79%
Can progress career in the way they want[69]	36%	35%	42%	37%	35%	31%	35%	35%
Leaving the UK profession most likely career change	22%	19%	21%	30%	21%	24%	25%	30%

Differences by sexual orientation

We also added a new question to the barometer survey in 2025 asking doctors what their sexuality is (a year-on-year comparison of results is therefore not available). Doctors who identified as straight were generally more likely to have positive workplace experiences than doctors who identified as LGBTQ+[70] (see Table 10.12).

Doctors who identified as LGBTQ+ reported more negative experiences than other doctors on three measures. They were more likely to be in the 'struggling' workload quadrant (36% vs. 30%), more likely to report finding it difficult to provide sufficient patient care at least weekly (57% vs. 41%) and less likely to feel like they can progress their career in the way they want (29% vs. 36%).

There is some overlap between doctors who identified as LGBTQ+ and other populations that reported more negative experiences. For example, LGBTQ+ doctors were more likely to have a UK PMQ (79% vs. 58%), be disabled (27% vs. 10%) and be under 30 (31% vs.15%).

[65] NET satisfied
[66] At least weekly
[67] NET agree
[68] NET agree
[69] NET agree
[70] We have reported doctors who identified as gay, lesbian, bisexual or another sexual orientation as LGBTQ+ to allow for a sufficient base size for statistical analysis.

Table 10.12 Selected key measures by sexual orientation in 2025

	Total 2025	Straight or heterosexual	LGBTQ+
Base Size	*4606*	*3813*	*284*
Satisfied[71]	55%	56%	51%
'Struggling' workload quadrant	30%	30%	36%
High risk of burnout	20%	19%	22%
Difficulty providing sufficient patient care[72]	41%	39%	57%
Effective coordination of primary-secondary care[73]	20%	20%	17%
Identified a positive change improving patient care	26%	28%	25%
Part of a supportive team[74]	71%	73%	74%
Can progress career in the way they want[75]	36%	38%	29%
Leaving the UK profession most likely career change	22%	22%	18%

Differences by area of practice

Differences by register group

GPs were the register group with the most negative experiences, while specialists and SAS doctors presented the most positive picture (see Table 10.13). Nevertheless, specialists appeared to be facing a decline in their experience across more measures than other register groups, alongside indications of worsening experiences among LE doctors.

Compared to other doctors, GPs remained the least satisfied (45% vs. 55%) and were most likely to be in the 'struggling' workload quadrant (43% vs. 30%). They were also more likely than other doctors to report finding it difficult to provide sufficient patient care at least weekly (60% vs. 41%) and less likely to feel there is effective coordination of patient care between primary and secondary care (12% vs. 20%). Despite this, they were more likely to have identified a positive change that improved their ability to provide good patient care (37% vs. 26%), to feel that they are part of a supportive team (77% vs. 71%) and to feel like they can progress their career in the way they want (42% vs. 36%).

[71] NET satisfied
[72] At least weekly
[73] NET agree
[74] NET agree
[75] NET agree

SAS doctors reported the most 'positive' experiences compared to other doctors. and were more likely to be satisfied (65% vs. 55%). They were less likely to be in the 'struggling' workload quadrant (19% vs. 30%) and less likely to be at high risk of burnout (13% vs. 20%), indicating better wellbeing. They also reported more positive experiences in relation to patient care: they were less likely to report finding it difficult to provide sufficient patient care at least weekly (25% vs. 41%), and more likely to say there is efficient coordination of primary and secondary care (28% vs. 20%). However, they were less likely to feel part of a supportive team (67% vs. 71%) or to feel they could progress their career in the way they want (31% vs. 39%).

Similarly to SAS doctors, specialists were more likely than other doctors to be satisfied (58% vs. 55%). They were more positive than other doctors in measures of wellbeing, as they were less likely to be in the 'struggling' workload quadrant (25% vs. 30%) or to be at high risk of burnout (17% vs. 20%). They were more positive about their future career in the UK than other doctors, being more likely to say they can progress their career in the way they want (39% vs. 36%), and less likely to say leaving the UK profession was the most likely career change they would make (18% vs. 22%). Although they were less likely than other doctors to say they found it difficult to provide sufficient care at least weekly (38% vs. 41%), and less likely to agree there is efficient coordination between primary and secondary care (15% vs. 20%). They were also less likely to say they felt part of a supportive team (69% vs. 71%, and less likely to have identified a positive change that improved their ability to provide good patient care (24% vs. 26%).

LE doctors were more likely than other doctors to be at high risk of burnout (25% vs. 20%) and less likely to feel they can progress their career in the way they want (28% vs. 36%). They were also the most likely register group to suggest that leaving the UK profession is the change they are most likely to make (28% vs. 22%).

Doctors in training were more likely to be satisfied compared to other doctors (58% vs. 55%), more likely to feel part of a supportive team (74% vs. 71%) and more likely to think there is effective coordination of patient care between primary and secondary care (23% vs. 20%). However, they were also more likely to be in the 'struggling' workload quadrant (33% vs. 30%), more likely to be at high risk of burnout (24% vs. 20%) and less likely to have identified a positive change that improved their ability to provide good patient care (19% vs. 26%).

Across register groups, several notable year-on-year differences emerged in 2025. GPs were more likely than last year to suggest that leaving the UK profession is the change they are most likely to make (18% vs. 15% in 2024).

Despite remaining as one of the register groups with the most positive experience, specialists experienced declines across multiple measures. Satisfaction fell (56% vs. 62% in 2024), fewer felt part of a supportive team (69% vs. 73% in 2024), fewer felt like they can progress their career in the way they want (39% vs. 43% in 2024) and more specialists suggested that leaving the UK profession is the change they are most likely to make (18% vs. 15% in 2024).

Among doctors in training, the proportion in the 'struggling' workload quadrant increased (33% vs. 29% in 2024) and they were also less likely to feel able to progress their career in the way they want (35% vs. 41% in 2024).

Among LE doctors, satisfaction decreased (54% vs. 63% in 2024), and a higher proportion reported finding it difficult to provide sufficient patient care at least weekly (33% vs. 27% in 2024).

SAS doctors did not experience any significant year-on-year changes across the key measures reported here.

Table 10.13 Selected key measures by register group in 2024 and 2025

	Total 2024	GPs	Special-ists	Training	SAS	LE	Total 2025	GPs	Spe-cial-ists	Training	SAS	LE
Base Size	*4697*	*1076*	*1486*	*1090*	*428*	*539*	*4606*	*1024*	*1479*	*1054*	*404*	*505*
Satisfied[76]	59%	48%	62%	60%	68%	63%	55%▼	45%	56%▼	58%	65%	54%▼
'Struggling' workload quadrant	29%	44%	25%	29%	20%	24%	30%	3%	25%	33%▲	19%	28%
High risk of burnout	18%	19%	15%	23%	14%	20%	20%▲	20%	17%	24%	13%	25%
Difficulty providing sufficient patient care[77]	40%	61%	36%	41%	28%	27%	41%	60%	38%	43%	25%	33%▲
Effective coordination of primary-secondary care[78]	N/A	N/A	N/A	N/A	N/A	N/A	20%	12%	15%	23%	28%	26%
Identified a positive change improving patient care	N/A	N/A	N/A	N/A	N/A	N/A	26%	37%	24%	19%	29%	27%
Part of a supportive team[79]	73%	78%	73%	74%	67%	71%	71%▼	77%	69%▼	74%	67%	70%
Can progress career in the way they want[80]	39%	38%	43%	41%	33%	32%	36%▼	42%	39%▼	35%▼	31%	28%
Leaving the UK profession most likely career change	19%	19%	15%	19%	18%	26%	22%▲	25%▲	18%▲	21%	21%	29%

[76] NET satisfied
[77] At least weekly
[78] NET agree
[79] NET agree
[80] NET agree

Differences by specialty

At an overall level, doctors working in paediatrics, psychiatry and anaesthetics had the most positive experiences. Doctors working in emergency medicine, acute medicine and general practice reported more negative experiences (see Table 10.15).

The overall patterns of workplace experiences across specialties were broadly similar to last year. There were some differences however. For example, this year both acute medicine and emergency medicine doctors have more measures where they are having a more negative experience compared to other doctors. Although this was not always reflected in significant differences compared to 2024 across all these measures, overall satisfaction has decreased among doctors in both acute medicine (45% vs. 61% in 2024) and emergency medicine (42% vs. 54% in 2024).

The experience of doctors working in radiology is slightly less positive than last year. In 2024 they stood out as having relatively more positive experiences than other doctors. However, in 2025 the proportion of radiologists falling into the ‘struggling’ workload quadrant increased (35% vs. 17% in 2024), meaning they are no longer less likely than other doctors to be in this category (17% in 2024 vs. 29% other doctors in 2024).

Doctors working in medicine also reported a decline in their experience between 2024 and 2025, across four measures. These doctors were less likely to suggest they were satisfied (56% vs. 62% in 2024), were part of a supportive team (71% vs. 77% in 2024) or that they can progress their career in the way they want (33% vs. 41% in 2024), and more likely to fall into the ‘struggling’ workload quadrant (34% vs. 28% in 2024).

Table 10.14 Selected key measures by specialty in 2024

	Total 2024	GP	Anaes-thetics	Intensive Care Medicine	Medicine	Paediat-rics	Psychia-try	Radiol-ogy	Surgery	Obs/ Gynae	Pathol-ogy	Acute Medicine	Emer-gency Medicine	Ophthal-mol
Base Size	*4697*	*1201*	*350*	*90*	*785*	*243*	*345*	*104*	*586*	*164*	*94*	*160*	*264*	*74*
Satisfied[81]	59%	50%	68%	73%	62%	76%	68%	71%	54%	60%	63%	61%	54%	66%
'Struggling' workload quadrant	29%	42%	10%	20%	28%	22%	21%	17%	24%	33%	27%	34%	29%	8%
High risk of burnout	18%	20%	14%	17%	18%	14%	12%	12%	19%	26%	9%	22%	24%	12%
Difficulty providing suffi-cient patient care[82]	40%	59%	28%	26%	37%	22%	31%	24%	37%	32%	18%	39%	55%	22%
Part of a supportive team[83]	73%	77%	77%	77%	77%	76%	74%	69%	66%	67%	75%	69%	76%	63%
Can progress career in the way they want[84]	39%	39%	46%	44%	41%	44%	49%	51%	29%	35%	39%	34%	36%	37%
Leaving the UK profes-sion most likely career change	19%	20%	16%	25%	18%	10%	14%	14%	26%	14%	12%	21%	21%	18%

Note: 'Effective coordination of patient care' and 'Identified a positive change improving ability to provide good patient care not asked in 2024'

[81] NET satisfied
[82] At least weekly
[83] NET agree
[84] NET agree

Table 10.15 Selected key measures by specialty in 2025, showing differences compared to 2024

	Total 2025	GP	Anaes-thetics	Intensive Care Medicine	Medicine	Paediat-rics	Psychia-try	Radiol-ogy	Surgery	Obs/ Gynae	Pathol-ogy	Acute Medicine	Emer-gency Medicine	Ophthal-mol
Base Size	4606	*1114*	*340*	*94*	*717*	*265*	*335*	*121*	*568*	*169*	*75*	*151*	*274*	*72*
Satisfied[85]	55%▼	47%	66%	57%▼	56%▼	69%	62%	66%	54%	57%	72%	45%▼	43%▼	60%
'Struggling' workload quadrant	30%	42%	12%	15%	34%▲	26%	21%	35%▲	23%	35%	22%	30%	35%	22%▲
High risk of burnout	20%▲	20%	14%	21%	22%	14%	15%	18%	19%	22%	13%	26%	31%	15%
Difficulty providing suffi-cient patient care[86]	41%	57%	28%	37%	38%	27%	33%	34%	34%	39%	20%	50%	55%	25%
Effective coordination of primary-secondary care[87]	20%	15%	14%	16%	19%	30%	30%	18%	26%	24%	10%	21%	15%	27%
Identified a positive change improving patient care	26%	35%	21%	21%	23%	28%	24%	16%	19%	29%	30%	20%	32%	35%
Part of a supportive team[88]	71%▼	78%	74%	77%	71%▼	81%	72%	62%	63%	65%	76%	67%	69%	59%
Can progress career in the way they want[89]	36%▼	42%	43%	28%▼	33%▼	37%	43%	43%	30%	33%	43%	26%	29%	37%
Leaving the UK profes-sion most likely career change	22%▲	23%	19%	25%	22%	16%▲	15%	16%	26%	16%	9%	24%	28%	23%

[85] NET satisfied
[86] At least weekly
[87] NET agree
[88] NET agree
[89] NET agree

Differences by working pattern

Across the key measures, there were wide-ranging differences based on doctor's working patterns (see Table 10.16).

Doctors working full-time were more likely than other doctors to be satisfied (56% vs. 55%) and to agree there is effective coordination between primary and secondary care (21% vs. 20%), and less likely to report finding it difficult to provide sufficient patient care at least weekly (39% vs. 41%). However, they were more likely to be at high risk of burnout (21% vs. 20%).

Doctors working part-time showed some indications of better wellbeing but had more negative experiences related to providing patient care. Doctors working part-time were less likely than other doctors to be at high risk of burnout (17% vs. 20%), more likely to feel part of a supportive team (76% vs. 71%) and more likely to feel they can progress their career in the way they want (41% vs. 36%). However, they were more likely to fall into the 'struggling' workload quadrant (33% vs. 30%), were more likely to report difficulty providing sufficient patient care at least weekly (46% vs. 41%) and were less likely to agree that there is effective coordination of patient care between primary and secondary care (15% vs. 20%). Nevertheless, they were more likely to have identified a positive change improving their ability to provide good patient care (31% vs. 26%).

Bank or agency locum staff had more negative experiences across multiple key measures. They were less likely than other doctors to be satisfied (48% vs. 55%), to feel part of a supportive team (64% vs. 71%) and to feel they can progress their career in the way they want (26% vs. 36%). They were also more likely to say leaving the UK profession is the most likely career change they would make (30% vs. 22%).

Experiences broadly followed similar patterns to 2024, with some shifts. Both part-time (54% vs. 58% in 2024) and full-time (56 vs. 61% in 2024) doctors reported declines in satisfaction in the past year. Similarly, both full-time (21% vs. 18% in 2024) and part-time doctors (21% vs. 17% in 2024) were more likely this year to say leaving the UK profession is the most likely career change they would make. There was also a decrease in the proportion of full-time doctors saying they can progress their career in the way they want (35% vs. 40% in 2024).

Table 10.16 Selected key measures by working pattern in 2024 and 2025

	Total 2024	Part-time	Full-time	Bank / Agency locum	Total 2025	Part-time	Full-time	Bank / Agency locum
Base Size	*4697*	*1295*	*2913*	*319*	*4606*	*1384*	*2712*	*293*
Satisfied[90]	59%	58%	61%	51%	55%▼	54%▼	56%▼	48%
'Struggling' workload quadrant	29%	33%	28%	26%	30%	33%	30%	26%
High risk of burnout	18%	16%	19%	19%	20%▲	17%	21%	18%
Difficulty providing sufficient patient care[91]	40%	47%	37%	43%	41%	46%	39%	44%
Effective coordination of primary-secondary care[92]	N/A	N/A	N/A	N/A	20%	15%	21%	22%
Identified a positive change improving patient care	N/A	N/A	N/A	N/A	26%	31%	25%	25%
Part of a supportive team[93]	73%	77%	74%	66%	71%▼	76%	72%	64%
Can progress career in the way they want[94]	39%	39%	40%	28%	36%▼	41%	35%▼	26%
Leaving the UK profession most likely career change	19%	17%	18%	33%	22%▲	21%▲	21%▲	30%

Differences by years in UK practice

There was variation in experiences depending on how long doctors had been practising in the UK (see Table 10.17).

Doctors with the most UK experience (25 years or more) reported the most positive experiences related to wellbeing. They were more likely than other doctors to be satisfied (59% vs. 55%), less likely to be in the 'struggling' workload quadrant (26% vs. 30%) or at high risk of burnout (13% vs. 20%). They were also more likely to say they felt part of a supportive team (74% vs. 71%), and more likely to say they can progress their career in the way they want (42% vs. 36%). However, they were less likely to say there is effective coordination of patient care between primary and secondary care (14% vs. 20%).

Doctors with the least experience in UK practice (less than 5 years) had a more mixed experience. They were more likely than other doctors to be satisfied (60% vs. 55%), less likely to report finding it difficult to provide sufficient care at least weekly (34% vs. 41%) and more likely to feel there is effective coordination of patient care between primary and secondary care (29% vs. 20%). However, they were more negative about their future career in UK medical practice: they were less likely to feel they can progress their career in the way they want (31% vs. 36%) and more likely to say leaving the UK profession is the most likely career change they would make (25% vs. 22%). They were also less

[90] NET satisfied
[91] At least weekly
[92] NET agree
[93] NET agree
[94] NET agree

likely than other doctors to have identified a change in the past year that improved their ability to provide good patient care (24% vs. 26%). Doctors in the middle groups, who have been in UK practice for between 5 and 24 years, generally reported more negative experiences. Doctors who had been practising in the UK for 5-14 years were less likely than other doctors to be satisfied (51% vs. 55%) and more likely to be at high risk of burnout (23% vs. 20%).

Doctors who had been practising in the UK for 15-24 years were less likely to be satisfied than other doctors (51% vs. 55%), and more likely to be in the 'struggling' workload quadrant (34% vs. 40%). They were also more negative on measures related to patient care, as they were more likely to report finding it difficult to provide sufficient patient care at least weekly (51% vs. 41%) and less likely to agree there is effective coordination of patient care between primary and secondary care (13% vs. 20%). However, they were more likely to have identified a positive change in the past year that improved their ability to provide good patient care (32% vs. 26%) and less likely to say leaving the UK profession is the most likely career change they would make (17% vs. 22%).

Since 2024, satisfaction has decreased among doctors who had been practising in the UK for less than five years (60% vs. 66% in 2024) and 5-9 years (51% vs. 55% in 2024). Doctors who had been practising in the UK for less than 5 years were also more likely to be in the 'struggling' workload quadrant this year (30% vs. 25% in 2024), and less likely to feel they can progress their career in the way they want (31% vs. 38% in 2024). Doctors who had been practising in the UK for 15-24 years were less likely to say they felt part of a supportive team this year (70% vs. 74% in 2024), and more likely to say that leaving the UK profession is the most likely career change they are planning to make (17% vs. 12% in 2024). Doctors who had been practising in the UK for 25 years or more were more likely this year to say they can progress their career in the way they want (42% vs. 38% in 2024).

Table 10.17 Selected key measures by years practising in the UK in 2024 and 2025

	Total 2024	Less than 5 years	5-14 years	15-24 years	25 years or more	Total 2025	Less than 5 years	5-14 years	15-24 years	25 years or more
Base Size	4697	1062	1237	1061	1186	4606	972	1193	964	1303
Satisfied[95]	59%	66%	55%	53%	61%	55%▼	60%▼	51%▼	51%	59%
'Struggling' workload quadrant	29%	25%	32%	32%	26%	30%	30%▲	32%	34%	26%
High risk of burnout	18%	20%	21%	18%	12%	20%▲	21%	23%	20%	13%
Difficulty providing sufficient patient care[96]	40%	31%	43%	50%	41%	41%	34%	42%	51%	42%
Effective coordination of primary-secondary care[97]	N/A	N/A	N/A	N/A	N/A	20%	29%	19%	13%	14%
Identified a positive change improving patient care	N/A	N/A	N/A	N/A	N/A	26%	24%	27%	32%	27%
Part of a supportive team[98]	73%	73%	73%	74%	75%	71%▼	74%	71%	70%▼	74%
Can progress career in the way they want[99]	39%	38%	40%	39%	38%	36%▼	31%▼	38%	37%	42%▲
Leaving the UK profession most likely career change	19%	22%	18%	12%	21%	22%▲	25%	21%	17%▲	23%

[95] NET satisfied
[96] At least weekly
[97] NET agree
[98] NET agree
[99] NET agree

Differences by years in UK practice among those with a non-UK PMQ

Doctors who gained their PMQ outside the UK and had been practising in the UK for less than 5 years reported a more positive work experience than other doctors who gained their PMQ outside the UK (see Table 10.18). Nevertheless, this group appeared to have a more pronounced decline in their experience than other doctors who gained their PMQ outside the UK.

Compared to the total sample of doctors who gained their PMQ outside the UK, non-UK PMQ doctors who had been practicing in the UK for less than 5 years were more likely to be satisfied (64% vs. 58%), to feel part of a supportive team (70% vs. 65%), and to agree there is effective coordination between primary and secondary care (36% vs. 28%). They were less likely to report finding it difficult to provide sufficient patient care at least weekly (21% vs. 28%).

Compared to the total sample of doctors who gained their PMQ outside the UK, non-UK PMQ doctors who had been practising in the UK for between 5 and 14 years were less likely to be satisfied (53% vs. 58%).

Compared to the total sample of doctors who gained their PMQ outside the UK, non-UK PMQ doctors who had been practising in the UK for 15 years or more were less likely to be at high risk of burnout (16% vs. 20%). However, their experiences with patient care were more negative: they were more likely to report finding it difficult to provide sufficient patient care at least weekly (38% vs. 28%) and less likely to agree that there is effective coordination between primary and secondary care (19% vs. 28%).

Despite remaining the most positive group within doctors who gained their PMQ outside the UK, non-UK PMQ doctors who had been practising in the UK for less than 5 years experienced declines across some key measures between 2024 and 2025. They were less satisfied (64% vs. 72% in 2024) and more likely to be in the ‘struggling’ workload quadrant (25% vs. 18% in 2024) or at high risk of burnout (20% vs. 15% in 2024).

Non-UK PMQ doctors who had been practising for between 5 and 14 years saw a positive shift in terms of workload experiences, with fewer falling into the ‘struggling’ workload quadrant this year (27% vs. 33% in 2024). Non-UK PMQ doctors who had been practising for 15 or more years were more likely this year to say that leaving the UK profession is the most likely career change they would make (23% vs. 18% in 2024).

Table 10.18 Selected key measures by years practising in the UK among doctors who gained their PMQ outside the UK in 2024 and 2025

	Total non-UK PMQ 2024	Less than 5 years	5-14 years	15 years or more	Total non-UK PMQ 2025	Less than 5 years	5-14 years	15 years or more
Base Size	*1875*	*653*	*483*	*646*	*1742*	*551*	*517*	*564*
Satisfied[100]	64%	72%	56%	59%	58%▼	64%▼	53%	58%
'Struggling' workload quadrant	24%	18%	33%	24%	26%	25%▲	27%▼	26%
High risk of burnout	16%	15%	22%	13%	20%▲	20%▲	23%	16%
Difficulty providing sufficient patient care[101]	25%	17%	30%	36%	28%▲	21%	30%	38%
Effective coordination of primary-secondary care[102]	N/A	N/A	N/A	N/A	28%	36%	24%	19%
Identified a positive change improving patient care	N/A	N/A	N/A	N/A	27%	29%	27%	27%
Part of a supportive team[103]	68%	71%	64%	64%	65%	70%	63%	62%
Can progress career in the way they want[104]	38%	42%	35%	35%	36%	37%	37%	34%
Leaving the UK profession most likely career change	21%	21%	23%	18%	25%▲	23%	26%	23%▲

Shading indicates significant differences compared to the total sample of doctors with a non-UK PMQ, as opposed to the overall sample.

Differences by years in UK practice among those with a UK PMQ

Among doctors with a UK PMQ, the opposite picture emerges to that seen among those who gained their PMQ outside the UK, with those who have been practicing in the UK for less than 5 years presenting a slightly more negative picture (see Table 10.19).

Compared to the total sample of doctors with a UK PMQ, UK PMQ doctors who had been practising in the UK for less than 5 years were more negative about their future career in the UK. They were less likely than other doctors with a UK PMQ to feel they can progress their career in the way they want (22% vs. 37%) and more likely to say that leaving the UK medical profession is the most likely career change they would make (29% vs. 20%). They were also less likely to have identified a positive change that improved their ability to provide good patient care (15% vs. 26%). However, they were more likely to agree there is effective coordination between primary and secondary care (18% vs. 14%).

[100] NET satisfied
[101] At least weekly
[102] NET agree
[103] NET agree
[104] NET agree

Compared to the total sample of doctors with a UK PMQ, UK PMQ doctors who had been practising in the UK for 5-14 years were more likely to be at high risk of burnout (24% vs. 20%) but less like to say that leaving the UK profession was the career change they were most likely to make (17% vs. 20%).

Compared to the total sample of doctors with a UK PMQ, UK PMQ doctors who had been practising in the UK for 15 years or more were less likely to be at high risk of burnout (17% vs. 20%), more likely to have identified a positive change improving their ability to provide good patient care (30% vs. 26%) and more likely to feel they can progress their career in the way they want (41% vs. 37%). However, they were less likely to suggest there is effective coordination of patient care between primary and secondary care (11% vs. 14%).

Among doctors with a UK PMQ, there were limited changes between 2024 and 2025 based on time in UK practice. Despite still displaying a more negative experience than doctors with more UK experience, UK PMQ doctors who had been practicing in the UK for less than 5 years were no longer more likely to be at high risk of burnout following a decrease in the proportion experiencing this in 2024 (23% vs. 29% in 2024). However, they were much less likely to feel like they can progress their career in the way they want this year (22% vs. 31% in 2024).

UK PMQ doctors who had been practicing in the UK for 15 years or more were less likely to feel part of a supportive team this year (75% vs. 78% in 2024), and are now more likely to say leaving the UK profession is the change they are most likely to make (19% vs. 16% in 2024).

Table 10.19 Selected key measures by years practising in the UK among doctors who gained their PMQ in the UK in 2024 and 2025

	Total UK PMQ 2024	Less than 5 years	5-14 years	15 years or more	Total UK PMQ 2025	Less than 5 years	5-14 years	15 years or more
Base Size	*2822*	*409*	*754*	*1601*	*2864*	*421*	*676*	*1703*
Satisfied[105]	56%	57%	55%	56%	52%▼	55%	48%▼	54%
'Struggling' workload quadrant	32%	37%	31%	31%	34%	37%	35%	32%
High risk of burnout	20%	29%	21%	16%	20%	23%▼	24%	17%
Difficulty providing sufficient patient care[106]	51%	54%	51%	50%	51%	52%	52%	49%
Effective coordination of primary-secondary care[107]	N/A	N/A	N/A	N/A	14%	18%	14%	11%
Identified a positive change improving patient care	N/A	N/A	N/A	N/A	26%	15%	28%	30%
Part of a supportive team[108]	78%	77%	78%	78%	76%	78%	77%	75%▼
Can progress career in the way they want[109]	39%	31%	43%	40%	37%	22%▼	38%	41%
Leaving the UK profession most likely career change	18%	24%	16%	16%	20%	29%	17%	19%▲

Shading indicates significant differences compared to the total sample of doctors with a UK PMQ, as opposed to the overall sample.

Differences by trainer status

Around three in ten (28%) doctors in the survey were trainers i.e. during the last year they had acted as a named clinical or educational supervisor for postgraduate trainees. Two thirds (66%) of specialists and a quarter (25%) of GPs were trainers. To ensure a clear picture, specialists and GPs have been separated for analysis of differences by whether they are or are not a trainer.

Specialists who were trainers had more negative experiences than specialists who were not trainers across most measures related to wellbeing and patient care, while those who were not named specialists had more positive experiences (see Table 10.20).

Specialists who were trainers were less likely to be satisfied than other specialists (53% vs. 56%), more likely to be in the 'struggling' workload quadrant (28% vs. 25%) and more likely to be at high risk of burnout (20% vs. 17%). Specialist trainers were also more likely to report finding it difficult to provide sufficient patient care at least weekly (42% vs. 38%), and less likely to agree that there is

[105] NET satisfied
[106] At least weekly
[107] NET agree
[108] NET agree
[109] NET agree

effective coordination of patient care between primary and secondary care (13% vs. 15%). Nevertheless, specialists who were trainers were more likely than other specialists to feel part of a supportive team (71% vs. 69%) and less likely to say that leaving the UK profession is the most likely career change they would make (16% vs. 18%).

Specialists who were not trainers reported more positive experiences at each of these key measures. However, they were more likely to say that leaving the UK profession is the most likely career change they would make (21% vs. 18%).

The overall picture of specialists who were trainers having more negative experiences has strengthened since last year. They were less likely than in 2024 to be satisfied (53% vs. 61% in 2024) and more likely to be at high risk of burnout (20% vs. 15% in 2024).

Table 10.20 Selected key measures by whether specialists were or were not trainers in 2024 and 2025.

	Total specialists 2024	Specialist trainer 2024	Specialist non-trainer 2024	Total specialists 2025	Specialist trainer 2025	Specialist non-trainer 2025
Base Size	*1486*	*987*	*481*	*1479*	*956*	*498*
Satisfied[110]	62%	61%	65%	56%▼	53%▼	62%
'Struggling' workload quadrant	25%	26%	21%	25%	28%	20%
High risk of burnout	15%	15%	13%	17%	20%▲	12%
Difficulty providing sufficient patient care[111]	36%	38%	30%	38%	42%	30%
Effective coordination of primary-secondary care[112]	N/A	N/A	N/A	15%	13%	18%
Identified a positive change improving patient care	N/A	N/A	N/A	24%	26%	22%
Part of a supportive team[113]	73%	74%	73%	69%▼	71%	66%▼
Can progress career in the way they want[114]	43%	43%	44%	39%▼	39%	40%
Leaving the UK profession most likely career change	15%	13%	20%	18%▲	16%	21%

Among GPs, the differences between those who were and were not trainers were less stark than for specialists (see Table 10.21).

Like specialists, GPs who were trainers were more likely to be in the 'struggling' workload quadrant than other GPs (49% vs. 43%) and to report finding it difficult to provide sufficient patient care at least weekly (67% vs. 60%). However, they were more likely to feel part of a supportive team (84% vs.

[110] NET satisfied
[111] At least weekly
[112] NET agree
[113] NET agree
[114] NET agree

77%) and that they feel they can progress their career in the way they want (49% vs. 42%), as well as being less likely to say leaving the UK profession is the most likely career change they would make (18% vs. 25%).

GPs who were not trainers reported opposing experiences across these measures. They were less likely to be in the 'struggling' workload quadrant or to report finding it difficult to provide sufficient patient care at least weekly. However, they were also less likely to feel part of a supportive team and like they can progress their career in the way they want.

There were limited differences between 2024 and 2025 across individual measures among GPs who were trainers and those who were not.

Table 10.21 Selected key measures by whether GPs were or were not trainers in 2024 and 2025

	Total GPs 2024	GP trainers	GP non-trainers	Total GPs 2025	GP trainers	GP non-trainers
Base Size	*1076*	*328*	*735*	*1024*	*275*	*730*
Satisfied[115]	48%	45%	50%	45%	44%	47%
'Struggling' workload quadrant	44%	46%	43%	43%	49%	41%
High risk of burnout	19%	19%	19%	20%	21%	20%
Difficulty providing sufficient patient care[116]	61%	68%	58%	60%	67%	58%
Effective coordination of primary-secondary care[117]	N/A	N/A	N/A	12%	10%	13%
Identified a positive change improving patient care	N/A	N/A	N/A	37%	41%	37%
Part of a supportive team[118]	78%	85%	75%	77%	84%	75%
Can progress career in the way they want[119]	38%	42%	37%	42%	49%	40%
Leaving the UK profession most likely career change	19%	16%	20%	25%▲	18%	26%▲

[115] NET satisfied
[116] At least weekly
[117] NET agree
[118] NET agree
[119] NET agree

Differences by other trainer role

In 2025, we asked an additional question that explored the other different ways a doctor might act in a trainer capacity for doctors, medical students or other healthcare professionals. This could be for example, providing clinical or educational supervision, career development and mentoring, or day-to-day teaching. The data related to this question only have a base size of n=1434 due to a survey change during fieldwork to present a more accurate set of answer options.

Almost two thirds (67%) of doctors reported acting in some form of educator or trainer capacity. Almost half (47%) of doctors had acted as an educator or trainer for undergraduate medical students, a similar proportion (45%) had acted as an educator or trainer for postgraduate doctors, and just over a quarter (28%) as an educator or trainer for another type of doctor, e.g. locally employed. Around 3 in 10 (29%) of doctors said they acted as an educator or trainer for another type of healthcare professional.

Differences by the four UK nations

The main differences across the nations are shown in the table below (Table 10.23). Please note that due to the disproportionate size of England in the UK, differences against other doctors were often effectively differences against England.

It is worth noting that there were higher proportions of doctors that gained their PMQ outside of the UK in England (45%) than in Wales (37%), Northern Ireland (32%) and Scotland (24%). There were correspondingly more doctors with a UK PMQ in Wales (63%), Northern Ireland (68%) and Scotland (76%) than in England (55%).

By register group, there was a higher proportion of GPs in Wales (30% vs. 21% overall) and Scotland (25% vs. 21% overall). There was a higher proportion of specialists in England (28% vs. 27% overall). There was a higher proportion of doctors in training in Scotland (29% vs. 23% overall).

England

Doctors in England were less likely than other doctors to report finding it difficult to provide sufficient patient care at least weekly (40% vs. 41%) and more likely to feel they can progress their career in the way they want (37% vs 36%).

However there have been several negative changes in the past year: this year, doctors in England were less likely to say they were satisfied (55% vs. 60% in 2024), more likely to be at high risk of burnout (20% vs. 18%), less likely to say they can progress their career in the way they want (37% vs. 40%), and more likely to say leaving the UK medical profession is the most likely career change they will make (22% vs. 19%).

Scotland

Doctors in Scotland were more likely than other doctors to agree they have enough autonomy in their role (70% vs. 63%).

Wales

Doctors in Wales were more likely than other doctors to have witnessed patient safety being compromised (53% vs. 39%) and more likely to have worked beyond their rostered hours at least once a week (69% vs. 61%).

Since last year, the proportion of doctors in Wales who agreed they felt part of a supportive team declined (78% vs. 68% in 2024).

Northern Ireland

Doctors in Northern Ireland were more likely than other doctors to suggest there have been relevant workplace changes that improved patient care (36% vs. 26%).

The proportion of doctors in Northern Ireland who reported finding it difficult to provide sufficient patient care at least weekly has reduced since last year (42% vs. 54% in 2024).

Table 10.22 Selected key measures by nation in 2024 and 2025

	Total 2024	England	Scotland	Wales	Northern Ireland	Total 2025	England	Scotland	Wales	Northern Ireland
Base Size	*4697*	*3730*	*451*	*212*	*151*	*4606*	*3663*	*392*	*248*	*166*
Satisfied[120]	59%	60%	59%	58%	57%	55%▼	55%▼	57%	49%	56%
'Struggling' workload quadrant	29%	28%	29%	31%	35%	30%	30%	31%	34%	28%
High risk of burnout	18%	18%	19%	15%	26%	20%▲	20%▲	21%	22%	22%
Difficulty providing sufficient patient care[121]	40%	39%	42%	46%	54%	41%	40%	46%	47%	42%▼
Effective coordination of primary-secondary care[122]	N/A	N/A	N/A	N/A	N/A	20%	20%	23%	16%	16%
Identified a positive change improving patient care	N/A	N/A	N/A	N/A	N/A	26%	27%	21%	24%	36%
Part of a supportive team[123]	73%	73%	78%	78%	74%	71%▼	72%	76%	68%▼	81%
Can progress career in the way they want[124]	39%	40%	37%	36%	35%	36%▼	37%▼	36%	32%	40%
Leaving the UK profession most likely career change	19%	19%	18%	22%	19%	22%▲	22%▲	20%	25%	17%

[120] NET satisfied
[121] At least weekly
[122] NET agree
[123] NET agree
[124] NET agree

11. Appendix B: Technical Annex

The research outlined in this report consisted of an online survey of 4,606 doctors who are currently licensed to practice in the UK.

Survey sampling

A total of 100,000 records were sampled directly from the UK medical register. 60,000 were drawn as part of an initial sample, with the remaining 40,000 drawn later in the fieldwork period to ensure a large enough base size for the survey.

Within the 60,000 initial sample, records for Northern Ireland and doctors of mixed ethnicity were oversampled to ensure minimum base sizes for analysis. To achieve this, a random sample of 60,000 was drawn, then the proportion of Northern Ireland and doctors of mixed ethnicity drawn were manually adjusted up, with doctors in other ethnicity or regional groups adjusted down correspondingly. Any individuals that had previously unsubscribed from past Barometer 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 59,253 doctors.

The top-up random sample of 40,000 were invited directly by the GMC. Checks at analysis stage suggested only minor differences between the IFF and GMC samples, suggesting there was no influence on the wider validity of the survey results from this adapted methodology.

2022 was the first year which sourced doctors directly from the medical register, and this approach has been repeated each year since. Between 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. The hybrid approach used in 2019-2021 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. While this change should be taken into consideration when looking at historical trends, checks to compare the 2021 and 2022 survey samples showed only small differences in sample profile which did not give cause for concern in terms of comparing findings over time.

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 c.18 minutes.

Doctors were invited to take part in the survey via an email invitation using contact details from the UK medical register. Doctors in the initial sample of 60,000 received invite and reminder emails directly from IFF. Doctors in the 'top-up' sample of 40,000 received invite and reminder emails directly from the GMC.

After receiving the initial invite email, doctors were sent regular reminders to improve the response rate across all doctors. To maximise participation in the survey and account for doctors varying schedules, these are sent on a weekly basis on different days of the week. All doctors in the initial sample received an invite email and four reminder emails from IFF. In order to boost the response rates for particular subgroups, the third and fourth reminders used tailored wording for early career doctors (doctors who gained their PMQ since 2016), international medical graduates and doctors in Northern Ireland. The tailored language emphasised to doctors that we wanted to hear from their cohort specifically. The doctors in the 'top-up' sample received an invite email and two general reminder emails from GMC.

To calculate response rate, we divide the total number of doctors who completed the survey by the total number of doctors who were invited to the survey. The overall response rate in 2025 was 5% (the initial sample had a response rate of 5% with 2,948 responses; the subsequent top-up sample invited by GMC had a response rate of 4% but received fewer reminders than the initial sample).

	Number of survey responses	Number of email addresses sent to	Number of emails sent	Response rate
Direct email invitation	4,606	99,253	3 (GMC-invited sample) 5 (IFF-invited sample)	5%

These response rates are lower than we have seen in previous years. The response rates in previous years were 8% in 2024, 9% in 2023, 9% in 2022, 7% in 2021, 10% in 2020 and 12% in 2019.

Despite this, the achieved number of responses still provides robust base sizes for analysis, including analysis by subgroup.

Survey weighting

Final data were weighted to ensure that results were reflective of the population of all licensed doctors across the UK by age, registration status, ethnicity and place in which primary medical qualification was gained. Random Iterative Method (RIM) weighting was the method used. This method was chosen because it allows for multiple characteristics to be adjusted simultaneously, whilst distorting the overall dataset as little as possible. The technique works by using an iterative process to achieve the 'best fit' for the weighted variables. The process starts by applying the weighting factors for the first variable (in this case, registration). Once this has been calculated, the weighting is then applied for the second variable (in this case, age). As this second step will likely mean the profile will no longer match the first variable targets, the process then involves iteratively weighting getting increasingly closer to the targets for each variable with each iteration. This is repeated until the profile is as close as possible to the targets.

Weighting caps would be applied to prevent any individuals being unduly represented in the final data, however the survey profile was close enough to the population that this was not necessary. The extent of the weighting that has to be applied to a data set impacts the effective sample size[125]. If a data set has to be heavily weighted (i.e. the survey completes are far removed from the overall population profile), this reduces the reliability of the sample. The Barometer survey did not require

[125] The effective weighted sample shows how many real cases our weighted data are equal to.

extensive weighting, therefore the reliability of the sample was not heavily impacted. The effective sample size for the Barometer survey was 3648.

This approach was the same as the one taken between 2019 and 2024 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 11.1 Weighting profile

Profile category		Survey completes	Weighted profile[126]
Registration	GP register only	21%	20%
	Specialist register only	31%	27%
	On both GP and specialist register	1%	0%
	Training register	23%	23%
	None of these	21%	27%
	Prefer not to say	2%	2%
Age	Under 30	11%	15%
	30-34	12%	17%
	35-44	26%	29%
	45-49	12%	11%
	50-54	12%	9%
	55 or over	24%	15%
	Prefer not to say	3%	3%
Ethnicity	White	55%	46%
	Asian / Asian British	22%	34%
	Black, African, Caribbean or Black British	7%	8%
	Mixed or multiple ethnic groups	3%	3%
	Other ethnic group	4%	6%
	Not stated / prefer not to say	9%	3%

[126] 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.

PMQ area	UK	62%	58%
	EEA	8%	8%
	Outside UK and EEA	30%	35%

Statistical testing and margin of error

The total sample of 4,606 gives each data point a margin of error of 1.4% at the 95% confidence level. This means that we can be 95% confident that the 'true value' will fall within +/- 1.4% of a given figure. Or in other words, if a sample of the same size was drawn from the same population 100 times, you would get a figure no more than 1.4% higher or lower than the one given in this report, 95 times out of 100. This is based on a survey result of 50% (the worst-case scenario from a statistical perspective), the margin of error will decrease the further away the survey result is from 50%.

When reporting results for subgroups of doctors, the margin of error is larger. Taking doctors practising in Scotland as an example, the total sample of doctors in Scotland was 392. This gives each data point a margin of error of 4.9% at the 95% confidence level.

Significance testing to a 95% confidence level was carried out using z-tests on the survey data. This was used to compare findings between an individual sub-group and the average of the rest of the population, different sub-groups and years in order to establish whether differences are statistically significant or not. In other words, whether we can be 95% certain that a difference is sufficiently large to be considered a genuine difference and not just due to chance. All differences noted in the report are statistically significant.

Copenhagen Burnout Inventory (CBI)

The Copenhagen Burnout Inventory (CBI)[127] is an internationally-recognised and validated tool for measuring burnout. Seven questions about work-related burnout 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, a risk of burnout score for doctors was calculated based on 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

[127] The Copenhagen Burnout Inventory: A new tool for the assessment of burnout: Work & Stress: Vol 19, No 3

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

12. Appendix C: Questionnaire

S Screener

DISPLAY TO ALL

Thank you for taking part in the Barometer survey 2025. It should take you no longer than 20 minutes to complete.

When completing the survey, please only use the 'next' button on the page, rather than the 'back' and 'forward' buttons in your browser.

You can pause the survey at any time by clicking on the pause symbol at the bottom of the screen, and can re-enter by clicking on the link again.

Your responses will be treated in the strictest confidence and reported in aggregate form to the GMC. To help analyse your responses, IFF will match your responses to information available on the medical register about when and where you obtained your primary medical qualification. It will not be possible to identify individuals in the final report.

Your personal details will be stored securely, separately to your survey responses, and destroyed within six months of taking part. Personal details and survey responses will not be linked without your explicit permission to do so. The one exception to this is if your open-text survey responses suggest you are at risk of serious harm, in which case IFF would use your email address to send you safeguarding information.

You have a right to have a copy of your data, change your data, withdraw from the research or stop the survey at any point.

You can find more information about the survey on the GMC website.

If you would like to confirm the legitimacy of the research or get more information about its aims and objectives, please feel free to contact:

- IFF: Research team on barometersurvey@iffresearch.com or 020 8163 0877
- GMC: Research team on Research@gmc-uk.org
- MRS: Market Research Society on 0800 975 9596

Please click 'Next' below to give your consent to participate and start the survey.

ASK ALL

S1 Do you currently practise as a doctor in the UK?

SINGLE CODE

Yes	1	
No	2	THANK AND CLOSE
Prefer not to say	3	THANK AND CLOSE

ASK ALL

S2 Do you work in a primarily clinical or patient facing role?

SINGLE CODE

Yes	1	
No	2	THANK AND CLOSE
Prefer not to say	3	THANK AND CLOSE

IF S2 =2: Please be aware that if you have worked only in non-clinical or non-patient facing roles over the last 12 months, some questions in the survey may not feel relevant to you. If a question does not feel relevant to you/your role, please select “not applicable” as your answer option.

A Satisfaction

DISPLAY TO ALL

First of all, we’d like you to reflect on your current feelings about your day to day work.

ASK ALL

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

SINGLE CODE

7 = Very satisfied	1	
6 = Satisfied	2	
5 = Somewhat satisfied	3	
4 = Neither satisfied nor dissatisfied	4	
3 = Somewhat dissatisfied	5	
2 = Dissatisfied	6	
1 = Very dissatisfied	7	
Don’t know	8	

ASK IF GAVE SATISFACTION ANSWER (A1 = 1-7)

A2 Why do you say that you are [INSERT ANSWER FROM A1]?

WRITE IN

Don't know	1	
Prefer not to say	2	

ASK ALL

A3 Compared to this time last year, are you currently more satisfied, less satisfied or experiencing the same level of satisfaction day to day in your work as a doctor?

SINGLE CODE

7 = Much more satisfied now	1	
6 = More satisfied now	2	
5 = Somewhat more satisfied now	3	
4 = Same satisfaction now	4	
3 = Somewhat less satisfied now	5	
2 = Less satisfied now	6	
1 = Much less satisfied now	7	
Don’t know	8	
Not applicable	9	

C Workplace experiences during the last year

DISPLAY TO ALL

We’d now like to ask you some questions about your workplace experiences over the last year.

Please be reassured that all your answers will be anonymous and your details will not be shared.

ASK ALL

C1 How frequently, if at all, over the last year have you experienced the following?

GRID. SINGLE CODE PER ROW. RANDOMISE ROWS.

	Never	Occa-sionally	At least once a month	At least once a week	At least once a day	Don't Know	Prefer not to say	Not appli-cable
_1 Worked beyond my rostered hours	1	2	3	4	5	6	7	8
_2 Felt unable to cope with my workload	1	2	3	4	5	6	7	8
_3 Had to take a leave of absence due to stress	1	2	3	4	5	6	7	8

	Never	Occa-sionally	At least once a month	At least once a week	At least once a day	Don't Know	Prefer not to say	Not appli-cable
_1 Worked beyond my rostered hours	1	2	3	4	5	6	7	8
_4 Found it difficult to provide a patient with the sufficient level of care they need	1	2	3	4	5	6	7	8
_5 Found it difficult to take breaks due to the intensity of my workload	1	2	3	4	5	6	7	8
_6 Found it hard to man-age a patient's expecta-tions	1	2	3	4	5	6	7	8

ASK ALL

C2 In the last year, has pressure on workload and capacity led you to do any of the following?

MULTICODE, RANDOMISE.

Reduced contracted hours	1	
Switched to locum work	2	
Deferred or taken a break from training but continued to work as a doctor	3	
Moved into private practice or increased proportion of time spent working privately	4	
Retired and returned to working on a sessional/con-tracted/locum basis	5	
Moved to a role with less clinical practice	6	
Taken a career break	7	
Refused to undertake additional workload	8	
Stopped, or reduced time spent in, a trainer or supervisor role	11	
Other (please write in)	9	ANCHOR
None of these	10	ANCHOR. EXCLUSIVE.

ASK ALL

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?

MULTICODE. RANDOMISE.

Pressure on workloads	1	

Insufficient support from senior colleagues	2	
Inadequate training or preparation	3	
Inadequate communication with patients	4	
Inadequate communication between healthcare professionals	5	
Inadequate staffing	6	
Lack of access to necessary equipment or services	8	
Delays to providing care, treatment, investigations or screenings	9	
Time spent on bureaucracy / admin	11	
Poor organisational leadership (e.g. poor management, communication, lack of support)	12	
Patient flow or bed pressures	13	
Low staff morale	14	
Inadequate physical infrastructure	20	
Other (please specify)	15	ANCHOR
No significant barriers	16	ANCHOR. EXCLUSIVE
Don't know	17	ANCHOR. EXCLUSIVE
Prefer not to say	18	ANCHOR. EXCLUSIVE
Not applicable	19	ANCHOR. EXCLUSIVE

ASK ALL

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?

Please remember, your answers will be anonymous and your details will not be shared.

SINGLE CODE

Yes	1	
No	2	
Don't know	3	
Prefer not to say	4	

Not applicable	5	

ASK IF BELIEVE PT SAFETY COMPROMISED (C6 =1)

C7 Thinking of the most recent situation you observed, which of the following do you believe were contributing factors?

MULTICODE. RANDOMISE

Pressure on workloads	1	
Insufficient support from senior colleagues	2	
Inadequate training or preparation for the situation	3	
Inadequate communication with patients	4	
Inadequate communication between healthcare professionals	5	
Lack of access to necessary equipment or services	8	
Delays to providing care, treatment, investigations or screenings	9	
Providing patient care remotely	10	
Inadequate staffing	14	
Inadequate physical infrastructure	15	
Workplace fatigue	16	
Other (please specify)	11	ANCHOR
Don't know	12	ANCHOR. EXCLUSIVE
Prefer not to say	13	ANCHOR. EXCLUSIVE

ASK ALL

C10 In the last year, what workplace changes (if any) have been introduced that have improved your ability to provide good patient care?

You could consider things in your answer such as:

- changed processes, policies or staffing organisation;
- new technologies or resources;
- training or guidance;
- enhanced types of support;
- or any other relevant workplace changes.

WRITE IN		
No relevant changes that have improved my ability to provide good patient care	1	
Don't know	2	
Prefer not to say	3	

D Burn out, wellbeing and support

ASK ALL

This section of the survey is focused on burnout, wellbeing and support.

As with all questions in this survey your answers will be anonymous. If you're worried you may be experiencing burnout and don't know who to approach locally for support, the GMC website has contact details for organisations who can help.

ASK ALL

D1 To what degree do you feel the following about your work?

GRID. SINGLE CODE PER ROW. RANDOMISE ROWS

	To a very high degree	To a high degree	Somewhat	To a low degree	To a very low degree	Don't Know
_1 Is your work emotionally exhausting?	1	2	3	4	5	6
_2 Do you feel burnt out because of your work?	1	2	3	4	5	6
_3 Does your work frustrate you?	1	2	3	4	5	6

ASK ALL

D2 How often, if at all, do you feel the following about your work?

GRID. SINGLE CODE PER ROW. RANDOMISE ROWS

	Always	Often	Sometimes	Seldom	Never / al-most never	Don't Know
_1 Do you feel worn out at the end of the day?	1	2	3	4	5	6
_2 Are you exhausted in the morning at the thought of another day at work?	1	2	3	4	5	6
_3 Do you feel that every working hour is tir-ing for you?	1	2	3	4	5	6

ASK ALL

D2b How often, if at all, do you have enough energy for family and friends during leisure time?

SINGLE CODE

Always	1	
Often	2	
Sometimes	3	
Seldom	4	
Never / almost never	5	
Don't know	6	

ASK ALL

D2a To what extent do you agree with the following statements when it comes to working with patients?

GRID. SINGLE CODE PER ROW. RANDOMISE ROWS

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know	Prefer not to say	Not applicable
_2 I have positive relationships with my patients	1	2	3	4	5	6	7	8
_3 I enjoy my interactions with patients	1	2	3	4	5	6	7	8

ASK ALL

D3 To what extent do you agree with the following statements?

GRID. SINGLE CODE PER ROW. RANDOMISE ROWS

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know	Prefer not to say	Not applicable
_1 I am supported by my immediate colleagues	1	2	3	4	5	6	7	8
_2 I am supported by my senior medical staff	1	2	3	4	5	6	7	8
_3 I am supported by non-clinical management	1	2	3	4	5	6	7	8
_4 I am part of a supportive team	1	2	3	4	5	6	7	8

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know	Prefer not to say	Not applicable
_6 Clinical leaders are readily available	1	2	3	4	5	6	7	8
_7 I feel confident raising concerns about patient care	1	2	3	4	5	6	7	8
_8 I feel confident raising concerns about workplace culture	1	2	3	4	5	6	7	8
_14 In my experience there is effective coordination of patient care between primary and secondary care	1	2	3	4	5	6	7	8

ASK ALL

D3d And to what extent do you agree with the following statements?

GRID. SINGLE CODE PER ROW. RANDOMISE ROWS BUT ANCHOR CODE 4 AT THE BOTTOM.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know	Prefer not to say	Not applicable
_1 I have sufficient access to development or learning opportunities	1	2	3	4	5	6	7	8
_2 I can influence change in my workplace	1	2	3	4	5	6	7	8
_3 I have enough autonomy in my role	1	2	3	4	5	6	7	8
_4 I feel I can progress my career in the way that I want	1	2	3	4	5	6	7	8

DISPLAY TO ALL – NEW SCREEN

Thank you for letting us know how you feel about progressing your career. So that we can understand this issue in more depth, we are asking everyone what factors help them or make it harder for them to progress their career in the way they want. Please use 'none of the above' if no options apply to you.

IF D3D CODE 4 = 4, 5, 6, 7 OR 8 SHOW D3F THEN D3E IF D3D CODE 4 = 1 OR 2 OR 3 SHOW D3E THEN D3F

ASK ALL

D3f What, if any, factors contribute to helping you progress your career in the way you want?

MULTICODE. RANDOMISE.

Protected time for training, study or development opportunities	1	
Supportive immediate colleagues	2	

Supportive senior colleagues or management	3	
Autonomy in current job role	4	
Flexible work policies or arrangements	5	
Access to workplace training and development opportunities	6	
Personal drive, motivation and hard work	7	
Job role has a clear progression pathway	8	
Availability of appropriate jobs (e.g. in field / specialty)	9	
Not looking to progress further	10	
Other (please write in)	11	ANCHOR. WRITE IN.
None of the above	12	ANCHOR. EXCLUSIVE
Don't know	13	ANCHOR. EXCLUSIVE

ASK ALL

D3e What, if any, factors make it harder for you to progress your career in the way you want?

MULTICODE. RANDOMISE.

Protected time for training, study or development opportunities	1	
Supportive immediate colleagues	2	
Supportive senior colleagues or management	3	
Autonomy in current job role	4	
Flexible work policies or arrangements	5	
Access to workplace training and development opportunities	6	
Personal drive, motivation and hard work	7	
Job role has a clear progression pathway	8	
Availability of appropriate jobs (e.g. in field / specialty)	9	
Not looking to progress further	10	
Other (please write in)	11	ANCHOR. WRITE IN.

None of the above	12	ANCHOR. EXCLUSIVE
Don't know	13	ANCHOR. EXCLUSIVE

B Future intentions over the next year

DISPLAY TO ALL

We'd now like to move on to ask about your intentions for your career over the next year.

ASK ALL

B1 How likely are you to make any of the following career changes in the next year?

GRID. SINGLE CODE PER ROW. ROTATE ROWS.

	Not at all likely	Not very likely	Fairly likely	Very likely	Don't Know	Not applicable
_1 Reduce contracted hours	1	2	3	4	5	6
_2 Increase contracted hours	1	2	3	4	5	6
_3 Switch to locum work	1	2	3	4	5	6
_4 Defer or take a break from training but continue to work as a doctor	1	2	3	4	5	6
_5 Move to private practice or increase proportion of time spent working privately	1	2	3	4	5	6
_6 ANCHOR ABOVE CODE 7: Retire and leave the medical profession	1	2	3	4	5	6
_7 ANCHOR BELOW CODE 6: Retire and return to working on a sessional/contracted/locum basis	1	2	3	4	5	6
_8 Move to a role with less clinical workload	1	2	3	4	5	6
_9 Leave the medical profession (for a reason other than retirement)	1	2	3	4	5	6
_10 Move to practise abroad	1	2	3	4	5	6
_11 Planned parental or caring leave	1	2	3	4	5	6
_12 Take a career break	1	2	3	4	5	6

ASK IF FAIRLY OR VERY LIKELY TO TAKE MORE THAN ONE ACTION IN NEXT YEAR (B1_1-12 = 3 OR 4)

B1A Now please select which career change you are most likely to make?

SINGLECODE. SHOW ONLY THOSE OPTIONS SELECTED AS FAIRLY/VERY LIKELY AT B1. SHOW ROWS IN SAME ORDER AS B1.

PULL THROUGH CODES SELECTED AT B1

ASK IF FAIRLY OR VERY LIKELY TO TAKE ACTIONS IN NEXT YEAR (B1_1-12 = 3 OR 4) EXCEPT IF B1_11=3 OR 4 AT B1A OR [B1_11=3 OR 4 ONLY OPTION SELECTED AT B1 AS VERY/FAIRLY LIKELY]

B2 You said that you are most likely to make the following career change in the next year:

- [PIPE IN ANSWER AT B1A OR B1 IF ONLY 1 OPTION VERY/FAIRLY LIKELY]

Which of the following explain why that is?

MULTICODE. RANDOMISE.

The demands of my current role(s) are adversely impacting my wellbeing	2	
The current system presents too many barriers to patient care	3	
[IF B1_10= 3 OR 4] Doctors are treated better in the country/countries I am considering moving to	4	
[IF B1_10 = 3 OR 4] Always intended to move abroad – only in UK temporarily	5	
I want to increase my pay	6	
I want to have more non-working time (e.g. with my family, leisure time)	7	
To carry out caring responsibilities	8	
I want a new challenge	10	
Lack of career development or opportunities for progression	14	
[IF B1_6 OR _7 = 3 OR 4] Reaching retirement age	15	
Other (please write in)	11	ANCHOR
Don’t know	12	ANCHOR. EXCLUSIVE
Prefer not to say	13	ANCHOR. EXCLUSIVE

ASK IF FAIRLY OR VERY LIKELY TO LEAVE MEDICAL PROFESSION OR MOVE ABROAD IN NEXT YEAR (B1_6 OR B1_9 OR B1_10= 3 OR 4)

B3 You said you are likely to leave the UK medical profession in the next year.

What steps, if any, have you taken towards leaving the UK medical profession?

MULTICODE. RANDOMISE, BUT GROUP 10 + 11 TOGETHER, AND GROUP 12 + 13 TOGETHER.

Discussed it with others	1	

Researched alternative career paths	2	
Contacted a recruiter	3	
Applied for training or attended training to prepare for a new role	4	
Applied for other role(s) outside of medicine	5	
Researched career opportunities abroad	10	
Applied for a clinical job abroad	11	
[IF B1_6 = 3 OR 4] Researched retirement	12	
[IF B1_6 = 3 OR 4] Applied for retirement or pension	13	
Other (please write in)	6	ANCHOR
I have not taken any steps so far	7	ANCHOR. EXCLUSIVE
Don't know	8	ANCHOR. EXCLUSIVE
Prefer not to say	9	ANCHOR. EXCLUSIVE

ASK IF FAIRLY OR VERY LIKELY TO MOVE ABROAD IN NEXT YEAR (B1_10= 3 OR 4)

B4 You said you are likely to move to practise abroad in the next year. After how long, if at all, do you intend to return to practise in the UK?

SINGLE CODE.

Less than 2 years	1	
2-4 years	2	
5-9 years	3	
10 years or more	4	
I do not intend to return to practise in the UK	5	
Don't know	6	
Prefer not to say	7	

E Scope of practice

DISPLAY TO ALL

Thank you for your help so far. To ensure a range of doctors are included in the research, and to help us analyse the information you have given us, we would now like to collect a few details about your work.

ASK ALL

E1 Which option best describes your current registration status?

If you are on the GP or Specialist register and currently on the training programme for a second specialty, please select 'Other' and write this in.

SINGLE CODE

Licensed and in foundation year 1 training	5	
Licensed and in foundation year 2 training	6	
Licensed and in core training programme	7	
Licensed and in GP training	8	
Licensed and in specialty training	9	
Licensed on the GP Register	1	
Licensed on the Specialist Register	2	
Licensed on both the GP and Specialist Register	3	
Licensed and in specialist, associate specialist or specialty (SAS) role	4	
Licensed and in locally employed doctor role, (e.g. clinical fellow, trust doctor, trust grade, etc.)	12	
Other (please write in)	10	
Prefer not to say	11	

ASK ALL

E2 Which of the following areas do you work in?

Note for those in foundation training: please select the area you are currently working in.

Please select all that apply.

MULTICODE.

Acute Medicine	1	
Anaesthetics	2	

Intensive Care Medicine	17	
Medicine	3	
Emergency Medicine	4	
General Practice	5	
Obstetrics and Gynaecology	6	
Occupational Medicine	7	
Ophthalmology	8	
Paediatrics	9	
Pathology	10	
Psychiatry	11	
Public Health	12	
Radiology	13	
Surgery	14	
Other (please write in)	15	ANCHOR
Prefer not to say	16	ANCHOR. EXCLUSIVE

ASK IF MORE THAN ONE OPTION SELECTED AT E2. IF ONLY ONE OPTION SELECTED AT E2, PLEASE AUTOCODE THIS ANSWER AT E3

E3 And, which of these best describes your main area of work?

Note for those in foundation training: please select the area you are currently working in.

SINGLE CODE. SHOW ONLY THOSE OPTIONS SELECTED AT E2.

Acute Medicine	1	
Anaesthetics	2	
Intensive Care Medicine	17	
Medicine	3	
Emergency Medicine	4	
General Practice	5	

Obstetrics and Gynaecology	6	
Occupational Medicine	7	
Ophthalmology	8	
Paediatrics	9	
Pathology	10	
Psychiatry	11	
Public Health	12	
Radiology	13	
Surgery	14	
Other (please write in)	15	ANCHOR
Prefer not to say	16	ANCHOR. EXCLUSIVE

ASK ALL LICENSED ON THE GP REGISTER AND WHOSE MAIN AREA OF WORK IS GP (E1=1 OR 3 AND E3=5)

E3b Which of the following best describes your current GP role?

SINGLE CODE

Partner GP	1	
Salaried GP	2	
Locum GP	3	
Other (please specify)	4	WRITE IN
Prefer not to say	5	

ASK ALL

DS: ADD A HYPERLINK TO THE TEXT IN THE QUESTION “CLINICAL OR EDUCATION SUPERVISOR” TO GO TO A SEPARATE INFO PAGE. TEXT FOR THIS BELOW;

Clinical supervisors

Clinical supervisors oversee a trainee's clinical work throughout a placement. They give constructive feedback during the placement. And they lead on reviewing the trainee's clinical or medical practice to help educational supervisors determine if the trainee progresses to the next stage of their training.

Educational supervisors

Educational supervisors are responsible for the overall supervision and management of a trainee's learning and development during a placement or series of placements. They help the trainee plan their training and support them to achieve agreed learning outcomes. An educational supervisor is responsible for the educational agreement and bringing together all relevant evidence to determine if the trainee progresses to the next stage of their training.

Although these two roles are distinct, you may have responsibility for both.

E3a In the last year, have you acted as a named clinical or educational supervisor for postgraduate doctors in training?

SINGLE CODE

Yes	1	
No	2	
Prefer not to say	3	

ASK ALL

E3c In the last year, have you acted in any other form of educator or trainer capacity for any of the following?:

For example, providing clinical or educational supervision, career development and mentoring, day-to-day teaching etc.

MULTI CODE

Postgraduate doctors in training	1	
Other doctors e,g. locally employed doctors	2	
Undergraduate medical students	3	
Other healthcare professionals	4	
No, I have not acted in any other form of educator or trainer capacity	6	EXCLUSIVE
Prefer not to say	5	EXCLUSIVE

ASK ALL

E5 How many years have you been practising in the UK?

Please provide your best estimate and include your total years in UK practice even if this is over more than one time period.

If you have been practising in the UK for less than one year, please write in '0'.

WRITE IN NUMERICAL. RANGE 0-70		
Prefer not to say	1	

ASK ALL

F6 Which of the following locations do you mainly practise in?

SINGLE CODE

East of England	1	
London	2	
Midlands	3	
North East & Yorkshire	4	
North West	5	
Northern Ireland	6	
Scotland	7	
South East	8	
South West	9	
Wales	10	
Outside of the UK (including Channel Islands and Isle of Man)	12	
Prefer not to say	11	

ASK ALL

E6 What best describes your current working arrangement?

SINGLE CODE

Permanent – full-time	1	
Permanent – part-time	2	
Fixed or temporary – full-time	3	

Fixed or temporary – part-time	4	
Bank / Agency locum working	7	
Some other working arrangement (please specify)	5	
Prefer not to say	6	

ASK ALL

E5 How is your working time split between the NHS and private practice?

We appreciate that your hours contracted and worked may vary, please provide your best estimate based on your work across the last year.

SINGLE CODE

I only work in the NHS	1	
I mostly work in the NHS, but I do some work in private practice	2	
My work is evenly split between the NHS and private practice	3	
I mostly work in private practice, but I do some work in the NHS	4	
I only work in private practice	5	
Prefer not to say	6	
Not applicable	7	

F Demographics

SHOW TO ALL

We are now going to ask you about your age, ethnicity, whether you are disabled, sex, gender, sexual orientation and religion. We are asking these questions so that we can make sure a range of doctors are included in the research, and to help us analyse and understand the diverse experiences of different groups of doctors.

Please note that the demographic questions we use in this survey are aligned with Office for National Statistics Guidance and the most recent UK censuses.

If you would prefer not to answer any of these questions, please just select the 'prefer not to say' option at the bottom of each question.

ASK ALL

F1 How old are you?

SINGLE CODE.

Under 30	1	
30-34	2	
35-39	3	
40-44	4	
45-49	5	
50-54	6	
55-59	7	
60 or over	8	
Prefer not to say	9	

ASK ALL

F2 What is your ethnic group?

SINGLE CODE

White	
English, Welsh, Scottish, Northern Irish or British	1
Irish	2
Gypsy or Irish Traveller	3
Any other white background (please write in)	4
Mixed or multiple ethnic groups	
White and Black Caribbean	5
White and Black African	6
White and Asian	7
Any other mixed or multiple ethnic background (please write in)	8
Asian or Asian British	
Indian	9
Pakistani	10
Bangladeshi	11

Chinese	12
Any other Asian/British Asian background (please write in)	13
Black, African, Caribbean or Black British	
African	14
Caribbean	15
Any other Black, African or Caribbean background (please write in)	16
Another ethnic group	
Arab	17
Any other ethnic group (please write in)	18
Prefer not to say	19

ASK ALL

F3 The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day to day activities.

Do you have a disability, long-term illness or health condition?

Yes	1	
No	2	
Prefer not to say	3	

ASK IF HAVE DISABILITY OR ILLNESS (F3=1)

F3aNEW And is this disability, long-term illness or health condition related to…

MULTICODE

Vision (for example, blindness or partial sight)	1	
Hearing (for example, deafness or partial hearing)	2	
Mobility (for example, walking short distances or climbing stairs)	3	
Dexterity (for example, lifting and carrying objects, using a keyboard)	4	
Learning or understanding or concentrating	5	
Memory	6	

Mental health	7	
Stamina or breathing or fatigue	8	
Speech or making yourself understood	9	
Long term pain	10	
Chronic health condition (for example, but not limited to, diabetes, coronary heart disease, stroke, epilepsy and hypertension)	11	
Social or behavioural (for example, but not limited to, associated with autism, attention deficit disorder or Asperger's syndrome)	12	
Other (please specify)	13	WRITE IN
Don't know	14	EXCLUSIVE
Prefer not to say	15	EXCLUSIVE

ASK IF HAVE DISABILITY OR ILLNESS (F3=1)

F3b Do you need reasonable adjustments at work?

SINGLE CODE

Yes	1	
No	2	
Prefer not to say	3	

ASK IF NEED REASONABLE ADJUSTMENTS (F3B=1)

F3c Have you requested any reasonable adjustments from your current employer?

SINGLE CODE

Yes	1	
No	2	
Prefer not to say	3	

ASK IF HAVE REQUESTED REASONABLE ADJUSTMENTS (F3C=1)

F3d To what extent has your employer implemented the requests you made for reasonable adjustments?

SINGLE CODE

My employer fully implemented my requests	1	
My employer mostly implemented my requests	2	
My employer partly implemented my requests	3	
My employer did not implement my requests at all	4	
Don't know	5	
Prefer not to say	6	

ASK ALL

F5 What is your sex?

A question about your gender identity will follow

SINGLE CODE

Female	1	
Male	2	
Prefer not to say	3	

ASK ALL,

F7 Is the gender you identify with the same as your sex registered at birth?

This question is voluntary.

SINGLE CODE

Yes	1	
No (please write in your gender identity)	2	
Prefer not to say	3	

ASK ALL

F8 Which of the following best describes your sexual orientation?

SINGLE CODE

Straight or heterosexual	1	
Gay or lesbian	2	
Bisexual	3	
Other sexual orientation (please write in)	4	WRITE IN
Prefer not to say	5	

ASK ALL

F9 What is your religion?

SINGLE CODE

No religion	1	
Christian (including Church of England, Catholic, Protestant, and all other Christian denominations)	2	
Buddhist	3	
Hindu	4	
Jewish	5	
Muslim	6	
Sikh	7	
Any other religion (please write in)	8	WRITE IN. ANCHOR.
Prefer not to say	9	ANCHOR. EXCLUSIVE

G And finally…

ASK ALL

G1 If you have any further comments on the topics covered in this survey, please add these here.

WRITE IN		
No further comments	1	

13. Appendix D: Registration Analysis Summary Report

Summary

Last year, additional analysis was conducted on Barometer 2023 survey data to determine the relationship between doctors suggesting they are likely to leave the UK medical profession in the survey and whether they have actually done so 12 months on. This analysis has been replicated this year but, this time, considering the actions of doctors 18 months after completing the 2023 survey.

The total proportion of doctors[128] who have left has risen from 3% to 5% between the 12 and 18-month point. Doctors who indicated they were likely to leave in the Barometer 2023 survey were still more likely to do so on average at the 18-month point. Table 1.1 summarises how well each indicator of leaving included in the survey predicts whether doctors will actually leave.

Among those who said they were **NET (fairly or very) likely** to leave the UK medical profession, 11.6% had left by the 18-month point. The proportion who left increased to 18.5% among doctors who said they were **very likely to** leave the UK medical profession and to 19.9% among those who said that leaving would be the change they would be **most likely** to make.

A higher proportion of those who reported **taking 'hard steps' towards leaving** also left (14.4%) compared to those who said they were NET likely to leave, but this difference wasn't statistically significant.

Figure 13.1 Proportion of doctors who left for each indicator

Survey measure	Total (n)	12 months (n left)	12 months (% left)	18 months (n left)	18 months (% left)
Barometer 2023 respondents who consented to tracking	1820	55	3%	92	5%
NET likely to leave the UK profession	613	47	7.7%	71	11.6%
Very likely to leave the UK profession	281	38	13.5%	52	18.5%
Leaving the UK profession most likely career change	312	43	13.8%	62	19.9%
Taken 'hard steps' towards leaving	277	30	10.8%	40	14.4%
Very likely to leave AND taken 'hard steps' towards leaving	152	24	15.8%	30	19.7%
NOT NET likely to leave the UK profession	1207	8	0.7%	21	1.7%

[128] This is the total proportion of doctors who consented to their registration status being tracked n=1820.

Relationship between leaving and other characteristics

Among those NET likely to leave, the following groups were more likely to have left at the 18-month point:

- Doctors aged 45 and over (17% compared to 7% of those aged 44 or under)
- Doctors in a part-time, bank or agency role (17% compared to 8% of those working full-time)
- Doctors holding a UK PMQ (16% vs. 7% of those with a non-UK PMQ)
- Female doctors (15% compared to 9% of male doctors)
- Doctors on the specialist or GP register (15% compared to 8% of those not on the specialist or GP register)

Demographics seem to be more predictive of leaving than workplace experiences, with no significant differences seen by satisfaction, burnout, actions taken to relieve workload pressures or access to learning and development opportunities.

Figure 13.2 Proportion of doctors likely to leave who had left by doctor characteristic

Characteristic		NET likely to leave (n)	NET likely to leave and **had** left at 18 month point (n)	NET likely to leave and **had** left at 18 month point (%)
PMQ	Non-UK	271	19	7%
	UK	332	52	16%*
Gender	Male	360	34	9%
	Female	239	35	15%*
Age	44 and under	322	23	7%
	45 and over	255	44	17%*
Register group	On the Sp or GP register	291	44	15%*
	Not on the Sp or GP register	322	27	8%
Working hours	Full-time	371	30	8%
	Part time or bank / agency	221	37	17%*
Satisfaction	NET Satisfied	288	40	14%

	Neutral / NET dissatisfied	325	31	10%
Burnout	Low/fairly low risk (0-3)	333	46	14%
	Moderate / high risk (4-7)	280	25	9%
NET taken action in response to workload pressure in the last year	Yes	446	52	12%
	No	167	19	11%
Have sufficient access to development or learning opportunities	NET agree	301	37	12%
	Neutral / NET disagree	304	31	10%

Note: * indicates a significant difference in the % of doctors who left between sub-groups in each category.

“IFF Research helps organisations, businesses and individuals to make better-informed decisions.”

Our Values

1. Being human first

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

2. Impartiality and independence

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

3. Making a difference

We aim to make a difference to the lives of our partners, our people and wider society, through the research we do and the way we work. We’re proud to work with partners who share our ambition for positive change, and choose to work on projects that can make a positive impact.

Celebrating 60 years of IFF Research

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