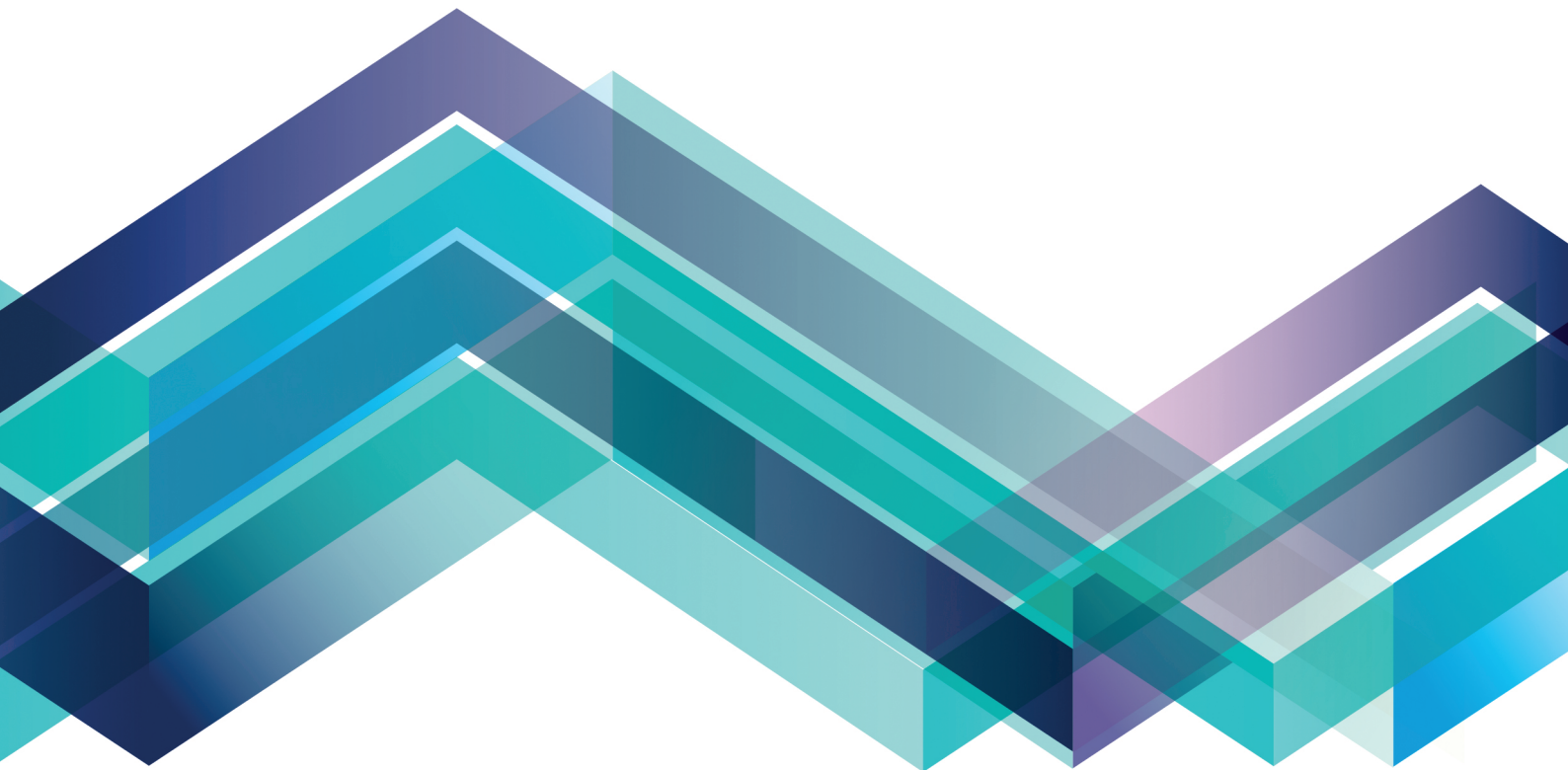


General  
Medical  
Council

# Spotlight on SAS doctors and LE doctors: analysis of Barometer survey 2022 results

Working paper 13 - October 2023



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## Overview of findings

Specialty and specialist (SAS) doctors and locally employed (LE) doctors are a diverse and vital part of the UK medical workforce. We have reported on this group in our annual report, *The state of medical education and practice*, primarily based on analysis of the results of the Barometer survey of doctors' workplace experiences. The Barometer survey 2022 is the first of this series to enable separate analysis of SAS doctors and LE doctors, and *The state of medical education and practice: Workplace experiences 2023* report set out the initial findings.

This working paper sets out the details behind the initial findings, and presents further analysis and reference data looking at SAS doctors and LE doctors separately based on the Barometer survey 2022. It explores how their experiences vary according to their place of primary medical qualification (PMQ) and how long they have been practising in the UK. This provides insights into how different types of doctors, at different stages of their career, face different challenges and need different kinds of support.

Data tables in this paper usually include total doctors surveyed, doctors on the specialist register, and doctors in training, but not GPs, to facilitate meaningful comparisons between groups of doctors with similarities. Data is also presented on SAS and LE doctors as a combined group for consistency with how Barometer survey data has been presented previously.

This publication of reference data and analysis forms one part of the GMCs programme of work to elucidate what our data can and does show about SAS doctors and about LE doctors. Further analysis of register data relevant to workforce planning will be published as part of *The state of medical education and practice: Workforce report 2023*.

## Findings relating to SAS doctors

In the Barometer survey 2022, 63% of SAS doctors said that they were satisfied in their day-to-day work, compared with 50% of all doctors surveyed. 63% of SAS doctors with a non-UK PMQ and 62% of SAS doctors with a UK PMQ were satisfied.

43% of SAS doctors were categorised as having a very low burnout risk, compared with 32% of all doctors surveyed. More SAS doctors carried out both work usually done by more senior doctors (14%, compared with 5% of all doctors) and work usually done by more junior doctors (27%, compared with 21% of all doctors) every day.

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## **More SAS doctors with a non-UK PMQ were doing well, but often carried out work usually done by more junior doctors and felt less supported by senior doctors**

40% of SAS doctors were doing well in terms of workload, compared with 25% of all doctors surveyed. SAS doctors with a non-UK PMQ were more likely to be doing well than those with a UK PMQ (44% compared with 31% respectively).

27% of SAS doctors reported undertaking tasks usually carried out by a more junior doctor every day, compared with 21% of all doctors surveyed. 29% of SAS doctors with a non-UK PMQ reported this, compared with 23% of SAS doctors with a UK PMQ.

62% of SAS doctors said they felt supported by senior medical staff, similar to the proportion of all doctors surveyed, 63%. 57% of SAS doctors with a non-UK PMQ felt supported by senior medical staff, compared with 73% of SAS doctors with a UK PMQ.

These findings could indicate that the skills and experience of SAS doctors with a non-UK PMQ are not being recognised and fully utilised by senior medical staff. The growth in IMG joiners means it is particularly important to allow this group to make the most of their experience and abilities, enable them to progress and develop, and encourage them to stay in the workforce.

## **More SAS doctors with a non-UK PMQ with less time in UK practice often carried out work usually done by more junior doctors and did not feel they had enough development or learning opportunities**

32% of SAS doctors with a non-UK PMQ with less than five years in UK practice reported undertaking tasks usually carried out by a more junior doctor every day. 36% did not agree that they had sufficient access to development or learning opportunities, both relatively high proportions compared with other groups.

32% reported that they had experienced compromised patient safety or care, and 21% said they were dissatisfied, both relatively low proportions compared with other groups. 12% were in the category 'issues unrelated to workload', meaning they seldom worked beyond their rostered hours but often felt unable to cope. 41% said they were likely to move to practise abroad in the next year, compared with 22% of SAS doctors with a non-UK PMQ with more time in UK practice.

## **More SAS doctors with a non-UK PMQ with more time in UK practice often carried out work usually done by more senior doctors, and fewer felt supported**

18% of SAS doctors with a non-UK PMQ with five or more years in UK practice reported undertaking tasks usually carried out by a more senior doctor every day, more than other groups of SAS doctors. 53% said they were supported by senior medical staff and 55% said they were part of a supportive team, compared with 60% and 67% respectively of SAS doctors with a non-UK PMQ practising in the UK for less than five years.

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## More SAS doctors with a UK PMQ had a normalised heavy workload

SAS doctors with a UK PMQ appear to be a relatively settled part of the workforce, with few saying they are likely to move to practise abroad (12%, compared with 25% of all doctors surveyed and 32% of SAS doctors with a non-UK PMQ). But 36% had a 'normalised' workload, meaning they often work beyond their rostered hours but rarely feel unable to cope, compared with 31% of all doctors surveyed and 26% of SAS doctors with a non-UK PMQ. Though this group is managing their day-to-day work, normalising a heavy workload may have negative effects on their wellbeing and patient safety and care.

Extremely few SAS doctors with a UK PMQ had been in UK practice for less than five years, so these doctors are not reported on as a separate group.

## Fewer SAS doctors with a UK PMQ with more time in UK practice had taken steps to leave

SAS doctors with a UK PMQ with five or more years in UK practice make up the vast majority of SAS doctors with a UK PMQ, so the findings are similar. 9% of this group reported they had taken hard steps to leave UK practice, a relatively low proportion.

## Findings relating to LE doctors

39% of LE doctors said they were likely to move abroad, compared with 25% of all doctors. 9% of LE doctors reported that they had taken leave due to stress at least once a month, compared with 4% of all doctors.

## More LE doctors with a non-UK PMQ regularly took leave due to stress, particularly those with less time in UK practice

29% of LE doctors said they had taken a leave of absence due to stress, compared with 22% of doctors overall. 11% of LE doctors with a non-UK PMQ reported taking leave due to stress each month, compared with 4% of all doctors surveyed. By other measures, LE doctors with a non-UK PMQ do not appear to have had particularly negative experiences.

This broad pattern was most prevalent for LE doctors with a non-UK PMQ and less than five years in UK practice. 12% of this group reported that they had taken stress related leave at least once a month, a higher proportion than the other groups of LE doctors. But 25% were 'struggling', compared with 32% of LE doctors with a non-UK PMQ practising in the UK for five years or more.

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## **More LE doctors with a non-UK PMQ with more time in UK practice did not feel they had enough development or learning opportunities, and fewer felt supported by their colleagues**

39% of LE doctors with a non-UK PMQ with five or more years in UK practice did not agree that they had sufficient access to development or learning opportunities, compared with 30% of LE doctors with a non-UK PMQ practising in the UK for less than five years. 67% said they were supported by immediate colleagues, compared with 80% of LE doctors with a non-UK PMQ practising in the UK for less than five years.

## **Many LE doctors with a UK PMQ had difficulty providing patient care, had taken steps to leave, and felt less supported, alongside other concerns**

In the Barometer survey 2022, 155 respondents were LE doctors with a UK PMQ, and after the application of weighting this group made up 4% of all doctors in the survey. This group of doctors is relatively young, with 59% of respondents under 30 years old, and includes doctors who have completed their foundation training but stepped away from the training pathway while continuing to work in UK practice. Such breaks in training are increasingly prevalent and are now perceived as standard by many. This means it is particularly important to recognise and urgently address the poor experiences of LE doctors with a UK PMQ set out here, given the plans to increase UK training places.

LE doctors with a UK PMQ reported negative experiences in multiple areas. Many were dissatisfied (45%) and struggling with their workload (37%), and relatively few had a very low risk of burnout (29%), though these levels are in line with those of doctors in training. More strikingly, LE doctors with a UK PMQ fare worse than other SAS and LE doctors, and doctors in training, in the following areas.

- Most had experienced compromised patient safety or care (58%, compared with 43% of doctors in training) and most had difficulty providing patients with sufficient care at least once a week (60%, compared with 45% of doctors in training).
- A quarter had taken hard steps to leave the UK profession (25%, compared with 18% of doctors in training).
- Fewer felt supported by non-clinical management (19%, compared with 29% of doctors in training), and many did not agree they had enough development and learning opportunities (45%, compared with 33% of doctors in training).

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## Concerns relating to LE doctors with a UK PMQ are due to particularly poor experiences of those with less time in UK practice

61% of LE doctors with a UK PMQ with less than five years in UK practice said they had experienced compromised patient safety or care, and 65% reported difficulty providing a patient with sufficient care once a week or more, compared with 52% and 51% respectively of LE doctors with a UK PMQ practising in the UK for five years or more. 28% said they had taken hard steps to leave UK practice, compared with 20% of LE doctors with a UK PMQ practising in the UK for five years or more.

Most said they were supported by their immediate colleagues (91%) and by senior medical staff (75%), but only 13% said they were supported by non-clinical management. 55% did not agree that they had sufficient access to development or learning opportunities, compared with 26% of LE doctors with a UK PMQ practising in the UK for five years or more.

44% said they had been asked to undertake tasks usually carried out by a more senior doctor once a month or more often, compared with 24% of all doctors surveyed, 33% of LE doctors with a non-UK PMQ practising in the UK for less than five years, and 38% of trainees.

51% of this group said they were dissatisfied, compared with 37% of LE doctors with a UK PMQ practising in the UK for five years or more and 43% of all doctors surveyed. 42% were 'struggling', and only 22% 'doing well', compared with 28% and 39% respectively of LE doctors with a UK PMQ practising in the UK for five years or more.

## More LE doctors with a UK PMQ with more time in UK practice carry out work usually done by more junior doctors

75% of LE doctors with a UK PMQ with five or more years in UK practice said they had been asked to undertake tasks usually carried out by a more junior doctor once a month or more often, compared with 53% of all doctors surveyed. 38% were at very low risk of burnout, compared with 23% of LE doctors with a UK PMQ practising in the UK for less than five years.

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## Introduction

SAS\* doctors (Box 1) and LE† doctors (Box 2) are distinct groups of doctors, with differing experiences and challenges. Limitations in data available to us sometimes mean that SAS and LE doctors are analysed as a single group. The approach in the Barometer survey 2022 enabled us to report on SAS and LE doctors separately for the first time for this survey.

This working paper sets out the composition of SAS and LE doctors based on the Barometer survey 2022, and presents analysis of these doctors as separate groups. Recognising the diversity of the SAS and LE workforce, they are also analysed on the basis of where doctors gained their PMQ and the amount of time they have been practising in the UK.

Data tables in this paper usually include total doctors surveyed, doctors on the specialist register, and doctors in training, but not GPs, to facilitate meaningful comparisons between groups of doctors with similarities. Data is also presented on SAS and LE doctors as a combined group for consistency with how Barometer survey data has been presented previously.

This examination of SAS doctors and LE doctors as separate groups is enabled by the Barometer survey 2022, and is not possible using previous Barometer survey results. This analysis therefore relates to the 2022 results only. Further details about the Barometer survey 2022 can be found in *The state of medical education and practice: Workplace experiences 2023*<sup>1</sup> report.

SAS doctors and LE doctors are together the fastest-growing part of the UK medical workforce. The SAS and LE doctor group grew by 40%<sup>2</sup> from 2017 to 2021, just under four times the rate of growth of doctors on the specialist register in this period (11%), and about six times that of GPs (7%). This is one of the most rapid shifts in the composition of the workforce since analysis was enabled by the digitisation of the medical register. The growth is mainly driven by doctors from overseas joining the UK workforce.

Doctors from overseas who are unable to join the specialist register directly may work as an SAS or LE doctor and those at an appropriate stage of their career may apply to join the specialist register via the Certificate of Eligibility for Specialist Registration (CESR) or the GP register via the Certificate of Eligibility for General Practice Registration (CEGPR). An SAS or LE role can be a positive career choice for a doctor, but if a doctor is unable to successfully apply for a CESR or CEGPR (particularly SAS doctors with substantial overseas experience as specialists which they could not use to demonstrate CCT equivalence) they may remain in an SAS or LE role in which they feel unrecognised and underutilised.

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\* Before 2008 SAS doctors were those appointed to staff grade or associate specialist posts. Since 2008 these appointments are specialty doctor posts, or since 2021 specialist grade. SAS doctors generally require four years postgraduate training and are a diverse group spanning many skills and specialties.

† LE doctors are employed with locally defined terms and conditions, often in non-permanent posts. Unlike SAS doctors there is no nationally recognised career, contract, or pay structure.

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Analysis of our 2019 survey<sup>3</sup> of SAS and LE doctors corroborated this difficulty.<sup>4</sup> It revealed a group of experienced, international medical graduate (IMG) SAS and LE doctors having a very negative experience of UK practice. The survey found many SAS and LE doctors had negative experiences of their working environments, including bullying and lack of support. Qualitative research on doctors' decisions to migrate from the UK<sup>5</sup> in 2022 found that SAS and LE doctors appeared in groups with negative experiences of UK practice, and whose reasons for leaving included lack of promotion and negative work interactions, including bullying.

### **Box 1: Specialty and specialist doctors**

SAS doctors are experienced and senior doctors with a wide range of skills and experience. SAS doctors include specialty doctors and specialist grade doctors with at least four years of postgraduate training, including two in a specialty relevant to their area of work.

Prior to 2008, SAS doctors were appointed to staff grade or associate specialist posts. Since 2008 these grades have been closed to new entrants, with all new SAS doctor appointments being specialty doctors.

### **Box 2: locally employed doctors**

LE doctors are not in a formal training post and are on neither the GP register nor specialist register. LE doctors work in a wide variety of specialties and settings, and are employed by a trust on a locally defined contract, usually in a non-permanent post.

There are a large variety of names for LE doctors, including trust grade, trust doctor, or staff grade. Doctors can enter a junior trust doctor post without a minimum of two years in the specialty. There are no nationally recognised career or pay progression thresholds for LE doctor posts and, unlike SAS doctors, LE doctors do not have nationally agreed terms and conditions.

An LE doctor's trust is under no formal obligation to provide specialty training, unless agreed in a job plan. Some trusts have created local training programmes for trust and SAS doctors, but this is at the discretion of the employing trust or department.

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## The Barometer survey 2022

The main findings relating to SAS doctors and LE doctors based on the results of the Barometer survey 2022 were summarised in *The state of medical education and practice: Workplace experiences 2023* report. This section sets out the basis for those main findings and the approach for the further analysis used in this working paper.

The Barometer survey is conducted each year to support *The state of medical education and practice* by helping us understand the experiences of doctors practising in the UK. A representative sample of doctors is asked about their experiences and views relating to the past 12 months.

The Barometer survey 2022 was the first in the Barometer survey series that enabled SAS doctors and LE doctors to provide information about their job titles and roles. This means these groups can be analysed separately, and compared with each other and doctors in other register groups. Previous Barometer surveys treated SAS and LE doctors as a single group, so results for previous years cannot be used to analyse SAS doctors and LE doctors as separate groups.

The sample of doctors for the Barometer survey 2022 was the first to be sourced directly from the medical register. This approach helped to ensure that a more representative sample of doctors completed the survey, with larger base sizes for SAS and LE doctors and doctors in training.

A total of 869 SAS and LE doctors responded to the Barometer survey 2022. After weighting, this group made up 22% of respondents. Looking at unweighted numbers, within the SAS and LE doctor group, 385 (44%) were SAS doctors and 478 (55%) were LE doctors. After weighting, the group was 40% SAS doctors and 60% LE doctors.

Figure 1 sets out the number of responses in each of the PMQ/time in UK practice groups used in the analysis in this paper. These are the actual number of responses before the application of weighting based on register data. Where numbers do not sum to the total this is due to respondents not answering all the relevant questions.

**Figure 1: SAS and LE doctor sample by PMQ and time in UK practice (unweighted)**

	SAS doctors			LE doctors		
	All	UK PMQ	Non-UK PMQ	All	UK PMQ	Non-UK PMQ
Less than 5 years in UK	108	10	98	300	81	216
5 or more years in UK	257	134	121	136	54	81

***n = 869 (all SAS and LE doctors, unweighted), the Barometer survey 2022***

Tables and further details relating to the roles, working patterns, and training responsibilities of the SAS doctors and LE doctors who responded to the Barometer survey 2022, and a demographic analysis of this sample of doctors, can be found later in this paper.

While the sample of doctors is representative and enables comprehensive analysis of doctors' experiences, limitations exist in relation to smaller groups. One such limitation is the samples of SAS and LE doctors from the UK nations. The sample of SAS and LE doctors together is small for Northern Ireland, Scotland, and Wales, and splitting SAS and LE doctors apart further exacerbates this (Figure 2). Therefore it is not feasible to analyse and report on SAS and LE doctors for individual nations.

**Figure 2: Sample by register type across the UK nations (weighted)**

	<b>Total doctors</b>	<b>Northern Ireland</b>	<b>Scotland</b>	<b>Wales</b>	<b>England</b>
	4,269	127	328	174	3,489
<b>GP</b>	23%	28%	23%	21%	23%
	981	35	76	36	814
<b>Specialist</b>	29%	36%	33%	34%	29%
	1,253	46	109	60	1,009
<b>Doctors in training</b>	24%	20%	27%	24%	23%
	1,022	25	87	42	814
<b>SAS and LE doctors</b>	22%	14%	17%	20%	22%
	919	18	55	34	778
<b>SAS doctors</b>	9%	9%	8%	10%	9%
	367	11	26	18	297
<b>LE doctors</b>	13%	5%	9%	9%	14%
	548	7	29	16	478

*n = 4,269 (all doctors), the Barometer survey 2022*

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## Data and analysis

The data tables in this paper usually include total doctors surveyed, doctors on the specialist register, and doctors in training, but do not include GPs. This is to enable comparison with other doctors working in secondary care and otherwise similar to groups of SAS doctors and LE doctors. Trainees have similarities with LE doctors with a UK PMQ with less experience in UK practice, and doctors on the specialist register have similarities with SAS doctors (experienced, working in secondary care, often within a specialty). In addition, many results relating to GPs are strong outliers compared with other doctor types, and meaningful comparisons between GPs and groups of SAS doctors and LE doctors would usually not be possible.

In addition to the SAS doctor and LE doctor groups used in the analysis, in some tables, where data is being presented in relation to both SAS doctors and LE doctors, SAS and LE doctors are reported as a combined group, for consistency with previous reporting of Barometer survey data.

A large proportion of both SAS doctors and LE doctors have joined the UK workforce from overseas. Therefore these groups were analysed based on where they gained their PMQ, whether within the UK ('UK PMQ') or outside the UK ('non-UK PMQ'). The initial findings from this analysis were set out in *The state of medical education and practice: Workplace experiences 2023*, and are described in further detail in this paper.

We know from our insight and analysis work<sup>12356</sup> relating to SAS doctors and LE doctors that PMQ and length of time that doctors have worked in UK healthcare are strong differentiators of their experiences and needs. Given this, the analysis in this paper groups SAS doctors and LE doctors on the basis of whether they gained their PMQ in the UK or outside the UK, and whether they have less than five years in UK practice or five or more years in UK practice.

The number of doctors in Barometer survey 2022 sample that were in the group SAS doctors with a UK PMQ in UK practice for less than five years is extremely small, only ten before weighting (Figure 3). Results relating to this group could therefore be misleading, so it is omitted entirely from the presentation of the analysis and findings. The low number is due to the amount of experience required to become an SAS doctor, but increasing the threshold to a greater number of years, to capture more SAS doctors with a UK PMQ who are relatively new to the SAS role, would decrease the number who have five or more years of experience, potentially resulting in relatively low numbers for both groups. In addition, five years is a broadly appropriate threshold for uniform application across all the groups analysed.

The number of LE doctors with a UK PMQ in UK practice for five years or more is also relatively small, 54 before weighting (Figure 4). We believe it is reasonable to include the results for this group, though they should be treated with caution. Numbers of LE doctors with a UK PMQ in UK practice for less than five years (81 before weighting) and LE doctors with a non-UK PMQ in UK practice for five years or more (also 81 before weighting) are also slightly low, compared with the group size that would normally be sought for analysis of Barometer results. The five years in UK practice threshold has been applied uniformly across the groups to enable comparison across groups, but applying different thresholds for different groups could be considered for future analysis.

Information reported in this paper is usually Barometer survey 2022 data after the application of weighting. Data tables relating to analysis of survey results contain weighted data, while some unweighted data is presented to describe the survey sample. Unless indicated otherwise, tables contain weighted data. Percentages in tables do not always total 100% because 'prefer not to say' responses are not included.

Some doctors did not report how long they had been practising in the UK, and are therefore not included in the 'Less than 5 years in UK' and '5 or more years in UK' groups, but are included in corresponding 'All' groups. In some data tables\* this has the effect that some figures in 'All' columns are slightly lower or higher than the corresponding figures in both the 'Less than 5 years in UK' and '5 or more years in UK' columns.

**Figure 3: SAS doctors by PMQ and length of time in UK practice (unweighted)**

	UK PMQ	Non-UK PMQ	All PMQ
Less than 5 years in UK	3%	25%	28%
	10	98	108
5 or more years in UK	35%	31%	67%
	134	121	257
All time in UK practice	38%	60%	100%
	146	232	385

*n = 385 (all SAS doctors, unweighted), the Barometer survey 2022*

**Figure 4: LE doctors by PMQ and length of time in UK practice (unweighted)**

	UK PMQ	Non-UK PMQ	All PMQ
Less than 5 years in UK	17%	45%	63%
	81	216	300
5 or more years in UK	11%	17%	28%
	54	81	136
All time in UK practice	29%	70%	100%
	138	333	478

*n = 478 (all LE doctors, unweighted), the Barometer survey 2022*

\* For example, in Figure 32, 32% of all LE doctors with a non-UK PMQ said they carried out tasks once a month or more, while 33% of such doctors with less than five years in UK and 36% with five or more years in UK said they did so.

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# Roles and working patterns of SAS doctors and LE doctors in the Barometer survey 2022

## Job roles of SAS doctors

In the Barometer survey 2022, 76% of SAS doctors\* identified their main role as 'Specialty doctor', 14% said 'Associate specialist', and 10% 'Staff grade doctor' (10%) (Figure 5).

The proportions of SAS doctors with a UK PMQ or a non-UK PMQ in each role were similar. 78% of SAS doctors with a non-UK PMQ said their role was specialty doctor, slightly higher than the proportion with a UK PMQ (72%) that said this. 18% of SAS doctors with a UK PMQ said their role was associate specialist, compared with 13% of those with a non-UK PMQ.

### Figure 5: SAS doctors contract type by PMQ

What is your main contracted role or post?

	All SAS	UK PMQ SAS	Non-UK PMQ SAS
Total	367	120	238
Specialty doctor	76%	72%	78%
Associate specialist	14%	18%	13%
Staff grade doctor	10%	10%	9%

*n = 367 (all SAS doctors), the Barometer survey 2022, QE1A*

## Job roles of LE doctors

The main role for LE doctors was 'Clinical fellow', 40% of LE doctors identified this as their main role (Figure 6). Proportions in this role were similar for LE doctors with a UK PMQ (37%) and those with a non-UK PMQ (42%).

More LE doctors with a non-UK PMQ identified their main role as trust doctor or trust registrar.

- 25% of LE doctors with a non-UK PMQ said their role was trust doctor, compared with 10% of those with a UK PMQ.
- One out of ten (9%) LE doctors with a non-UK PMQ said their role was trust registrar, compared with one out of 20 (5%) of those with a UK PMQ.

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\* SAS/LE doctors whose role was 'Other' were categorised as LE doctors, so no SAS doctors have an 'Other' role.

More LE doctors with a UK PMQ identified their main role as locum appointment for service, teaching fellow, or a role not categorised.

- 23% of LE doctors with a UK PMQ said their role was Locum appointment for service (LAS), compared with 14% of those with a non-UK PMQ.
- 9% of LE doctors with a UK PMQ said their role was teaching fellow, compared with 1% of those with a non-UK PMQ.
- 12% of LE doctors with a UK PMQ had a role that was categorised as ‘Other’, compared with 4% of those with a non-UK PMQ.

### Figure 6: Main contracted role or post – LE doctors by PMQ

What is your main contracted role or post?

	All LE	UK PMQ LE	Non-UK PMQ LE
<b>Total</b>	548	155	386
<b>Clinical fellow</b>	40%	37%	42%
<b>Trust doctor</b>	21%	10%	25%
<b>Locum appointment for service (LAS)</b>	16%	23%	14%
<b>Trust registrar</b>	8%	5%	9%
<b>Other</b>	6%	12%	4%
<b>Teaching fellow</b>	3%	9%	1%

*n = 548 (all LE doctors), the Barometer survey 2022, QE1A*

## SAS and LE doctors with training responsibilities

### Figure 7: Trainer status by SAS/LE status and PMQ

During the last year, have you acted as a named clinical or educational supervisor for postgraduate trainees?

	Total doctors	All SAS/LE	SAS doctors			LE doctors		
			All SAS	UK PMQ SAS	Non-UK PMQ SAS	All LE	UK PMQ LE	Non-UK PMQ LE
<b>Yes</b>	29%	11%	16%	20%	14%	7%	7%	8%
<b>No</b>	70%	88%	83%	80%	84%	91%	92%	92%

*n = 4,269 (all doctors), the Barometer survey 2022, QE3a*

16% of SAS doctors said they had acted as a trainer, compared with 65% of doctors on the specialist register and 28% of GPs. 20% of SAS doctors with a UK PMQ had done so, compared with 14% of SAS doctors with a non-UK PMQ (Figure 7). 7% of LE doctors had acted as a trainer, with levels similar for those with a UK PMQ (7%) or a non-UK PMQ (8%).

## Working patterns and contract types

### SAS doctors tend to work on a permanent full-time basis, LE doctors tend to work full time in fixed-term or temporary roles

69% of all doctors surveyed reported that they work part-time, while 77% of SAS doctors and 84% of LE doctors said they did so (Figure 8). 62% of LE doctors said they worked on a fixed-term or temporary basis, a much higher proportion than that of SAS doctors (20%) or doctors overall (23%). Looking at combinations of working hours and contract arrangement (Figure 9):

- 61% of SAS doctors worked on a permanent full-time basis, compared with 52% of all doctors and only 29% of LE doctors.
- Only 1% of LE doctors worked on a permanent part-time basis, compared with 19% of all doctors and 15% of SAS doctors.
- 55% of LE doctors worked on a fixed-term or temporary full-time contract, compared with only 17% of all doctors and 15% of SAS doctors.

#### Figure 8: Working hours and contract arrangement by SAS/LE status

What best describes your current working arrangement?

	Part-time	Full-time	Permanent	Fixed/temporary
<b>Total doctors</b>	25%	69%	71%	23%
<b>SAS and LE doctors</b>	13%	81%	49%	45%
<b>SAS doctors</b>	20%	77%	77%	20%
<b>LE doctors</b>	8%	84%	30%	62%

*n = 4,269 (all doctors), the Barometer survey 2022, QE6*

#### Figure 9: Working hours by contract arrangement by SAS/LE status

What best describes your current working arrangement?

	Permanent		Fixed/temporary	
	Full-time	Part-time	Full-time	Part-time
<b>Total doctors</b>	52%	19%	17%	6%
<b>SAS and LE doctors</b>	42%	7%	39%	6%
<b>SAS doctors</b>	61%	15%	15%	4%
<b>LE doctors</b>	29%	1%	55%	7%

*n = 4,269 (all doctors), the Barometer survey 2022, QE6*

## The specialities with more SAS and LE doctors working in them were emergency medicine, acute medicine, and intensive care medicine

Figure 10 sets out the proportion of different types of doctors that compose each of the specialties. In the Barometer 2022, 29% of respondents were doctors on the specialist register, 24% were trainees, and 22% were SAS and LE doctors (9% SAS doctors and 13% LE doctors). 23% were GPs, who are not included.

In the Barometer survey 2022, the specialties with the highest proportion of doctors that were SAS and LE doctors were emergency medicine (42% SAS and LE), acute medicine (40%), and intensive care medicine (36%). This is largely driven by LE doctors, with 29% of doctors in emergency medicine, 30% in acute medicine, and 25% in intensive care medicine having reported they are LE doctors. Other specialties with large proportions of LE doctors were surgery (23%) and medicine (19%). The specialties with the highest proportions of SAS doctors were ophthalmology (24%) and psychiatry (19%).

The specialties with the lowest proportion of doctors that are SAS and LE doctors were pathology (9% SAS and LE) and radiology (12%). The specialties with the lowest proportions of SAS doctors were medicine (5%) and radiology (7%). The specialties with the lowest proportions of LE doctors were pathology (0%), radiology (5%), and psychiatry (7%).

### Figure 10: Composition of specialty areas by doctor type

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

	Specialists		Doctors in training		SAS and LE doctors		SAS doctors		LE doctors	
	%	n	%	n	%	n	%	n	%	n
Emergency medicine	19%	52	36%	96	42%	114	13%	36	29%	78
Acute medicine	17%	28	37%	63	40%	68	11%	18	30%	51
Intensive Care Medicine	43%	41	16%	15	36%	34	11%	11	25%	24
Ophthalmology	44%	27	17%	11	35%	22	24%	15	11%	7
Surgery	40%	206	25%	130	32%	163	9%	48	23%	115
Psychiatry	48%	136	24%	67	26%	73	19%	52	7%	20
Medicine	31%	158	40%	202	25%	124	5%	25	19%	97
Obs/Gynae	38%	60	33%	51	25%	38	9%	13	16%	25
Anaesthetics	46%	114	28%	69	24%	59	14%	33	10%	25
Paediatrics	48%	111	26%	59	21%	48	10%	24	11%	24
Radiology	53%	49	27%	25	12%	11	7%	6	5%	5
Pathology	81%	39	9%	5	9%	4	9%	4	0%	0
Other	43%	222	17%	87	31%	156	15%	79	15%	74

*n = 4,269 (all doctors), the Barometer survey 2022, QE3*

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## Demographic analysis of SAS and LE respondents to the Barometer survey 2022

The SAS and LE workforce is a varied group of doctors with a broad range of characteristics, working in a wide variety of roles. The composition of the SAS and LE workforce differs from the workforce overall in terms of where doctors gained their PMQ.

This analysis uses data from the Barometer survey 2022 to look at SAS and LE doctors as separate groups, and grouped by where they gained their PMQ, i.e. in the UK or elsewhere. The number of SAS and LE doctors with a PMQ from the European Economic Area (EEA) is relatively small, so this group is aggregated with international medical graduates (IMG), into a single group, doctors with a non-UK PMQ.

### PMQ and ethnicity

#### Most of both SAS doctors and LE doctors were IMGs

Of all doctors that responded to the Barometer survey 2022, most had a UK PMQ (61%), with minorities who were IMGs (29%) or had an EEA PMQ (8%). In contrast most SAS and LE doctors in the Barometer survey 2022 were IMGs (61%). The compositions of the SAS and LE groups were similar to each other (Figure 11).

#### Figure 11: PMQ by SAS/LE status

Where did you gain your primary medical qualification (PMQ)?

	Total doctors	SAS and LE doctors	SAS doctors	LE doctors
UK	61%	30%	33%	28%
Non-UK	37%	68%	65%	71%
EEA	8%	7%	6%	8%
IMG	29%	61%	59%	62%

*n = 4,269 (all doctors), the Barometer survey 2022, QE4*

#### Most of both SAS doctors and LE doctors with a non-UK PMQ were Asian, Black, or from another minority ethnic group

The Barometer survey 2022 showed ethnicity varied with doctors' PMQ status. A large proportion of both SAS doctors with a UK PMQ (78%) and LE doctors with a UK PMQ (65%) were white, with relatively low proportions of black and minority ethnic doctors (21% and 33% respectively) (Figure 12). Conversely, almost nine out of ten SAS doctors with a non-UK PMQ and LE doctors with a non-UK PMQ (both 88%) were in the black and minority ethnic group, and only one out of ten such doctors were white (both 10%).

**Figure 12: Ethnicity by SAS/LE status and PMQ**

What is your ethnic group?

	Total doctors	SAS and LE doctors	SAS doctors			LE doctors		
			All SAS	UK PMQ SAS	Non-UK PMQ SAS	All LE	UK PMQ LE	Non-UK PMQ LE
<b>White</b>	52%	28%	32%	78%	10%	26%	65%	10%
<b>Black and minority ethnic</b>	45%	70%	66%	21%	88%	72%	33%	88%
Asian / Asian British	31%	45%	43%	13%	58%	46%	23%	56%
Black / Black British	6%	11%	9%	2%	13%	12%	3%	15%
Mixed/multiple ethnic groups	3%	3%	2%	3%	2%	3%	5%	2%
Other ethnic group	5%	11%	11%	3%	15%	12%	2%	16%

*n = 4,269 (all doctors), the Barometer survey 2022, QF2*

## Age and time in UK practice

### More LE doctors were younger and more SAS doctors were older

In the Barometer survey 2022, 29% of LE doctors were under 30 years old, while only 3% of SAS doctors were under 30. In contrast, 28% of SAS doctors were aged 50 years and over, while only 6% of LE doctors were in this age group (Figure 13). The age distribution of LE doctors varied depending on their PMQ.

LE doctors with a UK PMQ tended to be younger – 59% of LE doctors with a UK PMQ were under 30 years old, and only 4% were aged 50 years and over. In comparison, only 18% of LE doctors with a non-UK PMQ were under 30 years old.

LE doctors with a non-UK PMQ tended to be in the middle age range – 68% of LE doctors with a non-UK PMQ were aged 30 to 49 years. In comparison, only 29% of UK graduate LE doctors were in this age range.

SAS doctors tended to be older, whether they had a UK or non-UK PMQ. Most SAS doctors with a UK PMQ (57%) and SAS doctors with a non-UK PMQ (59%) were aged 30 to 49 years, with a similar minority of each aged 50 years and over (33% and 27% respectively). Very few were under 30 years old; 5% of SAS doctors with a UK PMQ and 1% of SAS doctors with a non-UK PMQ.

**Figure 13: Age by SAS/LE status and PMQ**

How old are you?

	Total doctors	SAS and LE doctors	SAS doctors			LE doctors		
			All SAS	UK PMQ SAS	Non-UK PMQ SAS	All LE	UK PMQ LE	Non-UK PMQ LE
<b>Under 30 years</b>	13%	19%	3%	5%	1%	29%	59%	18%
<b>30-49 years</b>	54%	57%	58%	57%	59%	57%	29%	68%
<b>50 years and over</b>	24%	15%	28%	33%	27%	6%	4%	6%

*n = 4,269 (all doctors), the Barometer survey 2022, QF1*

### Most SAS doctors with a non-UK PMQ had spent less time in UK practice

Most SAS doctors with a UK PMQ reported that they had been practising in the UK for ten to 19 years (33%) and 20 to 29 years (26%). In contrast, 47% of SAS doctors with a non-UK PMQ said they had been practising in the UK for less than five years.

64% of LE doctors with a UK PMQ, and 67% of LE doctors with a non-UK PMQ, said they had been practising in the UK for less than five years. 12% of LE doctors with a non-UK PMQ did not provide this information, compared with 4% of all doctors surveyed and 1% of LE doctors with a UK PMQ.

**Figure 14: Years practising in the UK by registration type, SAS/LE status and PMQ**

How many years have you been practising in the UK?

	Total doctors	SAS doctors			LE doctors		
		All SAS doctors	UK PMQ SAS	Non-UK PMQ SAS	All LE doctors	UK PMQ LE	Non-UK PMQ LE
<b>Less than 5 years</b>	26%	34%	10%	47%	65%	64%	67%
<b>5-9 years</b>	16%	12%	11%	13%	14%	21%	11%
<b>10-19 years</b>	21%	25%	33%	21%	7%	10%	7%
<b>20-29 years</b>	19%	15%	26%	10%	3%	2%	3%
<b>30-39 years</b>	10%	7%	16%	3%	1%	2%	1%
<b>40 years or more</b>	3%	1%	3%	1%	-	-	-

*n = 4,269 (all doctors), the Barometer survey 2022, QE5*

## Gender and disability

### Most SAS doctors with a UK PMQ were female and most SAS doctors with a non-UK PMQ were male

Of all doctors surveyed, half were male (49%) and half female (48%). The proportions were broadly similar for SAS doctors and for LE doctors, though slightly fewer LE doctors were female (43%). Comparing by PMQ region, the proportions for LE doctors with a UK PMQ and LE doctors with a non-UK PMQ were similar to each other, but more SAS doctors with a UK PMQ were female (70%) and more SAS doctors with a non-UK PMQ were male (59%) (figure 15).

**Figure 15: Gender by SAS/LE status and PMQ**

What is your sex?

	Total doctors	SAS and LE doctors	SAS doctors			LE doctors		
			All SAS	UK PMQ SAS	Non-UK PMQ SAS	All LE	UK PMQ LE	Non-UK PMQ LE
<b>Male</b>	49%	52%	48%	28%	59%	54%	53%	55%
<b>Female</b>	48%	46%	49%	70%	38%	43%	45%	42%

*n = 4,269 (all doctors), the Barometer survey 2022, QF5*

### More of both SAS and LE doctors with a UK PMQ reported that they had a disability

11% of SAS doctors reported that they had a disability, and 7% of LE doctors did so, both similar to the proportion of all doctors surveyed (9%) (Figure 16). Higher proportions of both UK graduate SAS doctors (18%) and UK graduate LE doctors (14%) reported that they had a disability, compared with their non-UK graduate counterparts. Only 4% of LE doctors with a non-UK PMQ had a disability.

**Figure 16: Disability by SAS/LE status and PMQ**

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

	Total doctors	SAS and LE doctors	SAS doctors			LE doctors		
			All SAS	UK PMQ SAS	Non-UK PMQ SAS	All LE	UK PMQ LE	Non-UK PMQ LE
<b>Disabled</b>	9%	8%	11%	18%	7%	7%	14%	4%
<b>Non-disabled</b>	88%	90%	86%	80%	89%	92%	85%	95%

*n = 4,269 (all doctors), the Barometer survey 2022, QF3*

## SAS doctors' experiences and intentions

This section sets out findings from the Barometer survey 2022 relating to SAS doctors. Most of the analysis in this section compares SAS doctors grouped by whether they have a UK PMQ or a non-UK PMQ and whether they have practised in the UK for less than five years or for five or more years. The topics covered are:

- Workplace experiences.
- Experiences of work pressures.
- Patient safety and care.
- Support and access to development and learning.
- Impact of experiences and doctors' future intentions.

### Workplace experiences of SAS doctors

#### More SAS doctors were satisfied in their day-to-day work

63% of SAS doctors were satisfied, a higher proportion than other cohorts of doctors, including LE doctors (56% of LE doctors were satisfied) (Figure 17).

**Figure 17: Satisfaction with day-to-day work as a doctor by registration type and SAS doctors by PMQ and time in UK practice**

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

	Total doctors	Specialists	Doctors in training	SAS doctors		
				All	Less than 5 years in UK	5 or more years in UK
<b>Satisfied</b>	50%	52%	50%	63%	63%	64%
<b>Dissatisfied</b>	43%	42%	42%	28%	24%	31%
	SAS doctors with a UK PMQ			SAS doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
<b>Satisfied</b>	62%	-	65%	63%	65%	62%
<b>Dissatisfied</b>	34%	-	32%	26%	21%	29%

*n = 4,269 (all doctors), the Barometer survey 2022, QA1*

28% of SAS doctors said they were dissatisfied, the lowest proportion of all types, and compared with 43% of all doctors surveyed. This was driven by SAS doctors with a non-UK PMQ particularly –26% of this group reported being dissatisfied, compared with 34% of SAS doctors with a UK PMQ. 21% of SAS doctors with a non-UK PMQ who had been practising in the UK for less than

five years were dissatisfied, compared with 29% of those with five or more years in UK practice (Figure 17).

## More SAS doctors regularly undertook tasks usually carried out by both more senior and more junior doctors

74% of SAS doctors said they had been asked to undertake tasks usually carried out by a more senior doctor (Figure 18), similar to the proportion as doctors in training (73%) and LE doctors (72%). But 14% of SAS doctors said this occurred every day, compared with 5% of all doctors surveyed.

85% of SAS doctors said they had been asked to undertake tasks usually carried out by a more junior doctor, compared with 78% of all doctors surveyed. 27% of SAS doctors said this occurred every day, compared with 21% of all doctors (Figure 19).

### Figure 18: Frequency of undertaking tasks usually carried out by a more senior doctor by registration type and SAS doctors by PMQ and time in UK practice

How frequently, if at all, over the last year have you been asked / required to ...? Undertake tasks usually completed by a doctor who has a more senior role

	Total doctors	Specialists	Doctors in training	SAS doctors		
				All	Less than 5 years in UK	5 or more years in UK
Never	46%	76%	23%	19%	19%	20%
At least once a day	5%	1%	6%	14%	10%	16%
NET Once a month or more	24%	7%	38%	43%	38%	46%
NET Experienced at all	48%	20%	73%	74%	76%	74%
				SAS doctors with a UK PMQ		
				All	Less than 5 years in UK	5 or more years in UK
Never	23%	-	25%	18%	19%	16%
At least once a day	14%	-	14%	15%	11%	18%
NET Once a month or more	44%	-	43%	43%	38%	50%
NET Experienced at all	71%	-	71%	76%	77%	76%

*n = 4,269 (all doctors), the Barometer survey 2022, QC3\_1*

## More SAS doctors with more time in UK practice frequently undertook tasks usually carried out by a more senior doctor

18% of SAS doctors with a non-UK PMQ with five years or more in UK practice, and 14% of SAS doctors with a UK PMQ with five years or more in UK practice, reported undertaking tasks usually carried out by a more senior doctor every day (Figure 18). Fewer SAS doctors with a non-UK PMQ with less than five years in UK practice did so (11%, i.e. still double the proportion of 5% of all doctors).

## Figure 19: Frequency of undertaking tasks usually carried out by a more junior doctor by registration type and SAS doctors by PMQ and time in UK practice

How frequently, if at all, over the last year have you been asked / required to ...? Undertake tasks usually completed by a doctor who has a more junior role

	Total doctors	Specialists	Doctors in training	SAS doctors		
				All	Less than 5 years in UK	5 or more years in UK
Never	17%	10%	18%	11%	9%	11%
At least once a day	21%	20%	23%	27%	33%	23%
NET Once a month or more	53%	62%	55%	55%	58%	54%
NET Experienced at all	78%	89%	78%	85%	87%	85%
				SAS doctors with a UK PMQ		
				All	Less than 5 years in UK	5 or more years in UK
Never	14%	-	13%	10%	11%	10%
At least once a day	23%	-	22%	29%	32%	24%
NET Once a month or more	55%	-	56%	55%	58%	52%
NET Experienced at all	81%	-	83%	87%	86%	87%

*n = 4,269 (all doctors), the Barometer survey 2022, QC3\_2*

## More SAS doctors with a non-UK PMQ with less time in UK practice frequently undertook tasks usually carried out by a more junior doctor

32% of SAS doctors with a non-UK PMQ with less than five years in UK practice reported undertaking tasks usually carried out by a more junior doctor every day (Figure 19). Fewer SAS doctors with a non-UK PMQ with five years or more in UK practice (24%) and SAS doctors with a

UK PMQ with five years or more in UK practice (22%) did so (in line with doctors overall, at 21%).

## Figure 20: Frequency of undertaking tasks usually carried out by a nurse/non-medical staff by registration type and SAS doctors by PMQ and time in UK practice

How frequently, if at all, over the last year have you been asked / required to ...? Undertake tasks usually completed by a nurse or other non-medical staff

	Total doctors	Specialists	Doctors in training	SAS doctors		
				All	Less than 5 years in UK	5 or more years in UK
Never	13%	17%	9%	20%	16%	22%
At least once a day	24%	18%	30%	22%	22%	22%
NET Once a month or more	58%	50%	67%	52%	52%	52%
NET Experienced at all	84%	81%	89%	77%	80%	76%
	SAS doctors with a UK PMQ			SAS doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
Never	13%	-	15%	23%	17%	28%
At least once a day	27%	-	27%	20%	21%	18%
NET Once a month or more	61%	-	60%	47%	51%	44%
NET Experienced at all	83%	-	83%	74%	81%	68%

*n = 4,269 (all doctors), the Barometer survey 2022, QC3\_3*

## Experiences of work pressures

### More SAS doctors were doing well and fewer were struggling

24% of SAS doctors were 'struggling' with their workload (working beyond their rostered hours at least weekly and feeling unable to cope at least weekly), a lower proportion than other cohorts, and compared with 38% of all doctors surveyed. 40% of SAS doctors were 'doing well' (working beyond their hours less than weekly and feeling unable to cope less than weekly), a higher proportion than other cohorts, and compared with 25% of all doctors surveyed (Figure 21).

## More SAS doctors with a UK PMQ had a normalised heavy workload

44% of SAS doctors with a non-UK PMQ were ‘doing well’, compared with 31% of SAS doctors with a UK PMQ. 36% of SAS doctors with a UK PMQ were categorised as ‘normalised’, meaning they frequently worked beyond their rostered hours but seldom felt unable to cope, while only 26% of SAS doctors with a non-UK PMQ were in this category.

12% of SAS doctors with a non-UK PMQ who had been practising in the UK for less than five years were in the category ‘issues unrelated to workload’, meaning they seldom worked beyond their rostered hours but often felt unable to cope. There was otherwise little difference in workload quadrant analysis categorisation based on time in UK practice.

### Figure 21: Quadrant analysis of doctors working beyond rostered hours weekly and feeling unable to cope with workloads weekly by registration type and SAS doctors by PMQ and time in UK practice

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

	SAS doctors					
	Total doctors	Specialists	Doctors in training	All	Less than 5 years in UK	5 or more years in UK
Struggling	38%	32%	40%	24%	22%	25%
Issues unrelated to workload	4%	3%	4%	5%	11%	3%
Normalised	31%	38%	28%	29%	25%	32%
Doing well	25%	25%	26%	40%	40%	39%
	SAS doctors with a UK PMQ			SAS doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
Struggling	28%	-	27%	22%	21%	23%
Issues unrelated to workload	3%	-	4%	7%	12%	2%
Normalised	36%	-	34%	26%	22%	30%
Doing well	31%	-	34%	44%	44%	43%

*n = 4,269 (all doctors), the Barometer survey 2022, QC1\_1/2*

## More SAS doctors were at very low risk of burnout and fewer at high risk

22% of SAS doctors were categorised as being at high risk of burnout, compared with 25% of all

doctors surveyed (Figure 22). This is similar to the level for LE doctors (21%), and relatively low compared with other registration types, with only doctors on the specialist register having a slightly smaller proportion (20%) at high risk of burnout.

43% of SAS doctors were categorised as being at very low risk of burnout, compared with 32% of all doctors surveyed. This is higher than other registration types, with the next highest proportion being doctors on the specialist register (39%).

**Figure 22: Risk of burnout by registration type and SAS doctors by PMQ and time in UK practice**

	Total doctors	Specialists	Doctors in training	SAS doctors		
				All	Less than 5 years in UK	5 or more years in UK
Very low risk	32%	39%	27%	43%	39%	45%
Low risk	22%	21%	21%	19%	20%	20%
Moderate risk	20%	20%	21%	15%	17%	14%
High risk	25%	20%	30%	22%	24%	20%
				SAS doctors with a UK PMQ		
				All	Less than 5 years in UK	5 or more years in UK
				SAS doctors with a non-UK PMQ		
				All	Less than 5 years in UK	5 or more years in UK
Very low risk	44%	-	48%	43%	41%	44%
Low risk	20%	-	20%	20%	20%	21%
Moderate risk	15%	-	13%	16%	15%	16%
High risk	20%	-	19%	22%	24%	20%

*n = 4,269 (all doctors), the Barometer survey 2022, QD1/D2*

## Patient safety and care

### A relatively low proportion of SAS doctors experienced compromised patient safety or care

35% of SAS doctors reported they had experienced at least one situation in the last year in which they believed a patient's safety or care was compromised when being treated, compared with 42% of all doctors surveyed (Figure 23). 45% of SAS doctors with a UK PMQ said they had experienced compromised patient safety or care, compared with 32% of SAS doctors with a non-UK PMQ (Figure 24).

The proportion of SAS doctors with a non-UK PMQ who had been practising in the UK for less than five years who had experienced compromised patient safety or care was particularly low in comparison with other groups, at 32%.

**Figure 23: Compromised patient safety or care by registration type and SAS doctors by PMQ and time in UK practice**

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?

	Total doctors	Specialists	Doctors in training	SAS doctors		
				All	Less than 5 years in UK	5 or more years in UK
Yes	42%	47%	43%	35%	35%	38%
No	37%	35%	33%	42%	45%	38%
	SAS doctors with a UK PMQ			SAS doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
Yes	45%	-	42%	32%	32%	35%
No	39%	-	41%	43%	48%	36%

*n = 4,269 (all doctors), the Barometer survey 2022, QC6*

**Figure 24: Difficulty providing sufficient care by registration type and SAS doctors by PMQ and time in UK practice**

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

	Total doctors	Specialists	Doctors in training	SAS doctors		
				All	Less than 5 years in UK	5 or more years in UK
Once a week or more	44%	42%	45%	26%	24%	29%
Experienced at all	82%	85%	84%	72%	62%	79%
Never	15%	13%	12%	25%	33%	19%
	SAS doctors with a UK PMQ			SAS doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
Once a week or more	38%	-	36%	21%	21%	23%
Experienced at all	85%	-	84%	66%	59%	74%
Never	12%	-	14%	31%	37%	24%

*n = 4,269 (all doctors), the Barometer survey 2022, QC1\_4*

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## **Fewer SAS doctors with a non-UK PMQ had difficulty providing patient care**

72% of SAS doctors reported they had found it difficult to provide a patient with the sufficient level of care on at least one occasion over the last year, compared with 82% of all doctors surveyed (Figure 24). A relatively low proportion of 21% of SAS doctors with a non-UK PMQ said they had difficulty providing a patient with sufficient care once a week or more, compared with 38% of SAS doctors with a UK PMQ and 44% of all doctors surveyed.

## **More SAS doctors with a UK PMQ identified inadequate staffing and patient flow/bed pressures as main barriers to care**

Compared with other doctors, some barriers to care were identified by more SAS doctors with a UK PMQ who had been practising in the UK for five years or more:

- 42% identified inadequate staffing as a main barrier to care, compared with 33% of all doctors, and only 22% of SAS doctors with a non-UK PMQ with less than five years in UK practice and 21% of SAS doctors with a non-UK PMQ with five years or more in UK practice.
- 22% identified patient flow/bed pressures as a main barrier, compared with 9% of all doctors surveyed.
- 13% identified poor working conditions/environment as a main barrier, compared with 7% of all doctors surveyed.
- 11% identified lack of access to necessary equipment or services as a main barrier, compared with 6% of all doctors surveyed.
- 8% identified rota gaps as a main barrier, compared with 4% of all doctors surveyed.
- 7% identified inadequate training or preparation as a main barrier, compared with 3% of all doctors surveyed.

## **More SAS doctors with a non-UK PMQ identified insufficient support from senior medical colleagues as a main barrier to care**

5% of both SAS doctors with a non-UK PMQ with less than five years in UK practice and those with five years or more in UK practice identified insufficient support from senior medical colleagues as a main barrier. In comparison, this was identified as a main barrier by 2% of all doctors surveyed, and 1% of SAS doctors with a UK PMQ with five years or more in UK practice.

17% of SAS doctors with a non-UK PMQ with five years or more in UK practice identified poor organisation management as a main barrier, compared with 11% of all doctors surveyed.

## SAS doctor support

**Figure 25: Agreement with workplace support statements by registration type and SAS doctors by PMQ and time in UK practice**

To what extent do you agree with the following statements?

	Total doctors	Specialists	Doctors in training	SAS doctors		
				All	Less than 5 years in UK	5 or more years in UK
I am supported by my immediate colleagues	82%	81%	86%	78%	74%	83%
I am supported by my senior medical staff	63%	56%	76%	62%	63%	62%
I am supported by non-clinical management	42%	36%	29%	36%	39%	34%
I am part of a supportive team	73%	72%	72%	66%	69%	65%
	SAS doctors with a UK PMQ			SAS doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
I am supported by my immediate colleagues	89%	-	90%	74%	72%	76%
I am supported by my senior medical staff	73%	-	72%	57%	60%	53%
I am supported by non-clinical management	37%	-	36%	36%	38%	31%
I am part of a supportive team	78%	-	76%	61%	67%	55%

*n = 4,269 (all doctors), the Barometer survey 2022, QD3-1, QD3-2, QD3-3, QD3-4*

### Fewer SAS doctors with a non-UK PMQ, particularly those with more time in UK practice, felt supported by senior medical staff or their team

Of all doctors surveyed, most felt supported by their immediate colleagues and, to a somewhat lesser extent, by senior medical staff, while fewer felt supported by non-clinical management.

SAS doctors aligned with this pattern, which was consistent for all registration types except GPs (more GPs reported feeling supported by non-clinical management, 67%, than by senior medical staff, 59%).

57% of SAS doctors with a non-UK PMQ said they were supported by senior medical staff, compared with 63% of all doctors surveyed and 73% of SAS doctors with a UK PMQ (Figure 25). And 61% of SAS doctors with a non-UK PMQ said they were part of a supportive team, compared with 73% of all doctors surveyed and 78% of SAS doctors with a UK PMQ.

These relatively low levels are driven particularly by SAS doctors with a non-UK PMQ who have been in UK practice longer. 53% of SAS doctors with a non-UK PMQ with five years or more in UK practice said they were supported by senior medical staff, and 55% said they were part of a supportive team. In comparison, 60% of SAS doctors with a non-UK PMQ with less than five years in UK practice said senior medical staff supported them, and 67% said their team was supportive.

### More SAS doctors with a non-UK PMQ with less time in UK practice did not agree they had enough access to development and learning

32% of SAS doctors did not agree that they had sufficient access to development or learning opportunities, compared with 27% of all doctors surveyed and 21% of doctors on the specialist register. This was driven by SAS doctors with a non-UK PMQ with less than five years in UK practice. 36% of this group did not agree that they had sufficient access to development or learning opportunities, compared with 32% of SAS doctors with a UK PMQ with at least five years in UK practice and 25% of SAS doctors with a non-UK PMQ with at least five years in UK practice.

**Figure 26: Access to development or learning opportunities by registration type and SAS doctors by PMQ and time in UK practice**

To what extent do you agree with the following statements? - I have sufficient access to development or learning opportunities

	Total doctors	Specialists	Doctors in training	SAS doctors		
				All	Less than 5 years in UK	5 or more years in UK
NET agree	51%	58%	47%	46%	46%	47%
NET disagree	27%	21%	33%	32%	36%	29%
				SAS doctors with a UK PMQ		SAS doctors with a non-UK PMQ
				All	Less than 5 years in UK	5 or more years in UK
NET agree	45%	-	47%	47%	47%	46%
NET disagree	34%	-	32%	29%	36%	25%

*n = 4,269 (all doctors), the Barometer survey 2022, QD3-9*

## Impacts and future intentions

### Fewer SAS doctors with a UK PMQ who had been practising in the UK for five years or more had taken a leave of absence due to stress

19% of SAS doctors with a UK PMQ who had been practising in the UK for five years or more had taken a leave of absence due to stress in the previous year, compared with 26% of SAS doctors with a non-UK PMQ (Figure 27).

**Figure 27: Frequency of taking leave due to stress by registration type and SAS doctors by PMQ and time in UK practice**

How frequently, if at all, over the last year have you experienced the following? Had to take a leave of absence due to stress

	Total doctors	Specialists	Doctors in training	SAS doctors		
				All	Less than 5 years in UK	5 or more years in UK
Never	73%	79%	66%	69%	63%	73%
Occasionally	17%	13%	23%	20%	23%	18%
At least once in a month	4%	2%	6%	4%	5%	2%
Experienced at all	22%	17%	29%	25%	29%	22%
	SAS doctors with a UK PMQ			SAS doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
Never	75%	-	80%	66%	66%	68%
Occasionally	17%	-	16%	20%	21%	19%
At least once in a month	3%	-	2%	4%	4%	3%
Experienced at all	22%	-	19%	26%	28%	23%

*n = 4,269 (all doctors), the Barometer survey 2022, QC1\_3*

### The proportion of SAS doctors that have taken steps to leave the UK profession is similar to other types of doctors

13% of SAS doctors reported they had taken 'hard steps' toward leaving the UK medical profession, compared with 15% of all doctors surveyed (Figure 28). Proportions were about the same for SAS doctors with a UK PMQ (13%) and SAS doctors with a non-UK PMQ (14%).

There was little difference based on time in UK practice, though the proportion of SAS doctors with a UK PMQ who had been practising in the UK for five years or more who had taken steps to leave was relatively low, at 9%.

### Figure 28: Steps taken by doctors who reported they were likely to leave the UK profession (excluding retiring at retirement age) by registration type and SAS doctors by PMQ and time in UK practice

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?

	Total doctors	Specialists	Doctors in training	SAS doctors		
				All	Less than 5 years in UK	5 or more years in UK
Likely to leave	36%	26%	46%	35%	48%	28%
Any steps taken	29%	24%	39%	26%	35%	23%
Hard steps taken	15%	14%	18%	13%	20%	10%
Not likely to leave	61%	68%	54%	62%	52%	68%
	SAS doctors with a UK PMQ			SAS doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
Likely to leave	29%	-	24%	39%	46%	32%
Any steps taken	24%	-	20%	28%	33%	26%
Hard steps taken	13%	-	9%	14%	17%	12%
Not likely to leave	69%	-	74%	59%	54%	63%

*n = 4,269 (all doctors), the Barometer survey 2022, QB3*

### Fewer SAS doctors with a UK PMQ said they were likely to move to practise abroad

25% of SAS doctors said they were likely to move to practise abroad in the next year, the same as the proportion of all doctors surveyed (25%) who said they were likely to do so (Figure 29). 32% of SAS doctors with a non-UK PMQ said they were likely to practise abroad, while only 12% of SAS doctors with a UK PMQ said they were likely to do so.

However, looking at time in UK practice reveals that while 41% of SAS doctors with a non-UK PMQ who had been practising in the UK for less than five years said they were likely to move to practise abroad in the next year, only 22% of SAS doctors with a non-UK PMQ who had been practising in the UK for five years or more said the same.

**Figure 29: Reported likelihood of moving to practise abroad by registration type and SAS doctors by PMQ and time in UK practice**

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

	Total doctors	Specialists	Doctors in training	SAS doctors		
				All	Less than 5 years in UK	5 or more years in UK
<b>NET likely</b>	25%	16%	38%	25%	42%	14%
	SAS doctors with a UK PMQ			SAS doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
<b>NET likely</b>	12%	-	6%	32%	41%	22%

*n = 4,269 (all doctors), the Barometer survey 2022, QB1\_10*

**Figure 30: Reasons for being likely to move to practise abroad by registration type**

Reasons why making career change: Move to practise abroad

	Total doctors	GPs	Specialists	Doctors in training	SAS doctors	LE doctors
<b>Total</b>	425	58	88	133	38	92
Doctors are treated better in the country / countries I am considering moving to	80%	87%	77%	87%	56%	80%
I want to increase my pay	66%	46%	60%	78%	62%	72%
The current system presents too many barriers to patient care	49%	50%	54%	52%	40%	46%
The demands of my current role(s) are adversely impacting my wellbeing	49%	55%	50%	52%	47%	42%
I want to have more non-working time (e.g. with my family, leisure time)	43%	50%	31%	55%	33%	42%
Lack of career development or opportunities for progression	32%	9%	27%	22%	52%	56%
I want a new challenge	12%	16%	14%	15%	10%	5%
Experience of working during the COVID-19 pandemic	10%	5%	13%	14%	5%	8%
To carry out caring responsibilities	9%	9%	12%	5%	0%	14%
Always intended to move abroad – only in UK temporarily	8%	5%	8%	7%	11%	11%

*n = 425 (all doctors most likely to move to practise abroad), the Barometer survey 2022, QB2*

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## **SAS doctors cited lack of progression opportunities as a reason for being likely to move abroad, fewer mentioned how doctors are treated**

Lack of career development or opportunities for progression was not a main driver for all types of doctors, but was given as a reason by 52% of SAS doctors who said they were likely to move to practise abroad. In comparison, this was given as a reason by 32% of all doctors surveyed who said they were likely to move to practise abroad, 27% of doctors on the specialist register likely to move, and 22% of doctors in training likely to move (Figure 30).

For all doctors surveyed, a main reason being likely to move to practise abroad was that doctors are treated better where they were considering moving, given by 80% of all doctors surveyed who said they were likely to practise abroad. But only 56% of SAS doctors who said they were likely to move to practise abroad gave this as a reason.

## LE doctors' experiences and intentions

This section sets out findings from the Barometer survey 2022 relating to LE doctors. Most of the analysis in this section compares LE doctors grouped by whether they have a UK PMQ or a non-UK PMQ and whether they have practised in the UK for less than five years or for five or more years. The topics covered are:

- Workplace experiences.
- Experiences of work pressures.
- Patient safety and care.
- Support and access to development and learning.
- Impact of experiences and doctors' future intentions.

### Workplace experiences of LE doctors

#### More LE doctors overall were satisfied in their work, but more LE doctors with a UK PMQ with less time in UK practice were dissatisfied

More LE doctors said they were satisfied in their work (56%) than all doctors surveyed (50%), and fewer said they were dissatisfied (33% and 43%, respectively) (Figure 31).

**Figure 31: Satisfaction with day-to-day work as a doctor by registration type and LE doctors by PMQ and time in UK practice**

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

	Total doctors	Specialists	Doctors in training	LE doctors		
				All	Less than 5 years in UK	5 or more years in UK
<b>Satisfied</b>	50%	52%	50%	56%	55%	53%
<b>Dissatisfied</b>	43%	42%	42%	33%	33%	39%
	LE doctors with a UK PMQ			LE doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
<b>Satisfied</b>	44%	40%	50%	62%	62%	55%
<b>Dissatisfied</b>	45%	51%	37%	28%	26%	39%

*n = 4,269 (all doctors), the Barometer survey 2022, QA1*

More LE doctors with UK PMQ with less than 5 years in UK practice were dissatisfied (51%) than other LE doctor groups, and more LE doctors with a non-UK PMQ LE with less than five years in UK practice (62%) were satisfied than other LE doctor groups (Figure 31). Only 40% of LE doctors

with a UK PMQ practising in the UK for less than five years said they were satisfied, a lower proportion than the other LE doctor groups and other cohorts of doctors.

## More LE doctors with a UK PMQ with less time in UK practice undertook tasks usually carried out by a more senior doctor

19% of LE doctors with a UK PMQ with five or more years in UK practice said they were asked once a month or more to undertake tasks usually carried out by a more senior doctor, a lower proportion than the other groups of LE doctors (Figure 32).

44% of LE doctors with a UK PMQ who had been practising in the UK for less than five years said they had been asked to undertake tasks usually carried out by a more senior doctor once a month or more often. This was the highest proportion among the LE groups, and compares with 24% of all doctors surveyed and 38% of doctors in training.

### Figure 32: Frequency of undertaking tasks usually carried out by a more senior doctor by registration type and LE doctors by PMQ and time in UK practice

How frequently, if at all, over the last year have you been asked / required to ...? Undertake tasks usually completed by a doctor who has a more senior role

	Total doctors	Specialists	Doctors in training	LE doctors		
				All	Less than 5 years in UK	5 or more years in UK
Never	46%	76%	23%	23%	19%	35%
At least once a day	5%	1%	6%	6%	6%	7%
NET Once a month or more	24%	7%	38%	34%	36%	30%
NET Experienced at all	48%	20%	73%	72%	77%	62%
				LE doctors with a UK PMQ		
				All	Less than 5 years in UK	5 or more years in UK
				LE doctors with a non-UK PMQ		
				All	Less than 5 years in UK	5 or more years in UK
Never	18%	10%	32%	26%	22%	37%
At least once a day	5%	5%	3%	7%	6%	9%
NET Once a month or more	36%	44%	19%	32%	33%	36%
NET Experienced at all	80%	87%	66%	68%	73%	58%

*n = 4,269 (all doctors), the Barometer survey 2022, QC3\_1*

**Figure 33: Frequency of undertaking tasks usually carried out by a more junior doctor by registration type and LE doctors by PMQ and time in UK practice**

How frequently, if at all, over the last year have you been asked / required to ...? Undertake tasks usually completed by a doctor who has a more junior role

	Total doctors	Specialists	Doctors in training	LE doctors		
				All	Less than 5 years in UK	5 or more years in UK
Never	17%	10%	18%	16%	16%	10%
At least once a day	21%	20%	23%	20%	20%	22%
NET Once a month or more	53%	62%	55%	52%	50%	64%
NET Experienced at all	78%	89%	78%	80%	79%	90%
				LE doctors with a UK PMQ		
				All	Less than 5 years in UK	5 or more years in UK
				LE doctors with a non-UK PMQ		
				All	Less than 5 years in UK	5 or more years in UK
Never	13%	18%	3%	17%	15%	14%
At least once a day	21%	16%	29%	20%	21%	15%
NET Once a month or more	63%	56%	75%	48%	48%	56%
NET Experienced at all	85%	78%	97%	78%	80%	85%

*n = 4,269 (all doctors), the Barometer survey 2022, QC3\_2*

### More LE doctors with a UK PMQ with less than five years in UK practice undertook tasks usually carried out by a nurse or other staff

78% of LE doctors with a UK PMQ said they had been asked to undertake tasks usually carried out by a nurse or other staff once a month or more often, compared with 48% of LE doctors with a non-UK PMQ and 58% of all doctors surveyed (Figure 34). This was particularly prevalent for LE doctors with a UK PMQ with less than five years in UK practice, with 82% of this group reporting it, compared with 73% of LE doctors with a UK PMQ with at least five years in UK practice.

**Figure 34: Frequency of undertaking tasks usually carried out by a nurse/non-medical staff by registration type and LE doctors by PMQ and time in UK practice**

How frequently, if at all, over the last year have you been asked / required to ...? Undertake tasks usually completed by a nurse or other non-medical staff

	Total doctors	Specialists	Doctors in training	LE doctors		
				All	Less than 5 years in UK	5 or more years in UK
Never	13%	17%	9%	13%	12%	14%
At least once a day	24%	18%	30%	26%	29%	20%
NET Once a month or more	58%	50%	67%	57%	58%	57%
NET Experienced at all	84%	81%	89%	85%	86%	86%
				LE doctors with a UK PMQ		
				All	Less than 5 years in UK	5 or more years in UK
				LE doctors with a non-UK PMQ		
				All	Less than 5 years in UK	5 or more years in UK
Never	4%	3%	5%	16%	15%	20%
At least once a day	29%	33%	22%	24%	27%	17%
NET Once a month or more	78%	82%	73%	48%	48%	47%
NET Experienced at all	96%	97%	95%	81%	81%	80%

*n = 4,269 (all doctors), the Barometer survey 2022, QC3\_3*

## Experiences of work pressures

### More LE doctors overall were doing well with their workload, but more LE doctors with a UK PMQ and less time in UK practice were struggling

Fewer LE doctors were found to be 'struggling'\* (30%) and more 'doing well'+ (35%) in comparison with all doctors surveyed (38% and 25% respectively). LE doctors with a UK PMQ with

\*'struggling' is both working beyond rostered hours at least weekly and feeling unable to cope at least weekly.

† 'doing well' is both working beyond rostered hours less than weekly and feeling unable to cope less than weekly.

less than five years in UK practice had the highest rate of 'struggling' (42%) (Figure 35).

### Figure 35: Quadrant analysis of doctors working beyond rostered hours weekly and feeling unable to cope with workloads weekly by registration type and LE doctors by PMQ and time in UK practice

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

	Total doctors	Specialists	Doctors in training	LE doctors		
				All	Less than 5 years in UK	5 or more years in UK
<b>Struggling</b>	38%	32%	40%	30%	30%	31%
<b>Issues unrelated to workload</b>	4%	3%	4%	6%	6%	4%
<b>Normalised</b>	31%	38%	28%	27%	26%	25%
<b>Doing well</b>	25%	25%	26%	35%	35%	39%
				LE doctors with a UK PMQ		
				All	Less than 5 years in UK	5 or more years in UK
				LE doctors with a non-UK PMQ		
				All	Less than 5 years in UK	5 or more years in UK
<b>Struggling</b>	37%	42%	28%	26%	25%	32%
<b>Issues unrelated to workload</b>	5%	6%	3%	6%	6%	4%
<b>Normalised</b>	30%	30%	29%	26%	25%	22%
<b>Doing well</b>	28%	22%	39%	38%	40%	40%

*n = 4,269 (all doctors), the Barometer survey 2022, QC1\_1/2*

### More LE doctors with a UK PMQ with less time in UK practice had a moderate risk of burnout

21% of LE doctors were categorised as being at high risk of burnout, compared with 25% of all doctors surveyed (Figure 36). This is similar to the level for SAS doctors (22%), and lower than other cohorts, except doctors on the specialist register (20%). The proportions at high risk of burnout were similar across the LE doctor groups, but moderate burnout risk varied.

31% of LE doctors with a UK PMQ with less than five years in UK practice were at moderate risk of burnout, higher than the other LE doctor groups (Figure 36).

**Figure 36: Risk of burnout by registration type and LE doctors by PMQ and time in UK practice**

	Total doctors	Specialists	Doctors in training	LE doctors		
				All	Less than 5 years in UK	5 or more years in UK
<b>Very low risk</b>	32%	39%	27%	35%	35%	39%
<b>Low risk</b>	22%	21%	21%	24%	24%	21%
<b>Moderate risk</b>	20%	20%	21%	19%	19%	19%
<b>High risk</b>	25%	20%	30%	21%	22%	21%
	LE doctors with a UK PMQ			LE doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
<b>Very low risk</b>	29%	23%	38%	38%	40%	39%
<b>Low risk</b>	25%	25%	26%	24%	23%	18%
<b>Moderate risk</b>	26%	31%	19%	16%	15%	20%
<b>High risk</b>	20%	21%	17%	21%	22%	23%

*n = 4,269 (all doctors), the Barometer survey 2022, QD1/D2*

## Patient safety and care

### More LE doctors with a UK PMQ experienced compromised patient safety or care and often had difficulty providing care, particularly those with less time in UK practice

Fewer LE doctors reported they had experienced at least one situation in the last year in which they believed a patient's safety or care was compromised when being treated (33%) (Figure 37) and said they had found it difficult to provide a patient with the sufficient level of care once a week or more often in the past year (33%) (Figure 38) than all doctors surveyed (42% and 44% respectively).

However, more LE doctors with a UK PMQ said they had experienced compromised patient safety or care (58%) and difficulty providing a patient with sufficient care once a week or more (60%), in comparison with LE doctors with a non-UK PMQ (24% and 23% respectively).

**Figure 37: Compromised patient safety or care by registration type and LE doctors by PMQ and time in UK practice**

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?

	Total doctors	Specialists	Doctors in training	LE doctors		
				All	Less than 5 years in UK	5 or more years in UK
Yes	42%	47%	43%	33%	35%	36%
No	37%	35%	33%	43%	39%	44%
	LE doctors with a UK PMQ			LE doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
Yes	58%	61%	52%	24%	25%	25%
No	20%	15%	29%	52%	49%	54%

*n = 4,269 (all doctors), the Barometer survey 2022, QC6*

**Figure 38: Difficulty providing sufficient care by registration type and LE doctors by PMQ and time in UK practice**

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

	Total doctors	Specialists	Doctors in training	LE doctors		
				All	Less than 5 years in UK	5 or more years in UK
Once a week or more	44%	42%	45%	33%	34%	37%
Experienced at all	82%	85%	84%	71%	70%	79%
Never	15%	13%	12%	26%	27%	20%
	LE doctors with a UK PMQ			LE doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
Once a week or more	60%	65%	51%	23%	22%	29%
Experienced at all	89%	91%	88%	64%	62%	75%
Never	10%	9%	11%	33%	34%	25%

*n = 4,269 (all doctors), the Barometer survey 2022, QC1\_4*

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## **More LE doctors with a UK PMQ identified patient flow/bed pressures as a main barrier to care, and over half of those with less time in UK practice cited inadequate staffing**

27% of LE doctors with a UK PMQ with less than five years in UK practice, and 17% of LE doctors with a UK PMQ with five years or more in UK practice, identified patient flow/bed pressures as a main barrier, compared with 9% of all doctors surveyed.

Some barriers to care were identified by more LE doctors with a UK PMQ who had been practising in the UK for less than five years, compared with other doctors:

- 56% identified inadequate staffing as a main barrier to care, compared with 33% of all doctors surveyed.
- 34% identified pressure on workloads (including volume of patients) as a main barrier to care, compared with 24% of all doctors surveyed.
- 14% identified inadequate community services as a main barrier to care, compared with 6% of all doctors surveyed.
- 7% identified inadequate training or preparation as a main barrier to care, compared with 3% of all doctors surveyed.
- 7% identified insufficient support from senior medical colleagues as a main barrier to care, compared with 2% of all doctors surveyed.

Some barriers to care were identified by more LE doctors with a UK PMQ who had been practising in the UK for five years or more, compared with other doctors:

- 16% identified other healthcare worker shortages as a main barrier to care, compared with 6% of all doctors surveyed.
- 12% identified doctor shortages as a main barrier to care, compared with 6% of all doctors surveyed.
- 10% identified rota gaps as a main barrier to care, compared with 4% of all doctors surveyed.
- 9% identified lack of resources in primary care as a main barrier to care, compared with 3% of all doctors surveyed.

## **More LE doctors with a non-UK PMQ identified negative workplace culture as a main barrier to care, and those with more time in UK practice cited excessive regulation/targets**

7% of LE doctors with a non-UK PMQ with less than five years in UK practice, and 8% of LE doctors with a non-UK PMQ who had been practising in the UK for five years or more, identified negative culture in the workplace as a main barrier, compared with 3% of all doctors surveyed.

12% of LE doctors with a non-UK PMQ with five years or more in UK practice identified excessive regulation/targets as a main barrier, compared with 4% of all doctors surveyed.

## LE doctor support

**Figure 39: Agreement with workplace support statements by registration type and LE doctors by PMQ and time in UK practice**

To what extent do you agree with the following statements?

	Total doctors	Specialists	Doctors in training	LE doctors		
				All	Less than 5 years in UK	5 or more years in UK
I am supported by my immediate colleagues	82%	81%	86%	79%	83%	73%
I am supported by my senior medical staff	63%	56%	76%	67%	70%	61%
I am supported by non-clinical management	42%	36%	29%	35%	33%	34%
I am part of a supportive team	73%	72%	72%	70%	69%	69%
	LE doctors with a UK PMQ			LE doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
I am supported by my immediate colleagues	88%	91%	84%	76%	80%	67%
I am supported by my senior medical staff	72%	75%	68%	64%	68%	57%
I am supported by non-clinical management	19%	13%	28%	42%	41%	38%
I am part of a supportive team	76%	77%	76%	67%	67%	66%

*n = 4,269 (all doctors), the Barometer survey 2022, QD3-1, QD3-2, QD3-3, QD3-4*

## Fewer LE doctors with a non-UK PMQ and with more time in UK practice felt supported by their immediate colleagues

Of all doctors surveyed, most felt supported by their immediate colleagues and, to a somewhat lesser extent, by senior medical staff, while relatively few felt supported by non-clinical management. LE doctors overall aligned with this broad pattern (Figure 39).

Fewer LE doctors with a non-UK PMQ who had been practising in the UK for five years or more said they were supported by their immediate colleagues. 67% of this groups said they were supported by their colleagues, compared with 80% of LE doctors with a non-UK PMQ with less than five years in UK practice, 91% of LE doctors with a UK PMQ with less than five years in UK practice, and 84% of LE doctors with a UK PMQ with five years or more in UK practice.

## Fewer LE doctors with a UK PMQ with less time in UK practice felt supported by management, but more felt supported by colleagues and senior medical staff

In comparison with the other LE doctor groups, more LE doctors with a UK PMQ with less than five years in UK practice felt supported by immediate colleagues (91%) and by senior medical staff (75%), and felt part of a supportive team (77%), but fewer felt supported by non-clinical management (13%) (Figure 39).

### Figure 40: Access to development or learning opportunities by registration type and LE doctors by PMQ and time in UK practice

To what extent do you agree with the following statements? - I have sufficient access to development or learning opportunities

	Total doctors	Specialists	Doctors in training	LE doctors		
				All	Less than 5 years in UK	5 or more years in UK
NET agree	51%	58%	47%	39%	39%	38%
NET disagree	27%	21%	33%	36%	37%	34%
	LE doctors with a UK PMQ			LE doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
NET agree	31%	27%	38%	43%	44%	38%
NET disagree	45%	55%	26%	33%	30%	39%

*n = 4,269 (all doctors), the Barometer survey 2022, QD3-9*

## More of both LE doctors with a UK PMQ with less time in the UK and LE doctors with a non-UK PMQ with more time in the UK reported they did not have sufficient access to development and learning

36% of LE doctors did not agree that they had sufficient access to development or learning opportunities, compared with 27% of all doctors and 33% of doctors in training (Figure 40).

55% of LE doctors with a UK PMQ who had been practising in the UK for less than five years did not agree that they had sufficient access to development or learning opportunities, compared with 26% of LE doctors with a UK PMQ practising in the UK for five years or more.

In contrast, 39% of LE doctors with a non-UK PMQ with five years or more in UK practice did not agree that they had sufficient access to development or learning opportunities, compared with 30% of LE doctors with a non-UK PMQ practising in the UK for less than five years.

## Impacts and future intentions

**Figure 41: Frequency of taking leave due to stress by registration type and LE doctors by PMQ and time in UK practice**

How frequently, if at all, over the last year have you experienced the following? Had to take a leave of absence due to stress

	Total doctors	Specialists	Doctors in training	LE doctors		
				All	Less than 5 years in UK	5 or more years in UK
<b>Never</b>	73%	79%	66%	66%	64%	71%
<b>Occasionally</b>	17%	13%	23%	19%	21%	18%
<b>At least once in a month</b>	4%	2%	6%	9%	10%	4%
<b>NET Experienced at all</b>	22%	17%	29%	29%	32%	24%
				LE doctors with a UK PMQ		
				All	Less than 5 years in UK	5 or more years in UK
<b>Never</b>	75%	73%	79%	62%	60%	65%
<b>Occasionally</b>	18%	21%	14%	19%	21%	21%
<b>At least once in a month</b>	4%	6%	0%	11%	12%	7%
<b>NET Experienced at all</b>	23%	27%	16%	32%	34%	30%

*n = 4,269 (all doctors), the Barometer survey 2022, QC1\_3*

## More LE doctors with a non-UK PMQ with less time in UK practice regularly took leave due to stress

29% of LE doctors said they had taken a leave of absence due to stress, compared with 22% of doctors overall. 11% of LE doctors with a non-UK PMQ reported taking leave due to stress each month, compared with 4% of all doctors surveyed.

This broad pattern was most prevalent for LE doctors with a non-UK PMQ and less than five years in UK practice. 12% of this group reported that they had taken stress related leave at least once a month, a higher proportion than the other groups of LE doctors (Figure 41).

## Over a quarter of LE doctors with a UK PMQ with less time in UK practice have taken hard steps to leave the UK profession

25% of LE doctors with a UK PMQ reported that they were likely to leave the UK profession (for a reason other than retirement) and had taken hard steps toward doing so, compared with 15% of all doctors surveyed (Figure 42). This pattern was strongest for those with less than five years in UK practice, 28% of this group said they had taken hard steps to leave, higher than the other LE doctor groups.

### Figure 42: Steps taken by doctors who reported they were likely to leave the UK profession (excluding retiring at retirement age) by registration type and LE doctors by PMQ and time in UK practice

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?

	LE doctors					
	Total doctors	Specialists	Doctors in training	All	Less than 5 years in UK	5 or more years in UK
Likely to leave	36%	26%	46%	45%	46%	47%
Any steps taken	29%	24%	39%	32%	34%	35%
Hard steps taken	15%	14%	18%	16%	18%	15%
Not likely to leave	61%	68%	54%	54%	54%	52%
	LE doctors with a UK PMQ			LE doctors with a non-UK PMQ		
	All	Less than 5 years in UK	5 or more years in UK	All	Less than 5 years in UK	5 or more years in UK
Likely to leave	50%	51%	48%	43%	45%	45%
Any steps taken	46%	46%	47%	27%	29%	28%
Hard steps taken	25%	28%	20%	13%	14%	13%
Not likely to leave	49%	49%	49%	57%	55%	54%

*n = 4,269 (all doctors), the Barometer survey 2022, QB3*

## More LE doctors said they were likely to move to practise abroad, except those with a UK PMQ with more time in UK practice

39% of LE doctors said they were likely to move to practise abroad, a higher proportion than all doctors surveyed (25%) and similar to doctors in training (38%). An exception to this is that only 27% of LE doctors with a UK PMQ with five years or more in UK practice said they were likely to move abroad (Figure 43).

**Figure 43: Reported likelihood of moving to practise abroad by registration type and LE doctors by PMQ and time in UK practice**

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

	Total doctors	Specialists	Doctors in training	LE doctors		
				All	Less than 5 years in UK	5 or more years in UK
<b>NET likely</b>	25%	16%	38%	39%	41%	36%
	<b>LE doctors with a UK PMQ</b>			<b>LE doctors with a non-UK PMQ</b>		
	<b>All</b>	<b>Less than 5 years in UK</b>	<b>5 or more years in UK</b>	<b>All</b>	<b>Less than 5 years in UK</b>	<b>5 or more years in UK</b>
<b>NET likely</b>	39%	44%	27%	39%	40%	41%

*n = 4,269 (all doctors), the Barometer survey 2022, QB1\_10*

## LE doctors cited lack of progression opportunities as a reason for being likely to move abroad

Lack of career development or opportunities for progression was not a main driver for all types of doctors, but was given as a reason by 56% of LE doctors who said they were likely to move to practise abroad. In comparison, this was given as a reason by 32% of all doctors surveyed who said they were likely to move to practise abroad, 27% of doctors on the specialist register likely to move, and 22% of doctors in training likely to move (Figure 30).

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## Conclusion

Based on data from the Barometer survey 2022, *The state of medical education and practice: Workplace experiences 2023* report set out that the workplace experience of doctors worsened from 2021 to 2022, with associated negative impacts on patient care.

As a single group, SAS and LE doctors' satisfaction in their day-to-day work fell from 2021, and was at the lowest level since the Barometer survey began in 2019. Similarly, the proportion of SAS and LE doctors that often had difficulty providing patients with sufficient care increased from 9% in 2021 to 30% in 2022. But SAS and LE doctors remained in a relatively good position compared with other doctor types. For example, 42% of doctors on the Specialist register, 45% of doctors in training, and 62% of GPs, often had difficulty providing patients with sufficient care in 2022, compared with 30% of SAS and LE doctors.

However, SAS doctors and LE doctors are different groups, and each group contains doctors with a diversity of characteristics and experiences, who work in a variety of roles. The diversity of experiences among SAS doctors and LE doctors shown by this analysis of the results of the Barometer survey 2022 demonstrates both the value of analysing these groups separately and the difficulty in drawing broad conclusions about them. An overarching message from the analysis is that different types of SAS doctors and LE doctors, at different stages of their career in UK practice, are likely to face different challenges and need different kinds of support. Given this core finding, our data presented throughout this report suggest that:

- More SAS doctors are satisfied than other types of doctors.
- SAS doctors with a non-UK PMQ are doing well and work flexibly, but need support to make the most of their abilities.
  - SAS doctors with a non-UK PMQ who are less established in UK practice need access to development and learning opportunities.
  - SAS doctors with a non-UK PMQ who are more established in UK practice need recognition and support from teams and senior medical staff.
- Many SAS doctors with a UK PMQ have a normalised heavy workload.
- Flexibility may be a protective factor for LE doctors with a non-UK PMQ.
  - LE doctors with a non-UK PMQ less established in UK practice take frequent stress-related leave, but this may be a protective factor as they do not otherwise appear to have had particularly negative experiences.
  - LE doctors with a non-UK PMQ who are more established in UK practice need development and learning opportunities, and support from colleagues.
- LE doctors with a UK PMQ have a range of negative experiences, even compared with similar groups of doctors.

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- LE doctors with a UK PMQ less established in UK practice have had particularly poor experiences that need to be addressed.
  - There may be benefit in engaging with LE doctors with a UK PMQ more established in UK practice to understand the reasons that they are not on the formal training pathway.

We will continue to monitor the experiences of SAS doctors and LE doctors using the Barometer survey. Future results will enable us to track these doctors' experiences, as separate groups, over time, and better understand them.

The GMC is committed to doing more to analyse our data for LE doctors and SAS doctors as separate and distinct groups. We will publish further data in our forthcoming report *The state of medical education and practice in the UK: Workforce report 2023*, ahead of a round table discussion to agree the implications of these collective findings and data for us and for the wider system.

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