Doctors’ experiences of the pandemic are diverse. Asked about ten areas of their day-to-day work during the pandemic, 89% of doctors experienced at least one area with a positive impact. 69% of doctors experienced at least one area with a negative impact.

Data relates to the early stages of the coronavirus (COVID-19) pandemic, including the first peak in April 2020.

Three quarters (75%) of doctors felt overall satisfied in their day-to-day work.

A third (32%) of doctors felt the pandemic had a negative impact on their mental health and wellbeing.

We need to understand how we can work together to sustain positive changes, such as:

62% of doctors reported positive changes in teamwork between doctors – 70% of these doctors thought it could be sustained.

26%

A quarter (26%) of doctors felt a situation had arisen where patient safety or care was compromised.

43%

Two fifths (43%) of doctors felt a situation had arisen where their own or a colleague’s safety was at risk.
Chapter summary

Doctors have experienced significant and rapid changes to their personal and professional lives as a result of the coronavirus (COVID-19) pandemic.

‘The Barometer survey 2020’ found that the early stages of the pandemic had a widespread impact on the day-to-day working lives of doctors. Four out of five (81%) doctors experienced significant changes to their work and over two fifths (42%) were redeployed.

Doctors reported some positive changes – namely teamwork and knowledge sharing – that they felt could be sustained beyond the pandemic.

Compared with 2019, the first six months of 2020 saw a greater proportion of doctors being able to cope with their workload and a smaller proportion at high risk of burnout.

- Over a third (37%) of doctors never felt unable to cope with their workloads, compared with a fifth (20%) in 2019.
- A fifth (21%) of doctors reported a moderate or high risk of burnout, compared with a third (33%) in 2019.

However, it’s important to note that these changes are likely to be linked to reduced workloads because elective procedures were postponed or cancelled.

Amid these positive signs, the pandemic brought to the fore some existing challenges.

- Workload is still an issue for many doctors. A third (34%) of doctors made an adjustment to their working life during 2020 as a response to pressures on workload and capacity.
- A third (32%) of doctors reported that the spring peak of the pandemic had a negative impact on their mental health and wellbeing. Access to learning and development opportunities was also negatively affected.
- A relatively high proportion of doctors have witnessed situations where doctor safety (43%) or patient safety (26%) or care has been compromised.

This chapter explores doctors’ experiences during the spring peak of the pandemic. We look at how it’s shaped doctors’ workloads, health and wellbeing, safety, support, and job satisfaction, as well as its impact on patient care.
Introduction

The pandemic has been a defining experience for the medical profession in 2020, and it continues to shape doctors’ professional and personal lives.

The pace of change has been significant. There have been challenges to reorganise health care services to create safe working and treatment environments. And inevitably it’s had a negative impact on some doctors and areas of medical practice.

There are strong signals that the impact of the ongoing pandemic will be felt by the UK’s health systems for years to come. However, some of the changes that doctors have experienced are felt to be positive, with hopes of sustainable change in the future.

Since the end of January 2020, when the first case of COVID-19 was confirmed in the UK, there have been huge changes to how healthcare is delivered.

- The majority of GP consultations are being delivered remotely.11, 12
- Healthcare sites have been organised into ‘hot’ and ‘cold’ coronavirus zones.13
- Patients’ appointments have been cancelled14 or they’ve been delivered remotely via video clinics.15
- Highly specialised doctors have turned their attentions to other specialty areas as elective procedures were put on hold.16
- Emergency COVID-19 field hospitals were opened at sites across the UK.17, 18
- Donning and doffing personal protective equipment (PPE) has become a universal experience.19

These represent just some of the changes that have come with the single biggest and most rapid reorganisation of healthcare the modern medical profession has experienced.
Box 1: Evidence sources used in chapter 1

3,693 doctors completed ‘the Barometer survey 2020’ – a representative sample of the UK medical register. The survey was carried out in June and July 2020. Doctors responded to questions about their experiences of working during the spring peak of the pandemic, as well as in 2020 more generally.

When analysing the data from ‘the Barometer survey 2020’, we consider the experiences of different groups of doctors and the various factors that influence those experiences.

Most often, the patterns we see relate to a doctor’s registration type, and specialty. We present some differences by doctors’ demographic characteristics, though, in general, significant differences weren’t apparent in the analysis. Box 3 (page 48) presents an overview of the themes explored in this chapter by ethnicity.

Alongside survey results we have also analysed 13 case studies which explore the depth of individual doctors’ experiences across the UK.

Further information on the evidence sources for 2020’s report can be found in ‘A note on research and data’ on page 152.
The impact of the pandemic on doctors’ working lives

Day-to-day work now looks different for almost all doctors

Almost all doctors (99%) reported a change to their work during the pandemic. Four out of five doctors (81%) described the level of changes in their day-to-day work as ‘significant’ (Figure 1).

Doctors shared a range of experiences when asked to describe the main changes to their work during the spring peak of the pandemic. The changes included:

- their working patterns in terms of workloads and hours
- the type of work they undertook
- ways of working
- their personal circumstances.

These responses were given unprompted and the analysis is based on coding doctors’ free text answers. It’s important to note that the question only asked doctors to discuss the main changes, so their responses won’t necessarily capture the full scale of changes that doctors experienced.

Figure 2 shows the breadth of the changes that doctors experienced. Some doctors may have experienced one or two of these changes, whereas others may have experienced them all at times.

Figure 1: Changes to a doctor’s day-to-day work as a result of the pandemic

To what extent has your day-to-day work as a doctor been changed by the COVID-19 pandemic?

- My day-to-day work changed significantly
- My day-to-day work changed slightly
- NET unchanged

n = 3,693 (all doctors), ‘the Barometer survey 2020’, Q11
Proportion of doctors who described the following one of their main changes:

- Working remotely/reduced face-to-face consultations: 46%
- Reduced routine referral, surgery, theatre, clinic work: 22%
- Need to wear PPE/zoned workplace to enable social distancing: 18%
- Redeployed to different specialties/change in role: 17%
- Increased workload/longer hours: 17%
- Changes to rota/working pattern: 16%
- Mainly intensive care/emergency work: 13%
- Increased risks/problems associated with remote consultations: 13%
- Increased stress/anxiety/fear in patients and/or staff: 12%
- Increased use of technology/online platforms: 11%
- No structure/lack of organisation/lack of clear guidance: 9%
- Less/no training education time: 9%
- Better teamworking among colleagues/management: 8%
- Much prefer some parts of the new normal/hope we continue to work this way in the future: 7%
- More triaging of patients: 7%
- More admin/paperwork/meetings: 6%
- Limited resources eg staff, equipment, etc: 6%
- Shielding: 5%
- Poor work-life balance/risk of burnout: 5%
- Lack of support from seniors/management: 5%
- Reduced workload/seeing fewer patients: 5%

Figure 2: The main ways doctors’ work changed during the pandemic

Please tell us about the main ways your day-to-day work has changed over the course of the COVID-19 pandemic and describe your experiences of these changes.

Quantification is based on coding of free text responses.

n = 3,693 (all doctors), ‘the Barometer survey 2020’, Q15. Answers given unprompted by doctors.
The medical profession has seen an unprecedented shift towards more remote working

The most common change, reported by almost half (46%) of doctors overall, was more remote working and reduced face-to-face consultations. This transition has come hand in hand with an increased use of technology and online software – one out of ten (11%) doctors described this as one of the main changes affecting them. This shift was most common among GPs, with four out of five (80%) reporting more remote working as a main change for them.

The pandemic has forced a widespread rollout of remote consultations where face-to-face contact is not critical. This shift has long been advocated despite some concern about its impact on the quality of the doctor-patient interaction. It seems that the pandemic has provided the push for this widespread rollout.20 Chapter 4 considers some of the lessons learned from the pandemic, and stresses the importance of embedding these for the future.

Working patterns and workloads have changed for many doctors

Around one out of six (16%) doctors reported a change to their rota or working pattern as one of the main changes they had experienced.

Interestingly, doctors mentioned both increases and decreases in workload. Around one out of six (17%) doctors mentioned a change that had seen them working longer hours or having higher workloads. Increases in admin, paperwork and meetings were specifically mentioned by a small proportion (6%) of doctors.

In case study interviews, it was doctors with more senior roles who described the biggest increase in their working hours. Several discussed taking on more direct patient care, extending their core working hours later into the night, and being resident on-call more frequently.

Only a very small proportion (5%) of doctors mentioned a reduction in their workload or seeing fewer patients, despite elective procedures being cancelled or delayed. This probably reflects the widespread redeployment of doctors.

In case study interviews, doctors working in specialities that weren’t directly involved in the treatment of COVID-19 patients, for example psychiatry, discussed a reduction in workload, which gave them time to do other work. A doctor described having more time for research, an activity that we reported in 2019 is often deprioritised in the face of service demand.

’[During the pandemic,] it’s freed up a bit of time to do some research and those sort of non-clinical things that maybe might get pushed down the list’… ‘we’ve been minimally affected by everything.’

Doctor in training, case study interview

When speaking of the ‘clap for carers’, a specialty and associate specialist (SAS) doctor expressed feeling guilty as, at the time, their working life was quite quiet. Whereas, one GP described a different situation in primary care where:

‘General practice was probably running at 125% [pre-pandemic], so even that 25% reduction just still felt like a normal day.’

GP, case study interview
Redeployment has been a major change for two fifths of doctors

As the scale of the pandemic became clear, it was evident that care delivery would need to be significantly reconfigured. This included pausing some areas of medical service, as well as bolstering the resources and workforce available in other services. As a result, just over one out of seven (15%) respondents said they were redeployed into a different specialty or area of practice. A further quarter (27%) were redeployed within their own specialty or area of practice (Figure 3). Trainees were the most likely to be redeployed overall (69%), perhaps as a result of their greater flexibility within the workforce.

Only a minority of GPs were redeployed overall (17%), most of whom were redeployed within their usual area of practice (14%). This meant that the GP workforce was largely available to patients throughout the pandemic, albeit with new ways of working. However, there were system-wide concerns that some patients were avoiding accessing GP appointments, either for fear of coming into contact with COVID-19 or because they didn’t want to burden a stretched health service.21

Box 2 on page 29 shows data on redeployment by nation and English region, and various demographic characteristics.

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**Figure 3: Proportion of doctors redeployed by registration type**

*During the COVID-19 pandemic, have you been redeployed into a different role (eg grade, specialty, place of work) to your usual one?*

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>Not redeployed</th>
<th>Redeployed within specialty</th>
<th>Redeployed outside specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors in training</td>
<td>30%</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td>Specialists</td>
<td>59%</td>
<td>26%</td>
<td>15%</td>
</tr>
<tr>
<td>SAS and LE doctors</td>
<td>60%</td>
<td>27%</td>
<td>12%</td>
</tr>
<tr>
<td>GPs</td>
<td>83%</td>
<td>14%</td>
<td>4%</td>
</tr>
<tr>
<td>Total doctors</td>
<td>58%</td>
<td>27%</td>
<td>15%</td>
</tr>
</tbody>
</table>

n = 3,693 (all doctors), ‘the Barometer survey 2020’, Q12

* ‘SAS and LE doctors’ refers to specialty and associate specialist (SAS) and locally employed (LE) doctors*
Some specialty areas were much more likely to be redeployed than others, especially when it came to transferring to new areas of practice

The doctors most likely to be redeployed outside their own specialty were those practising:

- surgery (33%)
- medicine (26%)
- acute medicine (26%)
- emergency medicine (26%).

Most of these specialties saw their services slowed down or paused. For example, in the case of surgery, all elective procedures were put on hold. Emergency departments across the UK expressed concern about the lack of patients presenting at A&E, likely for the same reasons many avoided primary care.

Half (48%) of doctors who specialise in anaesthetics and intensive care were redeployed within their usual area of work. This is perhaps unsurprising given the nature of COVID-19. *

Two fifths (40%) of those in acute medicine and in medicine were redeployed within their specialty. This indicates that the workforce was reorganised to cover the quarter of doctors who had temporarily moved to practise elsewhere.

The speed with which doctors were redeployed into priority areas illustrates how flexibility can work in medical practice. Looking forward, it’s important to reflect on how specialised medical skills could be used more flexibly by the system on a permanent basis.

Redeployment appears to be associated with doctors being asked to complete tasks usually undertaken by other roles

Doctors who had been redeployed outside their specialty had been asked to complete tasks outside their role† more so than those who hadn’t been redeployed, or who were redeployed within their specialty (Figure 4).

The difference is particularly stark when looking at those who were asked to complete a task usually carried out by a more senior doctor. Over half (57%) of doctors who were redeployed outside their own specialty had completed a task usually carried out by a more senior doctor, compared with two fifths (42%) of those redeployed within their own specialty and a quarter (25%) of those who had not been redeployed.

Performing more advanced tasks can be an important learning and development opportunity. The balance of risk in a crisis may make it appropriate for a doctor to work at the limit of their competency. However, there may be cause for concern if, subsequently, doctors are expected to do this more routinely with insufficient supervision.

All groups of doctors had similar amounts of experience of carrying out tasks usually performed by a more junior doctor or another healthcare professional. Seven out of ten (70%) doctors reported that they had done this in 2020.

* COVID-19 is a respiratory illness that can require breathing support and, in the most severe cases, patients may need to be ventilated. Such care is usually provided by doctors in anaesthetics and intensive care.

† These include tasks usually completed by a doctor with a more senior role, a doctor with a more junior role, or a nurse or other non-medical staff.
However, carrying out work outside of their usual role was less common for all groups of doctors than it was in 2019.* This perhaps fits with the finding that a third of doctors (30%) felt that the pandemic had a positive impact on the clarity of roles and responsibilities of those delivering care.

In a free text response in ‘the Barometer survey 2020’ one doctor described their experience of redeployment.

‘I was redeployed to set up a Nightingale hospital. The change occurred overnight and although I could have said no, I think it was appropriate to take up the new challenge. I was on the point of retirement – so in many ways it made sense for me to move, however the sense of abandonment to colleagues was something I felt unhappy about at the time.’ …

‘As a senior doctor, it was important to provide calm leadership at an unprecedented time. In the end, the hospital was not required [during the spring peak] (which was as I had predicted) but the sense of achievement and teamwork was immense. People from different trusts coming together to build a hospital in a conference centre was not something I had believed we could have achieved in the NHS. There was a complete flattening of hierarchy, a can-do attitude, people working night and day, seven days a week in partnership with the private sector – contractors equally working as hard as NHS staff – and caring just as much – which was recognised by clinical staff.’ …

‘Medical staff [rose] to the challenges of restricted supplies of equipment and unknown brands – but being pragmatic. So overall my experience was hugely positive.’ Specialist, ‘the Barometer survey 2020’

* This comparison is indicative only as there were slight changes to the survey question.
Two fifths of doctors (42%) were redeployed during the spring peak of the pandemic – a quarter (27%) were redeployed within the same specialty or area of practice and 15% were redeployed to a different specialty or area of practice.

Variation in redeployment across the UK nations and regions

Greater proportions of doctors were redeployed in Northern Ireland (56%), Wales (54%), and Scotland (52%) than in England (39%). Of the English regions, the East of England had the highest rate of redeployment, at 60%.

Figure 5: Proportion of doctors redeployed by country and English region

During the COVID-19 pandemic, have you been redeployed into a different role (eg grade, specialty, place of work) to your usual one?

<table>
<thead>
<tr>
<th>Country</th>
<th>Redeployed overall</th>
<th>Redeployed outside specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total doctors</td>
<td>42%</td>
<td>15%</td>
</tr>
<tr>
<td>Country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>56%</td>
<td>15%</td>
</tr>
<tr>
<td>Wales</td>
<td>54%</td>
<td>27%</td>
</tr>
<tr>
<td>Scotland</td>
<td>52%</td>
<td>21%</td>
</tr>
<tr>
<td>England</td>
<td>39%</td>
<td>25%</td>
</tr>
<tr>
<td>Region</td>
<td></td>
<td></td>
</tr>
<tr>
<td>East of England</td>
<td>60%</td>
<td>20%</td>
</tr>
<tr>
<td>London</td>
<td>50%</td>
<td>21%</td>
</tr>
<tr>
<td>Midlands</td>
<td>33%</td>
<td>9%</td>
</tr>
<tr>
<td>North East &amp; Yorkshire</td>
<td>33%</td>
<td>9%</td>
</tr>
<tr>
<td>North West</td>
<td>33%</td>
<td>13%</td>
</tr>
<tr>
<td>South East</td>
<td>32%</td>
<td>8%</td>
</tr>
<tr>
<td>South West</td>
<td>27%</td>
<td>7%</td>
</tr>
</tbody>
</table>

n = 3,693 (all doctors), ‘the Barometer survey 2020’, Q12.12
Variation in redeployment by ethnic background and disability

Two fifths (40%) of doctors from a black and minority ethnic (BME) background were redeployed, which is about the same as doctors overall (42%). However, greater proportions of doctors from a black or black British ethnic group (56%), or mixed or multiple ethnic groups (50%), were redeployed.

Over a quarter (29%) of doctors with a disability were redeployed, compared with two fifths (43%) of doctors without a disability. But the difference was greater for redeployment to a different specialty or area of practice – 6% of doctors with a disability, compared with 16% of non-disabled doctors.

A much smaller proportion of doctors who work part-time were redeployed than those who work full-time, both overall (21% vs 48%) or to a different specialty/area (6% vs 18%).

Figure 6: Proportion of doctors redeployed by demographic characteristics

<table>
<thead>
<tr>
<th></th>
<th>Redeployed</th>
<th>Redeployed outside specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>All doctors</td>
<td>42%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>43%</td>
<td>18%</td>
</tr>
<tr>
<td>All BME</td>
<td>40%</td>
<td>12%</td>
</tr>
<tr>
<td>Black/black British</td>
<td>56%</td>
<td>22%</td>
</tr>
<tr>
<td>Mixed or multiple ethnic groups</td>
<td>50%</td>
<td>22%</td>
</tr>
<tr>
<td>Asian/Asian British</td>
<td>37%</td>
<td>10%</td>
</tr>
<tr>
<td>Other ethnic group</td>
<td>30%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>45%</td>
<td>16%</td>
</tr>
<tr>
<td>Female</td>
<td>39%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled</td>
<td>29%</td>
<td>6%</td>
</tr>
<tr>
<td>Non-disabled</td>
<td>43%</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Working hours</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time</td>
<td>21%</td>
<td>6%</td>
</tr>
<tr>
<td>Full-time</td>
<td>48%</td>
<td>18%</td>
</tr>
</tbody>
</table>

*n = 3,693 (all doctors), ‘the Barometer survey 2020’, Q12_12*
New ways of working during the pandemic

The profession’s response to the ongoing pandemic has brought new ways of working that benefit both patients and doctors.

The effects of the pandemic on the medical workforce have been far reaching. Doctors have adapted to new ways of working, and at times to new types or places of work, as well as altering their workloads and working patterns. They've done this while also balancing their personal lives during a time of crisis for society as a whole.

In ‘the Barometer survey 2020’, doctors were asked about a range of aspects of their working lives. They indicated whether they felt the pandemic had a positive, negative or mixed impact (Figure 7). Overall, nine out of ten (89%) doctors felt that at least one area had been positively affected by the pandemic. Conversely, seven out of ten (69%) doctors felt that at least one area had been negatively affected.

**Figure 7: Impact of the pandemic on aspects of medical practice**

Thinking about your day-to-day work during the COVID-19 pandemic, do you feel that there has been a positive, mixed or negative impact on the following areas?

- **Teamwork between doctors**: 62% Positive, 25% Mixed, 7% Negative, 5% No impact
- **Sharing knowledge and experiences across the medical profession**: 54% Positive, 28% Mixed, 10% Negative, 7% No impact
- **Speed of implementing change**: 49% Positive, 32% Mixed, 14% Negative, 3% No impact
- **Teamwork between multidisciplinary healthcare professionals**: 48% Positive, 31% Mixed, 13% Negative, 6% No impact
- **My ability to provide consultations/clinics remotely**: 41% Positive, 27% Mixed, 13% Negative, 5% No impact
- **Visibility of senior leaders within healthcare settings**: 38% Positive, 23% Mixed, 19% Negative, 12% No impact
- **Clarity of roles and responsibilities within teams delivering care**: 30% Positive, 38% Mixed, 16% Negative, 13% No impact
- **Access to development or learning opportunities**: 24% Positive, 28% Mixed, 41% Negative, 6% No impact
- **The volume of administrative tasks or procedures**: 24% Positive, 34% Mixed, 26% Negative, 12% No impact
- **My mental health and wellbeing**: 13% Positive, 41% Mixed, 32% Negative, 13% No impact

*n = 3,693 (all doctors), ‘the Barometer survey 2020’, Q13_1–10*
Doctors reported a positive impact most commonly in:

■ changes to ways of working
■ teamwork
■ knowledge sharing.

Whereas, negative impacts were most commonly felt in:

■ training and development
■ mental health and wellbeing.

**Significant and rapid change across the UK’s health systems saw all healthcare workers having to adapt at pace**

As well as creating some new ways of working, the pandemic has accelerated changes that were already under way. For example, a switch to more remote working in primary care has been coming for some time. And there’s long been a desire to boost technological efficiencies across the health services.

Half of doctors (49%) felt the pandemic had a positive impact on the speed of implementing change, with this being most common among GPs (59%). One GP described the situation at their practice, in a free text response to ‘the Barometer survey’.

> ‘We were, as a practice, already moving towards greater telephone triage/consultation before the COVID-19 outbreak but the increased availability of the technology to allow video consulting has helped enormously in speeding this transition.’

*GP, ‘the Barometer survey 2020’*

However, only a third (36%) of doctors who felt this impact was positive thought it could be sustained. A further fifth (22%) didn’t think the changes could be sustained as pace is lost once the pandemic is over, and another third (36%) felt that it was too soon to say. It would be a shame if this momentum was lost – maintaining it will require a concerted effort by system leaders to embed positive changes for the longer term.

One doctor noted the challenge of balancing swift changes with bureaucratic processes.

> ‘Although there have been positive aspects to that including certain modernisations happening at a far swifter pace than normal we have been continually hampered by absurd levels of bureaucracy.’

*Specialist, ‘the Barometer survey 2020’*
Team working and sharing of knowledge and expertise were positively affected

We know from ‘Caring for doctors Caring for patients’¹ that a sense of belonging is crucial for doctors to provide high-quality care to patients. It’s encouraging to see that teamwork, a key part of this, has been positively affected.

Three fifths (62%) felt teamwork between doctors had been affected for the better. Half (48%) of doctors felt the same across healthcare professionals. Only around one out of ten doctors felt there had been a negative impact on teamwork in each of these areas (7% and 13% respectively).

As well, over half of doctors (54%) saw a positive impact to sharing knowledge and experience across the medical profession. A psychiatrist reported improvements to working with community teams.

’I’ve actually got to know the community team, bizarrely, more during COVID than I did in the first six months, which is really odd. You wouldn’t think that that would be the case, but because we’ve been on more calls together, whereas previously, people might not have come to certain meetings. And you wouldn’t have crossed over because everyone’s getting dragged in different directions.’

Doctor in training, case study interview

The doctor in training also spoke about the positive impact this had on patient care.

‘When you know people, it’s very easy just to go, “Oh, can I just discuss this person with you? Can we have a chat about what the options might be?” Rather than specifically sending a referral and saying, “Please can you do this?” You can have a bit more of an open discussion about whether it’s appropriate or not. I think that certainly helps the patient in being able to access, what’s going to best meet their needs.’

Doctor in training, case study interview

A good proportion of doctors who felt that there had been a positive impact on these areas also felt the changes could be sustained in the future.

■ Seven out of ten (70%) doctors who felt that there had been a positive impact on team working among doctors also felt that the change could be sustained beyond the pandemic.

■ A similar proportion (69%) felt that sharing knowledge and expertise could be sustained in the future.

■ Nearly two thirds (64%) of those who felt that team working between multidisciplinary healthcare professionals had been positively affected also felt this could be sustained.
A smaller proportion of doctors from a BME background felt a positive impact on their day-to-day work than white doctors

In ‘the Barometer survey 2020’, doctors indicated how the first peak of the pandemic had affected ten aspects of their working life. The data revealed that doctors from a BME background were consistently less likely to have experienced a positive impact than their white colleagues (Figure 8).

The aspects in which doctors from a BME background were most likely to have seen a positive impact were team working and knowledge sharing – this was similar to white doctors. But, as Figure 8 shows, the proportions of BME doctors who felt this were noticeably smaller.

There was a particularly stark difference in the impact on sharing knowledge and experiences across the medical profession. Three fifths (61%) of white doctors felt this was positively affected,
compared with under half (46%) of doctors from a BME background. Furthermore, only a small proportion (5%) of white doctors felt this had been negatively affected, compared with just over one out of seven (15%) of BME doctors. These differences did not seem to relate to overall satisfaction, where similar proportions of BME and white doctors reported being overall satisfied (77% and 74% respectively).

The ‘Fair to refer?’ research, published in 2019, found that some doctors, particularly those from a BME background or who received their medical qualification outside the UK, are treated as ‘outsiders’ within the healthcare settings. ‘Outsiders’ are often treated less favourably than ‘insiders’, who receive greater workplace privileges and support. Further research is needed to understand why doctors from a BME background were less likely to feel a positive impact on their day-to-day work during the pandemic. But it’s possible it is linked to ‘insider’ and ‘outsider’ experiences. In chapter 4, we discuss the critical need for workplaces to be fair and inclusive.

Interestingly, BME doctors who experienced a positive impact were more likely to indicate that the change could be sustained than white doctors.

- Speed of implementing change: Over two fifths (44%) of BME doctors felt the positive impact in this area could be sustained, compared with a third (32%) of white doctors.

- Teamwork between multidisciplinary healthcare professionals: Seven out of ten (70%) BME doctors felt the positive impact in this area could be sustained, compared with three fifths (61%) of white doctors.

- Teamwork between doctors: Three quarters (75%) of BME doctors felt that the positive impact in this area could be sustained, compared with two thirds (67%) of white doctors.

It’s encouraging that of those doctors from a BME background who experienced positive changes, relatively high proportions have confidence in their sustainability. However, embedding these changes must be inclusive of all doctors to help break down the barriers between ‘insider’ and ‘outsider’ groups.
Some doctors are concerned about losing training and development opportunities, but some informal opportunities are emerging

In 2019, we discussed how some elements of professional development are deprioritised when there is a high demand on services. Understandably, this appears to have been the case with access to development or learning opportunities during the pandemic. As shown in Figure 9, two fifths (41%) of doctors reported a negative impact in this area. SAS and LE doctors were particularly likely to feel this way.

While opportunities for formal training have been lost, some informal opportunities emerged, including for this trainee doctor.

'I took it upon myself to say, “Right, I need to learn how to do some of these nursing tasks”. In the height of this, I found myself doing the range of stuff that in one day, went from helping move patients, cleaning them, flipping, we did proning,* helping people clean, doing mouth care, things like that. All this stuff that’s super important, and changing syringes, to then being like, “Oh, okay, well now I need to do a central line”.'

Foundation year 1 trainee Intensive care, case study interview

As the pandemic continues to disrupt health services across the UK, it’s vital that training, development and educational opportunities are supported for all doctors. Chapters 2 and 4 look at these issues in more depth.

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* Proning is the precise process of turning patients so they’re lying on their stomachs. It is used as part of COVID-19 treatment.
Doctors’ workloads during the pandemic

The pandemic has had a mixed effect on workloads, but future demand looks set to increase as more health services resume.

Though data show a mixed impact on workloads during the early stages of the pandemic, we know that there was already mounting pressure in this area. In 2019, we found that seven out of ten (69%) doctors were regularly working beyond their rostered hours and over a quarter (28%) felt unable to cope with their workload at least once a week.

In 2019, an analysis of the relationship between working hours and feeling able to cope with workload identified four distinct groups of doctors.

- Managing – not regularly working beyond rostered hours and coping with workload.
- Normalised – regularly working beyond rostered hours, but not regularly feeling unable to cope with workload. Long hours are a normal part of their working life that they have learnt to cope with.
- Issues unrelated to working extra hours – not regularly working beyond rostered hours but not coping with workload. There are potentially other factors outside of working hours causing these doctors to feel unable to cope.
- Struggling – regularly working beyond rostered hours and not coping with workload.

Figure 10: Quadrant analysis of doctors working beyond rostered hours at least weekly and feeling unable to cope with workloads at least weekly.

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

Worked beyond rostered hours/felt unable to cope with workload


Further information on changes to questions between 2019 and 2020 can be found in ‘A note on research and data’ on page 152.
The 2020 data show a significant shift in the proportions of doctors in each of these groups. Half (51%) of doctors could be categorised as 'managing' in 2020. Of particular interest, is the higher proportion of GPs in this group. In 2019, fewer than one out of ten (9%) GPs were ‘managing’, whereas, in 2020, this is now a third (35%). As well, almost three quarters (72%) of doctors in training are now classed as 'managing'.

There’s also been a decrease in the proportion of doctors ‘struggling’. In 2020, this is now 15% of all doctors and the proportion of GPs who were ‘struggling’ is now a quarter (26%), rather than half (50%) in 2019.

While these changes are encouraging, they are likely to be only temporary as the system restarts paused services and addresses the backlog of patients from earlier in the pandemic. As well as this, those patients who avoided accessing health services during the spring peak of the pandemic are returning. This not only adds to demand, but it could also mean patients presenting with more advanced conditions that are more complex to treat. These, combined with the usual winter pressures and rising numbers of COVID-19 patients, could see a sharp spike in workloads.

In a case study interview, a GP was concerned about the winter months when demand for healthcare would be higher and, as such, working life would be busier.

“I think for being a GP, the role will get more stressful. You can already see that now with the flu vaccination campaign and all the patients in the care homes, the expectations for the Primary Care Networks. All that work that went a little bit off the board and went quieter will now be saved up in a bank account with interest. We know that because there is now that unmet demand that probably got worse, all those sore ankles that never got treated, well, they’re now deeply seated sore ankles, or all the mental health that’s been created because of COVID. There’s going to be massive, massive demand.”

GP, case study interview
A third of doctors have made an adjustment to their work due to pressures on workloads and capacity

Though we can see overall improvements in the proportion of doctors who are ‘managing’, there’s still cause for concern with just over one out of seven (15%) doctors who are struggling with their working hours and workloads (Figure 11). As well, a third (34%) of doctors have made an adjustment to their work due to the pressure.

As in 2019, refusing to take on extra workload remains the first reaction to mitigate workload pressures. However, the proportion of doctors doing so has fallen considerably – a third (33%) of all doctors in 2019 compared with around one out of six (16%) in 2020.

As well as a higher proportion of doctors coping, there’s also been a fall in doctors reducing their hours in clinical practice. A fifth (21%) of all doctors had done so in 2019, compared with one out of ten (11%) in 2020.

It’s important to note that this question altered slightly between 2019 and 2020. In 2019, participants were considering the preceding 12 months, whereas, in 2020, they were reflecting only on the calendar year – around six months at the point the survey was conducted. This shorter time period could partly account for the smaller proportions described here. However, it’s more likely to be associated with the ‘all hands on deck’ approach to the pandemic, which perhaps made doctors feel less able to take a step back.

### Figure 11: Proportion of doctors in the ‘struggling’ group by registration type

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total doctors</td>
<td>15%</td>
</tr>
<tr>
<td>GPs</td>
<td>26%</td>
</tr>
<tr>
<td>Specialists</td>
<td>15%</td>
</tr>
<tr>
<td>SAS and LE doctors</td>
<td>13%</td>
</tr>
<tr>
<td>Doctors in training</td>
<td>7%</td>
</tr>
</tbody>
</table>

*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*

\[n = 3,693 \text{ (all doctors), 'the Barometer survey 2020', QC1,1/2.}\]
The impact of the pandemic on doctors’ health and wellbeing

Healthcare workers across the UK – and the world – are facing unparalleled challenges, which pose a real risk to their health and wellbeing. Severely ill patients, intensified conditions and unfamiliar settings are just some of the things that could take a toll on a doctor’s health and wellbeing. As well as this, doctors have, understandably, been concerned about their own health, the health of their colleagues, and of those they live with, all at a time of great professional upheaval.

Doctors’ health and wellbeing issues could be related to uncertainty in the early stages of the pandemic and high workloads for some

A third of doctors (32%) felt that the pandemic had a negative impact on their mental health and wellbeing (Figure 7). And one out of ten (12%) reported, unprompted, that increased stress and anxiety among doctors and patients was one of the main changes they experienced during the pandemic (Figure 2).

The ongoing strain on the mental health and wellbeing of all healthcare workers is recognised by the UK’s governments.

- NHS England has announced additional funding to support rapid access to mental health support for NHS staff in England.22
- In Northern Ireland, the Public Health Agency (PHA) has developed a framework to support the wellbeing needs of Health and Social Care (HSC) staff.23
- As part of the 2020–21 ’Programme for government’, the Scottish government announced an expansion of mental health and wellbeing support for health and social care staff.24
- In April 2020, the Welsh government announced that additional funding would support expanding an existing free support and advice scheme for doctors so as to make the scheme accessible to all NHS Wales staff tackling the pandemic.25

Doctors felt that their wellbeing was particularly affected at the beginning of the pandemic, when there was fear of the unknown, and no physical and psychological security. The cumulative impact over time could also be overwhelming – not only because of the tragedy of patients dying, but also because they feared for their own lives.*

* Described by doctors in case study interviews.
Figure 12: Quotes from doctors in case study interviews

‘[The start of the pandemic was] not at all like I’d expected. I was mentally prepared ... [but] I’ve never felt quite so vulnerable at work for a long, long time.’
SAS doctor, case study interview

‘And the third weekend, I think it was [when] Bill Withers had just died, and he played a song, and I started to cry. And I just felt I had to cry, because I was just so exhausted and overwhelmed, and it just seemed such a nice thing to do. It just provided a period of release. But until that point, I hadn’t really stopped and thought about how I felt about it all. The pressure to make sure that I kept the staff safe, the [patients] safe, whether the calls you made were the right ones. I know the buck doesn’t stop with you, but at times, I felt it did, for the service.’
Specialist, case study interview

‘I met with a group of consultants … and what came out was that they said they’d been rewriting their wills, and even though they’d had COVID, they were fearful they were going to get it again, it was going to finish them off the second dose. And they’re still fearful today.’
Specialist, case study interview

‘This was over a period of nights, so I probably was feeling slightly more emotional, because nights make me feel a bit weird sometimes, but certainly, that string of nights, quite a few people died. That was difficult. They’re young people. In intensive care, they were younger people, or people who didn’t really have very much wrong with them.’
Doctor in training (Foundation Year 1), case study interview

‘The first five or six [patients] we looked after died, and we were starting to wonder if this was completely futile’ ... ‘People were handing us their beloved relative who had a cough, and they were getting a sealed casket back, three weeks later, and not allowed to see anything in between.’
Specialist, case study interview
However, there were two key things which kept doctors going at this challenging time:

- a sense of value and purpose
- informal wellbeing support within teams.

An F1 trainee doctor described how the spring peak of the pandemic had highlighted the importance of the work they did. They felt this went some way towards offsetting the challenges they faced.

‘I’m doing a job that is key to society. It is productive. It is of value, and that’s nice. I mean, I don’t think you can deny the fact that that is a nice thing, to feel like the thing you are doing is worthwhile.’

*Doctor in training (Foundation Year 1), case study interview*

Another doctor described some of the informal wellbeing activities that were put in place to address the intensity of working during the pandemic.

‘One of the things we did was we implemented the RED every day, which is Run Every Day June, RED June, but it was that you could do any form of exercise. And so they set up a Facebook group, and you could post pics of what you were doing. We also had [online] baking sessions once a fortnight.’

*Specialist, case study interview*
Working during the early stages of the pandemic appears to have supported an elevated sense of satisfaction among doctors

Despite experiencing unparalleled challenges, in 2020, a greater proportion of doctors reported feeling an overall satisfaction in their day-to-day work than in 2019.

Figure 13 shows doctors’ satisfaction by registration type. Three quarters (75%) of doctors were overall satisfied in their day-to-day work and less than a fifth of doctors were overall dissatisfied (16%). This compares with three fifths (63%) who were overall satisfied in 2019 and a third (30%) who were overall dissatisfied in 2019.

Two fifths (42%) of doctors said they were satisfied or very satisfied in their day-to-day work. This has also grown since 2019, when a third (32%) felt this way.

The most notable change since 2019 has been among GPs. In 2020, around two fifths (38%) were satisfied or very satisfied, which puts them in line with doctors overall. This is an improvement on 2019, when GPs were an outlier compared with other registration types, with just a fifth reporting feeling satisfied or very satisfied (20%).

---

**Figure 13: Doctors’ satisfaction by registration type**

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

<table>
<thead>
<tr>
<th>Total doctors</th>
<th>Very satisfied (10%)</th>
<th>Satisfied (32%)</th>
<th>Somewhat satisfied (33%)</th>
<th>Neither satisfied nor dissatisfied (8%)</th>
<th>Dissatisfied (9%)</th>
<th>Very dissatisfied (5%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors in training</td>
<td>10%</td>
<td>34%</td>
<td>32%</td>
<td>9%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Specialists</td>
<td>11%</td>
<td>32%</td>
<td>33%</td>
<td>8%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>SAS and LE doctors</td>
<td>11%</td>
<td>31%</td>
<td>33%</td>
<td>6%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>GPs</td>
<td>7%</td>
<td>31%</td>
<td>35%</td>
<td>9%</td>
<td>10%</td>
<td>7%</td>
</tr>
</tbody>
</table>

*n = 3,693 (all doctors), ‘the Barometer survey 2020’, QA1. Values do not add up to 100% as a result of rounding.*
Satisfaction appears to be driven by a sense of fulfilment and reward, which has been heightened during the pandemic

Doctors were given a free text box to explain what factors drove their sense of satisfaction or dissatisfaction. The following responses are the result of coding these answers.*

As in 2019, the most common reason doctors gave for feeling overall satisfied in 2020 was finding their work fulfilling or rewarding. This was given by two fifths (40%) of doctors, which is a significant ten percentage point increase on 2019, when three out of ten doctors, (30%) gave that response.

An SAS doctor described their sense of fulfilment.

‘[Starting a leadership role] was exhausting, but it was so good to feel I could make a positive difference. I absolutely loved it.’

SAS doctor, case study interview

Around one out of seven (15%) doctors attributed their satisfaction to liking and respecting their colleagues or the team they work with. And just over one out of ten (13%) said they enjoyed patient contact. These data show that the hands-on elements of medical practice are fundamental for doctors’ satisfaction.

GPs were most likely to say that they enjoyed patient contact, with over one out of six saying this (16%), despite such a considerable shift to remote working. This supports findings in ‘Caring for doctors Caring for patients’, which highlighted the importance of belonging and the dangers of isolation for doctors’ wellbeing.

A smaller proportion of doctors are reporting workloads and working hours as a reason for dissatisfaction in 2020

It’s also clear that workloads play a part in a doctor’s sense of satisfaction in their work. A fifth (19%) of doctors who reported feeling overall dissatisfied in work put this down to increasingly high workloads and long hours. In line with the higher proportion of doctors who feel able to cope with their workloads, a smaller proportion of doctors attributed their dissatisfaction to workloads and working hours than in 2019, when two fifths (42%) gave that reason.

The fact that a smaller proportion of doctors attributed their dissatisfaction to workloads musn’t be taken for granted. The effect could well be temporary as the pandemic’s impact on health services continues to evolve and accumulate.

A smaller proportion of doctors are at risk of burnout in 2020 than in 2019

Despite the unique pressures facing the health sector, in 2020, the proportion of doctors at a high risk of burnout was generally lower than in 2019. In 2020, one out of ten (10%) of doctors are at high risk of burnout† (Figure 14). However, when scaled up, this still represents approximately 30,000 doctors on the medical register, which remains a concern.

The biggest change in 2020 has been a shift in the number of doctors with a very low risk of burnout. This is now three fifths (60%) of doctors, compared with two fifths in 2019 (42%) (Figure 14).

* Further information on coding free text responses is available in ‘A note on research and data’ on page 152.
† Information on categorisation of burnout can be found in ‘A note on research and data’ on page 152.
Workloads, working hours, and administrative burden are all associated with burnout

Doctors who report working longer hours and feeling unable to cope with their workloads, are at a higher risk of burnout.

- Nearly seven out of ten (69%) doctors with a high risk of burnout have worked beyond their rostered hours at least weekly, compared with just over half (57%) of those in the low-risk group and less than a third of those with a very low burnout risk (31%).

- Two fifths (42%) of doctors with a high risk of burnout reported that the pandemic had a negative or mostly negative impact on the volume of administrative tasks or procedures.

The evidence to suggest that a smaller proportion of doctors were struggling with working hours and workloads could go some way to explaining the changes to risk of burnout in 2020.

While this is a welcome sign, it’s unclear how sustainable this pattern will be as the pandemic continues and pressure on the UK’s health services mounts. We may, in fact, only see a temporary drop in risk of burnout at a time of reduced demand and pressure. As more services resume and the second peak of the pandemic intensifies, we may see a corresponding rise in doctors at risk of burnout.

Figure 14: Comparison of burnout risk in 2019 and 2020

Summary of all negative responses given

![Comparison of burnout risk in 2019 and 2020](image)

\[ n = 3,693 \text{ (all doctors), 'the Barometer survey 2020', QD1/D2. 2019 data: } n = 3,876 \text{ (all doctors), 'the Barometer survey 2019', QD1/D2} \]
Some groups of doctors have seen a greater impact on risk of burnout and wellbeing than others

Doctors in training are the most likely to have experienced a very low risk of burnout, with seven out of ten (72%) trainees being in this group. On the other hand, SAS and LE doctors were most likely to have experienced a high risk of burnout, with GPs just behind (Figure 15).

In 2020, GPs remain the most likely to have a moderate to high risk of burnout* (28%) (Figure 15). However, this is much lower than in 2019, when we reported that GPs were the group of doctors the most at risk of burnout and bearing the brunt of pressures.

A GP described how they appreciated the shift to remote working as it had improved their work-life balance.

‘I could realistically run a full day where I would do video consultations in the morning, do some paperwork, do some telephone calls in the afternoon, do some more paperwork and results, etc. We can genuinely work from home which improves work/life balance, and could improve recruitment too.’

GP partner, case study interview

GPs were slightly more likely to say the spring peak of the pandemic had a positive impact on their mental health and wellbeing than specialists or SAS and LE doctors (11% compared with 8% for both).

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Figure 15: Risk of burnout by registration type

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>Very Low Burnout Risk</th>
<th>Low Burnout Risk</th>
<th>Moderate Burnout Risk</th>
<th>High Burnout Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Doctors</td>
<td>60%</td>
<td>19%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>Doctors in Training</td>
<td>72%</td>
<td>14%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Specialists</td>
<td>60%</td>
<td>18%</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>SAS and LE doctors</td>
<td>60%</td>
<td>29%</td>
<td>7%</td>
<td>14%</td>
</tr>
<tr>
<td>GPs</td>
<td>49%</td>
<td>24%</td>
<td>15%</td>
<td>13%</td>
</tr>
</tbody>
</table>

n = 3,693 (all doctors), ‘the Barometer survey 2020’, Q01/D2. Values do not add up to 100% as a result of rounding.

* ‘Moderate to high risk of burnout’ combines those who are at ‘moderate’ or ‘high’ risk, representing those who are more at risk of burnout.
Despite lower risk of burnout overall, stress is still causing some doctors to take time off work

Just over one out of ten (14%) doctors have taken time off due to stress in 2020. Worryingly, this rose to almost a third (31%) of doctors in training, which is significantly higher than any other group of doctors.

Doctors with a very low risk of burnout and those with a high risk of burnout were equally likely to have taken time off (16% and 15% respectively), suggesting that day-to-day stresses affecting a doctor’s ability to work are experienced differently from the long-term effects of burnout.

It could be that acting early to take time off helps to protect doctors’ wellbeing and prevent burnout. However, doctors who reported taking time off due to stress were also more likely to say that they might leave the UK profession, retire early, or reduce their hours in clinical practice. This indicates that, rather than being a temporary action to help protect their wellbeing and allow them to continue practising, taking time off for stress could be part of a broader set of long-term steps that see doctors stepping away from clinical practice.

Maintaining the lower risk of burnout and a greater sense of satisfaction as winter pressures build will be challenging

While the results of ‘the Barometer survey 2020’ show a greater proportion of doctors who are overall satisfied in their work and a lower proportion at high risk of burnout, the challenge will be maintaining this. Winter pressures, the backlog of procedures and the second peak of the pandemic all pose a threat to this progress. It will be important for all in the health system to work together to find ways of embedding the positive impacts of the pandemic, while mitigating those that have been negative.
Box 3: Doctors’ experiences by ethnicity

Despite doctors from a BME background reporting fewer positive impacts of the pandemic than white doctors, ‘the Barometer survey 2020’ data show that this doesn’t seem to have had a substantial impact on key indicators around burnout, satisfaction, support and safety.

Figure 16 shows some of the data around experiences by ethnicity. Though there are no substantial differences, there is some variation across BME ethnic groups. The variation seen here is indicative of the slight variations in experience we see across all groups of doctors.

It isn’t possible to present all the data from ‘the Barometer survey 2020’, but the indicators presented below have been chosen as they cut across the key themes presented in chapter 1.

Figure 16: Key satisfaction, wellbeing and safety indicators by ethnicity

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Overall BME</th>
<th>Asian/Asian British</th>
<th>Black/Black British</th>
<th>Mixed or multiple ethnic groups</th>
<th>Other ethnic group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall satisfied</td>
<td>74%</td>
<td>77%</td>
<td>74%</td>
<td>90%</td>
<td>83%</td>
<td>80%</td>
</tr>
<tr>
<td>Overall dissatisfied</td>
<td>18%</td>
<td>14%</td>
<td>16%</td>
<td>6%</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part of a supportive team</td>
<td>82%</td>
<td>79%</td>
<td>76%</td>
<td>89%</td>
<td>87%</td>
<td>80%</td>
</tr>
<tr>
<td>Supported by non-clinical management</td>
<td>49%</td>
<td>57%</td>
<td>53%</td>
<td>71%</td>
<td>71%</td>
<td>55%</td>
</tr>
<tr>
<td>Burnout</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very low/low risk of burnout</td>
<td>77%</td>
<td>80%</td>
<td>78%</td>
<td>91%</td>
<td>80%</td>
<td>86%</td>
</tr>
<tr>
<td>Moderate/high risk of burnout</td>
<td>22%</td>
<td>19%</td>
<td>23%</td>
<td>9%</td>
<td>20%</td>
<td>14%</td>
</tr>
<tr>
<td>Doctor safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Witnessed doctor safety compromised</td>
<td>41%</td>
<td>46%</td>
<td>48%</td>
<td>40%</td>
<td>44%</td>
<td>40%</td>
</tr>
<tr>
<td>Patient safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt unable to provide a sufficient level of care at least once at week</td>
<td>30%</td>
<td>19%</td>
<td>20%</td>
<td>9%</td>
<td>19%</td>
<td>21%</td>
</tr>
<tr>
<td>Witnessed patient safety at risk</td>
<td>28%</td>
<td>23%</td>
<td>25%</td>
<td>15%</td>
<td>21%</td>
<td>21%</td>
</tr>
</tbody>
</table>

n = multiple (multiple questions included), ‘the Barometer survey 2020’, QA1/D3/D1/D2/C7/C6/C1_4
The impact of the pandemic on safe and supportive healthcare environments

Safe and supportive environments are crucial for doctors to deliver the best care for patients. It’s encouraging that, despite the pressures of the pandemic, doctors’ responses about support and team working are mostly positive. However, there are some worrying signs of doctors’ safety being put at risk.

**Overall, doctors feel well supported by colleagues and are positive about team working**

Over half of doctors reported that they were supported by a range of clinical and non-clinical colleagues. Indicators around teamwork paint a similar picture with four out of five (80%) feeling that they were part of a supportive team (Figure 17).

Overall, doctors felt the most support from those they worked with closely, including their immediate colleagues (85%) and those they considered part of their wider team (80%). Seven out of ten (70%) believed that a culture of teamwork was actively promoted by their organisation.

However, lower proportions of doctors felt supported by colleagues with more senior roles, both clinical (68%) and non-clinical (52%). Except for GPs, all groups felt the least support from non-clinical management. This may be because GPs work more closely with non-clinical colleagues, such as practice managers, than their community or hospital-based colleagues do.

Across all groups, SAS and LE doctors and specialists were the least likely to feel supported. This was particularly true in relation to support from non-clinical management. Only around two fifths of specialists (45%) and SAS and LE doctors (39%) agreed that they felt supported by non-clinical management.

*Figure 17: Proportion of doctors who agree with statements around support and team working*

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am supported by immediate colleagues</td>
<td>85%</td>
</tr>
<tr>
<td>I am part of a supportive team</td>
<td>80%</td>
</tr>
<tr>
<td>My organisation encourages a culture of teamwork</td>
<td>70%</td>
</tr>
<tr>
<td>I am supported by senior medical staff</td>
<td>68%</td>
</tr>
<tr>
<td>Clinical leaders are readily available</td>
<td>61%</td>
</tr>
<tr>
<td>I am supported by non-clinical management</td>
<td>52%</td>
</tr>
</tbody>
</table>

*n = 3,693 (all doctors), ‘the Barometer survey 2020’, QD3_1-6*
Overall, doctors in training were positive about the support they received. It was particularly encouraging to see that a clear majority (83%) felt supported by the senior medical staff they worked with.

A senior doctor described feeling that they could have been more engaged with other doctors prior to the pandemic.

‘Hopefully I’ve become a more compassionate leader, and I’ve taken a lot more trouble to engage with the medical workforce, more than I might’ve done previously, in terms of just listening to them and trying to understand what their world is. And I think realising that I might have a view from my ivory tower that actually is completely wrong, I’ve engaged a lot more. I didn’t think I was achieving very much because I wasn’t on the front-line and a lot of my time was spent trying to sort out PPE and other stuff like that, but I had a very pleasant response from the medical workforce, a really good reception. And I don’t intend going back to the old ways either.’

*Specialist, case study interview*

### Support is especially important for minimising the risk of burnout

Doctors with a lower risk of burnout were consistently more likely to give a positive response to questions about support and teamwork than those with a higher risk of burnout. This was particularly true in relation to support from senior medical staff. Over three quarters (77%) of doctors with a very low risk of burnout felt supported by senior medical staff, compared with around two fifths (42%) of those with a high risk of burnout.
It’s important that disabled doctors have support from those in leadership and management roles

Across all types of support and team working, fewer disabled doctors had positive experiences than non-disabled doctors (Figure 18).

As with doctors overall, those doctors who were disabled were more likely to agree that they were supported by those they worked most closely with. However, they were less positive about those in management or leadership roles.

There were still good proportions who felt positive about support from those leaders with clinical roles – around three fifths felt they were supported by senior medical staff (64%) and that clinical leaders were readily available (58%). However, the most striking difference was how doctors felt about support from non-clinical management. Only two fifths (44%) of disabled doctors felt supported by this group, compared with just over half (53%) of non-disabled doctors.

Disabled doctors will have a range of personal experiences, circumstances, and working arrangements. The ongoing pandemic may have highlighted what some doctors need to ensure their safety and wellbeing. It’s encouraging that three quarters (73%) of disabled doctors felt that they’re part of a supportive team. But it’s more important than ever that all doctors feel they have the support of those in leadership and management roles and that their interests are understood and considered in decision making.

Figure 18: Proportion of disabled and non-disabled doctors who agree with statements around support and team working

To what extent do you agree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disabled doctors</th>
<th>Non-disabled doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am supported by immediate colleagues</td>
<td>79%</td>
<td>85%</td>
</tr>
<tr>
<td>I am part of a supportive team</td>
<td>73%</td>
<td>81%</td>
</tr>
<tr>
<td>My organisation encourages a culture of teamwork</td>
<td>65%</td>
<td>71%</td>
</tr>
<tr>
<td>I am supported by senior medical staff</td>
<td>69%</td>
<td>64%</td>
</tr>
<tr>
<td>Clinical leaders are readily available</td>
<td>62%</td>
<td>58%</td>
</tr>
<tr>
<td>I am supported by non-clinical management</td>
<td>44%</td>
<td>53%</td>
</tr>
</tbody>
</table>

n = 3,693 (all doctors), ‘the Barometer survey 2020’, QD3_1-6
Doctors have reported situations where their own or a colleague’s safety was at risk during the spring peak of the pandemic.

During 2020, two fifths (43%) of doctors experienced a situation where their own or a colleague’s safety was put at risk. When asked what factors had contributed to the most recent incident, these doctors reported causes relating to:

- equipment (83%)
- workloads or resourcing (67%)
- communication (32%).

Specifically, the most common options selected were:

- a lack of suitable PPE (80%)
- pressure on workloads (40%)
- inadequate preparation or training for the situation (40%).

Participants could select multiple options for this question so it’s likely that incidents had several contributory factors, rather than being caused by one issue.

Working in a safe environment is also crucial for doctors’ wellbeing. Doctors with a high risk of burnout were much more likely to say that they had witnessed a doctor’s safety at risk – three fifths (62%) of those with a high risk of burnout, compared with a third (35%) of those with a very low risk.

The impact of the pandemic on patient care and safety

Many patients are understandably concerned about delayed or missed treatments, coupled with worries about catching or spreading COVID-19. Doctors have continued to provide excellent care for patients despite the challenging circumstances. Alongside disruptions to services and pressures on doctor’s working lives, the pandemic has presented clinical challenges.

Treating a new, novel virus about which little is known is very different from the usual work of most doctors. In an interview, an intensive care consultant described what it was like being faced with a new illness:

‘We always knew a pandemic was coming, and we’ve had pandemic plans ... But COVID-19 as an illness is like nothing else really ... a lot of our plans were [not applicable], because of how severe the ITU patients were. They were so delicate it was unbelievable.’ …

‘An expert opinion is the lowest tier of medical evidence. When it’s all you’ve got, you’ve got to use it. But the initial stuff we got was completely different to how we manage these patients now, and you can see the mortality drop through the pandemic. Part of that is patients, because the very, very vulnerable people got it first, died quickly. But part of it is we got a lot better at looking after it.’

*Specialist, case study interview*
We know from ‘Caring for doctors Caring for patients’ that patient safety depends on doctors’ wellbeing. Burnt out doctors are much more likely to make a major medical error. Data from ‘the Barometer survey 2020’ around improvements to doctors’ wellbeing, and particularly the smaller proportion experiencing a high risk of burnout, are encouraging. But it’s vital that doctors’ wellbeing is protected to enable them to provide the best care possible as the pandemic continues, and the UK’s health services face a very challenging winter.

**Most doctors have experienced a time when it’s been difficult to provide a patient with a sufficient level of care**

During 2020, two thirds (65%) of doctors have found it difficult to provide a patient with a sufficient level of care. And a quarter (25%) have experienced this at least weekly. Although this is an improvement on 2019 – 34% at least weekly – it’s still a worrying sign to see the quality of patient care is affected to this extent.

Some doctors found it difficult to provide a sufficient level of care more frequently than others (Figure 19). GPs stand out as the group most likely to be struggling in this area. Four out of five (81%) reported being unable to offer a sufficient level care at some point in 2020 and two fifths (43%) experienced this every week. This tallies with free text responses in ‘the Barometer survey 2020’, in which GPs discussed challenges with making referrals for patients, ordering tests and linking up with secondary care while some services were paused during the pandemic.

**Figure 19: Frequency with which doctors found it difficult to provide patients with a sufficient level of care**

<table>
<thead>
<tr>
<th>How frequently, if at all, have you experienced the following during 2020?</th>
<th>Total doctors</th>
<th>GPs</th>
<th>Specialists</th>
<th>SAS and LE doctors</th>
<th>Doctors in training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Found it difficult to provide a patient with the sufficient level of care they need</td>
<td>9%</td>
<td>16%</td>
<td>8%</td>
<td>32%</td>
<td>33%</td>
</tr>
<tr>
<td>At least once a day</td>
<td>17%</td>
<td>26%</td>
<td>9%</td>
<td>29%</td>
<td>17%</td>
</tr>
<tr>
<td>At least once a week</td>
<td>9%</td>
<td>16%</td>
<td>9%</td>
<td>35%</td>
<td>29%</td>
</tr>
<tr>
<td>Occasionally</td>
<td>8%</td>
<td>15%</td>
<td>7%</td>
<td>35%</td>
<td>32%</td>
</tr>
<tr>
<td>Never</td>
<td>3%</td>
<td>7%</td>
<td>8%</td>
<td>26%</td>
<td>55%</td>
</tr>
</tbody>
</table>

n = 3,693 (all doctors), ‘the Barometer survey 2020’, QC1_4
A number of GPs described the challenges they faced.

‘[There has been] very restricted access to investigation or secondary care for many patients.’
GP, ‘the Barometer survey 2020’

‘It’s hard having to manage patient conditions and patient expectations when the hospital isn’t seeing patients. We are having to manage conditions which really should be managed by secondary care.’
GP, ‘the Barometer survey 2020’

A doctor’s risk of burnout is particularly associated with patient care. Half (49%) of doctors with a high risk of burnout found it difficult to provide a sufficient level of care at least once a week.

Similarly, a doctor’s workload appears to be connected to feeling able to provide care. Over half (57%) of doctors who regularly struggle to cope with their workloads said they found it difficult to provide a sufficient level of care at least once a week in 2020.

Doctors have witnessed situations where patient care or safety has been compromised

As with their own safety and that of their colleagues, doctors have also witnessed situations where patient safety or care has been compromised when being treated by a doctor. However, the proportion is much lower (26%). As with the provision of sufficient care, the proportion of doctors seeing patient safety or care compromised is lower than in 2019, but is still an area of concern.

Again, this was more common among GPs, a third (34%) of whom reported seeing patient safety or care being compromised in 2020 (Figure 20). This is a shift from 2019, when it was specialists and SAS and LE doctors – largely those based in secondary or tertiary care – who were most likely to report this. This is perhaps tied to the significant shift in ways of working in primary care.

As with the provision of sufficient care, there’s a link between a doctor feeling that patient safety or care has been compromised and their risk of burnout. Half (50%) of doctors with a high risk of burnout had seen patient safety or care compromised in 2020.

Similarly, overall dissatisfied doctors were more likely to have seen patient safety or care compromised than overall satisfied doctors – nearly half (45%) of overall dissatisfied doctors compared with a fifth (22%) of overall satisfied doctors.
When asked about the factors contributing to the most recent situation where patient safety or care was compromised, half (50%) of doctors attributed it to a lack of access to necessary equipment or services. Again, this tallies with GPs being the most likely to have seen safety or care compromised. Many GPs reported challenges around a lack of services for onward referral of patients, or limited capacity for diagnostic testing.

Almost half (47%) of doctors identified workloads as one of the contributory factors. Doctors who regularly feel unable to cope with their workloads are much more likely to have seen patient safety or care compromised than those who feel unable to cope less often – half (49%) compared with around a fifth (21%). This will need close attention as workloads mount in the coming months.

**Figure 20: Proportion of doctors who said a situation or situations had arisen in which patient safety or care was compromised in 2020**

*During 2020, 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?*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total doctors</strong></td>
<td>26%</td>
<td>61%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>GPs</strong></td>
<td>34%</td>
<td>50%</td>
<td>12%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Specialists</strong></td>
<td>28%</td>
<td>57%</td>
<td>12%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>SAS and LE doctors</strong></td>
<td>27%</td>
<td>61%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Doctors in training</strong></td>
<td>15%</td>
<td>78%</td>
<td>6%</td>
<td>1%</td>
</tr>
</tbody>
</table>

$n = 3,693$ (all doctors), ‘the Barometer survey 2020’, QC6
Box 4: Concerns raised to us regarding fitness to practise during the pandemic

We received fewer concerns relating to a doctor’s fitness to practise between January and June in 2020 than in all preceding years to 2017 (Figure 21). January to June 2020 also had the largest number of concerns raised that did not relate to any doctor’s fitness to practise.

Moderate increase in proportion of concerns coming from the public during the pandemic

There’s been a very limited amount of change in the composition of the concerns we’ve received during the pandemic. Of all the concerns we received between 1 January 2019 and 30 June 2019 that related to a doctor’s fitness to practice, two thirds (66%) came from the public. This increased moderately in the same period of 2020 to 72%, while all other sources contributed roughly similar proportions of concerns during the same period.

Concerns received during the first six months of 2020 were about broadly similar types of issues to those received in the first six months of previous years. However, concerns that had not yet been categorised – the ‘No allegation recorded’ group – were markedly higher in June 2020 owing to the insufficient time to categorise all the cases received.

It’s too early to comprehensively analyse if and how the pandemic has affected the volume and type of concerns we receive about doctors. However, early indication appears to show there’s no notable difference.

Figure 21: Concerns about a doctor’s fitness to practise received between January and June each year

<table>
<thead>
<tr>
<th>Year</th>
<th>Concerns</th>
<th>Not about fitness to practise</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>3,501</td>
<td>550</td>
</tr>
<tr>
<td>2019</td>
<td>3,655</td>
<td>537</td>
</tr>
<tr>
<td>2018</td>
<td>3,607</td>
<td>506</td>
</tr>
<tr>
<td>2017</td>
<td>3,926</td>
<td>511</td>
</tr>
</tbody>
</table>

Legend: 
- Blue: Concerns
- Orange: Not about fitness to practise