ABOUT COMRES

ComRes provides specialist research and insight into reputation management, public policy and communications. It is a founding member of the British Polling Council, and its staff are members of the UK Market Research Society, committing it to the highest standards of research practice.

For further information about ComRes, this research or any other research requirements please contact info@comresglobal.com.
# TABLE OF CONTENTS

ABOUT COMRES ........................................................................................................2
EXECUTIVE SUMMARY .............................................................................................5
INTRODUCTION ........................................................................................................... 6
SUMMARY OF FINDINGS ......................................................................................... 6
BACKGROUND AND OBJECTIVES ...........................................................................10
METHODOLOGY .........................................................................................................11
IMMERSION PHASE ...................................................................................................11
QUANTITATIVE SURVEY ..........................................................................................12
QUALITATIVE INTERVIEWS .......................................................................................14
SURVEY FINDINGS ....................................................................................................16
SECTION ONE: MOTIVATIONS FOR BECOMING A DOCTOR AND WHAT IS IMPORTANT IN BEING A DOCTOR ..........................................................17
SECTION TWO: CURRENT PERSPECTIVES OF DAY-TO-DAY LIFE AS A DOCTOR ..............................................................................................................25
SECTION THREE: REFLECTING ON THE ROLE AND VIEWS OF THE FUTURE .................................................................39
QUALITATIVE FINDINGS ..........................................................................................47
NARRATIVE SUMMARY OF FINDINGS ....................................................................57
APPENDIX 1 .............................................................................................................62
SCOPING INTERVIEWS SUMMARY REPORT .............................................................62
APPENDIX 2 .............................................................................................................73
QUANTITATIVE QUESTIONNAIRE ..............................................................................73
APPENDIX 3 .............................................................................................................92
DISCUSSION GUIDE .................................................................................................92
FURTHER INFORMATION .........................................................................................97
LIST OF FIGURES

Figure 1: Reasons for becoming a doctor ................................................................. 17
Figure 2: Working with colleagues ........................................................................ 19
Figure 3: Personal development .............................................................................. 20
Figure 4: Treating patients ..................................................................................... 22
Figure 5: Life more broadly .................................................................................... 23
Figure 6: Changes to working patterns ................................................................... 26
Figure 7: Autonomy in the workplace ..................................................................... 29
Figure 8: Difficulties in day-to-day work ............................................................... 31
Figure 9: Impact of developments related to working patterns ............................... 34
Figure 10: Impact of developments related to working with patients ...................... 36
Figure 11: Impact of developments related to structural issues ............................... 37
Figure 12: Current levels of satisfaction .................................................................. 39
Figure 13: Levels of optimism and pessimism ....................................................... 40
Figure 14: Looking back ........................................................................................ 42
Figure 15: Career changes ...................................................................................... 44
EXECUTIVE SUMMARY
INTRODUCTION
The General Medical Council’s (GMC) State of Medical Education and Practice in the UK report (SoMEP)\(^1\) identified a ‘state of unease’ within the medical profession. This was attributed to the increasing pressures the healthcare system is under and the impact this is having on the education and training environment, and reports of lowering morale amongst the profession. There are concerns that as a result of this pressure doctors are making the decision to leave the profession prematurely, delay further training, reduce their working hours and/or are seeking to practise outside of the UK.

Based on this, the GMC is keen to explore how doctors experience their role and how their perceptions impact on the way they practise and develop their careers. Understanding the challenges that doctors encounter across their professional lives, and what shapes their approach to practice can help the GMC to become a more effective regulator by targeting support and other interventions appropriately. This will ultimately help to maintain high quality healthcare systems and ensure patient safety. The GMC has already begun a number of initiatives to respond to the pressures, including the publication of a report\(^2\) committing the GMC and others to making postgraduate training more flexible by 2020 and a programme of work titled Supporting a profession under pressure\(^3\).

It is in this context that the GMC commissioned ComRes to conduct research into what it means to be a doctor today, to further understand the pressures on doctors and the potential impact on patient safety. This involved an immersion phase of a literature review and scoping interviews with senior healthcare leaders. These were used to support the development of a questionnaire that was completed by 2,602 UK practising doctors and was used to gather metrics on doctors’ perceptions of their roles. The questionnaire was supplemented with follow up depth interviews with 25 doctors who were either very satisfied in their role, were considering decreasing or changing their hours, or were considering leaving the profession. The depth interviews were used to explore these doctors’ perspectives in greater detail and identify potential drivers of satisfaction, or planned changes to working patterns.

SUMMARY OF FINDINGS

EDUCATION, TRAINING, AND CAREER DEVELOPMENT
Doctors feel that keeping up to date with developments in medicine and participating in courses related to their own professional development are important to them. There are understandably some differences by age in terms of prioritisation of education, training and career development. Younger doctors and doctors in training are more focused on training, development and being mentored, saying these are important to them. Correspondingly, older doctors are more likely to prioritise the giving of training; they are more likely than younger doctors to say that providing training for others to support their professional development is fundamental to being satisfied in their role.

Female doctors are more likely to say all elements of professional development are important to them, except for undertaking further academic research which is more likely to be selected by male doctors as being important to them.

---


\(^3\) The GMC (2018) Supporting a profession under pressure available at [https://www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/supporting-a-profession-under-pressure]
Overall, the delivery of training, mentoring and development is not an area that appears to show significant change over time. However, mentoring does appear to have decreased; three in ten doctors say time for mentoring provided to them as part of their role has decreased whereas only one in six say it has increased.

Mentoring is mentioned by two doctors in the interviews in relation to the provision of formal support in challenging situations. However, it is described as mainly being available for junior doctors, which may partly explain why a decrease in mentoring is experienced by some doctors as they progress through their career.

PRIORITIES
In terms of reasons for entering the profession, the top reason is that doctors wanted a career involving caring for people, closely followed by enjoying studying natural sciences. Therefore, it is not surprising that almost all doctors say that building a good rapport with patients and making patients the centre of their practice are important to them. This is picked up in the interviews as doctors talk about the importance to them of looking after their patients, making a positive difference to them, and where they cannot necessarily provide all the solutions, they think it is important to help patients to manage difficult situations in their lives. It is worth noting here that, in the survey, younger doctors are more likely than older doctors to say that all aspects of treating patients are important to them, which will have a bearing on how they view their job.

As mentioned above, key aspects of professional development are considered important to doctors; particularly keeping up to date with developments in the profession and participating in training courses.

Apart from working with patients and professional development, doctors say their own mental and physical health is important to them, as is having access to people that support them outside of work and maintaining a clear boundary between work and home life. Female doctors and younger doctors are more likely to say that these are important than male doctors and older doctors, which has implications for the future of the profession. Male doctors are more likely than female doctors to say that putting their role ahead of personal commitments is important to them. On the one hand, this shows commitment to the role, but on the other opens them up to high expectations and burnout. Other groups to consider in this respect are doctors of Asian or Asian British ethnicity, and those who completed their primary medical qualification (PMQ) outside the UK. These groups are more likely than those of White ethnicity or who completed their PMQ in the UK respectively to say it is important to put their role ahead of personal commitments. Alternatively, it could be argued that female doctors, doctors of White ethnicity, and those who completed their PMQ in the UK are balancing multiple commitments – work and home – which could also lead to burnout.

To build on the finding that having access to people that support them outside of work is important to doctors, many doctors in the depth interviews talked about discussing their day with partners or other household members as being one of their main ways of gaining support in some of the challenging situations they encounter. These can be either difficult cases, or the stresses of the job more broadly.

Some doctors in the depth interviews also discussed the importance of exercise to maintain their own mental health, and as a way of managing stress.

Working as a team to cure or improve patient health issues and sharing ideas on solutions for a patient’s diagnosis and treatment are considered important by almost all doctors in the survey. These high standards were discussed in the interviews as well, with doctors expressing concern about being spread so thinly that they know they are not doing things to the right standard. For example, in the survey, half report that they feel there are problems in patients’ lives that cannot be addressed in a consultation.
From the interviews, it is found that some doctors are worried about making mistakes that they could be sued for.

**SATISFACTION WITH ROLE**

Overall, two thirds of UK practising doctors are satisfied day-to-day in their work as a doctor, and a quarter are dissatisfied.

Doctors who are male are more likely than those who are female to be dissatisfied, and those who are aged 35–54 are more likely than those at the start and end of their careers to be dissatisfied. In addition, GPs and those who work in the NHS are more likely to be dissatisfied.

As well as these demographic groups, there are key areas of a doctors’ role that appear to correlate with satisfaction or dissatisfaction with their day to day role as a doctor. These include:

- time spent working,
- contact with patients,
- teamwork and the introduction of multi-disciplinary teams,
- locum and shift work,
- opportunities available to suggest workplace innovation,
- levels of autonomy and
- administration.

**HEALTH AND WELLBEING**

Doctors do say that they prioritise their own mental and physical health, but a quarter of this group find their own mental health and wellbeing difficult in their day to day work. This aspect is explored more in the interviews than in the survey, and as will be highlighted below, some doctors are reporting that they are making changes to their working life to ensure they are looking after their health and wellbeing.

Doctors report that the intensity of the patient workload and increased time spent working meant that they are having to take steps to maintain their own mental health. Some of the informal support mechanisms discussed are speaking to partners and other family members, as well as the importance of supportive colleagues. There are almost no formal support programmes that doctors are aware of to manage pressure, except for some mention of mentoring for junior doctors as discussed.

Some doctors also report the benefits of exercising and other pastimes, including meditation, to maintain their own physical and mental health, but that finding the time to fit this in presents a challenge.

**FUTURE CAREER INTENTIONS**

Overall, four fifths of doctors are considering a career change in the next three years. Two fifths of doctors are considering decreasing their hours in some capacity in the next three years (including going part-time), mainly to spend more time with family (two fifths of those considering any career change).

One in three practising doctors considering any career change in the next three years are dissatisfied in their work day to day as a doctor. However, three in five practising doctors considering any career change in the next three years report they are satisfied. This potentially taps into the qualitative finding that although doctors are generally happy with the job, they are not happy with the hours and that is why they made a change or are considering making changes to their roles. Eight in ten practising
doctors not considering any career change in the next three years are satisfied in their work day to day as a doctor, and one in ten are dissatisfied.

As mentioned above, doctors spoken to as part of the interviews who are satisfied tend to be those who have already made changes to their working life. They report trying to vary what they do to reduce the intensity of the patient facing hours. These include splitting their roles, for example, half teaching, half patient focused, going part-time more broadly, or working as locums to provide greater control over hours worked.

DEMOGRAPHIC GROUPS
Overall, some key demographic groups stand out as being more under pressure, or less likely to be satisfied in their current roles. These include:

- **Doctors aged 35–54** express greater negativity and report more pressures on their role.
- Those working in the NHS report negative perceptions across a wide range of factors and are more likely to be dissatisfied in the role.
- Those of Asian or Asian British ethnicity are more likely to report pressure in terms of their roles (e.g. more likely to report increases in time spent working, finding their mental health and wellbeing difficult, and that rota gaps have had a negative impact on their role) but are not more likely than those of White ethnicity to report lower levels of satisfaction or be considering change. This is also the case for those who completed their PMQ outside the UK when compared with those who completed it in the UK.
- **Female doctors** also report greater pressures in their working lives than male doctors, but male doctors are more likely to say they are dissatisfied in their role, and to be pessimistic about the future. One potential linkage could be that male doctors are more likely to say they put their role as a doctor ahead of personal commitments.
- Doctors in Northern Ireland are least likely to be satisfied and are more likely to report changes to the role, for example, increased audit documentation associated with their role.
- Doctors in Scotland are most likely to be satisfied with their current role as a doctor. They are also more likely than doctors in the other UK countries to say that their own mental health and wellbeing, and their own physical health, is important to them. In addition, they are more likely to say they have a good connection with patients.
BACKGROUND AND OBJECTIVES

The General Medical Council (GMC) is an independent regulator that works to improve medical education and practice in the UK as well as working to protect patients. In both 2016 and 2017, The State of Medical Education and Practice (SoMEP)\(^4\) reported on the challenges that doctors have been encountering working within a system experiencing many pressures. In looking at these challenges and how doctors are managing their professionalism in the face of much systemic, societal, and technological changes, there are ongoing debates about, "What it means to be a doctor". In addition, there are concerns that these pressures may be leading to doctors leaving the profession prematurely, delaying further training, reducing their hours and/or seeking to practise outside the UK.

In recent years the General Medical Council has begun to adopt a more proportionate and intelligence led model of regulation. With finite resource, it is considered essential to improve its ability to identify risk in order to target support and other interventions appropriately. As part of this it needs to ensure that it has an appreciation of the challenges doctors encounter across their professional lives that shape and lead their approaches to practice.

The GMC has commissioned this research to gain an in–depth understanding of the professional experiences and perceptions of doctors that impact on the way they practise and work, and how this evolves over their careers. The key research questions that the GMC wants to answer are:

- What are doctors’ attitudes to education, training, and CPD/career development?
- What is important to doctors in their day to day role & concepts of professionalism?
- What impacts doctors’ satisfaction with being a doctor?
- What impacts doctors’ dissatisfaction with being a doctor?
- What are the push and pull factors that determine future career intentions?
- What are doctors’ current perceptions of their own health and wellbeing?

Throughout this project, the discussion around expectations of doctors and professionalism in the context of wider system pressures was moving rapidly, and it should be noted that while the project covers the topic of professionalism, the day–to–day realities of what it means to be a doctor is the priority focus of this piece.

METHODOLOGY

IMMERSION PHASE
The project began with two elements of immersion; a literature review of the terms ‘professionalism’, ‘professional identity’ and ‘drivers and barriers to professionalism’, and scoping interviews with educators, trainers, employers and national–level stakeholders with an interest in what it means to be a doctor in 2018.

LITERATURE REVIEW
The following research questions were developed from the literature review:

• What do doctors perceive to be the most important parts of their role? How important is training/sharing skills?
• What emotions and feelings are associated with being a doctor?
• What impact do doctors perceive their working environment to be having on their day–to–day practice?
• Has the changing role of doctors (e.g. multispeciality teams, new technology, new approaches to patient care, etc.) changed doctors' remits?
• Which doctors are thinking of making a career change (e.g. retirement, leaving the profession, reduced hours, etc.)?
• Are age, gender, ethnicity, place of PMQ, speciality, working pattern etc. correlated with particular attitudes, and if so, why might this be?

SCOPING INTERVIEWS
ComRes conducted 25 thirty–minute scoping interviews with educators, trainers, employers and national–level stakeholders with an interest in the role of doctors. The interviews explored the view that different professional identities exist among the doctor population and how external factors may pose a risk to these, and subsequently, to patient care. The insights collected informed and shaped the research design and hypotheses for testing in the survey and interviews.

A breakdown of interviews by different groups are as follows:

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>National implementer e.g. NHS England and equivalent country bodies</td>
<td>6</td>
</tr>
<tr>
<td>Royal College</td>
<td>7</td>
</tr>
<tr>
<td>Educator</td>
<td>5</td>
</tr>
<tr>
<td>Membership (non–Royal College)</td>
<td>7</td>
</tr>
<tr>
<td>Regulator</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>15</td>
</tr>
<tr>
<td>Scotland</td>
<td>6</td>
</tr>
<tr>
<td>Wales</td>
<td>1</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>3</td>
</tr>
</tbody>
</table>
The interviews identified pressures on the healthcare system, including changes to shift patterns, changes to structures, time pressures and lack of resource, retirement, changes in patients’ expectations, and technology and societal changes. Stakeholders perceived these as having an impact on mental health, retention and resourcing, and ultimately, public confidence in the profession.

**QUANTITATIVE SURVEY**

Following the immersion phase, ComRes and the GMC developed a quantitative survey of doctors to meet the following objectives:

- Understand doctors’ perceptions of their day-to-day jobs;
- Explore whether doctors’ perceptions of their job have changed over time;
- Estimate the impact of systemic changes on their role;
- Understand the impact of changes on whether or not doctors are considering leaving the profession;
- Understand which groups of doctors have different views of their roles.

**QUESTIONNAIRE**

The full questionnaire can be found in the appendix. It includes the following topics:

- Motivations for becoming a doctor;
- Satisfaction with different aspects of the role;
- Importance of different aspects of the role;
- Change over time in terms of working practices, external factors, and the impact of these on the role of the doctor;
- Future plans and reflections on their career;
- Demographics.

We conducted cognitive interviews with four doctors to test and refine the questionnaire, and to ensure that the question design met the high standards expected in four key areas:

- Broad understanding of questions and response options;
- Clarity of language and concepts used to the intended audience;
- Appropriate survey length (avoiding diminishing quality of data usually experienced from excessive time demands on respondents); and
- Comprehensive subject coverage.

**FIELDWORK**

The survey was conducted online and lasted 15 minutes. The survey was sent to 30,668 doctors sampled from the GMC database. We received a total number of 2,689 completed interviews including 2,602 UK doctors. This equates to a 9% response rate and a margin of error of +/- 1.84.

**SAMPLING AND WEIGHTING**

Contacts were randomly sampled from the GMC database. Following fieldwork, data were weighted by gender, age, licensed/ unlicensed and registration status to be representative of doctors (in the UK) for the segmentation.
## SAMPLE PROFILE

### DEMOGRAPHIC

<table>
<thead>
<tr>
<th>DEMOGRAPHIC</th>
<th>NUMBER</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1,358</td>
<td>54%</td>
</tr>
<tr>
<td>Female</td>
<td>1,169</td>
<td>46%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–34</td>
<td>614</td>
<td>24%</td>
</tr>
<tr>
<td>35–54</td>
<td>1,299</td>
<td>51%</td>
</tr>
<tr>
<td>55+</td>
<td>614</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Ethnic Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>1,892</td>
<td>75%</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>308</td>
<td>12%</td>
</tr>
<tr>
<td>Black, African, Caribbean or Black British</td>
<td>45</td>
<td>2%</td>
</tr>
<tr>
<td>Mixed or multiple ethnic groups</td>
<td>25</td>
<td>1%</td>
</tr>
<tr>
<td>Another ethnic group</td>
<td>65</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>England</td>
<td>1,208</td>
<td>54%</td>
</tr>
<tr>
<td>Scotland</td>
<td>481</td>
<td>21%</td>
</tr>
<tr>
<td>Wales</td>
<td>211</td>
<td>9%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>348</td>
<td>15%</td>
</tr>
<tr>
<td><strong>PMQ Gained</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the UK</td>
<td>1,947</td>
<td>77%</td>
</tr>
<tr>
<td>Outside the UK</td>
<td>513</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Current Sector</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS</td>
<td>2,040</td>
<td>91%</td>
</tr>
<tr>
<td>Non–NHS</td>
<td>420</td>
<td>19%</td>
</tr>
</tbody>
</table>

## ANALYSIS OF SURVEY FINDINGS

Throughout this report, differences between types of respondent that are reported are always statistically significant (i.e. we can be 95% confident that these are ‘real’ differences in views between different types of respondent, rather than these apparent differences simply being due to margins of error in the data). Please also note that due to weighting and rounding, percentages for questions may not add exactly to 100%.
Within this total sample, sub-groups of some key demographic groups (such as those listed above), are large enough for meaningful analysis. As with the overall sample, differences that are drawn out in this report are those that are statistically significant for the base size of those groups.

If there are omissions (e.g. we have compared findings from doctors in Scotland and Wales, but not with Northern Ireland), this means that the findings between the stated groups are significant, and those not mentioned are not significant.

It must be noted that analysis by ethnic group is limited to a comparison of doctors of White, and Asian or Asian British ethnicity. This is due to the base sizes, as those of other groups are too small on which to base conclusions.

It must also be noted that throughout the quantitative questionnaire there are several open-ended questions which are not included in the analysis. These have been reviewed and analysed separately by the team at the GMC. These are: Q2b, Q3d, Q13, Q20, Q23d, Q26b, Q29, Q32 and Q34.

**QUALITATIVE INTERVIEWS**

In order to provide further in–depth insight into what it means to be a doctor in 2018, ComRes conducted 25 in–depth telephone interviews with doctors, each lasting around 30 minutes. The interviews explored the same issues highlighted for the quantitative survey above, but in greater detail and specifically discussing reasons behind some of the responses to questions from the survey e.g. why they are satisfied with their job, or why they are considering leaving.

**DISCUSSION GUIDE**

The topics covered in the interviews were:

- Overview of current role;
- Career journey and current satisfaction with role;
- Pressures and challenges in current role;
- Push and pull in terms of what might make them consider leaving their role and what might keep them there;
- Future considerations.

**FIELDWORK**

We conducted eight interviews with those from each of the following groups:

- Those who stated they were very satisfied with their day–to–day role (Q19);
- Those who said they were considering decreasing or changing their hours (Q27 options b or c);
- Those who said they were considering leaving the profession (Q24 option ‘several times a week or more’)

This breaks down as follows:

<table>
<thead>
<tr>
<th>Interview group</th>
<th>Registration Type</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied (9)</td>
<td>GPs (3)</td>
<td>Male (3)</td>
</tr>
<tr>
<td></td>
<td>Specialists (3)</td>
<td>Female (6)</td>
</tr>
<tr>
<td></td>
<td>Licensed in non–training post (for example SAS doctors) (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trainee (1)</td>
<td></td>
</tr>
<tr>
<td>Decreasing &amp; changing hours (8)</td>
<td>GPs (4)</td>
<td>Male (4)</td>
</tr>
</tbody>
</table>
OVERALL ANALYSIS OF FINDINGS

To understand the context of the research, it should be borne in mind that during 2018 the appeal in relation to her right to continue to practise by Dr Bawa-Garba was proceeding through the courts. It was anticipated that this may be top of mind for doctors and could have a significant impact on the research. However, by the start of fieldwork some time had elapsed since the conclusion of the appeal and there were not a significant number of mentions of this case in the open-ended responses to the survey or in the in-depth interviews.

It is worth noting that the doctors who participated in this research ‘opted in’ to the process and actively responded to communication about the research saying that they were willing to participate. It could be that those who opted into the process are different in some way (in terms of the level of pressure they work under) than the wider sample of doctors eligible to participate.
SURVEY FINDINGS
SECTION ONE: MOTIVATIONS FOR BECOMING A DOCTOR AND WHAT IS IMPORTANT IN BEING A DOCTOR

The first section of the survey findings covers:

- Reasons why they became a doctor;
- The importance of professional development, aspects of treating patients, and aspects of life more broadly, to doctors.

Doctors went into the profession because they wanted a career involving caring for people or because they enjoyed studying natural sciences.

They feel it is important to keep up to date with developments in medicine and participate in training courses related to their professional development. Undertaking further academic research is seen as less important. They are patient centred, with most saying it that building a good rapport with patients and making patients the centre of their practice is extremely important. Continuity of care and the emotional aspect of caring for patients, although still very important, are less important than building a good rapport and being patient centred.

Doctors prioritise their own mental and physical health and are less likely to say they put their role as a doctor ahead of personal commitments. A quarter of doctors say their mental health and wellbeing is difficult in their day to day work.

The top three reasons why doctors decided to apply to study medicine are they wanted a career involving caring for people (60%), they enjoyed studying natural sciences (54%) and it was their ambition since they were young (38%).

Figure 1: Reasons for becoming a doctor

Q11. Thinking back to when you applied to study medicine, which of the following describe why you decided to become a doctor?

Base = all UK respondents (n=2,602)
1.1.1. DEMOGRAPHIC DIFFERENCES

GENDER
Female doctors are more likely than male doctors to say they decided to become a doctor because they wanted a career involving caring for people (70% vs. 50%), and because it was their ambition since they were young (41% vs. 35%).

COUNTRIES
Doctors in Northern Ireland are least likely to say that they decided to become a doctor because they were interested in the research and discovery aspects of medicine; 10% say this compared with 17%-19% in each of the other UK countries. On the other hand, they are more likely than those in England to have decided to become a doctor because their teacher(s) encouraged them (19% vs. 12% of doctors in England).

ETHNICITY
Doctors of Asian or Asian British ethnicity are more likely than those of White ethnicity to say they became a doctor because their family encouraged them (47% vs. 22%), and that they were motivated by having friends or family who were doctors (28% vs 19%).

PMQ LOCATION
Doctors who completed their primary medical qualification (PMQ) in the UK are more likely than those who completed it outside the UK to say they became a doctor because they wanted a career that involved caring for people (62% vs. 54%) and that they enjoyed studying natural sciences (58% vs. 40%). Doctors who completed their PMQ outside the UK are more likely than those who completed it in the UK to say that being a doctor was their ambition since they were young (42% vs. 36% of doctors who completed their PMQ in the UK).

1.2. WORKING WITH COLLEAGUES
Doctors were asked the extent to which a range of factors related to working with colleagues linked to their satisfaction in their day-to-day role. Top of the list is sharing expertise and ideas with immediate colleagues, selected by nine in ten (91%) practising doctors as related to their satisfaction. Nine in ten (89%) cite working in a team to cure or improve patient health issues, sharing ideas on solutions for a patient’s diagnosis and treatment (89%), and feeling like their colleagues respect them (88%) are related to how much satisfaction they feel in their role.
Figure 2: Working with colleagues

Q14. How do each of the following activities relate to how much satisfaction you feel in your role when working with colleagues?
Base: all UK practising doctors (n=2,249)

1.2.1. DEMOGRAPHIC DIFFERENCES

GENDER
Except for developing friendships with colleagues and providing training for others to support their professional development (where there is no significant difference), female doctors are more likely than male doctors to say that each of the aspects of working with colleagues are fundamental to how satisfied they feel in their role as a doctor. Of note is the difference with regards to receiving professional guidance from someone more senior than them (27% of female doctors say this is fundamental to how satisfied they feel in their role as a doctor vs. 18% of male doctors) and sharing ideas on solutions for a patient’s diagnosis and treatment (36% vs. 30%).

ETHNICITY
Doctors of Asian or Asian British ethnicity are more likely than doctors overall to say that many aspects of the role of a doctor are fundamental in their feelings of satisfaction in their role. These include sharing ideas on solutions for a patient’s diagnosis and treatment (43% vs. 34% overall), providing training for others to support their professional development (37% vs. 27% overall), developing friendships with colleagues (31% vs. 23% overall), receiving professional guidance from someone more senior than them (28% vs. 22% overall) and receiving mentoring from others (23% vs. 15% overall).

PMQ LOCATION
Those who completed their primary medical qualification (PMQ) outside the UK are also more likely than those who completed their PMQ in the UK to say many aspects of the role of a doctor are fundamental to their job satisfaction, These include sharing ideas on solutions for a patient’s diagnosis and treatment...
(43% vs. 31%), sharing expertise and ideas with immediate colleagues (38% vs. 31%), providing training for others to support their professional development (37% vs. 24%), receiving professional guidance from someone more senior than them (31% vs. 20%), and receiving mentoring from others (23% vs. 13%).

WORK SETTING
Doctors who work in the NHS are more likely than those who do not to say that having access to support and guidance on what to do in difficult situations is fundamental as to how satisfied they feel in their role (32% vs. 26%).

1.3. PERSONAL DEVELOPMENT
Doctors feel that professional development is very important to them. Almost all (96%) practising doctors say keeping up to date with developments in medicine is an important activity to them overall (either extremely important, important, or somewhat important). Just over nine in ten say participating in training courses related to their own professional development is important to them (94%) and fostering an inquisitive approach to their practice (93%). Of lesser importance, is undertaking further academic research with two in five (39%) practising doctors saying it is important to them, with a third (35%) classifying it as unimportant overall (either somewhat unimportant, unimportant or extremely unimportant).

Figure 3: Personal development

Q15: How important are these activities to you? Base: Practising UK doctors (n=2,249)

1.3.1. DEMOGRAPHIC DIFFERENCES
GENDER
Female doctors are more likely than male doctors to say that keeping up to date with developments in medicine (97% vs. 96%), fostering an inquisitive approach to their practice (94% vs. 92%) and participating in training courses related to their own professional development (97% vs. 92%) are important to them. Interestingly, male doctors are more likely than female doctors to say that undertaking further academic research is important to them (43% vs. 36%). This could be related to the fact that in our survey, male doctors are more likely than female doctors to be working in higher education (9% vs. 6%).

ETHNICITY
Doctors of Asian or Asian British ethnicity are more likely than those of White ethnicity to say that undertaking further academic research is important to them (52% vs. 35%).

PMQ LOCATION
Undertaking further academic research (62% vs. 33%) and participating in training courses related to their own professional development (96% vs. 93%) are both more important to doctors who completed their PMQ outside the UK than those who completed their PMQ in the UK.

WORK SETTING
Doctors in non-NHS settings, which could include higher education, are more likely than those in NHS settings to say that undertaking further academic research is important to them (49% vs. 38%).

1.4. TREATING PATIENTS
All aspects of treating patients are important to doctors. Almost all practising doctors (97%) say building a good rapport with patients is important to them (either extremely important, important or somewhat important), as is making patients the centre of their practice (96%). Nine in ten practising doctors say the emotional aspects of caring for and treating patients is important to them (91%), as is providing continuity of care for their patients (90%).
Q17: Below is a list of further activities associated with treating patients. How important are these activities to you? Base: all UK practising doctors (n=2,376)

1.4.1. DEMOGRAPHIC DIFFERENCES

GENDER
Female doctors are more likely than male doctors to say that the emotional aspects of caring for and treating patients is important to them (94% vs. 89%).

ETHNICITY
Doctors of Asian or Asian British ethnicity are more likely than those of White ethnicity to say that several of the factors related to treating patients are important to them. These are making patients the centre of their practice (99% vs. 95%), providing continuity of care (96% vs. 88%), and the emotional aspects of caring for and treating patients (96% vs. 91%).

PMQ LOCATION
Those who completed their PMQ outside the UK are more likely than those who completed it in the UK to say that providing continuity of care is important to them (95% vs. 88%).
1.5. LIFE MORE BROADLY

Overall, doctors prioritise their own mental and physical health, saying that their own mental health and wellbeing is important to them (95% say it is extremely important, important or somewhat important), as is their own physical health (93%). Balancing work and home are also important as 90% of practising doctors consider it important to have access to people who support them outside of work, and 87% say that maintaining a clear boundary between work and home life is important to them. Having access to additional support systems provided by employers is seen as less important, selected by only half (54%) of doctors. Finally, doctors appear to be split on the importance of putting their roles as doctors ahead of personal commitment; 45% think it is important to them and 30% think it is unimportant to them.

Figure 5: Life more broadly

Q18: And, in the context of your life more broadly, how important are the following to you? Base = All UK practising doctors (2,249)
1.5.1. DEMOGRAPHIC DIFFERENCES

GENDER
Female doctors are more likely than male doctors to say that most of the aspects of life more broadly are important to them. These are their mental health and wellbeing (96% of female doctors vs. 93% of male doctors), having access to people who support them outside of work (95% vs. 85%), maintaining a clear boundary between work and home life (88% vs. 85%) and having access to additional support systems provided by their employers (57% vs. 51%).

Male doctors are only more likely than female doctors to say that putting their role as a doctor ahead of personal commitments is important to them (48% vs. 41%).

COUNTRIES
There are several differences between countries in terms of doctors prioritising different aspects of their lives more broadly. Doctors in Scotland are more likely than those in Wales to say that their own physical health is important to them (95% vs. 90%). Similarly, doctors in Scotland and England are more likely than those in Wales and Northern Ireland to say that their own mental health and wellbeing is important to them (96% and 97% vs. 89% and 91%).

Perhaps correspondingly, doctors in England and Wales are more likely than those in Scotland to say that putting their role as a doctor ahead of personal commitments is important to them (47% and 49% vs. 38%).

Doctors in England are also more likely than those in Scotland to say that having access to additional support systems provided by their employers is important to them (56% vs. 48%).

ETHNICITY
Doctors of Asian and Asian British ethnicity are more likely than those of White ethnicity to say that having access to additional support systems provided by their employer (77% vs. 47%) and putting their role as a doctor ahead of personal commitments is important to them (67% vs. 40%).

PMQ LOCATION
In a similar vein, doctors who received their PMQ outside the UK are more likely than those who received it in the UK to say that having access to additional support systems provided by their employers (72% vs. 48%) and putting their role as a doctor ahead of personal commitments is important to them (68% vs. 37%).

WORK SETTING
Doctors who work in the NHS are more likely to say that support is important – both in and out of work. Doctors in the NHS are more likely than those who do not work in the NHS to say that having access to additional support systems provided by their employers (54% vs. 41%) and having access to people who support them outside of work is important (90% vs. 86%).
SECTION TWO: CURRENT PERSPECTIVES OF DAY-TO-DAY LIFE AS A DOCTOR

This section focuses in on the day-to-day aspects of doctors’ current working lives, including:

- Changes in working patterns;
- Frequency of contact with patients;
- Perspectives of working with patients;
- Perceived autonomy in the workplace;
- What doctors consider to be difficult in their current day-to-day role;
- The perceived impact of different developments in the health sector, including:
  - Working patterns;
  - Working with patients;
  - Structural changes.

There are interesting variations in the impact of different working practices and external factors on doctors’ working lives. The strongest impacts felt are negative ones; doctors feel rota gaps have a significant negative impact. Working with patients is more mixed but overall, doctors perceive patient multi-morbidity to have the strongest impact, and again this is negative. Some structural changes are seen as having a more positive impact. Digitisation in recording and accessing patient records is on balance seen as having a positive impact, as is the introduction of multi-professional teams.

2.1. CHANGES IN WORKING PATTERNS

Beyond changes in doctors’ level of seniority, nearly two thirds (63%) of those who have been practising for more than three years say that the amount of time spent working has increased. Half (50%) of those who have been practising as a doctor for over three years also say that the amount of audit documentation associated with their role has increased, while a minority say this for each of the other developments tested.

Nearly half of doctors who have been practising for over three years say that the time available to spend reflecting on their practice (49%), and the opportunities to offer continuity of care for each patient (44%) has decreased over the last three years. However, two in five (39%) say that they have spent more time working in multidisciplinary teams over the last three years, and three in ten (30%) say that there has been more training undertaken to further their professional knowledge or performance feedback from patients (29%).
Figure 6: Changes to working patterns

<table>
<thead>
<tr>
<th>Role</th>
<th>NET: Increased</th>
<th>NET: Stayed the same / Don't know / Not applicable</th>
<th>NET: Decreased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time spent working</td>
<td>63%</td>
<td>24%</td>
<td>13%</td>
</tr>
<tr>
<td>The amount of audit documentation</td>
<td>50%</td>
<td>40%</td>
<td>10%</td>
</tr>
<tr>
<td>Working in multidisciplinary teams</td>
<td>39%</td>
<td>48%</td>
<td>13%</td>
</tr>
<tr>
<td>Training undertaken to further my role</td>
<td>30%</td>
<td>45%</td>
<td>25%</td>
</tr>
<tr>
<td>Performance feedback received from patients</td>
<td>23%</td>
<td>61%</td>
<td>10%</td>
</tr>
<tr>
<td>Feedback received from colleagues</td>
<td>30%</td>
<td>58%</td>
<td>12%</td>
</tr>
<tr>
<td>Opportunities available to suggest workplace innovation</td>
<td>27%</td>
<td>43%</td>
<td>30%</td>
</tr>
<tr>
<td>Mentoring provided to me as part of my role</td>
<td>18%</td>
<td>52%</td>
<td>30%</td>
</tr>
<tr>
<td>Time available to spend reflecting on my practice</td>
<td>16%</td>
<td>35%</td>
<td>49%</td>
</tr>
<tr>
<td>Opportunities to offer continuity of care for each patient</td>
<td>15%</td>
<td>41%</td>
<td>44%</td>
</tr>
</tbody>
</table>

Q22. In the past three years, have any of the following increased or decreased for reasons other than changes in your level of seniority? Base: All those who have been practising as a doctor for over three years (n=2,119)

2.1.1. DEMOGRAPHIC DIFFERENCES

GENDER
Male doctors are more likely than female doctors to say that both the amount of audit documentation associated with their role and performance feedback received from patients have increased in the last three years (54% vs. 45% and 30% vs. 26%). Male doctors are also more likely than female doctors to say that opportunities available to suggest workplace innovation have decreased (32% vs. 27%). Conversely, female doctors are more likely than male doctors to say that mentoring provided to them as part of their role has increased (20% vs. 16%).

AGE
There are key differences in changes to roles by age, particularly affecting the middle age bracket of doctors aged 35–54. This age group are more likely than others to say that performance feedback received from patients has increased (31% of 35–54 say this vs. 23% of those aged 18–34). In addition, they are also more likely to say that time available to spend reflecting on their practice has decreased (55% vs. 40% for those aged 18–34 and 44% those aged 55+). Correspondingly, time spent working has also increased most, according to 70% of those aged 35–54. This compared with 55% of those aged 18–34 and 51% of those aged 55+. 
COUNTRIES
Doctors in **Northern Ireland** are more likely to report changes to their role than doctors in Scotland. Doctors in Northern Ireland are more likely than doctors in Scotland to say the **amount of audit documentation associated with their role** has increased in the last three years (56% vs. 44%), and that **feedback received from colleagues – such as through audits, appraisals or performance reviews** has also increased (37% vs. 25%). In addition, they are also more likely than doctors in Scotland to say that **performance feedback received from patients** has increased (37% vs. 22%).

ETHNICITY
There are significant differences in the views of **Asian or Asian British doctors** and White doctors in terms of their perspectives on how things have changed in their role over the last three years. Asian or Asian British doctors are predominantly more likely than White doctors to say the following have increased:

- Time spent working (69% vs. 60%);  
- The amount of audit documentation associated with their role (57% vs. 49%);  
- Working in multidisciplinary teams (54% vs. 35%);  
- Feedback received from colleagues – such as through audits, appraisals or performance reviews (46% vs. 27%);  
- Training undertaken to further their professional knowledge (45% vs. 26%);  
- Performance feedback received from patients (43% vs. 26%);  
- Mentoring provided to them as part of their role (25% vs. 15%).

Correspondingly, doctors of White ethnicity are more likely than those of Asian or Asian British ethnicity to say that time available to spend reflecting on their practice has **decreased** (51% vs 35%).

PMQ LOCATION
In a similar pattern to ethnicity, doctors who completed their **PMQ outside the UK** are more likely than doctors who completed their PMQ in the UK to say the following have increased:

- Time spent working (72% vs. 59%);  
- Working in multidisciplinary teams (54% vs. 35%);  
- Training undertaken to further their professional knowledge (49% vs 25%);  
- Feedback received from colleagues – such as through audits, appraisals or performance reviews (49% vs. 25%);  
- Performance feedback received from patients (43% vs. 25%);  
- Opportunities available to suggest workplace innovation (33% vs. 26%);  
- Mentoring provided to them as part of their role (32% vs. 14%).

Doctors who completed their PMQ in the UK are more likely than those who completed it outside the UK to say that the time available to spend reflecting on their practice has **decreased** (51% vs. 40%). In addition, they are also more likely to say that opportunities to offer continuity of care for each patient has **decreased** (47% vs. 34%).

WORK SETTING
Those in **NHS** roles are more likely than those in non-NHS roles to say that **time spent working** and **working in multidisciplinary teams** have **increased** in the past three years (64% vs. 58% for time spent working and 40% vs. 34% for working in teams).
Those in non-NHS roles are more likely than those in NHS roles to say that the amount of audit documentation associated with their role has increased (57% vs. 50%).

2.2. IMPACT OF PATIENT CONTACT

The vast majority (85%) of practising doctors say that they have contact with patients once or twice a day (or more often), with one in ten (9%) saying that this happens a couple of times a week.

Positively, three quarters (73%) of doctors who have contact with patients in their role say that they feel able to make a good connection with their patients more than half of the time, or all the time.

However, around half also say that they feel there are problems in patients’ lives that can’t be addressed in a consultation (49%) and that time pressures keep them from developing the relationships with patients that they would like (47%) more than half of the time or all the time.

2.2.1. DEMOGRAPHIC DIFFERENCES

GENDER

Female doctors are more likely than male doctors to say they feel able to make a good connection with their patients more than half of the time, or all the time (78% vs. 69%). Building on this, female doctors are also more likely than male doctors to feel that the expectations of their patients are too high more than half of the time or all the time (36% vs. 31%), and that there are problems in patients’ lives that can’t be addressed in a consultation (52% vs. 45%).

COUNTRIES

Doctors in Scotland, when compared to those in Wales feel able to make a good connection with their patients more than half of the time, or all the time (79% vs. 70%). Doctors in England are more likely than those in Scotland to say that time pressures keep them from developing the relationships with patients that they would like more than half of the time, or all the time (50% vs. 42%).

AGE

Doctors aged 35–54 are more likely than those of other ages to say that the expectations of their patients are too high more than half of the time or all the time (37% vs. 30% of those aged 18–34 and 27% of those aged 55+).

Doctors in the younger age groups are more likely to say that time pressures keep them from developing the relationships with patients that they would like and that there are problems in patients’ lives that can’t be addressed in a consultation more than half of the time, or all the time. For example, around half of doctors aged 18–34 (54%) and those aged 35–54 (48%) say that time pressures keep them from developing relationships with patients they would like, more than half of the time or all of the time, compared with a third (32%) of those aged 55+.

ETHNICITY

Doctors of Asian or Asian British ethnicity are more likely than those of White ethnicity to say that the expectations of their patients are too high and that time pressures keep them from developing the relationships with patients that they would like more than half of the time or all the time (44% vs. 30% for expectations and 58% vs. 44% for time pressures).
Doctors working in the NHS are more likely than those who do not work in the NHS to say that the expectations of their patients are too high, that time pressures keep them from developing the relationships with patients that they would like, that there are problems in patients’ lives that can’t be addressed in a consultation more than half of the time or all the time (33% vs. 26% for expectations, 48% vs. 36% for time pressures and 49% vs. 40% for problems).

2.3. AUTONOMY IN THE WORKPLACE

Overall, practising doctors say that they have high levels of autonomy in the workplace (70%), with one in five (20%) saying that they enjoy very high levels of autonomy. GPs are the most likely to say that they have high levels of autonomy at work (83%), compared to specialists (79%) and trainees (53%).

Figure 7: Autonomy in the workplace

Q16. How would you describe your level of autonomy at work? Base: All practising doctors (n=2,376)

2.3.1. DEMOGRAPHIC DIFFERENCES

AGE

Perhaps understandably, younger doctors (who are more likely to be in training) are less likely than older doctors to say they have high levels of autonomy at work (55% of 18–34 year olds vs. 75% of 35–54 and 78% of 55+ year olds). Correspondingly, doctors in training are less likely than the overall cohort of licensed doctors to feel they have high levels of autonomy (53% vs. 72%). Indeed, those in licensed non-training posts (i.e. SAS doctors) are in line with the average doctor in terms of the proportion citing having low autonomy (11% vs. 10% average), while a majority (62%) feel they have high levels of autonomy.

ETHNICITY

Doctors of White ethnicity are more likely than those of Asian or Asian British ethnicity to say that they have high levels of autonomy at work (74% vs. 58%). Doctors who completed their PMQ in the UK are also more likely than those who completed it outside the UK to say they have high levels of autonomy (73% vs. 64%). The apparent lower levels of autonomy felt by Asian or Asian British doctors and those who completed their PMQ outside of the UK does not seem to be linked to a younger age profile; both groups are most likely to be middle aged (i.e. 35 to 54 years old) as opposed to younger or older.
WORK SETTING
Doctors not based in the NHS are more likely than those working in the NHS to say they have high levels of autonomy (77% vs. 70%).

AREA OF PRACTICE
Doctors who are GPs and specialists more likely than average to perceive themselves to have high levels of autonomy, with 83% and 79% respectively saying this compared to 70% of all UK doctors.

2.4. DIFFICULTIES IN DAY-TO-DAY WORK
A quarter (23%) of practising doctors who say that their mental health and wellbeing is extremely important to them also say that they find it difficult in their day to day work. In addition, a fifth (20%) of those who say that maintaining a clear boundary between work and home life is extremely important to them find this difficult in their day to day work. A similar proportion (19%) of those who consider providing continuity of care for their patients to be extremely important to them finding it difficult in their day to day work.
Q21. Which, if any, of the following are difficult in your day to day work? Base: All practising doctors who said at least one factor was extremely important to them in their work (base size differs per statement, n=177–495)

2.4.1. DEMOGRAPHIC DIFFERENCES

It is clear from the demographic breakdown that particular groups of doctors report finding aspects of their work difficult. These are female doctors, those of Asian or Asian British ethnicity, those who completed their PMQ outside the UK, those who work in the NHS and those who are working as locums.

FEMALE DOCTORS

Female doctors who said at least one factor was extremely important to them in their work are more likely than male doctors to say the following are difficult in their day to day work:

- Participating in training courses related to their own professional development (18% vs. 12%);
- Keeping up to date with developments in medicine (17% vs. 11%);
- The emotional aspects of caring for and treating patients (13% vs. 7%);
- Having access to support and guidance on what to do in difficult situations (11% vs. 6%);
- Having access to people who support them outside of work (9% vs. 7%);
- Receiving mentoring from others (8% vs. 4%);
- Receiving professional guidance from someone more senior than them (8% vs. 3%);
- Feeling like their colleagues respect them (7% vs. 5%);
- Sharing expertise and ideas with immediate colleagues (5% vs. 2%).

On the other hand, male doctors who said at least one factor was extremely important to them in their work are more likely than female doctors to say the following are difficult in their day to day work:

- Participating in training courses related to their own professional development (18% vs. 12%);
- Keeping up to date with developments in medicine (17% vs. 11%);
- The emotional aspects of caring for and treating patients (13% vs. 7%);
- Having access to support and guidance on what to do in difficult situations (11% vs. 6%);
- Having access to people who support them outside of work (9% vs. 7%);
- Receiving mentoring from others (8% vs. 4%);
- Receiving professional guidance from someone more senior than them (8% vs. 3%);
- Feeling like their colleagues respect them (7% vs. 5%);
- Sharing expertise and ideas with immediate colleagues (5% vs. 2%).
• Undertaking further academic research (6% vs. 4%);
• Putting their role as a doctor ahead of personal commitments (2% vs. 1).

DOCTORS OF ASIAN OR ASIAN BRITISH ETHNICITY
Doctors of Asian or Asian British ethnicity who say that at least one factor was extremely important to them in their work are more likely than those of White ethnicity to say each of the following are difficult:

• Their mental health and wellbeing (28% vs. 22%);
• Providing continuity of care for their patients (24% vs. 18%);
• Their own physical health (22% vs. 12%);
• Participating in training courses related to their own professional development (21% vs. 13%);
• Having access to additional support systems provided by their employers (14% vs. 3%);
• Undertaking further academic research (9% vs. 3%);
• Fostering an inquisitive approach to their practice (7% vs. 4%);
• Developing friendships with colleagues (4% vs. 2%)

DOCTORS WHO COMPLETED THEIR PMQ OUTSIDE THE UK
Doctors who completed their PMQ outside the UK who say that at least one factor was extremely important to them in their work are more likely than those who completed their PMQ in the UK to say each of the following are difficult:

• Providing continuity of care for their patients (23% vs. 17%);
• Participating in training courses related to their own professional development (19% vs. 13%);
• Having access to additional support systems provided by their employers (11% vs. 4%);
• Undertaking further academic research (10% vs. 3%);
• Developing friendships with colleagues (5% vs. 2%).

DOCTORS IN THE NHS
Doctors in the NHS who say that at least one factor was extremely important to them in their work are more likely than those not working in the NHS to say each of the following are difficult:

• Their mental health and wellbeing (23% vs. 19%);
• Maintaining a clear boundary between work and home life (20% vs. 15);
• Participating in training courses related to their own professional development (15% vs. 10%);
• Their own physical health (14% vs. 10%);
• The emotional aspects of caring for and treating patients (11% vs. 7%);
• Having access to support and guidance on what to do in difficult situations (9% vs. 4%);
• Receiving mentoring from others (6% vs. 3%);
• Receiving professional guidance from someone more senior than them (5% vs. 3%);

Doctors in England and Northern Ireland compared with those in Scotland and Wales:

• Their mental health and wellbeing (25% for each vs. 17% in Scotland);
• Their own physical health (16% for each vs. 11% in Scotland and 10% in Wales).
2.5. IMPACT OF CHANGES TO WORKING PATTERNS

Broadly speaking, recent developments related to working patterns are not considered to have an overall positive impact on doctors’ work. Only one in five (19%) of those who have been practising as a doctor for three years say that limits on the hours that doctors are allowed to work as specified by the European Work Directive have had a positive impact on their work as a doctor. However, similar proportions also say that this development has had a negative impact (22%), or that it has had both a positive and negative impact (17%).
Q23a. Below is a list of developments in relation to working patterns that the UK healthcare sector has experienced in recent years. Please let us know whether you feel that, as a result, there has been a positive or negative impact (or both) on your work as a doctor, or if there has been no real impact. Base: All those who have been practising as a doctor for over three years (n=2,119).

Just 14% say that an overall increase in part-time working has had a positive impact on their work as a doctor, while double (29%) say that this has had a negative impact. For a number of the developments tested, respondents report a simultaneous positive and negative impact. For example, one in five (21%) say that an increase in part-time working generally has had both a positive and negative impact, highlighting the complexity of these issues for practising doctors.

2.5.1. DEMOGRAPHIC DIFFERENCES

ETHNICITY
Doctors of Asian or Asian British ethnicity are more likely than those of White ethnicity to say that longer shift lengths have had a negative impact on their work as a doctor (58% vs. 39%). Doctors of White ethnicity are more likely than those of Asian or Asian British identity to say that an increase in locum work in general has had a negative impact on their work as a doctor (53% vs. 44%).

PMQ LOCATION
Doctors who gained their PMQ outside the UK are more likely than those who completed it in the UK to say that longer shift lengths have had a negative impact on their work as a doctor (52% vs. 41%). They are not more likely to say the same of rota gaps.

WORK SETTING
Those working in an NHS setting are more likely than those not in an NHS setting to say that rota gaps have had a negative impact on their work as a doctor (77% vs. 69%). In addition, they are also more likely to say that longer shift lengths have had a negative impact on their work as a doctor (45% vs. 38%).

2.6. IMPACT OF CHANGES TO WORKING WITH PATIENTS
In addition to the above factors relating to working patterns, developments related to working with patients reveal a mixed range of opinions among UK doctors who have been practising for more than three years. While the majority (63%) feel that an increase in patient multi-morbidity has had a negative impact on their work as a doctor, fewer than one in five say the same for each of the other developments tested (8–17%). It should also be noted that a significant minority (15%) say that an increase in patient multi-morbidity has had both a positive and negative impact on their work as a doctor.

Doctors are most likely to say that gaining feedback from patients has had a positive impact on their work as a doctor (34%), while a similar proportion (28%) say that access to prescriptions online has had a positive impact.
Figure 10: Impact of developments related to working with patients

Q23b. Below is a list of developments in relation to working with patients that the UK healthcare sector has experienced in recent years. Please let us know whether you feel that, as a result there has been a positive or negative impact (or both) on your work as a doctor, or if there has been no real impact. Base: All those who have been practising as a doctor for over three years (n=2,119).

Doctors are particularly divided over the impact of increased access to medical information among the public: two in five (41%) say that this has had both a positive and negative impact on their work as a doctor, while a quarter (23%) say it has had a positive impact and one in five (17%) a negative impact.

2.6.1. DEMOGRAPHIC DIFFERENCES

ETHNICITY
Doctors of White ethnicity are most likely to say that increased access to medical information among the public has had both a positive and negative impact on their work as a doctor (43% vs. 36% of Asian and Asian British doctors), and doctors of Asian and Asian British ethnicity are more likely than doctors of White ethnicity to say that this has had a positive impact on their work as a doctor (30% vs. 21%).

PMQ LOCATION
In addition, those who completed their PMQ in the UK are more likely than those who completed it outside the UK to say that increased access to medical information among the public has had both a positive and negative impact on their work as a doctor (44% vs. 33%). Correspondingly, those who completed their PMQ outside the UK are more likely than those who completed it in the UK to say this...
has had a positive impact (33% vs. 20%). Those who completed their PMQ in the UK are also more likely than those who completed it outside the UK to say that increased patient multi-morbidity has had a negative impact on their work as a doctor (65% vs. 58%).

WORK SETTING

Doctors working in the NHS are more likely than those who do not work in the NHS to say that increased access to medical information among the public has had both a positive and negative impact on their work as a doctor (42% vs. 36%). Correspondingly, those who do not work in the NHS are more likely than those who work in the NHS to say this has had a positive impact (27% vs. 22%). In addition, those who work in the NHS are more likely than those who do not to say that increased patient multi-morbidity has had a negative impact on their work as a doctor (66% vs. 57%).

2.7. IMPACT OF RECENT DEVELOPMENTS

In comparison to developments relating to working patterns and working with patients, developments related to structural issues in recent years are generally perceived to be having a more positive impact on doctors’ work.

More than half of those who have been practising as a doctor for more than three years say that the introduction of multi-professional teams (58%) and the digitalisation in recording and accessing patient records (54%) has had a positive impact on their work as a doctor. Two fifths (43%) say the same about new medical technology required for their role. By comparison, the introduction of revalidation does not appear to be contributing to doctors’ satisfaction in their roles, with just 14% saying that this development has had a positive impact on their work as a doctor.

Figure 11: Impact of developments related to structural issues

Q23c. Below is a list of developments in relation to structural issues that the UK healthcare sector has experienced in recent years. Please let us know whether you feel that, as a result there has been a positive or negative impact (or both) on your work as a doctor, or if there has been no real impact. Base: All those who have been practising as a doctor for over three years (n=2,119).
2.7.1. DEMOGRAPHIC DIFFERENCES

GENDER
Male doctors are more likely than female doctors to think the introduction of revalidation has had a negative impact on their work (43% vs. 31%). Male doctors are also more likely to say that new medical technology required for their role and digitalisation in recording and accessing patient records have had a positive impact (47% vs. 37% for technology and 57% vs. 51% for patient records). Female doctors are more likely than male doctors to say that the introduction of multi-professional teams has had a positive impact on their work as a doctor (62% vs. 55%).

COUNTRIES
Doctors in Northern Ireland are most likely to say that the introduction of multi-professional teams has had a positive impact on their work as a doctor (64% vs. 58% overall). The same is true of digitalisation in recording and accessing patient records (68% vs. 54% overall), and new medical technology required for their role (54% vs. 43% overall).

ETHNICITY
Doctors of White ethnicity are more likely than those of Asian or Asian British ethnicity to say that the introduction of revalidation has had a negative impact on their work (39% vs 27%). Interestingly, doctors of Asian or Asian British ethnicity are more likely than those of White ethnicity to over-index on the positive impacts. They are more likely to say that new medical technology required for their role has had a positive impact on their work (52% vs. 40%). This is also the case for digitalisation in recording and accessing patient records (65% vs. 53%).

PMQ LOCATION
Those who completed their PMQ in the UK are more likely than those who completed it outside the UK to perceive that the introduction of revalidation has had a negative impact on their work (40% vs. 26%). Those who completed their PMQ outside the UK are more likely than those who completed it in the UK to say other aspects have had a positive impact on their work. This includes the introduction of multi-professional teams (64% vs. 57%), digitalisation in recording and accessing patient records (65% vs. 52%), and new medical technology required for their role (56% vs. 39%).
SECTION THREE: REFLECTING ON THE ROLE AND VIEWS OF THE FUTURE

The final section of the survey covers doctors’ reflections on the role of the doctor and views of the future of their own role and that of the profession, covering:

- Current levels of satisfaction;
- Optimism or pessimism for the future;
- Planned changes to their career;
- Whether or not they would consider entering the medical profession again or encourage others to do so.

Although most doctors are satisfied in their day-to-day role, a significant group are dissatisfied. Half are positive about the future of their profession, and this compares to almost all who say they felt positive when they started their career. Doctors are split on their recommendations to others, with similar proportions saying they would and would not recommend medicine as a career. A similar pattern is seen in doctors reflecting on their own careers: if they were to choose again, the same proportion say they would as would not choose medicine.

3.1. CURRENT LEVELS OF SATISFACTION

Practising doctors in the UK were asked to what extent they were satisfied or dissatisfied day to day in their work as a doctor. Two in three (68%) UK practising doctors say they are overall satisfied day to day in their work as a doctor, while a quarter (27%) say they are dissatisfied.

Figure 12: Current levels of satisfaction

Q19. To what extent are you satisfied or dissatisfied day to day in your work as a doctor? Base = all practising doctors (2376)

3.1.1. DEMOGRAPHIC DIFFERENCES

GENDER

Male practising doctors are more likely to be dissatisfied in their work day to day as a doctor (30%) than female practising doctors (24%). 18–34 year olds (71%) and 55+ year olds (74%) are more likely to be satisfied than 35–54 year olds (64%). Conversely, 35–54 year olds are most likely to be dissatisfied (30%), compared to younger and older practising doctors (25% and 22% respectively).
Looking at regional differences, practising doctors in **Scotland** are most likely to be satisfied (72%) compared to doctors in other regions, and practising doctors in **Northern Ireland** are most likely to be **dissatisfied** (30%).

**AREA OF PRACTICE**

**GPs** are most likely to be **dissatisfied** with their work day to day as a doctor (35%), compared to one in four (25%) specialists and one in five (22%) trainees. **Non-NHS practising doctors** are more likely to be satisfied in their work day to day as a doctor (73%), compared to NHS practising doctors (68%).

There are no significant differences in satisfaction by ethnic group, or by location of PMQ. In addition, there are no discernible differences by doctors who work as locums or by those who are licensed or in training.

**3.2. OPTIMISM AND PESSIMISM**

Almost all practising doctors (94%) say they were **optimistic about life as a doctor when they started** their career. However, half of practising doctors (53%) say they are **pessimistic when thinking about the future of the profession**.

**Figure 13: Levels of optimism and pessimism**

Q30. We are interested in gauging the level of optimism or pessimism you felt about life as a doctor when you started your career, and the level you feel now when thinking about the future of the profession. Base = all respondents (2,602)
3.2.1. DEMOGRAPHIC DIFFERENCES

GENDER
Male doctors are more likely than female doctors to be *pessimistic* when thinking about the future of the profession (55% vs. 51%).

AGE
Younger doctors aged 18–34 are more likely to be *optimistic* when thinking about the future of the profession (46%) compared with those aged 55+ (32%). Doctors who are in training are also more likely than those who are licensed to be optimistic about the future (52% vs. 37%).

AREA OF PRACTICE
GPs are the most *pessimistic* when thinking about the future of the profession (62%), followed by specialists (53%) and trainees (40%).

COUNTRIES
Doctors in Scotland are most optimistic; 42% of doctors in this country are optimistic when thinking about the future compared with 35% of doctors in England.

PMQ LOCATION
Doctors who completed their PMQ outside the UK are more likely than those who completed it in the UK to be optimistic (49% vs. 35%).
3.3. LOOKING BACK

Four in five (83%) doctors are satisfied with their chosen speciality, three in five (61%) UK doctors say their medical career has met their expectations, but only two in five (44%) doctors would recommend medicine as a career to others.

Figure 14: Looking back

Q33. To what extent do you agree with the following? Base = all respondents (2,602)

3.3.1. DEMOGRAPHIC DIFFERENCES

GENDER

Male doctors are more likely than female doctors to say if they were to choose again, they would not become a doctor (42% vs. 36%).

AGE

Those aged 35–54 are the age group most likely to say that if they were to choose again, they would not become a doctor (45% vs. 35% of those aged 18–34 and 31% of those aged 55+).

ETHNICITY

Doctors of White ethnicity are more likely than those of Asian or Asian British ethnicity to say they would recommend medicine as a career to others (47% vs. 40%). Doctors of Asian or Asian British ethnicity are more likely than doctors of White ethnicity to say if they were to choose again, they would not become a doctor (45% vs. 38%).

COUNTRIES
Doctors in Scotland are more likely than those in Wales to say their medical career has met their expectations (64% vs. 57%). They are, along with doctors in Northern Ireland, also more likely to say they would recommend medicine as a career to others (51% each vs. 45% of doctors in Wales and 39% of doctors in England). In addition, doctors in Scotland are most likely to disagree that if they were to choose again, they would not become a doctor (52% vs. 44% of those in England).

WORK SETTING
Those not working in the NHS are more likely than those working in the NHS to say their medical career has met their expectations (69% vs. 60%).

3.4. CHOOSING TO STUDY MEDICINE
Two in five (40%) practising doctors agree if they were starting their undergraduate studies now, they would choose to study medicine. Just over a third (37%) practising doctors say if they were starting their undergraduate studies now, they would not choose to study medicine.

3.4.1. DEMOGRAPHIC DIFFERENCES
Female doctors (43%) are more likely than male doctors (38%) to say they would choose to study medicine if they were starting their undergraduate studies now. Trainees (45%) and specialists (44%) are the most likely out of doctor groups to say they would choose to study medicine if they were starting undergraduate studies now, compared to just over a third (35%) of GPs. Just over four in ten GPs (45%) say they would not choose to study medicine, if they were starting their undergraduate studies now.
3.5. CAREER CHANGES

Three in ten (31%) doctors who are not retired or have left the profession are considering **decreasing their hours** in the next three years, with one in five considering **practising abroad** (23%) and a similar proportion considering **retiring from the profession** (21%). One in ten (13%) doctors who have not retired or left the profession are considering taking a **career break** in the next three years. Overall, more than half of doctors are considering leaving the profession in the next three years (56%). This includes either practising abroad, retiring from the profession, moving to the private sector, taking a career break, moving to a non-clinical role or taking a break in training.

**Figure 15: Career changes**

![Career Changes Diagram](image)

Q27: Are you personally considering any of the following career changes in the next three years? Base = All those who have not retired or left the medical profession (2,435)

3.5.1. DEMOGRAPHIC DIFFERENCES

**AREA OF PRACTICE**

**GPs** are more likely than specialists to consider **decreasing hours** (42% vs. 32%), **working as a locum** (21% vs. 10%), **going part-time** (20% vs. 16%), **moving to a non-clinical role** (17% vs. 9%) and **changing specialism** (4% vs. 2%) in the next three years. **Specialists** are more likely than GPs to consider **undertaking research** (10% vs. 4%), **seeking promotion** (8% vs. 2%), or **none of the changes** listed to them (20% vs. 16%) in the next three years.

---

*General Medical Council*
GENDER
In the next three years, male doctors are more likely, compared to female doctors, to consider decreasing their hours (34% vs. 29%), practising abroad (26% vs. 20%), moving to the private sector (18% vs. 10%) and taking on other contract work (8% vs. 6%). Female doctors are more likely to consider taking a career break (15% vs. 12%), moving to a non-clinical role (14% vs. 11%), taking a break in their training (10% vs. 8%), and changing specialism (7% vs. 4%).

3.5.2. DOCTORS CONSIDERING LEAVING
A key group of interest are those who have ever considered leaving the profession in the past AND are currently considering leaving the profession in the next three years, as described above. This group is 927 of the total 2,435 UK practising doctors who have not retired or left the medical profession. This group shows significant differences to the overall group of doctors in a few areas, broadly grouped as time pressures, interactions with patients, their own perceptions of health and wellbeing, and workplace environment. As a starting point, it is unsurprising that they are less likely to be satisfied and more likely to be dissatisfied than doctors overall. Just over two in five (45%) doctors who are considering leaving are satisfied in their day to day work as doctors, compared with two thirds (68%) of doctors overall. In fact, half (49%) say they are dissatisfied, compared with a quarter (27%) of doctors overall.

TIME PRESSURES
One of the main metrics for doctors is that, overall, three in five (63%) say that time spent working has increased in the last three years. Doctors considering leaving are more likely than doctors overall to report that this is the case for them; seven in ten (70%) say this, compared to 63% overall. In addition, overall, half (49%) of UK practising doctors say that time available to spend reflecting on their practice has decreased in the last three years. Doctors considering leaving are significantly more likely to report this, at three in five (60%).

Doctors considering leaving are also more likely than doctors overall to think that longer shift lengths and rota gaps have had a negative impact on the profession. Three quarters (75%) of doctors overall perceive rota gaps as having a negative impact on the profession. This rises to almost four in five (79%) of doctors who are considering leaving. More than two in five (44%) of doctors overall think that longer shift lengths have had a negative impact on the profession, rising to nearly three in five (57%) among doctors considering leaving.

Doctors who are considering leaving are more likely than doctors overall to report that they have worked beyond their rostered hours at least once a week. Overall, three quarters (68%) of doctors are likely to say this is the case, compared with nearly four in five (78%) of doctors considering leaving.

INTERACTIONS WITH PATIENTS
Doctors who are considering leaving are more likely than doctors overall to think that the complexity of patient cases is increasing, and that it is having a negative impact on their work. Overall, two thirds (63%) of doctors think that increases in patient multi-morbidity have had a negative impact on their work. This is 70% among doctors considering leaving. In addition, half (49%) of doctors who have contact with patients in their job experience problems in patients’ lives that can’t be addressed in a consultation more than half the time or all of the time. Among doctors considering leaving, this figure is 55%.

There also appear to be pressures in terms of interactions with patients. Among those with patient contact in their job, doctors considering leaving are more likely than doctors overall (59% vs. 47%) to say that time pressures keep them from developing relationships with patients that they would like more than half the time or all of the time. Among those who have practised for over three years, doctors considering leaving are also more likely to think that opportunities to provide continuity of patient care
have decreased (58% vs. 44% of doctors overall). Finally, all those considering leaving are more likely to report that they find it difficult to provide patients with a sufficient level of care they need at least once a week (46% vs. 33% of doctors overall).

Views of patients among doctors considering leaving differ to doctors overall. For example, of all those with patient contact in their job, doctors considering leaving are more likely to say that expectations of patients are too high more than half the time or all of the time (45% vs. 33% of doctors overall).

**HEALTH AND WELLBEING**

Doctors considering leaving the profession are more likely than doctors overall to find their mental health and wellbeing difficult in their day–to–day work (35% vs. 23% overall), and their physical health (22% vs. 14%). They are also more likely to report that they find maintaining a clear boundary between work and home life difficult (27% vs. 20% of doctors overall).

Doctors considering leaving the profession also appear to be more likely to report stress than doctors overall. Nearly two in five (38%) doctors considering leaving the profession report feeling unable to cope with their workload at least once a week, compared with a quarter (25%) of doctors overall. They are also more likely to report ever having had a leave of absence due to stress; 18% compared with 12% of doctors overall.

**WORKPLACE ENVIRONMENT**

There are also differences by levels of perceived support. Doctors who are considering leaving are more likely than doctors overall to report feeling unsupported by management or senior management at least once a week (44% vs. 30% overall), and to feel unsupported by immediate colleagues at least once a week (20% vs. 12% overall). Interestingly, of those who have been practising for over three years, doctors considering leaving are also more likely than doctors overall to think that opportunities to suggest workplace innovation have decreased (42% vs. 30% overall).

### 3.6. MOTIVATIONS FOR CAREER CHANGES

Doctors who are considering a career change in the next three years give a broad range of reasons for this. The most common response given is that a career change would allow doctors to spend more time with their families (38%). Three in ten say that they are considering a career change because the current system provides too many barriers to patient care (28%), because they want to reach their full potential (28%) or that their role demands too much of them (27%).

### 3.6.1. DEMOGRAPHIC DIFFERENCES

GPs and trainees are more likely than those working as specialists to say that they are considering a career change because they would be able to spend more time with their family (42% and 44% respectively vs. 35% of specialists). GPs are also significantly more likely than those in specialist or training roles to say that they are considering a career change because their role demands too much of them (47% vs. 24% and 18% respectively). This reason is also more likely to be given by female doctors (30%) than their male counterparts (24%).
QUALITATIVE FINDINGS

Three groups of doctors have been chosen from the survey to further explore the issues that emerged from the quantitative findings, of interest to the GMC and specifically in relation to retention:

1) Those who said they were very satisfied with their day to day role (Q19 in the quantitative questionnaire); (9)
2) Those who said they were considering decreasing or changing their hours (Q27 options b or c; (8)
3) Those who said they were considering leaving the profession (Q24 option ‘several times a week or more’) (8)

The qualitative research has been designed to facilitate comparisons between these groups, any differences potentially providing insight on particular experiences that have led to their high satisfaction, or alternatively, their desire for change in their professional role.

As the interviews proceeded and furthermore in the analysis, it became apparent that while the groups are useful to help achieve an interesting spread of doctors, the differences between the groups are not as clear cut as might be expected. Those who are considering leaving are not clearly distinguishable from those who want to reduce their hours. Those who say they are ‘very satisfied’ in the survey, certainly seem happier in their role, more positive about the work and report greater relative fulfilment in the interviews. However, in some cases this positivity could be attributed to the efforts they have made to change their role for example to include teaching or locum work, or going part–time to improve their work/life balance.

REASONS AND MOTIVATION FOR BECOMING A DOCTOR

Reflecting the findings from the survey, most doctors across these groups state that their reasons and motivations for entering the profession were wanting to help others or work with people and be involved in healthcare generally.

Most doctors describe themselves as excelling in science and as very academic at school and so the doctor career pathway is seen as a way of utilising this talent in a professional role. Academic excellence was interlinked with other reasons, including wanting to help people. Most doctors state a combination of these reasons.

“I think it was a combination of wanting to do something that was helpful... but, also, having the... academic skills because I [thought] that medicine would be a good career.” GP, female, Very satisfied

“I excelled in both, arts and sciences and I saw medicine as a perfect blend of both.”
Doctor type not specified, female, Considering leaving

However, some doctors report moving into the medical profession with no real expectations. In other cases, expectations or reasons for entering the profession are described as not clearly thought out.

“A lot of colleagues seemed to be applying for medicine. At the time I was playing a lot of rugby and liked my sport and I suddenly thought, ‘Well, six years of university,
that’s a lot of sport, good times.’… I was exceptionally naïve, I just, sort of, fell into it really.” Specialist, male, Considering leaving

Some say that they had little real understanding about what the actual job would be like day-to-day:

“I didn’t have any doctors in the family, so I didn’t really know, [the]… day-to-day life of a doctor. I just thought… morning surgery, possibly aware that there was afternoon or evening surgery, that there was something going on in the middle. I hadn’t really thought beyond that, I was just happy to go with the flow, as it were.”

GP, male, Reducing hours

Those who say they are ‘very satisfied’ in their role are also more likely to say that they had started out better informed about the practicalities of being a doctor, compared to those considering leaving the profession or reducing their hours. For example, they may have learnt about the profession as their family were doctors, or they had put more thought into what the day-to-day role of the doctor would be like, including the acceptance that it would involve very hard work.

“Parents were doctors. To work hard, that was always a given, because you’re [doing] you know, 100-and-something hours a week to start. To… do good, to have a fulfilling career.” Licensed in a non-training post, female, Very satisfied

“I think because I thought it would be interesting and challenging” Specialist, female, Very satisfied

Greater prior knowledge seems to be linked to the perception that their career is as they would expect, perhaps due to a sense of realism about what it would entail. Other ‘very satisfied’ doctors say that while their career was not meeting their initial expectations, they had changed them accordingly. This could indicate that they may have a more pragmatic and flexible approach to what the role of a doctor should be like.

“My expectations changed from… from thinking I could help people through to more just trying to survive this dysfunctional system whilst also trying to help people… and instead of complaining about it- I realised I loved seeing patients and it’s fascinating, wonderful, rewarding work.” Specialist, male, Very satisfied

MOST FULFILLING ASPECTS
Doctors report that that most fulfilling aspects of their role are patient contact, making people better and helping them cope, and having a strong and collaborative team.

PATIENT CONTACT
In line with the large number of doctors who report pursuing a medical career to help people and to do something positive, the most fulfilling aspects of being a doctor stated by almost all doctors are helping patients and positive patient contact.

“It’s very fulfilling, the patient contact side of things, seeing where it’s been possible to help patients.” Specialist, male, Very satisfied
The most fulfilling aspect is... seeing patients and helping patients and that relationship.” GP, female, Considering leaving

“I really like my practice and I really like my patients.” GP, female, Considering leaving

Patient contact and feeling like their work as a doctor makes a positive difference even in the toughest times is described by doctors as contributing to their fulfilment. Not necessarily finding a solution and healing people but knowing what to say when times are hard, how to handle difficult situations sensitively and feeling that they are being supportive and doing the best they can.

“Sometimes, you’ve not done anything to help them but just being able to offer that support, patients really value. That interaction with the patients is the most fulfilling part of the job.” GP, female, Considering leaving

“… seeing patients and making them well, they either get better or they don’t... but it’s really fulfilling getting to the bottom of it... we might not manage to actually get better but we can make them symptomatically feel a lot better. So, trying to get people more comfortable is a massive part of my job.” Licensed in a non-training post, female, Very satisfied

SUPPORTIVE TEAMS
The importance of a strong, collaborative team and a supportive work environment is also mentioned by ‘very satisfied’ doctors. They talk about their team and the way that they work to support each other and to solve problems, and this is described as directly contributing to their satisfaction and fulfilment in their role.

“The working environment is nice, and we’ve got a good team... there are good relations within the team. I think that’s probably the main thing... the team.” GP, female, Very satisfied

“Being part of a really, really good team. I love that, I really love that.” Licensed in a non-training post, female, Very satisfied

Some doctors indicate that the familiarity of being part of an established team can provide some comfort and strength against day-to-day pressures.

“I’ve worked there for so long, you have a chat with the cleaner, you have a chat when the boss chats to you but it’s not just me, everybody’s like that.” Specialist, female, Very satisfied

LEAST FULFILLING ASPECTS
Administrative tasks are unanimously seen as the least fulfilling aspect of doctors' work. Doctors often say that they have very heavy workloads which include a great deal of administration that many feel is unmanageable.

ADMINISTRATION
The least fulfilling aspect of their day-to-day role stated by almost all doctors is administration, form filling and what they frequently called ‘bureaucracy’. This is described as being very frustrating and
extremely time consuming, particularly so as they feel like it takes time away that could be put into patient care.

“The level of patient care as a doctor is being further and further removed by putting on extra non-direct clinical work, just ridiculous admin that’s just becoming beyond a joke.” Specialist, male, Reducing hours

Doctors also draw attention to the extra time they say they now need to work in order to maintain key performance indicators and other monitoring exercises.

“The amount of time that you actually spend really helping people and transforming lives is minimal compared with the amount of time you spend at a computer ticking boxes.” GP, female, Reducing hours

Those who are ‘very satisfied’ overall in their role also express frustration at the level of administration, but seem to show a better understanding of the reasons behind it. Therefore, they seem less likely to see this extra work as pointless.

“[The least fulfilling] is the administrative aspect of things, the bureaucratic aspect of things, which is important but does tend to come and dominate everything else.” Specialist, male, Very satisfied

“The least fulfilling, I mean, as I say, a lot of the admin which is inevitable. So, typing during meetings or typing discharge letters. This is just obviously part of most doctors’ roles but that’s very unfulfilling” Trainee, male, Very satisfied

CHALLENGES
Almost all doctors describe the greatest challenge in their role as feeling like they don’t have enough time to do their job properly which puts them under pressure. Longer serving doctors say that appointment times have become shorter and cases more complex. Several mentioned difficulties they experience in dealing with social issues that they feel are outside of their remit as a doctor.

MORE COMPLEX CASES
Several doctors say that an increase in the role of nurses and the Advanced Nurse Practitioner role in primary care has meant that these nurses can take the more straightforward cases. This leaves GPs in particular, with more complex cases which require more time for consultation and where it is more of a challenge to provide solutions. Therefore, the intensity of the appointments is greater and as a result, the job has become more mentally tiring according to these doctors.

“We’ve got nurses seeing the minor illness, which is fine, but it means they get all the simple stuff, so it means our 36 appointments are much more complex appointments.” Licensed in a non-training post, female, Considering leaving

“Every single appointment is complex, requiring paperwork, requiring follow-up phone calls or negotiation with somebody about something.” GP, female, Considering leaving
WORKLOAD
Many doctors feel that they need to work a far greater number of hours than they are contracted for, to do the job to the standard they are happy with. They describe this as tiring, but also that this is necessary to provide patients with the level of care that they need.

“The days I do work, I often work, well my average is somewhere between one and a half and two hours overtime, unpaid of course, every working day. So, there is just too much of it, if you are conscientious, that is.” Licensed in a non-training post, female, Considering leaving

“I enjoy the work, there’s just too much of it.” Specialist, female, Reducing hours

Some doctors who have been working for longer say that allocated times for appointments have become shorter since they began their career and that they have less space in between. This means that doctors do not feel like they have time to treat patients to the standard they want and do the associated appointment administration.

“You can’t just do things very quickly and say, “I’m sorry, you have to leave, my next one is here. I think your child’s got autism, but we can talk about that in six months’ time.” I mean [the workload has been] absolutely ridiculous...”. Licensed in a non-training post, female, Considering leaving

Doctors say that they undertake the administration after appointment times, in the evening and what ought to be their lunch break which reduces their personal time.

Some doctors also talk about their concerns and the possible negative impact on patient safety as a result of them not feeling that they have enough time. Doctors are concerned that they may miss something important or make a mistake due to the pace they feel that they are being required to work.

“...the second I step into the surgery to the second I leave... I am working at 100% speed and capacity. Just going as fast as I can all day long and making decisions as quickly as I can, and that gets very frustrating, because you feel like you can’t ever do your best, because you don’t have time.” GP, female, Considering leaving

There were a considerable number of comments related to the concerns around the threat of legal action and the fear that they were being asked to do more, in less time. These doctors see this to be heightening risk of being held responsible and prosecuted even when the factors are out of their control. Although, as specified previously in the report these interviews took place around the Dr Bawa Garba case and so the frequency of comments, are very likely to be related this.

SOCIAL ISSUES & PREVENTABLE DISEASES
Several doctors consider health conditions and diseases linked to unhealthy behaviours such as obesity, smoking and heavy drinking as their biggest challenges. They partly attribute these to social factors that are seen as outside of their control as a doctor. Poverty or a troubled family history are mentioned as suspected risk factors. These doctors feel unable to solve these health conditions as they cannot address the root causes and express frustration as a result.

“Actually, I can only help them with their medicine, which actually doesn’t really help a lot of those other problems.” GP, female, Reducing hours
In some situations, doctors feel like they can only provide an unofficial counselling and a support service function. They also mention the challenges of treating patients’ mental health issues. This is seen to be exacerbated by not enough dedicated support services provided for patients, despite an increasing awareness of mental health more broadly.

“There was an advert a while ago saying, you know, if you’re feeling lonely, go see your GP… what can I offer somebody who’s feeling lonely? So, I think the biggest issue is the fact that patients come and turn to us as a first port of call, which is fine if we then are able to direct them to relevant and appropriate services that can see them, but the fact is they don’t exist half the time. So, mental health’s one. Social support is another. Financial is another.” GP, female, Considering leaving

CHANGE IN TEAMS
Several GPs say that they feel like they used to work in teams that felt closer. However, an increase in shift work, less time to talk, longer days and more locum doctors working in general practice that they don’t have regular contact with, has changed this. This is either raised directly in relation to a lack of fulfilment or inferred in another part of the conversation related to the change in a doctor’s role.

“I feel as though when you asked me if I’m in charge of a team, certainly twenty years ago I felt as though I was part of a team, and that team would have included a health visitor, a midwife, district nurse, palliative care nurse, practice nurse, you know, social worker, CTN. Those people are so far away from me now that I don’t know their names. I don’t know what they do.” GP, female, Reducing hours

“The idea of collaborating has just deteriorated.” GP, male, Reducing hours

“I think there needs to be a cultural change back to a culture of teamwork, with teams supporting each other.” GP, female, Reducing hours

IMPACT OF PRESSURES
The main impact of the heavy and intense workload described by doctors is on their mental and physical health and wellbeing. This is mentioned across the three different groups of doctors although is more notable in those who say they are considering leaving or reducing their hours.

MENTAL HEALTH
Almost all of those considering reducing their hours or leaving the profession report stress and anxiety to varying degrees. This is described as ranging from constant day-to-day stress and anxiety, through to clinical depression.

“I developed quite severe depression, and that was really what led me to decide to leave my practice.” GP, female, Considering leaving

“... that low level of background anxiety all the time when you’re at work because of the fact that you are trying to be really conscientious... Double-, triple-checking everything because you’re worried that you made a mistake.” GP, male, Considering leaving
Several doctors describe the impact of work on their mental health – stress symptoms including sleeplessness, irritability, self-doubt, and withdrawal from anything outside work and as a result, requiring time off. In one particularly severe case, a doctor recalls having a breakdown at work and threatening to commit suicide. He described his feelings at the time that drove him to do this and said that he did not feel like his life was worth living anymore. This doctor linked the breakdown to too many hours spent working and an intense workload.

PHYSICAL HEALTH
In addition to the frequent reports of the direct impact of work pressure on doctors’ mental health, the manifestations of this on doctors’ physical health is also described in a few cases. One doctor experienced unusual physical symptoms. This doctor, who is considering leaving the profession, describes a problem in his arm which he says disappears when he goes on holiday. The neurologist that he visited as a result, diagnosed this as stress related.

Several doctors emphasise the ongoing effort and energy that it takes to be a doctor and the resulting physical drain which includes keeping going when they feel tired and sometimes physically unwell, which can risk making doctors worse and not recovering quickly from relatively straightforward illnesses.

“Some patients will have waited three weeks to see you, so I’ve often gone into work feeling quite unwell. Maybe just with a nasty cold or a cough or something like that, and worked and then you feel very tired, and then you get sicker and sicker. So, I’ve spent a few winters never really being well”. GP, female, Very satisfied

MANAGEMENT OF STRESS
The most common form of informal stress management was talking to someone. Others mention exercise and other hobbies and activities. However, going part-time or a change in role is seen in some cases as the main solution.

TALKING TO SOMEONE
Many doctors describe the importance of having someone to talk to at the end of the day about a situation or issue happening at work and the value in having someone at home to listen. They describe partners as providing this, some of whom are also doctors.

“Talking about it [helps]. I’m fortunate my husband does exactly the same job as me, so we both understand each other’s, you know, pressure and stress at work… if we’ve had a particularly bad day, you can offload.” Specialist, female, Reducing hours

“One of our psychologists completely caught me last year and asked me ‘who’s looking after you’. [I said] I’m going to be fine, I’m going to go home, have a chat with my husband and a glass of wine.” Specialist, female, Very satisfied

Reflecting the findings that a strong and collaborative team is considered fulfilling by doctors, supportive colleagues were spoken of positively in relation to stress management.

“I’ve got lovely colleagues. That’s one of the strengths of that department. They are really nice. You can always go to someone for advice or help.” Licensed in a non-training post, female, Considering leaving
EXERCISE AND RELAXING PASTIMES

Exercise is described by some doctors as a good approach to managing work pressure, while hobbies including meditation, singing and playing an instrument are also raised as providing some relief from day–to–day stress. Religion was also mentioned by one doctor. Strictly separating home from work is also described as beneficial, although many say that they find this challenging.

“I do try to do some sport… I try to always have a 24–hour period in the week where I don’t do any work, and just go out for walks, you know, do more relaxing things.”
GP, female, Considering leaving

“I do a lot of yoga and I’ve started meditating and things like that and I’m doing a lot more of that than I ever did before. Like I used to dabble in it, but now I have a dedicated practice because I find that it does help me, sort of, decompress.”
Doctor type not specified, female, Considering leaving

Despite understanding that certain activities can be helpful for stress management, doctors often say that having insufficient time to take part in these is an issue due to the large amount of time spent at work. One GP describes how he used to have time to swim a mile during this lunchbreak, several times a week and to be back at his desk within an hour to continue seeing patients. However, he feels that he does not have time for this now with the number of patient appointments he has in the day.

Several doctors mention the issue of feeling like they do not have enough time to exercise and acknowledged that not exercising creates a cyclical problem and exacerbates work related stress.

REDUCING HOURS

Some doctors from across the three groups have taken steps to go part–time due to the workload and related stress. Making this change was reported to be the most effective measure taken to reduce stress.

“My wife pointed out to me the signs, that I was irritable, and not doing as much as I used to do, and then I came to the conclusion it was the work that was doing it. So, I took steps to get out, and I feel fine again now, so it clearly was work.”
GP, male, Considering leaving

“I was very depressed and started to take some treatment. After a relatively short period of time things improved and I sort of settled down… Somewhat in response to that, I did make some changes and eventually then went three days a week.”
GP, male, Reducing hours

The doctors who report having moved to part–time, explain that they still work the equivalent of full–time hours if they were in a full–time office job, but over three days. While their shifts are only supposed to be eight hours, many describe working extra hours each day including time spent on administration and additional research. Working part–time enables them to feel more satisfied with the work that they do and is perceived to reduce their exhaustion. They feel that this approach makes working as a doctor sustainable.

“…the fact that my hours are reduced means that… I’m worrying about fewer things because I’ve seen fewer people. Also, it means that it gives me a little bit more time to go away and look up things if I’m unsure about them, or it gives me time to
contact patients later on to either follow them up or contact them.” GP, female, Considering leaving

“I do roughly about 36 hours [over three days], and if I had to do my job, five full days a week, I would have a mental breakdown.” GP, female, Reducing hours

ROLE CHANGES
The impact of these pressures described above have led many doctors across the three groups to go part-time and to make other role related changes. Some doctors say they have found a solution by splitting their role to involve teaching, or moving partly, or completely to another non-clinical role. Two doctors describe locum work as a way of reducing work pressures. The locum doctors report that this move has not increased their satisfaction of the job itself, but that it has enabled them to continue working in the profession which they would have left otherwise.

“As a locum, I don’t have to spend hours wading through paperwork, and coding things, and doing repeat prescriptions, because that’s not part of my role, and I’ve made that personal choice. To a degree I’ve let my colleagues down because they’ve got to do it and I don’t, but it makes it more manageable and possible.” GP, female, Reducing hours

FORMAL SUPPORT
Support at work, is reported as being largely informal and in the form of conversations with supportive managers. Only one doctor can recall a formal programme of support that is available to doctors at all stages of their career and he describes this as a form of mentoring. A couple of doctors mention mentoring, but say that this is only available to junior doctors.

Some doctors consider accessing clinical support, such as for mental health or stress to be challenging. They see any visit to see a GP for their own personal health issues as difficult as they might know the doctor that they are visiting due to a professional connection with them. More broadly, doctors were not sure what formal support could be provided or what this might involve.

FUTURE PERSPECTIVES
When considering the future, doctors emphasise their enjoyment of certain aspects of their role, particularly patient care and contact. However, their main concern is the long hours and the intensity of the workload making it difficult for them to provide good quality of care.

All doctors expressed at least some concern about the future of the profession as a majority do not see the current amount of work expected of doctors as sustainable. Furthermore, they do not see it as appealing for people to enter compared to other professions which might pay the same, require less time and expense to qualify, in addition to fewer hours and less pressure at work.

“You could go to university and do computer studies or computer graphics and get in the new industries and be earning just about the same and for less hours. You’re not getting out of bed at 2:00am or working one weekend every month.’ I just think you’d be bonkers if you were eighteen thinking of medicine now.” Specialist, male, Considering leaving
Doctors also acknowledge that this can be a cyclical problem. Some have the perception that fewer doctors are entering the profession, and therefore see the burden as greater on those who remain. However, this is not supported by workforce data which in fact shows that the number of licensed doctors is increasing slightly, though this is counteracted by an increase in the proportion that are working part-time.5

Overall, doctors perceive that the state of the profession is getting worse and final thoughts were focussed on reducing the pressure on doctors. They say that this could be achieved by increasing the funding and therefore the number of doctors working to meet patient demand which they see as reducing the workload for each doctor.

“If they want a better service, they’d have to pay more for it and have more people on the ground in the job.” GP, female, Very satisfied

Doctors who are considering reducing their hours or leaving the profession, appear more frustrated. They express their desire to feel valued and treated with respect and the lack of resources they are experiencing is described as not helping this. They see doctors overall as sacrificing a great deal in terms of their personal time and their own health to support patients and to keep a good service going under what they see as extensive pressure. However, the general feeling is that there is a limit to this goodwill, and the main hope amongst doctors is that the current situation will improve soon so that the NHS can continue to thrive over the coming years and avoid a greater number of doctors leaving the profession.

NARRATIVE SUMMARY OF FINDINGS

WHAT ARE DOCTORS’ ATTITUDES TO EDUCATION, TRAINING, AND CPD/CAREER DEVELOPMENT?

On the whole, doctors feel that keeping up to date with developments in medicine and participating in courses related to their own professional development are important to them. There are understandably some differences by age in terms of prioritisation of education, training and career development. Younger doctors and doctors in training are more focused on training, development and being mentored, saying these are important to them. Correspondingly, older doctors are more likely to prioritise the giving of training; they are more likely than younger doctors to say that providing training for others to support their professional development is fundamental to being satisfied in their role.

Female doctors are more likely to say all elements of professional development important to them, except for undertaking further academic research which is more likely to be selected by male doctors as being important to them.

Overall, the delivery of training, mentoring and development is not an area that appears to show significant change over time. However, mentoring does appear to have decreased; three in ten doctors say time for mentoring provided to them as part of their role has decreased whereas only one in six say it has increased.

Mentoring is mentioned by two doctors in the interviews in relation to the provision of formal support in challenging situations. However, it is described as mainly being available for junior doctors, which may partly explain why a decrease in mentoring is experienced by some doctors as they progress through their career.

WHAT IS IMPORTANT TO DOCTORS IN THEIR DAY TO DAY ROLE & CONCEPTS OF PROFESSIONALISM?

In terms of reason for entering the profession, the top reason is that doctors wanted a career involving caring for people, closely followed by enjoying studying natural sciences. Therefore, it is not surprising that almost all doctors say that building a good rapport with patients and making patients the centre of their practice are important to them. This is picked up in the interviews as doctors talk about the importance to them of looking after their patients, making a positive difference to them, and where they cannot necessarily provide all the solutions, they think it is important to help patients to manage difficult situations in their lives. It is worth noting here that, in the survey, younger doctors are more likely than older doctors to say that all aspects of treating patients are important to them, which will have a bearing on how they view their job.

As mentioned above, key aspects of professional development are considered important to doctors; particularly keeping up to date with developments in the profession and participating in training courses.

Apart from working with patients and professional development, doctors say their own mental and physical health is important to them, as is having access to people that support them outside of work and maintaining a clear boundary between work and home life. Female doctors and younger doctors are more likely to say that these are important than male doctors and older doctors, which has implications for the future of the profession. Male doctors are more likely than female doctors to say that putting their role ahead of personal commitments is important to them. On the one hand, this shows...
commitment to the role, but on the other opens them up to high expectations and burnout. Other groups to consider in this respect are doctors of Asian or Asian British ethnicity, and those who completed their PMQ outside the UK. These groups are more likely than those of White ethnicity or who completed their PMQ in the UK respectively to say it is important to put their role ahead of personal commitments. Alternatively, it could be argued that female doctors, doctors of White ethnicity, and those who completed their PMQ in the UK are balancing multiple commitments – work and home – which could also lead to burnout.

To build on the finding that having access to people that support them outside of work is important to doctors, many doctors in the depth interviews talked about discussing their day with partners or other household members as being one of their main ways of gaining support in some of the challenging situations they encounter. These can be either difficult cases, or the stresses of the job more broadly.

Some doctors in the depth interviews also discussed the importance of exercise to maintain their own mental health, and as a way of managing stress.

Working as a team to cure or improve patient health issues and sharing ideas on solutions for a patient’s diagnosis and treatment are considered important by almost all doctors in the survey. These high standards were discussed in the interviews as well, with doctors expressing concern about being spread so thinly that they know they are not doing things to the right standard. For example, in the survey, half report that they feel there are problems in patients’ lives that cannot be addressed in a consultation. From the interviews, it is found that some doctors are worried about making mistakes that they could be sued for.

WHAT IMPACTS DOCTORS’ SATISFACTION AND DISSATISFACTION WITH BEING A DOCTOR?
Overall, two thirds of UK practising doctors are satisfied day to day in their work as a doctor, and a quarter are dissatisfied.

Doctors who are male are more likely than those who are female to be dissatisfied, and those who are aged 35–54 are more likely than those at the start and end of their careers to be dissatisfied. In addition, GPs and those who work in the NHS are more likely to be dissatisfied.

As well as these demographic groups, there are key areas of a doctors’ role that appear to correlate with satisfaction or dissatisfaction with their day to day role as a doctor. It is therefore important to explore any links between these and demographic factors, to understand how these might be related to satisfaction or dissatisfaction.

TIME SPENT WORKING
Dissatisfied doctors are considerably more likely than those who are satisfied to say that their time spent working has increased over the past three years, indicating a relationship between longer working hours and levels of overall satisfaction among doctors. Picking up on the key demographic groups who are more likely to say they are dissatisfied, doctors aged 35–54 are more likely than those of other ages to say that time spent working has increased. In addition, doctors working in NHS roles are more likely than those in non-NHS roles to say that time spent working has increased in the last three years. They are also more likely to be dissatisfied.
CONTACT WITH PATIENTS
Doctors’ contact with patients impacts upon levels of satisfaction. For example, while two fifths of satisfied doctors say that they feel able to make a good connection with their patients all of the time or almost all of the time, a third of dissatisfied doctors say the same. In the same way, two in five dissatisfied doctors say that they feel as though time pressures prevent them from developing the relationships with patients that they would like all of the time/ almost all of the time, when just 15% of satisfied doctors say the same.

In terms of demographic groups that are more likely to express dissatisfaction, doctors aged 35–54 are more likely than other ages to say that expectations of their patients are too high more than half the time or all of the time. Doctors working in the NHS are more likely than those who do not to say that expectations of their patients are too high, that time pressures keep them from developing the relationships with patients that they would like, and that there are problems in patients’ lives that can’t be address in consultation more than half the time or all of the time. This is linked with the finding that increased patient multi–morbidty is perceived to have a strong negative impact on the role of a doctor, and doctors working in the NHS are more likely than those who do not to say that this is the case.

TEAMWORK AND INTRODUCTION OF MULTI–PROFESSIONAL TEAMS
It is found, particularly from the depth interviews with satisfied doctors, that working as a team and discussing things with colleagues is important. Of particular importance to younger doctors, the survey findings show that that developing friendships with colleagues is more important to this group than other age groups. For older doctors, sharing expertise and ideas with immediate colleagues is more important.

Two thirds of satisfied doctors see the introduction of multi–professional teams as having a positive impact, compared to over two fifths of dissatisfied doctors. By comparison, while half see the digitalisation in recording and accessing patient records as positive, this has a less direct relationship with overall levels of satisfaction – with similar proportions of satisfied and dissatisfied doctors seeing this as positive. This would suggest that some developments, particularly those related to collaboration and working relationships, may have more of an impact on doctors’ satisfaction than those related to technology or administration.

LOCUM AND SHIFT WORK
Longer shift lengths, rota gaps and an increase in locum work in general are all perceived by doctors to have had a negative impact on their work as a doctor. However, those who are more likely to say that these have had a negative impact on their work are not correspondingly those who are less likely to report satisfaction. For example, rota gaps and longer shift lengths are most keenly felt by younger doctors (those aged 18–34), doctors of Asian or Asian British identity, and those who completed their PMQ outside the UK. The one group which are more likely to report an increased negative impact on their work and correlated lower levels of satisfaction is doctors who work in the NHS.

OPPORTUNITIES AVAILABLE TO SUGGEST WORKPLACE INNOVATION
While one third of satisfied doctors say that the opportunities available to suggest workplace innovation have increased in the last three years, just 13% of dissatisfied doctors say the same – suggesting that changes in role and working pattern for doctors is closely related to their levels of satisfaction. Male doctors are more likely than female doctors to say that opportunities for this have decreased over their time working and are also more likely to be dissatisfied with their role.
LEVELS OF AUTONOMY

Higher levels of autonomy broadly correspond with greater role satisfaction, as those with higher levels of overall satisfaction are more likely to say that they have high levels of autonomy in their job. Doctors not based in the NHS are more likely than those who are in the NHS to say that they have high levels of autonomy in their role, and they are also more likely to be satisfied.

Doctors of White ethnicity and doctors who completed their PMQ in the UK are more likely than doctors of Asian or Asian British identity and those who completed their PMQ outside the UK to say that they have high levels of autonomy at work. However, there are no significant differences between these groups in terms of satisfaction in their role, suggesting there are other factors at play.

ADMINISTRATION

The role of audit and documentation appears to be linked with levels of satisfaction. Male doctors are less likely to be satisfied, and they also say that the amount of audit associated with their role has increased, and they are also more likely than female doctors to say that revalidation has had a negative impact on their role. The interviews uncovered the perception that an increase in time spent completing paperwork has taken time away from patient contact, and that doctors perceive this to be a negative thing.

WHAT ARE DOCTORS’ CURRENT PERCEPTIONS OF THEIR OWN HEALTH AND WELLBEING?

Doctors do say that they prioritise their own mental and physical health, but a quarter of this group find their own mental health and wellbeing difficult in their day to day work. This aspect is explored more in the interviews than in the survey, and as will be highlighted below, some doctors are reporting that they are making changes to their working life to ensure they are looking after their health and wellbeing.

Doctors report that the intensity of the patient workload and increased time spent working meant that they are having to take steps to maintain their own mental health. Some of the informal support mechanisms discussed are speaking to partners and other family members, as well as the importance of supportive colleagues. There are almost no formal support programmes that doctors are aware of to manage pressure, except for some mention of mentoring for junior doctors as discussed.

Some doctors also report the benefits of exercising and other pastimes, including meditation to maintain their own physical and mental health, but that finding the time to fit this in presents a challenge.

WHAT ARE THE PUSH AND PULL FACTORS THAT DETERMINE FUTURE CAREER INTENTIONS?

Overall, four fifths of doctors are considering a career change in the next three years. Two fifths of doctors are considering decreasing their hours in some capacity in the next three years (including going part-time), mainly to spend more time with family (two fifths of those considering any career change).

One in three practising doctors considering any career change in the next three years are dissatisfied in their work day to day as a doctor. However, three in five practising doctors considering any career change in the next three years report they are satisfied. This potentially taps into the qualitative finding that although doctors are generally happy with the job, they are not happy with the hours and that is why they made a change or are considering making changes to their roles. Eight in ten practising
doctors not considering any career change in the next three are satisfied in their work day to day as a doctor, and one in ten are dissatisfied.

As mentioned above, doctors spoken to as part of the interviews who are satisfied tend to be those who have already made changes to their working life. They report trying to vary what they do to reduce the intensity of the patient facing hours. These include splitting their roles, for example, half teaching, half patient focused, going part-time more broadly, or working as locums to provide greater control over hours worked.

**DEMOGRAPHIC GROUPS**

Overall, some key demographic groups stand out as being more under pressure, or less likely to be satisfied in their current roles. These include:

- **Doctors aged 35–54** express greater negativity and report more pressures on their role.
- Those **working in the NHS** report negative perceptions across a wide range of factors and are more likely to be dissatisfied in the role.
- Those of **Asian or Asian British ethnicity** are more likely to report pressure in terms of their roles (e.g. more likely to report increases in time spent working, finding their mental health and wellbeing difficult, and that rota gaps have had a negative impact on their role) but are **not** more likely than those of White ethnicity to report lower levels of satisfaction or be considering change. This is also the case for those who completed their PMQ outside the UK when compared with those who completed it in the UK.
- **Female doctors** also report greater pressures in their working lives than male doctors, but male doctors are more likely to say they are dissatisfied in their role, and to be pessimistic about the future. One potential linkage could be that male doctors are more likely to say they put their role as a doctor ahead of personal commitments.
- Doctors in **Northern Ireland** are least likely to be satisfied and are more likely to report changes to the role, for example increased audit documentation associated with their role.
- Doctors in **Scotland** most likely to be satisfied with their current role as a doctor. They are also more likely than doctors in other countries to say that their own mental health and wellbeing, and their own physical health, is important to them. In addition, they are more likely to say they have a good connection with patients.
APPENDIX 1
SCOPING INTERVIEWS SUMMARY REPORT

METHODOLOGY
As part of the first phase of the research programme, ComRes conducted 25 30–minute scoping interviews with educators, trainers, employers and national–level stakeholders with an interest in the area. The interviews explored the view that different professional identities exist among the doctor population and how external factors may pose a risk to these, and subsequently, patient care. The insights collected will inform and shape the research design and hypotheses for testing in phase two.

A breakdown of interviews by different groups are as follows:

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>National implementer e.g. NHS England and equivalent country bodies</td>
<td>6</td>
</tr>
<tr>
<td>Royal College</td>
<td>7</td>
</tr>
<tr>
<td>Educator</td>
<td>5</td>
</tr>
<tr>
<td>Membership (non–Royal College)</td>
<td>7</td>
</tr>
<tr>
<td>Regulator</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>15</td>
</tr>
<tr>
<td>Scotland</td>
<td>6</td>
</tr>
<tr>
<td>Wales</td>
<td>1</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>3</td>
</tr>
</tbody>
</table>

PROFESSIONALISM
Stakeholders provided a sense check to confirm that definition of professionalism aligns with their own understanding of what this should be.

Across the scoping interviews, all stakeholders are generally happy with the definition of professionalism as behaviours or attitudes that are socially expected and objectively required of doctors by others – including regulators, employers, colleagues and patients. Almost all of the respondents approve of the examples given: empathy, compassion, honesty, confidentiality, professional boundaries, patient centred and integrity.

Most stakeholders offered further suggestions to include attitudes or behaviours such as needing to be a holistic all–rounder and not just focusing on their specialism. Similarly, some words and phrases came up as part of the minimum values set for professionalism that might be worth keeping in mind when testing professionalism in later stages of the research. Some of these were previously identified in the literature review and statements for use in the questionnaire were developed. They are outlined in the table below.
<table>
<thead>
<tr>
<th>Principle</th>
<th>Linked to previous principle identified in literature review</th>
<th>Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being responsible/ taking responsibility for own actions/ being accountable</td>
<td>Acting with integrity</td>
<td>• Take action when patient safety, dignity or comfort is at risk</td>
</tr>
<tr>
<td>Consistency</td>
<td>Commitment to quality and excellence</td>
<td>• Monitor and improve the quality of your work</td>
</tr>
<tr>
<td>Respecting patient safety/ avoiding harm/ putting own interests aside</td>
<td>Patient–centred</td>
<td>• Make the care of your patient your first concern</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide high–quality patient care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Contribute to the safe transfer of patients between healthcare professionals</td>
</tr>
<tr>
<td>Keeping up–to–date</td>
<td>Technically competent and up–to–date with knowledge and skills</td>
<td>• Keep your professional knowledge and skills up–to–date</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Keep up–to–date with relevant laws, guidance and regulation</td>
</tr>
<tr>
<td>Being the voice of patients</td>
<td>Patient–centred</td>
<td>• Make the care of your patient your first concern</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide high–quality patient care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Contribute to the safe transfer of patients between healthcare professionals</td>
</tr>
<tr>
<td></td>
<td>Empathy</td>
<td>• Listen to and take account of patients’ views</td>
</tr>
<tr>
<td>Public–serving</td>
<td>Arguably the same as being patient–centred</td>
<td></td>
</tr>
<tr>
<td>Trustworthy</td>
<td>More tightly defined as keeping patient confidentiality</td>
<td>• Keep patient data secure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Maintain patient confidentiality</td>
</tr>
</tbody>
</table>

For a few, the definition ought to include some mention of **clinical or scientific competency** as it would be possible for a doctor to display all of the behaviours and attitudes above yet have poor technical skills and therefore not be viewed as professional. This chimes with the finding in the literature review that a doctor should be ‘technically competent and up to date with knowledge and skills’.

When designing the quantitative questionnaire, it may be useful to test some of these attributes and behaviours to see how doctors view their own professionalism and where others may see this as over and above the minimum values set.

**KEY VARIANTS IN PROFESSIONAL IDENTITY**

*The literature review identified a gap in understanding of how professional identity varies across the broad spectrum of doctors. In order to provide a more detailed picture of what these might look like in practice, stakeholders were asked to describe examples of professional identities, profiling them by using characteristics such as specialism, level of seniority, demographics and role.*
Stakeholders recognise that there are key variants in professional identity. The following variants arose as factors in key identity clusters that are believed to exist:

**Role / Specialism**

Role and specialism are seen by stakeholders as key variants of professional identity and should be a particular focus of this work. The most commonly cited groups are surgeons and GPs. For example, stakeholders describe surgeons as being perfectionists, absolutists, having little doubt in their own ability, prioritising attention to detail and being more driven by hard facts and admiration. This identity was talked about somewhat negatively by some stakeholders including having a “hero mentality” and “bullying and undermining is seen as robust feedback”. Whilst GPs, particularly in rural areas, are seen as quite distinct from this as they have a defined population that they are responsible for and are seen as being more person-centred, teamwork focused and as a community figure in the way that a surgeon would not. The connotations with this group were considerably more positive with GPs in inner cities being described as being “driven by serving the poor and overcoming challenges”.

“Orthopaedic surgeons are generally absolutist with little doubt. This contrasts with GPs who are much more teamwork focused.” *Membership organisation*

In addition to GPs and surgeons, the following specialisms or roles were mentioned by one or two stakeholders each:

- **Psychiatrists**: mentioned by several stakeholders, but with different views on them. One considered them to be naturally more holistic in outlook as are investigating all contributing factors to the conditions. Another felt they had a greater team mentality as they consult with one another frequently. The final stakeholder felt that this specialism attracted IMGs and therefore exposed to the following professional identity types identified below;
- **Those working in A&E**: dealing with crises all of the time, being decisive and used to being in control. Therefore resilient. Also considered to have a high level of technical competency and less likely to think holistically;
- **Those working in acute medicine**: potentially gaining satisfaction from their work by providing ‘good endings’;
- **Oncologists**: considered by one stakeholder to be an increasingly team based discipline;
- **Neurologists**: detail-focused, seen as perfectionists who give themselves a hard time over errors and are less interested in relationships with colleagues;
- **Radiologists**: have a more technical focus;
- **Geriatricians**: pressured due to the increasing demands on their time. The impact of this on professional identity is explored below.
- **Palliative care**: empathetic due to the nature of their work, and also more aware of honesty and integrity as dealing with people at a difficult time in their lives.

Variation in professional identity is perceived to be even deeper than these stereotypes, with several stakeholders describing that once doctors specialise, they are part of a ‘tribe’ that determines their own personal identity. This raises questions for the later phases of research, in terms the extent to which this identity is permanent over time and whether it can be moulded as a collective.

The focus on locum doctors was perhaps less pronounced than we might have expected and tended only to be considered once probed, suggesting where we might have considered this to be a key variant in identity, it forms more of a secondary variant. Where probed about, stakeholders mentioned that they may be less focused on the team, due to their lower level of commitment to the location in which they are working. One stakeholder felt that locums tended to be more elitist, as they had chosen a different
working pattern for their own personal benefit. This must be balanced against the view that doctors choose more flexible working patterns for a variety of different reasons e.g. family, wanting to train others, looking to the long term to ‘pace’ their career. The prevailing view of professional identity among locums is a topic area to investigate in later stages of the survey, as it cannot be concluded from the interviews conducted.

Age

Across the board, junior doctors as compared with ‘older’ doctors were mentioned by stakeholders. It is perceived that younger doctors are experiencing a very different work environment, and enter the profession with different expectations, to those who have been practising for a while. This manifests itself in various ways and was the underlying subtext to conversations about changes to shift patterns, education and training, political activism, societal and patient expectations, and retirement and flexible working. Some of these are contradictory, with different stakeholders holding different opinions of junior doctors. These will need to be teased out in conversations and engagement with junior doctors themselves, but it is useful to note the importance of age or career stage in having a particular set of identities, and the detail of these.

<table>
<thead>
<tr>
<th>Junior doctor identity</th>
<th>Background</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic, but lacking in 'softer' skills</td>
<td>Focus on the academic and 'grades-only' element of application to medical school</td>
<td>“More recent entrants into medicine are driven by academic results which means a change in identity. Leads to unrealistic expectations of being a doctor, and that they are not prepared for the reality of medical practice.” Membership</td>
</tr>
<tr>
<td>View being a doctor as 'just a job', not as committed</td>
<td>• Change in shift patterns meaning doctors are overstretched within their shift, and are more likely to leave on time rather than stay; • Low levels of recruitment and retention, meaning doctors are overstretched; • Lack of supportive management meaning they just want to do the job and get home.</td>
<td>“The new contract is hours-based, paid for ‘sessions’… Juniors are working all week or are on call, now it’s ‘clock-on, clock-off’, like shift workers. Some will stay out of hours… Professional identity has changed as they are being paid to do a job, and are frustrated if they have to work beyond their shifts.” Royal College “Junior doctors are treated very badly. They watch the clock and their hours due to a lack of respect.” National implementer</td>
</tr>
<tr>
<td>More likely to request / have flexible working arrangements</td>
<td>• Societal expectations around jobs and childcare; • Also part of above – trying to pace themselves and reduce burnout.</td>
<td>“Junior doctors have a hard slog. They have greater lifestyle expectations, for example, have a few years out, have a family, and want a more portfolio, mix and match of careers.” National implementer</td>
</tr>
<tr>
<td>View their career as a marathon</td>
<td>• Changing retirement age and expectations; • The pressures of the job</td>
<td>“Junior doctors have different working patterns. There is more shift work, they are more flexible about their location rather than...” General Medical Council</td>
</tr>
</tbody>
</table>
not a sprint mean doctors are having to pace themselves. staying in one practice their whole life, for example going travelling between stage 1 and stage 2… They want wellbeing and a career balance. ”Royal College

| Work hard / play hard mentality | To reduce pressures of the job. | “Junior doctors are drink-centric. This is driven by university lifestyles, and then once in the job, to try to reduce stress.” National implementer |

| Politically active | Seen in the context of the junior doctors’ strike, and the pressures of the job or lack of supportive management mean junior doctors are more likely to speak out. | “Junior doctors feel frustrated, and disempowered. They are more likely to give up as have confidence in their ability undermined.” National implementer |

To test these age hypotheses, respondents can be asked the extent to which they value or give importance to flexibility and social life, and the extent to which they see their role as part of their fibre or simply a job.

**Culture / Background**

Another key variant raised by stakeholders was that there are varying nationalities, backgrounds and cultures. Those in Royal Colleges and Education are more likely to say they are seeing a greater variance in this than previously. Examples include doctors who trained abroad where a different application process is required and cultures where doctors are put on a higher pedestal. They will be bringing potentially different identities to the workplace, which may be challenged by culture here. For example, the public may be more likely to complain about doctors from international backgrounds which can have a knock-on impact on their professional identity, leaving them feeling targeted or excluded.

Doctors who have been brought up in a family of doctors are considered more likely to have an ‘old’ professional identity (as described in the age variant), having been raised from a young age by parents with this identity. This was mentioned by only a couple of stakeholders, and this group are likely to be too small a subset of the sample to analyse in detail.

**Implications for Phase 2**

These key variants may mean the need for a focus on the in–depth interviews with doctors and ensuring a sufficient sample size in the quantitative survey among:

- Doctors at all stages of their life/ career – identifying actual age, career stage and life stage;
- Doctors in a range of roles and specialities, particularly surgery and general practice, and potentially psychiatry for the qualitative research;
- A variation in backgrounds to include IMGs as a subgroup large enough to analyse.

It is also worth noting that professional identity was viewed with varying levels of positivity among stakeholders; while most recognised the importance of a professional identity, many also highlighted the negative aspects that may follow alongside this such as arrogance, egotism and wanting to be more grandiose. These negative attributes include doctors finding a niche and therefore isolating themselves.
from others in the hospital or workplace, loss of humility and teamwork. We recommend including a couple of questions on this in the quantitative survey to explore it further.

**EXTERNAL FACTORS AND THE INFLUENCE ON PROFESSIONAL IDENTITY**

*Speaking with stakeholders about external factors they believe might put professional identity at risk provided more detail around those already identified in the literature review phase.*

**Changes to shift patterns**

This is one of the most commonly mentioned factors that stakeholders recognise as influencing professional identity and being the key driver for the variance by age, with younger doctors seeing the role as “only a job”. Shift patterns are now perceived as being “more 9–5” which results in doctors being more likely to drop work at the end of the day even if it is not finished. For some stakeholders, this poses a real risk to patient care and results in doctors being less accountable. However, the balance of views is that, whilst this change will influence professional identity, doctors are still diligent within these timeframes and quality of care is therefore not compromised. These can be tested in the quantitative survey by using statements about their perceptions of their day-to-day job.

**Changes to structures**

Many stakeholders cite changes in management structures in the NHS as a key factor that influences professional identity, for example those in management are now more driven by targets, there is top-down pressure on doctors and “having a voice is seen as obstructive”. This creates a tense relationship with management where doctors feel like they are not listened to or respected. As one stakeholder put it “a large part of what doctors enjoy is problem-solving and coming up with solutions, but management are too nervous to let doctors explore their ideas”. The impact on professional identity is felt to be that doctors lose confidence in their ability to do their job well. Perceptions of management and doctors’ confidence in their abilities can be tested in the quantitative questionnaire.

**Time pressures and lack of resource**

There is a strong view that time pressures and insufficient resources mean there is a greater dissonance between what doctors would like to be doing with their time and what they actually end up doing on a daily basis. For example, they would like to be caring and patient-centred but their time is too stretched to always achieve this. Therefore, they skip from patient to patient, missing key things and resulting in higher levels of stress. This reduces doctors’ flexibility and autonomy and means their role becomes more task-focused and “tick boxing”, again ultimately undermining doctors’ identity and confidence in their own abilities. Unsurprisingly, these pressures and the associated impacts on professional identity are more likely to be prevalent in practices or hospitals that are particularly under pressure and less so in private practice. We would like to explore, with the GMC, ways of identifying where doctors might be working, to see if there is a link between this and perceptions of professional identity; particularly in terms of being able to fulfil their role effectively.

**Retirement**

According to stakeholders, as doctors are no longer able to retire in their 50s as they used to be able to do, the profession can be seen by some doctors as “more of a marathon than a sprint”. This means doctors may feel the need to pace themselves and therefore focus more on their work-life balance than in the past. In stakeholders’ minds, this links with doctors being more aware and conscious of burn-out, recognising their own fallibility and therefore being increasingly likely to place their own wellbeing above their job in the short term to help them sustain their career in the long term. We can ask
questions about expected retirement age in the questionnaire and then link this to perceptions of the day-to-day working experience.

**Changes in patients’ expectations**

Many stakeholders think there has been a change in the patient–doctor relationship, with patients acting more as consumers and holding lower levels of respect for doctors as experts. Stakeholders cite unregulated information picked up online leading to unrealistic patient expectations. Patients are increasingly likely to “want things they don’t need” resulting in a change in the power balance between doctors and patients. The results of this are perceived to be two-fold; either doctors are more vulnerable to criticism as it increases the likelihood of patient complaints and disciplinary action which becomes demoralising and dispiriting, or doctors feel like they can’t say no because they are scared of being reported. This rise in expectations means stakeholders think doctors are no longer viewed as infallible by society and their patients (which is varying seen as both a positive and negative impact on the profession).

According to one medical professional, this “healthy discussion with patients” is easier for junior doctors who have only ever worked in the profession in this more digital age and have not experienced the infallibility that older doctors might be more accustomed to. These older doctors are more likely to be seen as having a “doctor knows best” attitudes and struggle more to own up to their own mistakes. This patient pressure can be explored in the quantitative survey.

**Technology**

Changes in technology are cited by several stakeholders as having an impact on identity in terms of the role doctors play in treating patients. Some examples include:

- Availability of healthcare information, meaning patients have greater access to this – the impact of which is discussed above;
- Remote monitoring of conditions is changing doctors’ practice – is their identity one that is about constantly learning new things and adapting to these new ways of working, particularly analysing new forms of data?;
- In acute settings, the use of machinery that does a lot of monitoring for the doctor – is their identity one who interprets and responds to these warning systems, or one who relies more on experience?

As technology impacts on doctors across the piece, it will be worth asking more general questions about the role of technology and then asking for specific examples in the qualitative research rather than going into detail in the quantitative survey.

**Societal changes**

Linked very much with the points made around junior doctors above, stakeholder very often cite younger female doctors as having different expectations of working flexibly once they have children, and the profession seems to be struggling somewhat to respond to this as older generations didn’t have that flexibility. However, the impact is not restricted to women, with male doctors also being more conscious of work–life balance given they are less likely to have stay–at–home wives than in the past. The risk identified by stakeholders is that these doctors then become disappointed if the profession doesn’t meet their expectations in flexibility. This is a similar point to the age discussion and can therefore be picked up both qualitatively and quantitatively.
IMPACTS OF RISKS TO PROFESSIONAL IDENTITY

*Beyond the immediate impact on how doctors see themselves, stakeholders identified a number of associated impacts from the risks to professional identity, listed below.*

**Mental health**

Many stakeholders list the effects on doctors’ own mental health as a key impact of changes to professional identity. They argue a key attribute of doctors’ professional identity is that they don’t want to openly admit stress and pressure. Whilst this is starting to be seen as more acceptable, still many doctors suffer from depression and anxiety as a result of stress, exhaustion and feeling undervalued. Some stakeholders refer to a drinking culture in medicine being driven by stress and doctors not dealing with their own emotional problems well. These will have an impact both on quality of care of patients, but also retention of doctors in the long term.

**Retention and resourcing**

Retention is mentioned by several stakeholders as a significant impact of changes to professional identity. The disconnect between how doctors see themselves and their day-to-day role results in young doctors going part-time or choosing to move abroad where there’s more support and light-touch regulation, and for older doctors the impact is that they are perceived to be retiring early. These older doctors who are choosing to retire in the 50s tend to be full-time, whilst doctors joining the profession are less likely to work full-time, putting further strain on resource.

“*Every day in medicine you see patients in situations that make you realise life is too short so if you’re unhappy at work you’re more likely to make a change*” Educator

**Public confidence in the profession**

A number of respondents mention the changing public’s view of medicine being a result of the dissonance in professional identity. According to a number of stakeholders, the public’s confidence and trust in the profession is diminishing which both affects professional identity and is in turn an impact of professional identity.

These impacts on the medical profession will be worth testing in the quantitative phase of the research; for example, are doctors more likely to show symptoms of poor mental health than the average British adult?

**RISKS TO PATIENT CARE**

*Although not explicitly asked, the implication of the risks to patient care that stakeholders have identified can be assumed to link back to an associated impact on doctors’ professionalism overall.*

There was some disagreement on the associated risks to patient care as a result of professional identity. Many stakeholders think professional identity impacts the quality of patient care to a great extent, however a significant minority dispute that the impact on patient care is substantial. For those who feel the link is less substantial, some agree that poor retention means there are fewer doctors per patient which poses a risk to patients. However, it is felt that on a case-by-case basis this doesn’t trickle through. For these stakeholders, doctors are still driven by patient safety and delivering a high quality of patient care and measured outcomes seem to show that care is actually getting better and safer.

Those who identify a link between identity and patient care give the following risks and examples.
• **Continuity of care**: Patients often “never see the same doctor twice” and the relationship is more fragmented.

• **Rushing**: Doctors are more likely to make mistakes as their achievements become time-focused rather than outcome-focused.

• **Retention**: Doctors exiting the profession leaves practices and hospitals under resourced and overstretched, which therefore impacts the quality of care provided.

“*Patient care won’t be affected on an individual basis, patients will always be the focus but overall across the UK we may see an effect*” - Membership

Stakeholders are quick to identify recommendations for mitigation, which tend to be systemic e.g. ‘more resource’ or actions that are already been taken e.g. introducing new nursing roles to take the burden off doctors. When prompted about who would be responsible for mitigating negative impacts on doctors’ professional identity, all agree that the GMC should be involved in this and are able to identify safeguards and mitigations the GMC could take. Many mention revalidation in this context, in terms of doctors reflecting on their own practice and their own professional standards and identity. The GMC is a key facilitator of the revalidation process and therefore stakeholders expect the organisation to incorporate the feedback from this piece of research into that element of doctors’ practice in particular.

**Leadership** is also seen as important here, in terms of giving doctors greater autonomy to make decisions and spearhead professional identities of their colleagues. The GMC’s involvement is expected in terms of guiding that process, and training doctors to be leaders, and also stepping back in terms of allowing doctors to lead. Linked to leadership is the idea of **teamwork**, and again upskilling doctors in this area to allow for greater support of each other in these resource constrained times. The GMC’s role in this is again as a trainer, providing guidance on how teamwork should be incorporated as a key skill for doctors to develop.

We can test these themes in the remaining stages of the research, to see whether or not doctors feel the GMC is doing enough in each area and identify further ways that the GMC can support them in developing their own professional identity.
As a summary of items to include in the next stages of research:

- **Considerations for questionnaire design**
  - Inclusion of further areas for professionalism to see if these resonate with doctors;
  - Statements around work/life balance, perceptions of it being 'just a job';
  - Expectations for retirement and pacing for a career;
  - Perceptions of patient pressure;
  - Views of technology and the impact it has on the role of a doctor;
  - Perceptions of management;
  - Whether doctors are considering going part-time / locum / leaving the profession altogether.

- **Specific doctor types of concern identified for later phases of research**
  - Age differentials – to cover age / career stage / life stage
  - Different roles and specialisms – there is such a range that we recommend analysing any significant differences in the quantitative research to identify key ones for inclusion in the interviews but will focus on GPs, surgeons and psychiatrists as a starting point;
  - Inclusion of IMGs;
  - Doctors working flexibly and doctors aspiring to work flexibly, alongside those who are not;
  - Potentially those in working environments that are under pressure, if identifiable.
# APPENDIX 2

## QUANTITATIVE QUESTIONNAIRE

<table>
<thead>
<tr>
<th>GMC PROFESSIONAL IDENTITY QUESTIONNAIRE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sample definition</strong></td>
</tr>
<tr>
<td><strong>Sample size</strong></td>
</tr>
<tr>
<td><strong>Quotas</strong></td>
</tr>
<tr>
<td><strong>Methodology</strong></td>
</tr>
<tr>
<td><strong>Questionnaire length</strong></td>
</tr>
</tbody>
</table>

### Objectives

- Understand doctors' perceptions of their professional identity;
- Identify what puts professionalism and professional ID at risk;
- Explore whether doctors' perceptions of professionalism have changed over time;
- Estimate the impact of systemic changes on professionalism / professional ID;
- Understand whether career changes are influenced by professional ID;
- Understand which groups of doctors have different views of professionalism.

---

**Key:**
- Internal use only = purple
- Instructions for scripting team = red
- Shown to participant = grey
SHOW ALL] We have included five initial questions to ensure you will only be shown the relevant questions in the main part of the survey.

Q1. [ASK ALL] Do you currently practise as a doctor?
   a. Yes
   b. No
   c. Would rather not say [SCREEN OUT]

Q2. [ASK IF (Q1 = b) NOT CURRENTLY PRACTISING IN THE UK] Which of the following best describes your current situation? Please select one answer only. [SINGLE CODE, DROP DOWN LIST]
   a. On a career break
   b. Retired
   c. On maternity/paternity leave
   d. Looking for work
   e. I work in a role that does not require a licence to practise
   f. I have left the medical profession
   g. Prefer not to say [FIX, SCREEN OUT]
   h. Other (please write in) [OPEN, UNCODED, FIX, SCREEN OUT]

Q2b [ASK IF Q2 = f] Please tell us why you decided to leave the medical profession?

[OPEN TEXT BOX]

Prefer not to say

Q3. [ASK IF Q1 = a), ALL PRACTISING DOCTORS] In which of the following countries are you currently mainly working? Please select one option only. [SINGLE CODE]
   a. England
   b. Northern Ireland
   c. Scotland
   d. Wales
   e. Outside the UK (Europe)
   f. Outside the UK (Elsewhere)
   g. Would rather not say

Q3b. [ASK IF Q3 = e or f, PRACTISING ABROAD] In which country are you currently mainly working?

Insert COUNTRY LIST

Q3c [ASK IF Q3 = e or f, PRACTISING ABROAD] For approximately how many years have you been working in [PIPE IN COUNTRY SELECTED AT Q3b]?
Q3d. [ASK IF Q3 = e or f, PRACTICING ABROAD] What was the main reason that you decided to leave the UK to work as a doctor abroad?

[OPEN TEXT BOX]

Q4. [ASK ALL] Which option best describes your current registration status? [MULTICODE]
   a. Licensed on the GP Register
   b. Licensed on the Specialist Register
   c. Licensed on the both the GP and Specialist Register
   d. Licensed in non–training post (for example SAS doctors)
   e. In Foundation Training
   f. Licensed and in core training programme
   g. Licensed and in GP training
   h. Licensed and in Specialist training
   i. I am not currently licensed to practise but I am on the register [Mask for practising doctors]
   j. Other (please write in) [OPEN, UNCODED]
   k. Prefer not to say

Q5. [ASK ALL] How many years has it been since you graduated from medical school? Please provide your answer to the nearest year. If less than a year please select the box below

[OPEN NUMERICAL]
Less than a year

Would rather not say

Q6. [ASK if Q4=a,b,c,e,f,g,h] How many years has it been since you started training? Please provide your answer to the nearest year. If less than a year please select the box below

[OPEN NUMERICAL BOX]
Less than a year

Would rather not say

Q7. [ASK if Q4= a, b, c] How many years has it been since you completed specialty training? Please provide your answer to the nearest year. If less than a year please select the box below

[OPEN NUMERICAL]
Less than a year
Would rather not say

Q8.  [ASK if Q4=i CURRENTLY NOT LICENSED TO PRACTISE] How many years has it been since you held a licence to practise? Please provide your answer to the nearest year. If less than a year please select the box below

[OPEN NUMERICAL]
Less than a year
Would rather not say

Q9. [ASK if SPECIALIST: Q4 = B OR C] Which of the following best describes your specialist area of work
a. No Specialty
b. General Practice
c. Medicine
d. Emergency Medicine
e. Anaesthetics and Intensive Care Medicine
f. Obstetrics and Gynaecology
g. Occupational medicine
h. Ophthalmology
i. Paediatrics
j. Pathology
k. Psychiatry
l. Public Health
m. Radiology
n. Surgery
o. No speciality [FIX, EXCLUSIVE]
p. Other specialty or multiple specialty groups [OPEN TEXT BOX]
q. Prefer not to say

Q10. [ASK if current registration is neither GP nor Specialist = Q4 = NOT a or b or c] Which of the following best describes your area of work?
 a. General Practice
 b. Medicine
 c. Emergency Medicine
d. Anaesthetics and Intensive Care Medicine
e. Obstetrics and Gynaecology
f. Occupational medicine
g. Ophthalmology
h. Paediatrics
i. Pathology
j. Psychiatry
k. Public Health
l. Radiology
m. Surgery  

n. No speciality  

o. Other specialty or multiple specialty groups (please write in)  

p. Prefer not to say

[SHOW ALL] In this section, we would like to explore your motivations for becoming a doctor in order to gain a clearer understanding of what leads individuals to initially pursue a career in medicine.

[SHOW: Q1 = a or Q2 = a,c,d – PRACTICING AND CAREER BREAK/ MAT LEAVE/ LOOKING FOR WORK DOCTORS]

We are also interested in the importance that you attach to various aspects of your role as a doctor.

Q11. [ASK ALL] Thinking back to when you applied to study medicine, which of the best following describe why you decided to become a doctor? Please select all that apply [MULTICODE, RANDOMISE]

a. I enjoyed studying natural sciences  
b. I wanted a career involving caring for people  
c. I was interested in applying effective treatments for illnesses and conditions  
d. I was interested in the research and discovery aspects of medicine  
e. It was my ambition since I was young  
f. I wanted to work with the public  
g. Medicine provided clear career progression opportunities  
h. The job security, there will always be a need for doctors  
i. My family encouraged me to practise medicine  
j. My teacher(s) encouraged me to practise medicine  
k. I was motivated by having friends/family who were doctors  
l. The salary and remuneration available for doctors  
m. I thought it was a prestigious career  
n. There was a shortage of doctors  
o. I had direct experience of illness when I was growing up  
p. I had indirect experience of illness when I was growing up  
q. Other – please state [FIX]

Q12. [ASK ALL, BUT DO NOT ASK IF ONLY ONE SELECTED AT Q11] And from the reasons that you selected to describe why you decided to become a doctor, please select the main reasons. Please rank up to three reasons [Pipe in answers selected at Q8, RANK SELECT UP TO THREE]

Q13. [ASK ALL] In your own words, which if any, other reasons describe why you became a doctor that have not been covered yet? Please write your answer in the box below.

[OPEN TEXT BOX]  
None [EXCLUSIVE]
[SHOW IF Q1 = a, PRACTISING DOCTORS] Thank you. Now, we would like you to return to the present day and reflect on your current role.

Q14. [SHOW IF Q1 = a, PRACTISING DOCTORS] How do each of the following activities relate to how much satisfaction you feel in your role when working with colleagues. By colleagues we mean those in your immediate and wider teams involved in the care of patients [SINGLE CODE GRID, RANDOMISE ROWS]

[SHOW Q1 = a, PRACTISING DOCTORS]

For each activity, please give your answer on a scale of 1 to 7 where 7 = fundamental to how satisfied I feel in my role as a doctor, and 1 = not at all related to how satisfied I feel in my role as a doctor.

[SHOW IF Q2 = a,b,c,d,f, RETIRED AND CAREER BREAK/ MAT PAT LEAVE/ LOOKING FOR WORK DOCTORS] Thank you. Now we would like you to think back to when you last worked as a doctor and your role at this time.

[SHOW Q2 = a,b,c,d,f, RETIRED AND CAREER BREAK/ MAT PAT LEAVE/ LOOKING FOR WORK DOCTORS] When you were last working as a doctor how did each of the following activities relate to how much satisfaction you felt in your role when working with colleagues. By colleagues we mean those in your immediate and wider teams involved in the care of patients [SINGLE CODE GRID, RANDOMISE ROWS]

[SHOW Q2 = a,b,c,d,f RETIRED AND CAREER BREAK/ MAT PAT LEAVE/ LOOKING FOR WORK DOCTORS]

For each activity, please give your answer on a scale of 1 to 7 where 7 = fundamental to how satisfied I felt in my role as a doctor, and 1 = not at all related to how satisfied I felt in my role as a doctor.

7=Fundamental to how satisfied I feel in my role as a doctor
6
5
4=Neutral
3
2
1=Not at all related to how satisfied I feel in my role as a doctor

Not applicable
I don’t know
a. Sharing expertise and ideas with immediate colleagues
b. Sharing expertise and ideas with colleagues from other parts of the health system
c. Providing training for others to support their professional development
d. Receiving mentoring from others
e. Receiving professional guidance from someone more senior than me
f. Sharing ideas on solutions for a patient’s diagnosis and treatment
g. Having access to support and guidance on what to do in difficult situations
h. Developing friendships with colleagues
i. Feeling like my colleagues respect me
j. Working in a team to cure or improve patient health issues

Q15. [SHOW IF Q1 = a, PRACTISING DOCTORS] Below are some activities that you may encounter in relation to professional development in your role as a doctor. How important are these activities to you? [SINGLE CODE GRID, RANDOMISE ROWS]

[SHOW Q2 = a,b,c,d,f RETIRED AND CAREER BREAK/ MAT PAT LEAVE/ LOOKING FOR WORK DOCTORS] Below are some activities that you may have encountered in relation to professional development in your role as a doctor. Thinking back to when you last worked as a doctor, how important were these activities to you? [SINGLE CODE GRID, RANDOMISE ROWS]

[SHOW ALL: Q1 = a, Q2 = a,b,c,d,f]

For each activity, please give your answer on a scale of 1 to 7 where 7 = Extremely important, and 1 = Extremely unimportant

7 = Extremely important
6 = Important
5 = Somewhat important
4 = Neutral
3 = Somewhat unimportant
2 = Unimportant
1 = Extremely unimportant

Not applicable
Don’t know

a. Keeping up to date with developments in medicine
b. Fostering an inquisitive approach to my practice
c. Undertaking further academic research
d. Participating in training courses related to my own professional development

Q16. [SHOW IF Q1 = a, PRACTISING DOCTORS] How would you describe your level of autonomy at work?
When you last worked as a doctor, how would you describe your level of autonomy at work?

a. Very low  
b. Low  
c. Somewhat low  
d. Average  
e. Somewhat high  
f. High  
g. Very high  
h. Not applicable  
i. Don’t know

Below is a list of further activities associated with treating patients. How important are these activities to you? [SINGLE CODE GRID, RANDOMISE ROWS]

For each activity, please give your answer on a scale of 1 to 7 where 7 = Extremely important, and 1 = Extremely unimportant

7 = Extremely important  
6 = Important  
5 = Somewhat important  
4 = Neutral  
3 = Somewhat unimportant  
2 = Unimportant  
1 = Extremely unimportant

Not applicable  
Don’t know

a. Building a good rapport with patients  
b. Providing continuity of care for my patients  
c. Making patients the centre of my practice  
d. The emotional aspects of caring for and treating patients
Q18. [SHOW IF Q1 = a, PRACTICING DOCTORS] And, in the context of your life more broadly, how important are the following to you? [SINGLE CODE GRID, RANDOMISE ROWS]

[SHOW Q2 = a,b,c,d,f RETIRED AND CAREER BREAK/ MAT PAT LEAVE/ LOOKING FOR WORK DOCTORS] Thinking back to the last time you worked as a doctor in the context of your life more broadly, how important were the following to you? [SINGLE CODE GRID, RANDOMISE ROWS]

[SHOW Q1 = a, Q2 = a,b,c,d,f]

For each activity, please give your answer on a scale of 1 to 7 where 7 = Extremely important, and 1 = Extremely unimportant.

7 = Extremely important
6 = Important
5 = Somewhat important
4 = Neutral
3 = Somewhat unimportant
2 = Unimportant
1 = Extremely unimportant

Not applicable
Don’t know

[SHOW Q1 = a, Q2 = a,b,c,d,f]

a. Maintaining a clear boundary between work and home life
b. My own physical health
c. My mental health and wellbeing
d. Having access to additional support systems provided by my employers
e. Having access to people who support me outside of work
f. Putting my role as a doctor ahead of personal commitments

Q19. [SHOW Q1 = a, PRACTISING DOCTORS] To what extent are you satisfied or dissatisfied day-to-day in your work as a doctor? Please select one response only. [SINGLE CODE]

[SHOW Q2 = a,b,c,d,f, RETIRED AND CAREER BREAK/ MAT PAT LEAVE/ LOOKING FOR WORK DOCTORS] To what extent would you say that you were satisfied or dissatisfied day-to-day in your work as a doctor? Please select one response only. [SINGLE CODE]

[SHOW Q1 = a, Q2 = a,b,c,d,f]

7 = Very satisfied
6 = Satisfied
5 = Somewhat satisfied
4 = Neither satisfied nor dissatisfied
3 = Somewhat dissatisfied
2 = Dissatisfied
1 = Very dissatisfied

Don’t know

[SHOW QUESTION BELOW ON SAME PAGE AS PREVIOUS]

Q20. [SHOW Q1 = a, PRACTICING DOCTORS, BUT DO NOT ASK IF Q19 = D/K] And can you tell us in a few sentences why this is?

[SHOW Q2 = a,b,c,d,f RETIRED AND CAREER BREAK/ MAT PAT LEAVE/ LOOKING FOR WORK DOCTORS]
[DO NOT ASK IF Q15 = D/K] And can you tell us in a few sentences why this was?

[SHOW Q1 = a, Q2 = a,b,c,d,f]
Please write your response in the box below.

[OPEN TEXT BOX]

Q21. [ASK IF Q1 = a PRACTICING DOCTORS] You have told us that the following aspects are extremely important to you in relation to your role as a doctor. Which if any of the following are difficult in your day-to-day work?

[ASK IF Q2 = a,b,c,d,f , RETIRED AND CAREER BREAK/ MAT PAT LEAVE/ LOOKING FOR WORK DOCTORS] You have told us that the following aspects were extremely important to you in relation to your role as a doctor. Which if any of the following were difficult in your day-to-day work?

[PIPE IN ANSWER OPTIONS: IF 7 selected at Q14, Q15, Q17, and Q18]

None of the above option added
Q22. [ASK IF Q1 = a AND Q5 = 3 or>/ PRACTISING DOCTORS PRACTISING FOR THREE YEARS OR MORE] In the past three years, have any of the following increased or decreased for reasons other than changes in your level of seniority? [SINGLE CODE GRID, RANDOMISE ROWS]

7 = Increased a great deal
6 = Increased
5 = Somewhat increased
4 = Stayed the same
3 = Somewhat decreased
2 = Decreased
1 = Decreased a great deal

Not applicable
Don’t know

a. The amount of audit documentation associated with my role
b. Training undertaken to further my professional knowledge
c. Feedback received from colleagues – such as through audits, appraisals or performance reviews
d. Performance feedback received from patients
e. Mentoring provided to me as part of my role
f. Opportunities available to suggest workplace innovation
g. Time available to spend reflecting on my practice
h. Opportunities to offer continuity of care for each patient
i. Working in multidisciplinary teams
j. Time spent working

Q23. [ASK Q1 = a, AND Q5 = 3 or>/ PRACTISING IF WORKING AS A DOCTOR FOR OVER 3 YEARS] Below is a list of developments in relation to working patterns that the UK healthcare sector has experienced in recent years. Please let us know whether you feel that, as a result there has been a positive or negative impact (or both) on your work as a doctor, or if there has been no real impact. [RANDOMISE ROWS]

Please select one answer per row

I. Positive impact
II. No impact
III. Negative impact
IV. Both positive and negative impact
V. Not applicable
VI. Don’t know

a. Increase in part-time working amongst staff generally
b. Longer shift lengths
c. Limits to the hours that doctors are allowed to work as specified by the European Work Directive

d. Increase in locum work in general

e. Rota gaps (uncovered shifts)

Q23b. [ASK Q1 = a, AND Q5 = 3 or>/ PRACTISING IF WORKING AS A DOCTOR FOR OVER 3 YEARS]

Below is a list of developments in relation to working with patients that the UK healthcare sector has experienced in recent years. Please let us know whether you feel that, as a result there has been a positive or negative impact (or both) on your work as a doctor, or if there has been no real impact.

[RANDOMISE ROWS]

Please select one answer per row

I. Positive impact
II. No impact
III. Negative impact
IV. Both positive and negative impact
V. Not applicable
VI. Don’t know

a. Increased access to medical information among public
b. Access to consultations online
c. Access to prescriptions online
d. Increased patient multi-morbidity
e. Gaining feedback from patients (e.g. satisfaction surveys)

Q23c. [ASK Q1 = a, AND Q5 = 3 or>/ PRACTISING IF WORKING AS A DOCTOR FOR OVER 3 YEARS]

Below is a list of developments in relation to structural issues that the UK healthcare sector has experienced in recent years. Please let us know whether you feel that, as a result there has been a positive or negative impact (or both) on your work as a doctor, or if there has been no real impact.

[RANDOMISE ROWS]

Please select one answer per row

I. Positive impact
II. No impact
III. Negative impact
IV. Both positive and negative impact
V. Not applicable
VI. Don’t know

a. Introduction of new medical associate professional roles (such as physician associates)
b. Increased leadership requirements
c. New medical technology required for my role
d. Introduction of multi-professional teams
e. Digitalisation in recording and accessing patient records
f. Introduction of revalidation

Q23d. [ASK IF Q1 = a, PRACTISING DOCTORS] Which three aspects of practising medicine are most different today from what you expected when you chose medicine as a career?

[OPEN TEXT BOX 1]
[OPEN TEXT BOX 2]
[OPEN TEXT BOX 3]
I don’t know

Q24. [ASK IF Q1 = a, PRACTICING DOCTORS] Over the last year how frequently have you experienced the following? [RANDOMISE ROWS]

I. Never/ almost never
II. Once or twice a year
III. Every few months
IV. Monthly
V. Weekly
VI. Several times a week
VII. Every day/ almost every day

VIII. Don’t know
IX. Prefer not to say

[RANDOMISE ROWS]

a. Worked beyond my rostered hours
b. Felt unable to cope with my workload
c. Had to take a leave of absence due to stress
d. Found it difficult to provide a patient with the sufficient level of care they need
e. Considered leaving the medical profession
f. Felt unsupported by the management or senior management
g. Felt unsupported by my immediate colleagues

Q25. [ASK IF Q1 = a, PRACTISING DOCTORS] How much contact do you have with patients?

[ASK Q2 = a,b,c,d,f CAREER BREAK/ MAT PAT LEAVE/ LOOKING FOR WORK DOCTORS] How much contact did you have with patients when you last worked as a doctor?

1. Once or twice a day or more often
2. A couple of times a week
3. Around once a week
4. Every few weeks
5. Around once a month or less
6. Rarely
7. Never
8. Prefer not to say

Q26. [ASK Q1 = a, PRACTISING DOCTORS who DID NOT answer ‘never’ to Q25] Below is a list of statements. Please estimate how much of the time you feel the following:

*For each option, please give your answer on a scale of 1 to 5 where 5 = all of the time, and 1 = none of the time.*

I. All of the time/ Almost all of the time
II. More than half of the time
III. Around half of the time
IV. Less than half of the time
V. None of the time/ almost none of the time
VI. Don’t know/ Prefer not to say

[RANDOMISE ROWS]
a. Able to make a good connection with my patients
b. The expectations of my patients are too high
c. Time pressures keep me from developing the relationships with patients that I would like
d. There are problems in patients’ lives that can’t be addressed in a consultation

[ASK Q2 = a,c,d,f , CAREER BREAK/ MAT PAT LEAVE/ LOOKING FOR WORK DOCTORS who did NOT answer never to the Q25] Below is a list of statements. Please estimate how much of the time you felt the following when you last worked as a doctor:

*For each option, please give your answer on a scale of 1 to 5 where 5 = all of the time, and 1 = none of the time.*

I. All of the time/ Almost all of the time
II. More than half of the time
III. Around half of the time
IV. Less than half of the time
V. None of the time/ almost none of the time
VI. Don’t know/ Prefer not to say

[RANDOMISE ROWS]
a. I felt able to make a good connection with my patients
b. The expectations of my patients were too high
c. Time pressures kept me from developing the relationships with patients that I would have liked

d. There were problems in patients’ lives that couldn’t be addressed in a consultation

Q26b. [ASK Q1 = a, PRACTISING DOCTORS] Are there any other comments you would like to make about your day-to-day practice or how you feel about being a doctor today?

[OPEN TEXT BOX]

[SHOW ALL] In this section of the survey, we’d like to explore your future plans and expectations of the profession.

[DO NOT ASK IF Q2 = B OR F RETIRED DOCTORS, LEFT PROFESSION]

Q27. Are you personally considering any of the following career changes in the next three years? Please select all that apply

[MULTI CODE] [RANDOMISE ROWS]

a. Increasing my hours
b. Decreasing my hours
c. Going part-time
d. Working as a locum
e. Taking on other contract work
f. Changing specialism
g. Taking a career break [MASK FOR CAREER BREAK DOCTORS]
h. Retiring from the profession
i. Taking a break in my training
j. Practising abroad
k. Moving to a non-clinical role
l. Seeking promotion
m. Undertaking research
n. Pursuing a governance role related to the health system
o. Pursuing a role in public health
p. Moving to the private sector

q. None of the above [EXCLUSIVE, FIX]
r. Other (please write in) [OPEN, UNCODED, FIX please provide a large text box]
s. Don’t know [FIX]
t. Prefer not to say [EXCLUSIVE, FIX]

Q27b. [DO NOT ASK IF Q2 = b or f, RETIRED DOCTORS, LEFT PROFESSION] Now please select the main career change (if possible) that considering? Please select one only

[PIPE IN ANSWERS SELECTED FROM Q27]

Not relevant
Q28. [ASK ALL WHO SELECT = ONE PIPED ANSWER AT Q27b. A CAREER CHANGE] You said that you are considering [PIPE THE ONE CAREER CHANGE SELECTED AT Q27] in the next three years. Which of the following best explain why that is? Please select all that apply. [MULTI CODE, RANDOMISE ROWS]

a. I would like more variety in my role
b. My role demands too much of me
c. The current system presents too many barriers to patient care
d. I would like to live abroad
e. Doctors are treated with greater respect in the country/ies I am considering moving to
f. I want to increase my pay
g. I have reached retirement age
h. I will be able to spend more time with my family
i. To carry out caring responsibilities (for other adults)
j. I feel like a change
k. I would like a new challenge
l. I want to have a greater impact in healthcare
m. I want to reach my full potential
n. I do not want to participate in the revalidation process
o. Other (please write in) [OPEN, UNCODED, Fix please provide a large text box]
p. Don’t know
q. Prefer not to say

Q29. [ASK ALL WHO SELECT ANY A–Q AT Q27] Please provide more details on factors shaping your future career plans as a doctor if you have further thoughts to share [OPEN TEXT BOX]

Q30. [ASK ALL] We are interested in gauging the level of optimism or pessimism you felt about life as a doctor when you started your career, and the level you feel now when thinking about the future of the profession.

Please select a point on the scale relevant to the period described.

I. Very optimistic
II. Optimistic
III. Somewhat optimistic
IV. Neither optimistic nor pessimistic
V. Somewhat pessimistic
VI. Pessimistic
VII. Very pessimistic
VIII. Don’t know

a. When you started your career
b. Thinking about the future
Q31. [ASK ALL] If you were starting your undergraduate studies now, would you choose to study medicine? Please select one response only. [SINGLE CODE]

- a. Yes – definitely
- b. Yes, I think so
- c. Maybe
- d. No, I don’t think so
- e. No – definitely not
- f. Don’t know

Q32. [ASK ALL] Please can you explain your thoughts behind this? Please write your answer in the box below.

[OPEN TEXT BOX]

Q33. [ASK ALL] To what extent do you agree or disagree with the following: [RANDOMISE ROW ANSWER OPTIONS]

For each option, please give your answer on a scale of 1 to 7 where 7 = strongly agree, and 1 = Strongly disagree

1 = Strongly disagree
2 = Agree
3 = Somewhat agree
4 = Neither agree nor disagree
5 = Somewhat disagree
6 = Disagree
7 = Strongly disagree

- a. My medical career has met my expectations
- b. I would recommend medicine as a career to others
- c. If I were to choose again I would not become a doctor
- d. I am satisfied with my chosen speciality area

Q34. [ASK ALL] Overall, do you have any further thoughts on the future of the profession that you would like to share? Please write your thoughts in the box below.

[OPEN TEXT BOX]

[SHOW IF Q1 = a, PRACTISING DOCTORS] We have a few final questions to ask you before the end of the survey. We know doctors work in a variety of ways and would like to understand this better and how different roles might affect responses to the previous questions. All information collected in this final section of the survey, as with all other questions, is strictly confidential.

Q35. [ASK IF Q1 = a, PRACTISING DOCTORS] Which of the following sectors, if any, do you work in currently? By ‘the NHS’ we are also referring to the Health and Social Care system in Northern Ireland. Please select as many options as apply. [MULTI CODE]
a. In the NHS – for a primary care provider / in the primary care setting
b. In the NHS – for a secondary care provider
c. In the NHS – for a tertiary care provider
d. In the private / independent healthcare sector
e. In higher education
f. Medico–legal professional
g. Other (please write in) [OPEN, UNCODED]
h. None of the above [EXCLUSIVE]
i. Prefer not to say [EXCLUSIVE]

Q36. [ASK Q1 = a, PRACTISING DOCTORS] Do you currently work as a locum? [SINGLE CODE]
a. Yes– locum only
b. Yes– I hold locum and non–locum contracts
c. No
d. Prefer not to say
e. Other (please write in) [OPEN, UNCODED]

Q37. [ASK IF Q1 = a, PRACTISING DOCTORS] How many hours have you worked as a medical professional on average over the last month?

[OPEN TEXT BOX]

Q37b. [ASK IF Q1 = a, PRACTICING DOCTORS] How many institutions have you worked in during the last 2 weeks?

[OPEN NUMERIC TEXT BOX]

I have not been working as a doctor for the last two weeks

Q38. [ASK ALL] Are you… Please select one option only. [SINGLE CODE]

a. Male
b. Female
c. Would rather not say

Q39. [ASK ALL] And how old are you? Please select one option only.

[DROP DOWN NUMERICAL AGE MENU IN WHOLE YEARS AGE 16 to 110]

Would rather not say

Q40. [ASK ALL] What is your ethnic group? Please select one only. [SINGLE CODE]

White
English, Welsh, Scottish, Northern Irish or British
Irish
Gypsy or Irish Traveller
Any other white background (please write in)

Asian or Asian British
Indian
Pakistani
Bangladeshi
Chinese
Any other Asian/British Asian background (please write in)

Black, African, Caribbean or Black British
African
Caribbean
Any other Black, African or Caribbean background (please write in)

Mixed or multiple ethnic groups
White and Black Caribbean
White and Black African
White and Asian
Any other mixed or multiple ethnic background (please write in)

Another ethnic group
Arab
Any other ethnic group (please write in)
Would rather not say

Q41. [ASK ALL] Where did you gain your primary medical qualification?
   a. UK
   b. European Economic Area (excluding the UK)
   c. Outside the UK and European Economic Area
   d. Would rather not say

[SHOW IF Q1 = a, PRACTISING DOCTORS]

Over the next couple of months we will be conducting a series of interviews to explore further the issues included in this survey. This will be a chance for you to share your experiences of working in the doctor profession in greater depth.

All interviews will be conducted by ComRes who are working on behalf of the GMC and your personal details will remain anonymous.

If you are interested in taking part and participating in a 30 minute telephone interview please leave your name, email address and a phone number in the boxes.

Name:
Email:
Phone number:

I do not wish to take part in further in this study

[SHOW ALL]
Thank you very much for your time taken today to complete this survey
EMAIL SUBJECT LINE: Invitation to participate in GMC’s ‘What it Means to be a Doctor’ research

Dear [title] [surname],

I am contacting you from ComRes, an independent research organisation, on behalf of the General Medical Council (GMC). We recently invited you to take part in the GMC’s ‘What it Means to be a Doctor’ study, and we are very grateful to you for taking the time to complete this survey. Your responses to this survey have already provided valuable insight into the experiences of being a doctor in the UK in 2018, and these will be published later this year by the GMC as part of its State of Medical Education and Practice report.

We are also conducting follow-up interviews with doctors to explore some of the issues covered in the survey in more detail. You kindly registered your details that you were willing to be contacted for an interview, and we would like to invite you to take part in this next stage. The interview will be based on a range of open questions and will cover a range of themes to explore your experiences of working as a doctor in the UK.

The telephone interviews are being conducted over the next few weeks. We are flexible and can book in a time convenient for you. Each interview will last around 30 minutes, and participation will be strictly anonymous, according to the Market Research Society code of conduct. The GMC will not know that you have taken part, nor will any responses be attributed to you. Anonymised quotes may be used in our report to the GMC, and in subsequent reports prepared by the GMC.

To arrange a time for an interview, or if you have any questions about this part of the research, please do get back to me via email or call 020 7871 XXX.

Kind regards,

XXXX
INTRODUCTION

Interviewer to:

- Thank the participant for taking part;
- Explain who ComRes are;
- Explain that we are conducting this research on behalf of the GMC, what the objectives of the research are, how it relates to the quantitative survey, and how the information will be used;
- Reiterate 30-minute commitment;
- Assure them that any information they give will remain anonymous according to the MRS Code of Conduct;
- Read out statement:
  - The interview will be audio recorded (unless you would prefer it not to be) and we may use quotes (which will have been anonymised and therefore cannot be attributed to you) to illustrate some of the research findings. These anonymous quotes may be used in our report to the GMC and any reports / materials the GMC produces on the basis of this research. There will be no linkage between transcripts and individuals and so there cannot be any follow up in relation to the things you have said.

  The only circumstances under which we would break the confidentiality of an interview would be in the highly unlikely event that a doctor being interviewed says something that indicates that the interviewee or other person is at risk of imminent harm. In this situation (of course, like anyone else) we would have a duty of care to inform an appropriate individual e.g. a healthcare professional or your employer. To be clear, we will never pass your details on to the GMC.

- Seek permission to record the interview for reporting purposes only.

SECTION 1 – INTRODUCTION AND OVERVIEW OF CURRENT ROLE (3 MINUTES)

[Context for interviewer] This section seeks to explore details of the respondent’s current working situation, typical place of work and any specialisms.

- To start with, could you tell me briefly a little about yourself and your current role as a doctor
  What is your main area of practice? Particular area of specialism?
- Please tell us where you work? i.e. do you work primarily in a hospital, primary care setting, community practice etc.
- Is this a full-time or part-time role?

1. How long have you been practising as doctor?
- How long have you been in your current role
- Please briefly outline previous roles that you might have had

2. What are your main responsibilities in your current role?
- Do you work in a team/ lead a team, other roles that they may be undertaking, trainer, adviser etc
SECTION 2 – SATISFACTION AND PROFESSIONAL CAREER JOURNEY (8–10 MINS)

• This section seeks to explore respondents’ current levels of satisfaction in their role, as well as understand how this satisfaction has changed over the course of their career.

3. Thinking back to the beginning of your career, what would you say were the main reasons and motivations for you deciding to become a doctor?
   • What were your expectations for your career as a doctor?
   • How, if at all, have your expectations evolved/changed over time?
   Probes if necessary: working hours, work/life balance, sense of fulfilment, personal development.

   If had expectations:
4. Thinking now about your current role, to what extent would you say that it is meeting your expectations?
   • Is there anything that is different (either better or worse) than what you expected?
   • How have your expectations of working as a doctor changed in the time since you first qualified?

   • Further on in the interview we will talk about any pressures or challenges that you might be facing, but for the following questions, we are interested in the aspects that you find most fulfilling.

5. What aspects of your current job are the most fulfilling?
   • Why do you say that? What is it about these particular aspects of your job that you find particularly fulfilling?
   • And what aspects of your current job do you find the least fulfilling? Why is this?

6. If you were choosing what to study at university now, do you think you would still choose to study medicine?
   • Why do you say this?
   • What advice would you give to those applying to study medicine at university today?

SECTION 3 – PRESSURES AND CHALLENGES (8–10 MINS)

• This section seeks to explore the challenges and pressures facing doctors, as well as some of the ways in which they cope with them.

• Thank you very much for all of your answers so far. The next few questions are related to the pressures that you may or may not face in your role, and the ways in which you might deal/cope with them.

7. What would you say are the biggest challenges, if any you face in the context of your professional role?
   • What are the biggest pressures if any, on you as a doctor/in your current role?
If yes, lots of challenges:
8. How, if at all, would you say that these challenges have impacted on your health or wellbeing since becoming a doctor?
   • What impact, if any would you say that your work as a doctor has had on your health and/or wellbeing?
   • Do you find yourself worrying about anything in relation to your job? If so, what is this?

If experienced challenges
9. How, if at all, do you manage the challenges or pressures that you face at work?
   • In what ways do you take care of your own health and wellbeing?

10. What kind of support, if any do you receive to manage these challenges, or pressures.
   • Formal support – e.g. work base programmes formal mentoring, formal networks provided by Royal Colleges, Deaneries, Doctor’s own associations
   • Informal support – e.g. friends, conversations with colleagues informally

11. Do you feel that you receive enough workplace support in your current role?
   • Why do you say that?
   • [If no] How does this make you feel?
   • [If yes] Have you always felt supported in your career as a doctor? Can you tell me a bit more about this?
   • [If, yes] Where do you receive this support from? I.e. is this from fellow colleagues/from your employer?
   • If you had a concern at work, do you have a designated manager/boss that you feel you could raise this with?

SECTION 4 – PUSH AND PULL (5 MINS)
12. What career changes, if any are you considering in the near future say next 1–3 years?
   Probe: Part–time, moving to another country, moving to a non-clinical role
   • [If yes] What would you say were the main motivating factors for making this change? Probes: Spending more time with family, found the job too stressful, long-term ambition, better working conditions elsewhere, pressures of the role, lack of support.
   • [If yes] What do you expect the biggest benefit of this change to be?

13. [Ask those considering changing their working pattern/leave the profession/move country] What circumstances if any would make you reconsider these changes?
   • [If yes] Can you see yourself ever returning to your current role/job/working pattern?
   • How, if at all, do you think the GMC could better encourage support for doctors who are considering leaving the profession or practising abroad?

14. [Ask those not considering changing their working pattern/role] Which factors contribute to you wishing to remain practising as you currently are?
   • Probe: NHS as a system, working environment, team/colleagues, long-term ambition
• What are the most important factors keeping you in your current position? **Probe:** Colleagues, Supportive boss, supportive workplace etc.
• Is there anything that would make you reconsider your decision to remain part health system?
• Have you ever considered changing your working pattern (i.e. leaving the profession, moving abroad, part-time)?

**SECTION 5 – FUTURE CONSIDERATIONS (3 MINS)**

- Thanks again for all of your responses so far. Before we wrap up, I have a few final questions about your optimism and feelings about the future as a doctor working in the UK.

**15. Would you say that you are largely optimistic or pessimistic about the future of working as a doctor in the UK?**
  • Why do you say that?
  • What would you say are they key factors determining this?
  • Would you say that you are more or less optimistic/pessimistic than when you first started your career? Why?

**16. What do you think are the biggest concerns for the doctor profession in terms of retention?**
  • What do you think can be done overall to improve this situation in the future?

**17. What do you think are the biggest opportunities to support retention of doctors?**
  • What can be built on here for the future?

**18. Do you have any final thoughts about the experience and challenges of working as a doctor in the UK that you would like to share with the GMC before we finish?**

THANK & CLOSE
FURTHER INFORMATION

We would be delighted to discuss this further at your convenience.

Rachel Phillips
Associate Director
rachel.phillips@comresglobal.com
020 7871 8635

Vahsti Hale
Research Team Leader
vahsti.hale@comresglobal.com
020 7871 8646