BMA

BMA quarterly survey

Current views from across the medical profession
Quarter 1: 2018

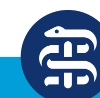
Public Health and Healthcare

British Medical Association
bma.org.uk

BMA

Background

- The BMA's Public Health and Healthcare function (PHH) manages an **online panel** of approximately **2,300 member doctors**.
- The panel is broadly representative of the main areas of medical practice and is used for quarterly surveys on topical health questions. The survey also includes recurrent questions on wellbeing and morale. These are repeated every quarter.
- Topical issues included in this quarter are questions on occupational support, treating refugees and asylum seekers, data security, seasonal pressures, working hours regulations, the GP forward view, private practice work and working life.
- The survey also allows for additional questions on other issues – if you are a health organisation interested in working with us, contact info.phhd@bma.org.uk



BMA

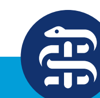
Methodology

– For this quarter, the survey was sent to 2,300 panel members.
– Panel members were emailed a link to the online survey between 8 March and 28 March 2018.
– The response was 959 (a response rate of 40%).
– The following analysis includes comparisons across the largest branches of practice.

BMA

Findings

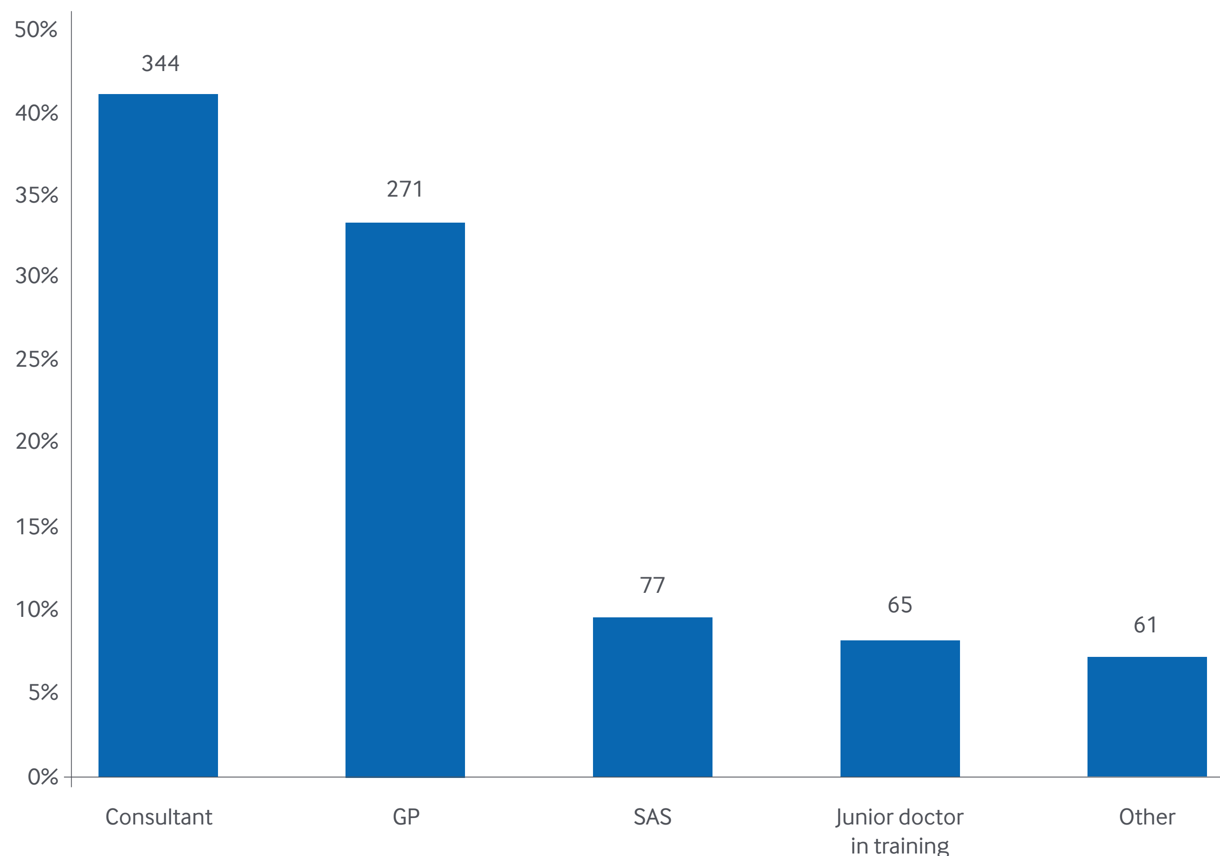
- Similar to other quarterly surveys, pressure on staff is a key theme across the survey responses. 82% of respondents thought that the service where they work is under resourced.
- The evidence from this survey points to continued increases in pressure on staff from under resourcing. 62% said that their workload was higher this winter compared to last.
- The results of the survey indicate that short term and stop-gap measures that have been implemented have had little impact and are a poor substitute for much needed long term investment in the NHS.
- According to 46% of respondents, the cancellations of elective surgeries had no impact on pressure where they work, while 37% thought it actually had a negative impact on pressure.
- There appears to be significant gaps and inconsistencies in the provision of occupational support for doctors.
- Roughly a third of doctors who had taken long-term absence due to ill-health were not given an assessment by an occupational health professional on return to work.
- Respondents who have experience dealing with patients from a migrant background highlighted the negative implications of sharing data on these patients with the Home Office. The majority thought that this data sharing arrangement is having an impact on the health seeking behaviours of this group of patients.
- Respondents provided specific examples of these impacts, including patients refusing further treatment because of concerns about their data.



Respondents: branch of medical practice

"Other" doctors include respondents that were working in medical academia, public health, doctors outside one of the main fields of practice and a small number of unemployed doctors or doctors on a career break.

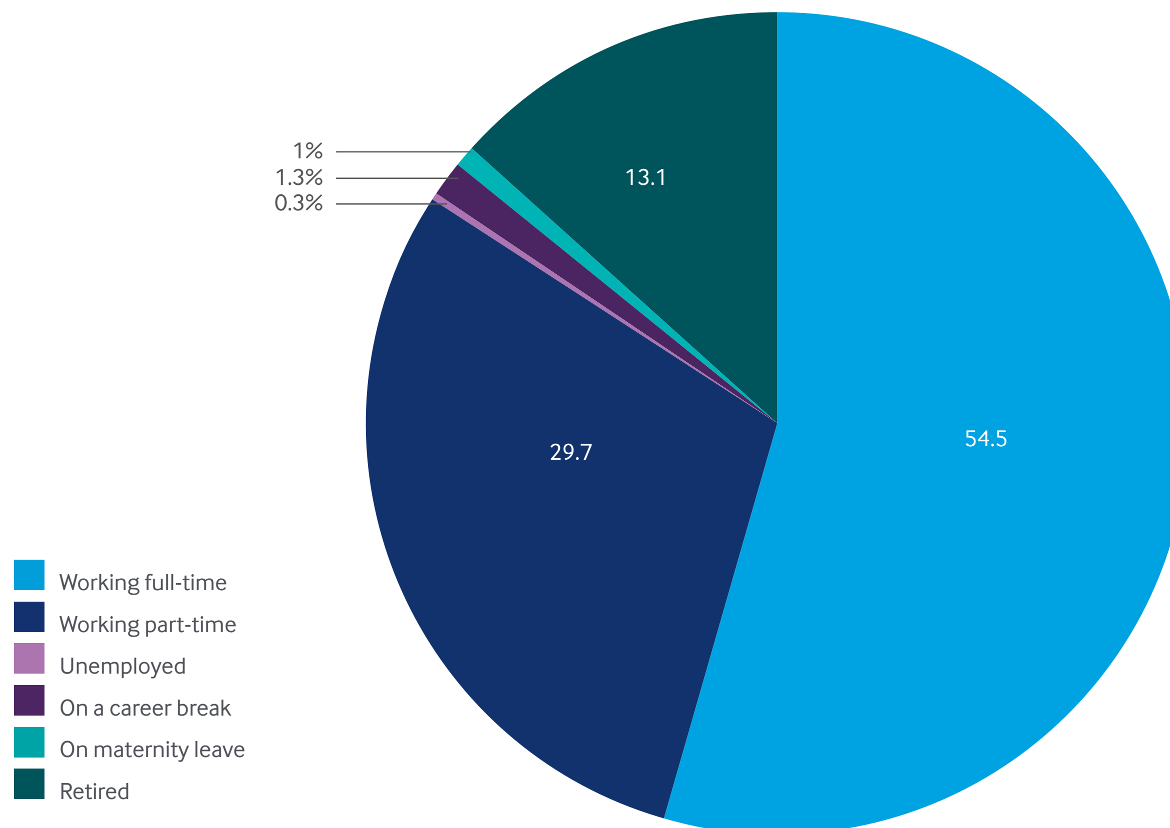
When retirees were questioned further about their last working post, consultant and GP contractor/principal were most frequently reported.



Question: What grade is your current post?

BMA

Respondents: working pattern



Question: Are you working: full time, less than full time, unemployed, on a career break, on maternity leave, retired?

BMA

Occupational support

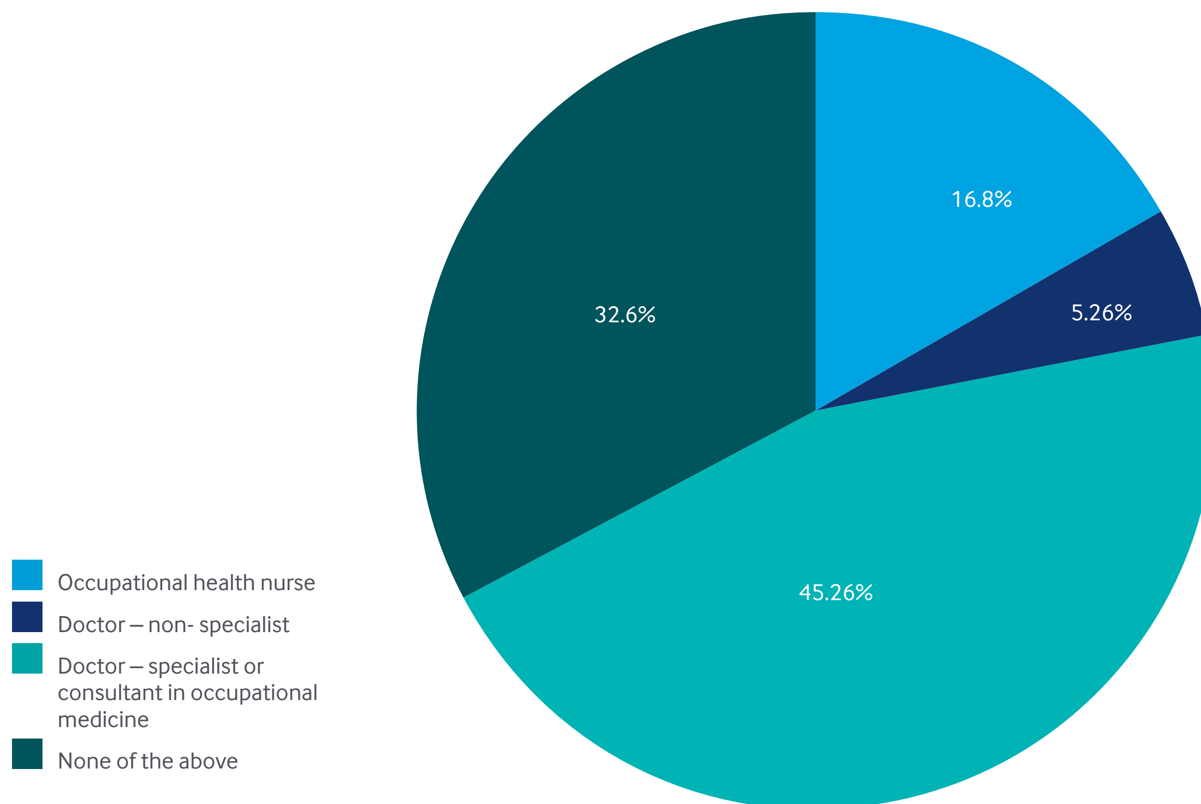
BMA

Long-term absences

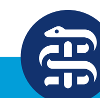
Respondents were asked if they had taken any long-term absences from their job due to ill health/disability. **18.9%** of respondents had taken a long-term absence.

Those who had taken a long-term absence were asked about their assessment upon return to work.

Although a majority had some form of assessment, a significant minority (33%) reported having no assessment on returning to work. Of those who were assessed, 14% said that the occupational report's (produced as part of the assessment) recommendations had not been implemented, while 22% said the recommendations were implemented in part and 62% said the recommendations had been implemented in full.



Question: Were you assessed by any of the following occupational health professionals prior to your return to work?

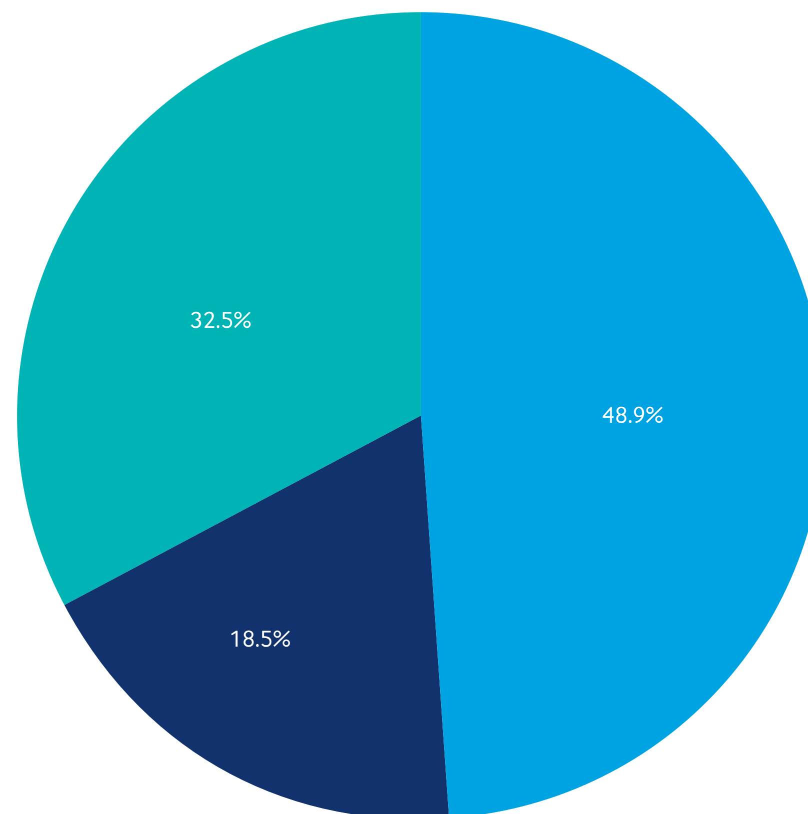


Support services

19% of respondents said that there were no services provided to support doctors who have physical or mental health problems where they work, while a large minority (33%) said that they didn't know.

Respondents were asked how confident they were, in the event their physical/ mental health was suffering due to work, that their employer would provide help and support.

27.2% felt quiet confident or very confident that their employer would provide support, compared to 42.5% who were not very confident or not at all confident of support.



Question: Are there any services that are provided to support doctors who have physical or mental health problems where you work?

BMA

Treating refugee and asylum seeker patients

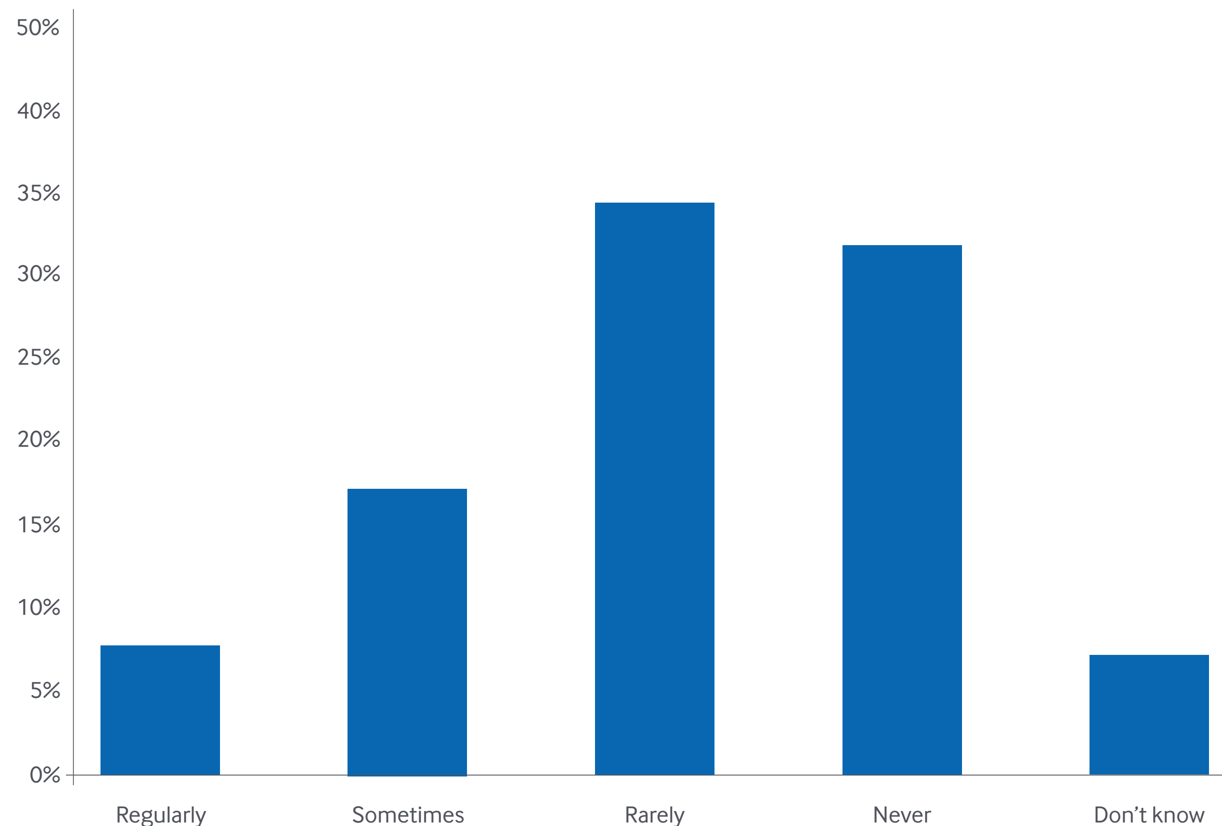
British Medical Association
bma.org.uk

How frequently do you see refugees or asylum seekers where you work?

BMA

Over a quarter of respondents were aware of sometimes or regularly treating patients who are refugees or asylum seekers.

Further questioning of respondents with experience treating refugee or asylum seeker patients revealed some knowledge gaps for doctors treating these patients, with 47.4% saying that they rarely or never felt adequately informed about the unique health challenges faced by these patients. 78.4% stated that they rarely or never feel adequately informed about support services for these patients.



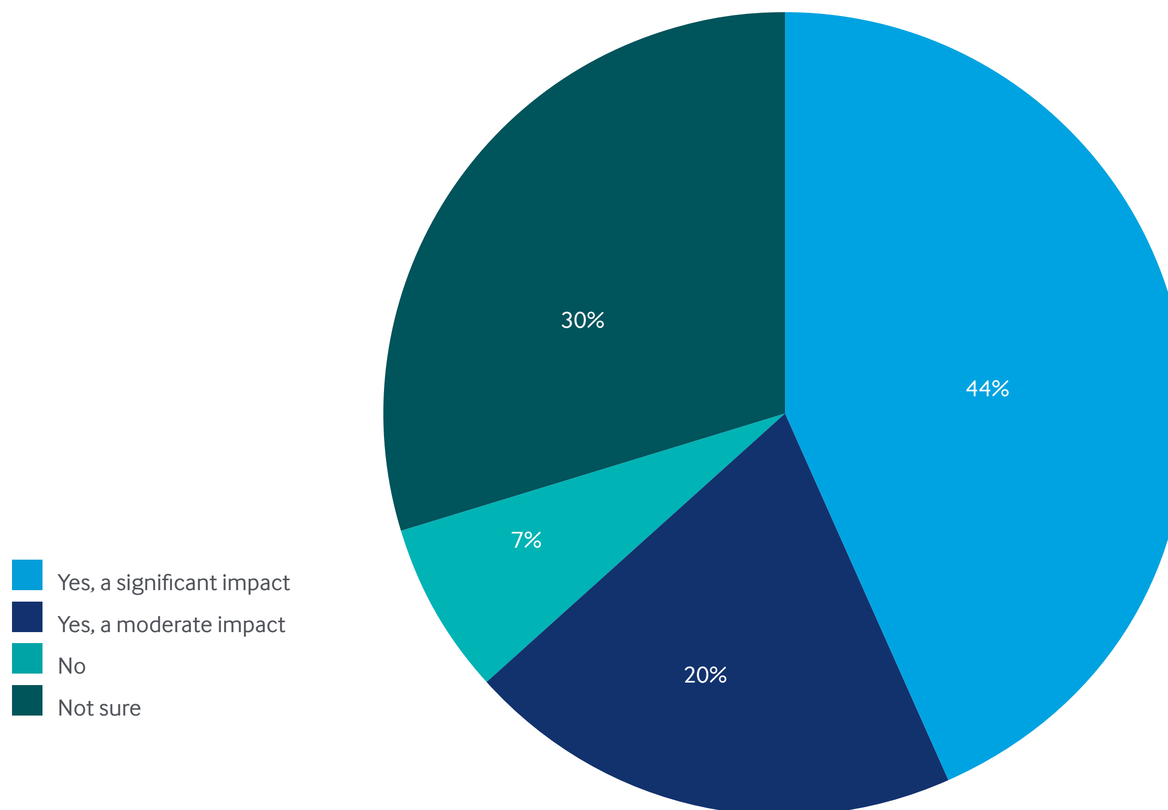
BMA

Undocumented migrant patients' data

Respondents were asked if they had experience of treating undocumented migrants – those without the right to remain in the UK.

A memorandum of understanding (MoU) allows for data sharing regarding these patients between NHS Digital, the Home Office and the Department of Health. The vast majority of doctors who have experience with this patient group thought that the MoU would have a moderate (19%) or significant (44%) impact on the health seeking behaviour of undocumented migrants.

Respondents also provided specific examples where undocumented migrant patients had forgone treatments because of data privacy fears.



Question: **Based on your experience of working with this population group, do you think there is likely to be a public health impact of the MoU sharing data between NHS Digital, the Home Office, and the Department of Health, particularly on health seeking behavior?**

BMA

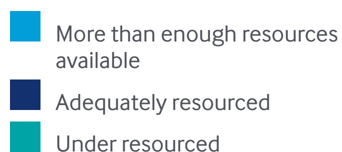
Seasonal pressures

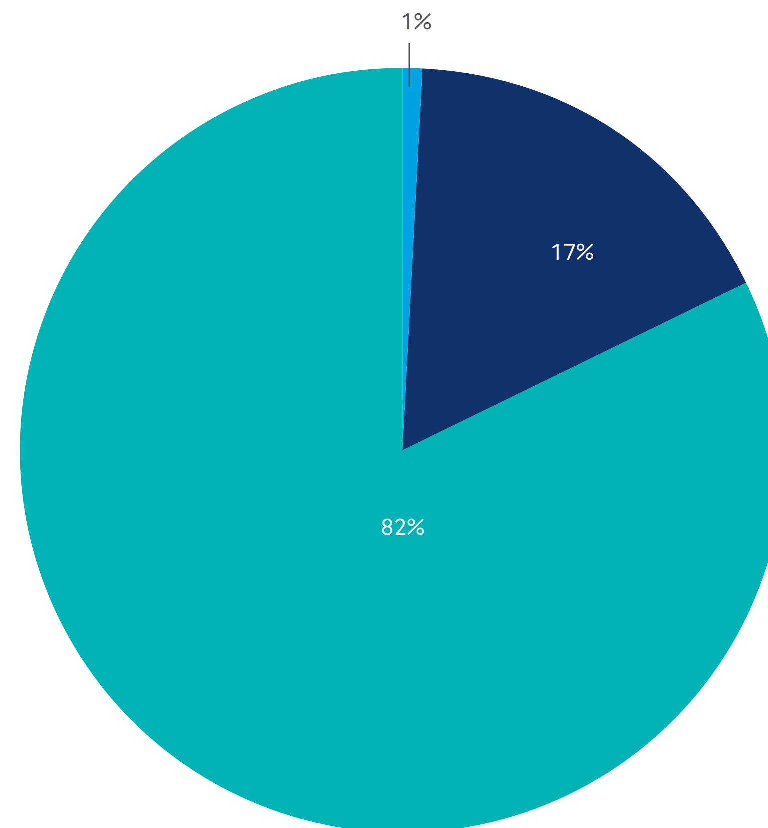
Resourcing in Winter

The findings from our section on seasonal pressures are stark.

We asked respondents how they would rate the resourcing levels where they work over the past winter, and **82%** said their service was under-resourced.

This adds to our evidence of increasing pressure on doctors and the NHS from previous quarterly surveys, with doctors reporting high levels of rota gaps and vacancies.





Question: How would you rate the resourcing levels of the service where you work over the past winter season?

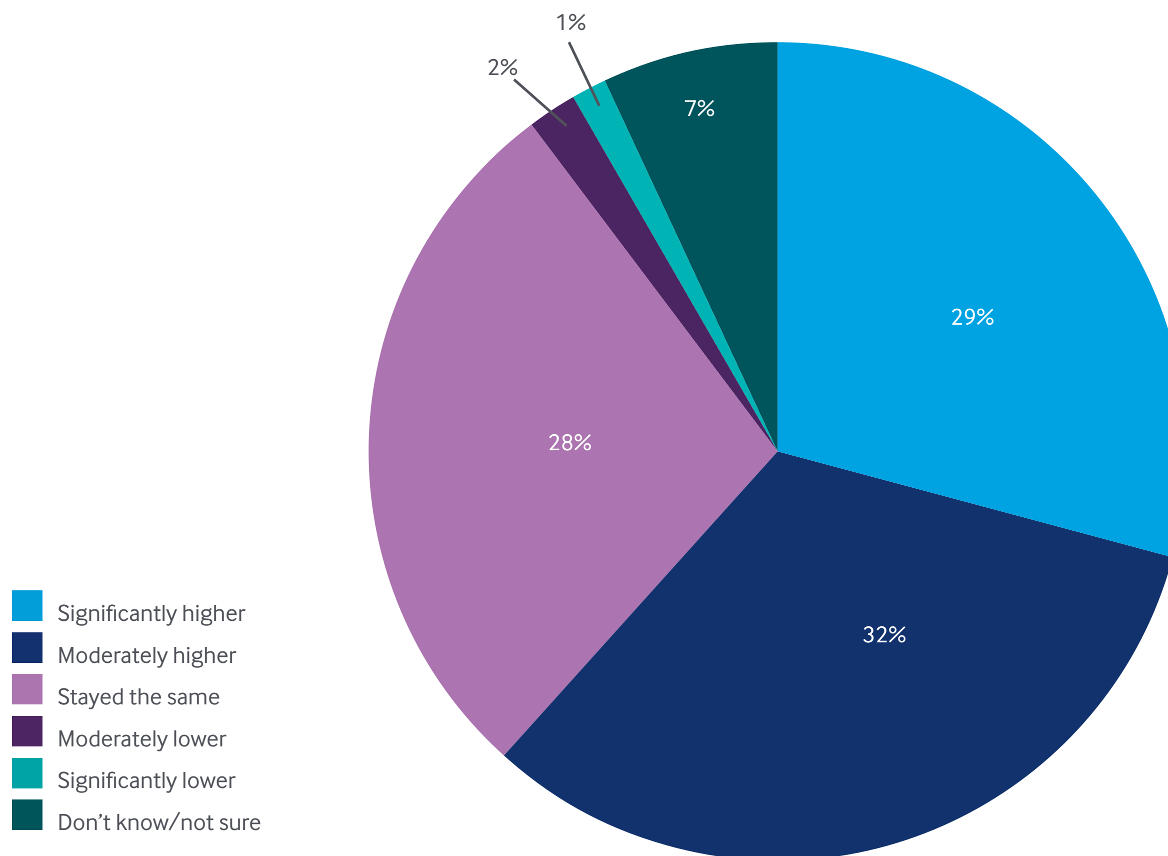
BMA

Workload over the winter

Most respondents (**62%**) reported that their workload was higher over this winter period compared to last. Only 3% of respondents thought that their workload was lower.

76% said that there were doctor vacancies where they worked, while 16% said there were 5 or more doctor vacancies where they worked over the past winter.

35% saw an increase in the numbers of agency/locum and temporary staff where they work over the past winter.



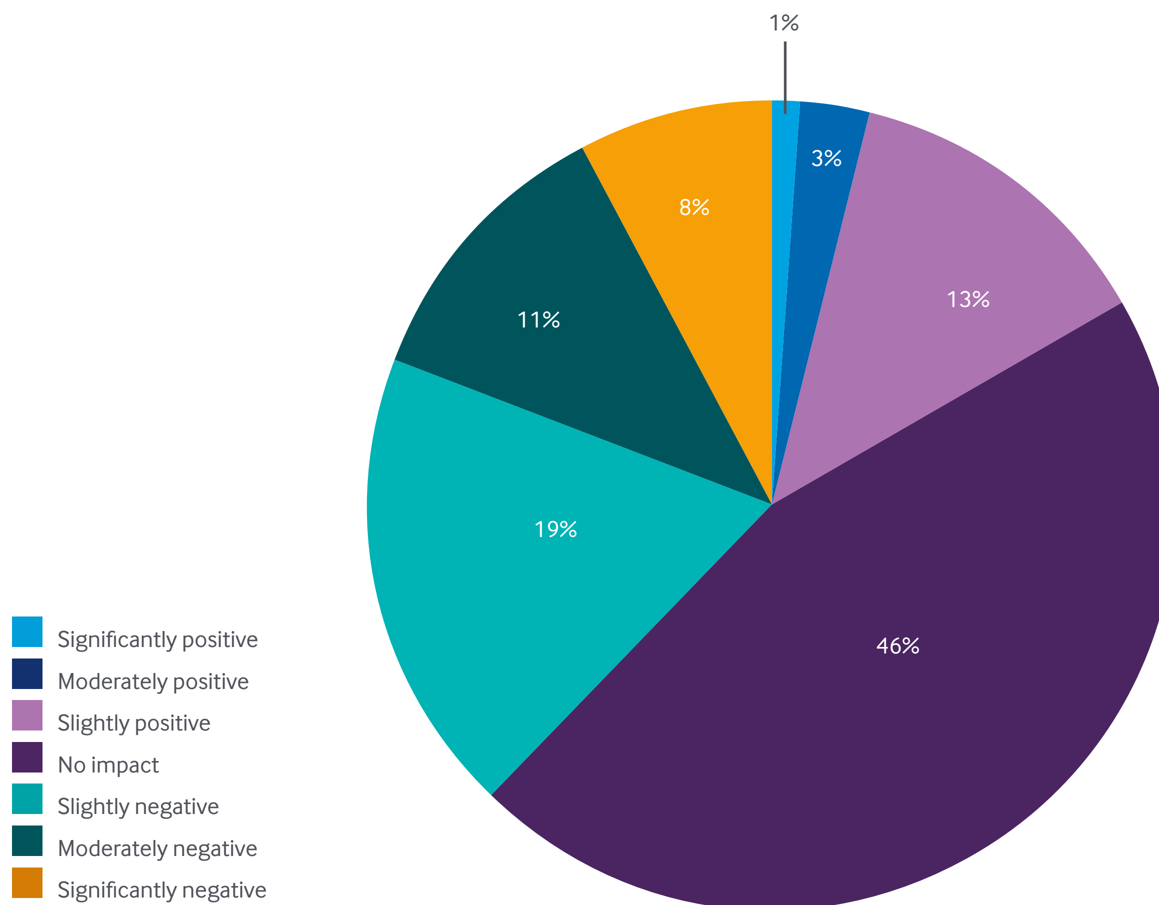
Question: Compared to the previous winter season, how was your overall workload this winter?

BMA

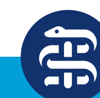
Cancellation of elective surgeries

The evidence from are survey results suggests that the cancellation of elective surgeries did not have a positive impact on winter pressures, and in many cases had a negative impact.

46% of respondents thought the cancellations had no impact, while **37%** thought it had a negative impact.



Question: What impact did the cancellation of elective operations have on the overall level of pressure where you work?



BMA

Working hours regulations

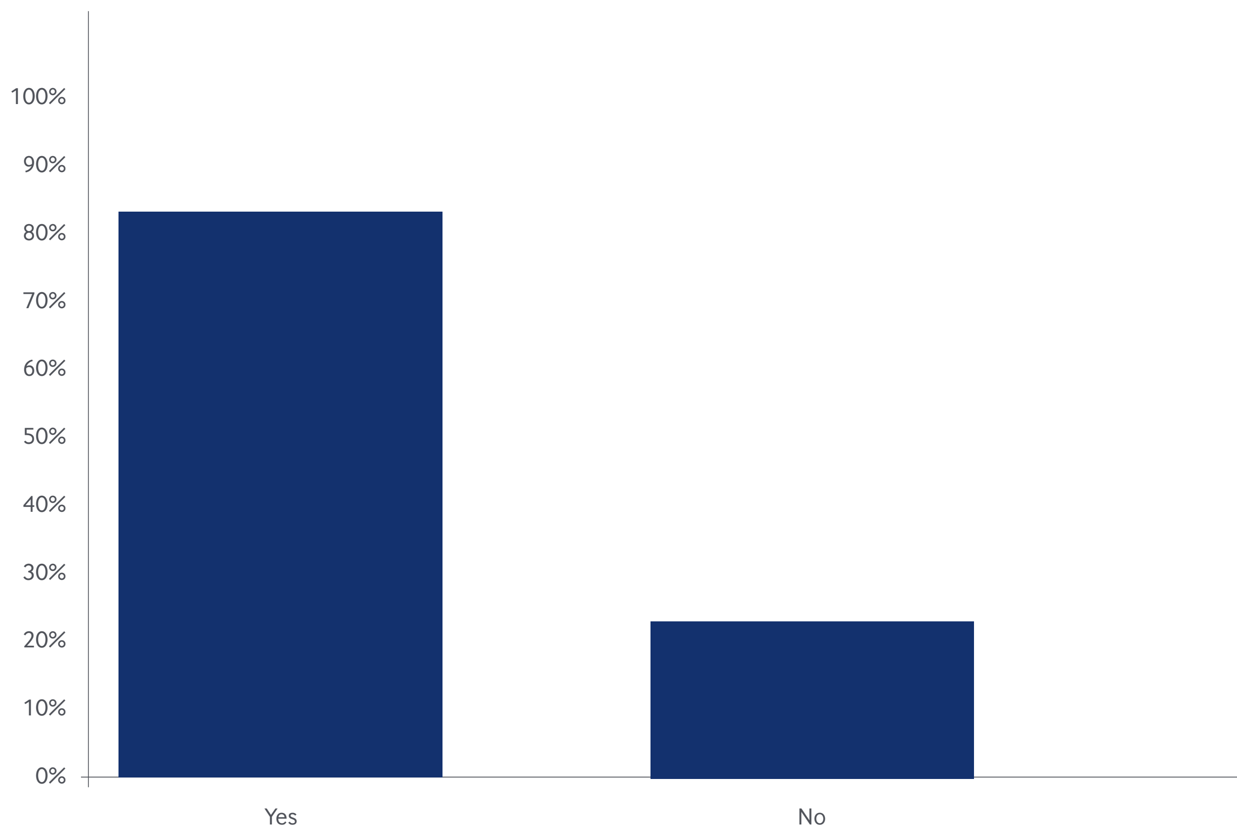
British Medical Association
bma.org.uk

BMA

Maximum working hours

The vast majority (**83%**) of respondents thought that there should be a legal maximum for average weekly working hours.

Respondents thought that this was important for both patient and staff safety.



Question : **Do you think there should be a legal maximum for average weekly working hours?**

BMA

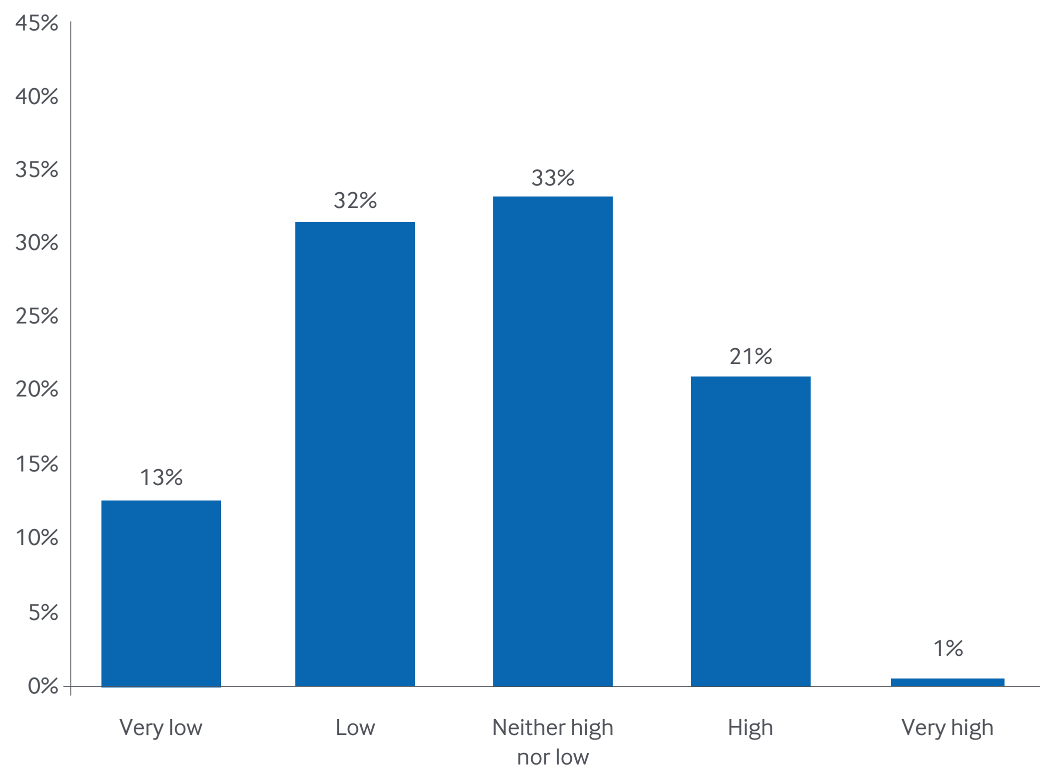
Current morale

BMA

Current level of morale

This quarter, 45% of respondents described their morale as being low or very low, compared to only 22% of respondents who described morale as being high or very high.

There is a significant difference between the morale of those who are retired and the average of those who are. To gain a more accurate picture of the morale of those currently working, retirees were excluded from this analysis.



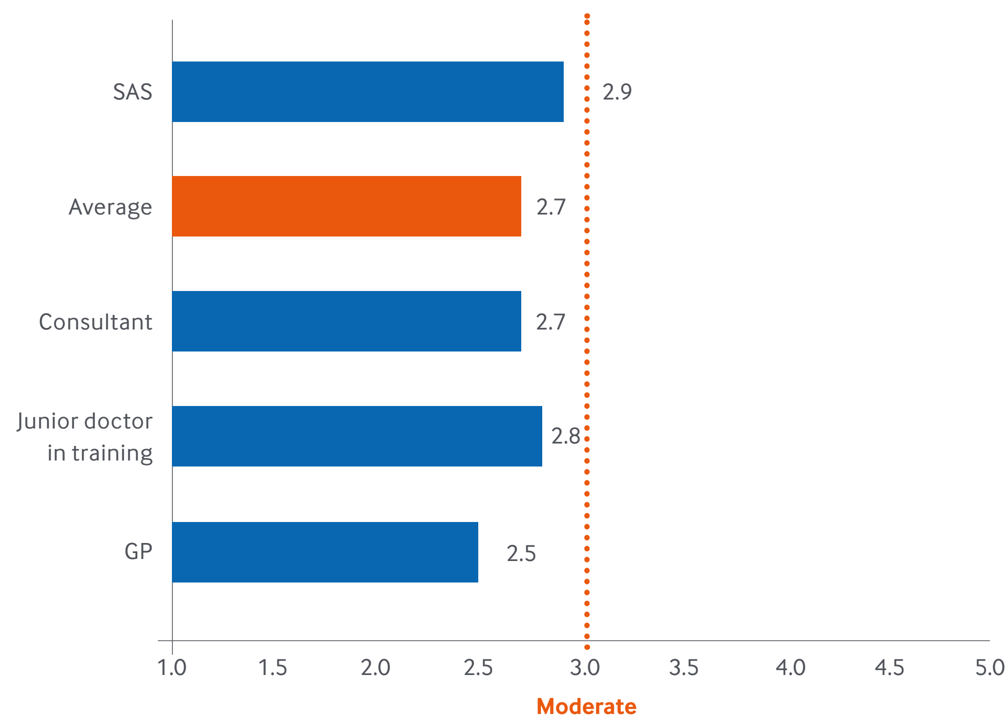
Question: Taking everything into account, how would you describe your current level of morale?

BMA

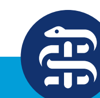
Average morale by branch of practice

Using a 5-point scale
(1 = very low, 3 = moderate, 5 = very high) the mean morale scores can be compared across branches of practice.

Branches of practice average morale scores that are relatively similar, and all have average morale that are below moderate.



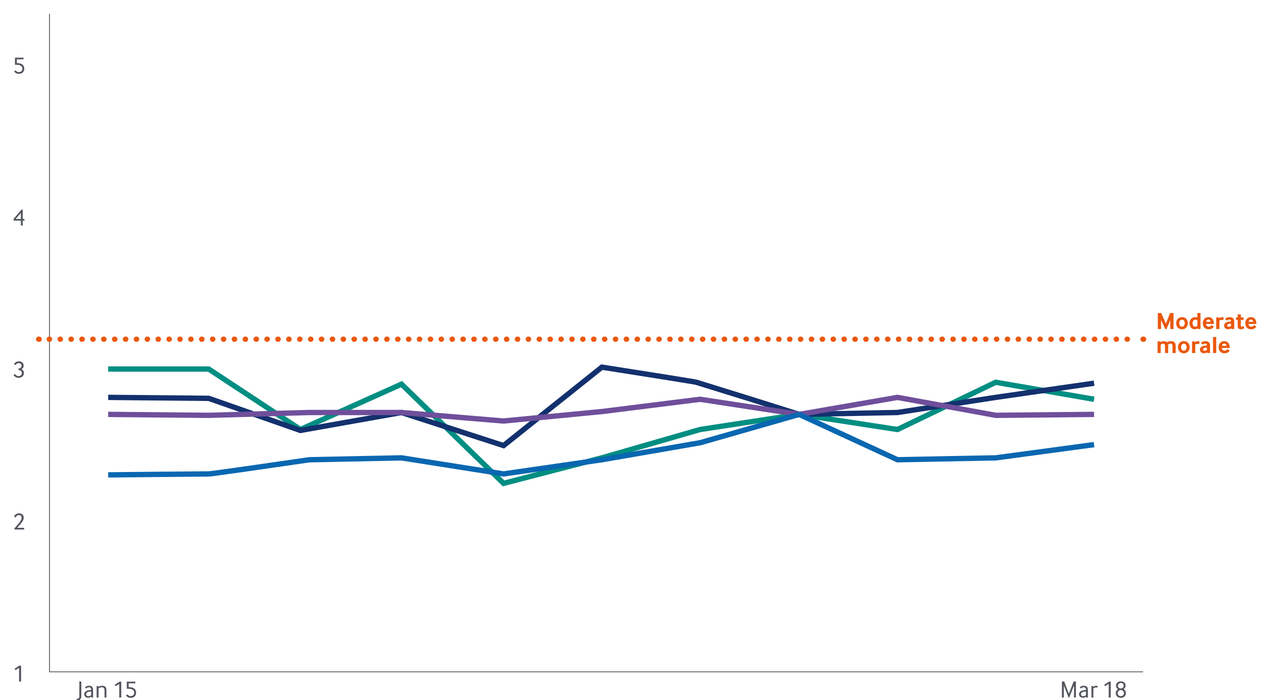
Question: **Taking everything into account, how would you describe your current level of morale?**



BMA

Time series for average morale by branch of practice

Morale over time remains low for all branches of practice.



Average morale by branch of practice

- Junior doctor in training
- GP
- Consultant
- SAS

BMA

Current workload

Working outside regular hours in the last month by branch of practice

BMA

Consistent with all previous editions of the Quarterly survey, this quarter shows that GPs remain the most likely to report working outside their regular hours "very often".

	Junior doctor in training	SAS	Consultants	GP
Very often	25%	20%	33%	47%
Often	27%	32%	33%	27%
Occasionally	35%	30%	23%	13%
Rarely	13%	12%	8%	5%
Never		7%	4%	7%

Question : In the last month, how often have you worked/trained outside your regular hours?

British Medical Association
bma.org.uk