

**BMA**

Scotland

# BMA Scotland 2018 member survey



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Dr Lewis Morrison,  
Chair, BMA Scottish Council

## Foreword: Dr Lewis Morrison, Chair, BMA Scottish Council

BMA members in Scotland have consistently reported to us over recent years the mounting challenges of working in today's healthcare services. The compelling testimony of doctors leading the delivery of frontline care is vital in helping us better support them and in shaping our policies.

As a profession we are uniquely placed to be able to provide insight into the effects of the major pressures on health and social care services.

There is clear evidence of unacceptable and rising vacancy rates; particularly long-term vacancies. We face a clear recruitment and retention crisis. BMA Scotland has consistently highlighted<sup>1</sup> the evidence that resources are failing to keep up with increasing demands on the NHS. The recent Audit Scotland<sup>2</sup> report on the NHS in 2018 made that abundantly clear with the stark warning that our health service as it stands is not financially sustainable.

As doctors, we see the impact of these problems day in and day out in our practices and hospitals and know the toll it is taking on our own wellbeing as well as our patients.

Facing times as difficult as these, it is essential that the voice of the medical profession is heard. In order to properly understand the working lives of doctors in Scotland in 2018 and gain comprehensive evidence of what our members tell us, the BMA surveyed nearly 1,000 of those members in Scotland.

The evidence provides us with no surprises. It reinforces the deep concerns that our members repeatedly express. It is clear from the results that there are simply not enough doctors to deliver the quality care we all strive to provide. Doctors are fearful of making mistakes and feel that meeting targets is prioritised over delivery of care.

This survey predated the Scottish Government's unacceptable decisions on doctors' pay for this year, and it therefore seems inevitable that morale will have deteriorated further.

<sup>1</sup> <http://www.isdscotland.org/Health-Topics/Workforce/Publications/data-tables2017.asp?id=2229#2229>

<sup>2</sup> <http://www.audit-scotland.gov.uk/report/nhs-in-scotland-2018>

This survey must be more than just a means to highlight worries and problems. It has to be the start of a process that begins to reverse the deterioration in working conditions for doctors in Scotland. I truly believe that if they are used constructively, the results will be a useful tool not just for us, but for policy makers, employers and managers at all levels.

These are the challenges – making us feel valued again, ensuring Scotland better attracts and retains doctors, delivering real improvements in doctors working lives, putting services on a long term sustainable footing and closing the gap between resources and demand. A fundamental improvement in the lot of doctors is needed, so they can focus on the care they deliver to patients.

These are considerable tasks, and there is much to be done. But listening to those who have devoted their careers and their lives to healthcare is a vital first step. The results of this survey provide that opportunity and I very much hope people will listen, take notice and act.

A handwritten signature in black ink, appearing to read 'Lewis Morrison', followed by a long horizontal line extending to the right.

Dr Lewis Morrison,  
Chair, BMA Scottish Council



# 1. Introduction

The NHS is facing some of the most difficult challenges in its 70-year history. More people than ever before rely on the expert care it provides every day, with Scotland's population continuing to age and an increasing number of people now living with multiple long-term conditions. But at a time when levels of patient need are higher than ever, the funding to provide care is simply not keeping pace, leaving many services under intense pressure all year round.<sup>3</sup>

This summer, the BMA conducted a major survey of members across the UK to better understand what is currently happening at the frontline of the NHS, and to inform our work to ensure that the voice of doctors helps to shape the future planning and delivery of Scotland's health services. We asked for their views on a range of issues affecting their working lives, focusing on three themes:

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## Culture

How does the current environment of the NHS affect doctors' well-being, including whether they feel they work in a supportive culture in which they are able to fulfil their professional duty of care to patients and are able to raise concerns in order to improve quality and safety?

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## Workforce

What support do doctors need in an environment of workforce shortages – including any changes in workforce skill mix – to meet the changing needs of patients?

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## Structures

What are doctors views and wishes about how the NHS is structured with regards to collaborative working and promoting innovation?

This report presents a summary of the 999 members from across Scotland who took the time to respond to the BMA's survey between May and June this year.

<sup>3</sup> <http://www.audit-scotland.gov.uk/report/nhs-in-scotland-2018>

## 2. Executive Summary



The results of this survey highlight the challenges doctors face in their working lives every day. Many feel they are increasingly expected to provide patient care in an unsafe, unsupportive environment, where a persistent culture of blame stifles learning and discourages innovation, this is contributing to a vicious cycle of low morale and poor recruitment and retention, contributing to endemic workforce shortages.

### Funding and Structure

Two thirds of doctors believe that **NHS resources are inadequate and significantly affect the quality and safety of patient services** (66%).

More than 70 per cent of Doctors said that in the past year, **overall patient services** have worsened (71%) more than they have improved (2%). Specifically, waiting times for patients (70%) and staffing levels (71%) are deemed to have worsened by the greatest majority of doctors.

The vast majority of doctors are **working more than their contracted hours** (91%). This seems to be caused, in part, by hospitals and GP practices not being able to provide cover in the case of absences or unfilled vacancies, since the majority of doctors say that their workplace cannot always fulfil required cover. This corresponds with both regular feedback from members, and the latest figures on this issue, that show a sharp increase in long-term vacancies.<sup>4</sup>

### Culture

The overwhelming majority of doctors say that they are sometimes or often fearful of making a medical mistake (93%). Despite the reassurances provided in the wake of the case of Dr Hadiza Bawa-Garba, only 3 per cent of doctors say they are less fearful of making a medical error, whereas approximately half say they are more fearful (48%) and 4 in 10 say it hasn't changed. Similarly, in the wake of the Bawa-Garba case, there is a fear among half of doctors around being unfairly blamed for errors (47%) due to system failings and pressures of the workplace; as a result, two-fifths of doctors practice defensively (42%). This can mean risk averse care is delivered, such as over-prescribing and unnecessary tests which are not beneficial to the patient.

Despite this, half (46%) of doctors do say they always feel confident raising concerns about patient care. For the half who do not always feel confident, workload pressures are making it difficult to find time to report concerns (60%) and in turn half feel afraid that they or their colleagues will be unfairly blamed/suffer adverse consequences (45%). Three quarters

<sup>4</sup> <https://www.bma.org.uk/news/media-centre/press-releases/2018/september/sharp-increase-in-long-term-consultant-vacancies-shows-impact-of-failing-to-value-doctors> And: <http://www.isdscotland.org/Health-Topics/Workforce/Publications/data-tables2017.asp?id=2229#2229>

(74%) of doctors are cautious about recording reflective practice or plan not to use it for fear it could be used against them; specifically, Junior doctors are more likely to feel cautious. These figures are cause for concern as it is only through open and honest learning from mistakes that safety and improvements to care for patients can be made.

Nearly 4 in 10, (38 %) say that bullying, undermining or harassment is a problem in their workplace. A quarter of doctors would not feel confident in reporting incidences of bullying, undermining or harassment (26%). Again, it is only through creating a culture of openness, honesty and respect, where everyone feels able to speak out, that this issue will be tackled.

There are concerns over respect, diversity and an inclusive working environment, however there was a more positive feeling on effective team working where required for their work.

### **Workforce/Workload**

The improvements Scotland's doctors would most like to see in the workplace are: effective IT systems (57%), safe staffing levels (55%) and additional support from non-medical clinicians (49%). Reducing excessive workload pressures and supporting work life balance are key reasons why doctors say they have difficulty retaining medical staff at their work place. With serious issues around recruitment and retention of doctors, is vital that urgent improvements are made in these areas to ensure we make working in medicine the attractive career choice we all want it to be.

## 3. Detailed results

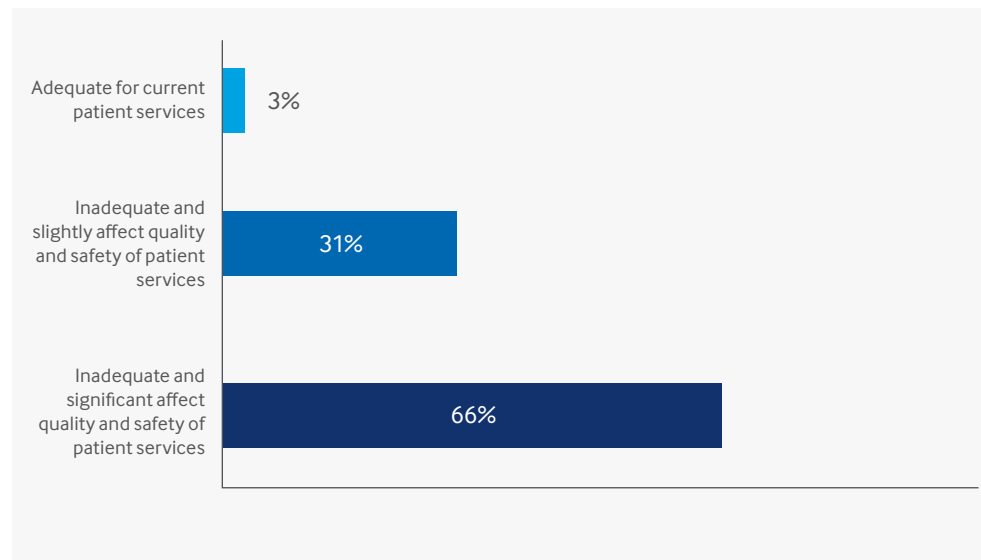


### 3.1. Funding and Structure

#### Current NHS resources

The overwhelming majority of doctors (97 per cent) feel that inadequate resources are affecting the quality and safety of care. Indeed two thirds (66%) selected the most severe statement in the survey: the inadequacy of resources significantly affects the quality and safety of patient services.

**Figure 1: Which if the following statements best reflects your views about NHS resources in your nation? Base: All Scotland working doctors**



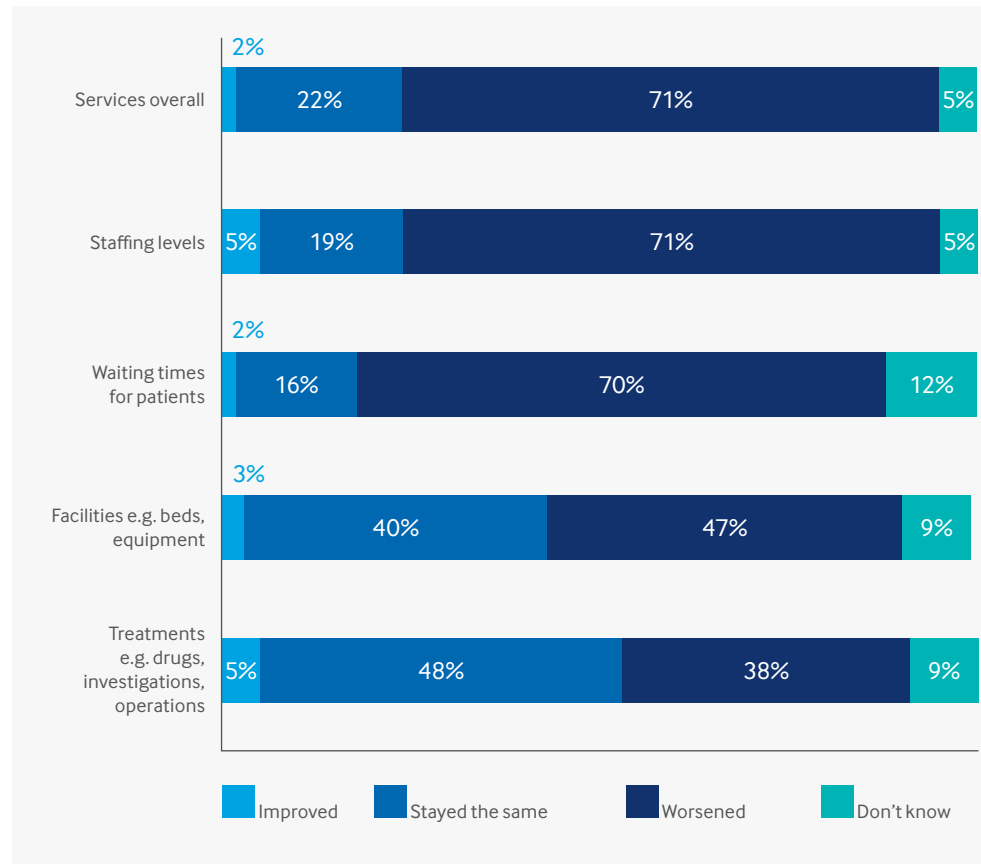
#### Change in services over the past year

More than seven in 10 working doctors believe that overall services have worsened in the past year.

Regarding specific service areas doctors perceived as worsening, **staffing levels** (71%) and **waiting times for patients** (70%), are top of the list. Just under half of doctors (47%) feel that facilities (e.g. beds, equipment) have worsened, with almost 4 in 10 (38%) saying that treatments (e.g. drugs, investigations, operations) have worsened.



**Figure 2: How have the following patient services changed in your main place of work in the past 12 months? Base: All Scotland working doctors**



### Health and social care integration

In Scotland, health and social care are now integrated. Despite this only 13% of doctors agree they can influence planning and decisions about integrated working at a local level, whilst 34% neither agree nor disagree, leaving 53% who disagree. The opportunity to work across primary, secondary and social/ community care has improved for a small proportion of doctors (12%), whilst 50% disagree and 38% neither agree nor disagree. Nearly two thirds (65%) of doctors do not think that IT infrastructure across primary, secondary and social/community care has improved, whilst 23% neither agree nor disagree.

## 3.2. Culture

### Medical errors

Only 7% doctors say that they are never fearful of making a medical error in their daily workplace. Half say they are occasionally fearful (56%) and just slightly fewer say that they are often fearful of making a medical error (37%).

When doctors in Scotland were asked how fear of making a medical error has changed compared to five years ago, around 4 in 10 say that it hasn't changed (40%), whilst nearly half say that their **fear in reporting a medical error has increased** (48%). Just 3% think it has reduced.

The primary reason for medical errors is felt to be **pressures/lack of capacity in the workplace** (86%). This is followed by **human error** (58%) and system failings in the workplace (52%). Nearly a quarter (23%) of doctors feel errors are likely due to them being asked to work outside their scope or competence, with around 1 in 10 (12%) saying it is due to a **lack of knowledge or skills, or a lack of adequate training** (9%).

## Reporting medical errors

There is a fear among almost half of all doctors (47%) of being unfairly blamed for errors due to system failings and pressures of the workplace. Just under half (46%) of all doctors agree with the statement: 'I believe there is insufficient protection and support for those reporting errors'. Four in 10 doctors also say that they practice defensively due to believing that they work in a blame culture.

Which of the following, if any, do you agree with about reporting errors, near misses and incidents that could have harmed patients in your workplace?	All Scotland working doctors	Scotland working GPs	Scotland working Hospital doctors
I am fearful of being unfairly blamed for errors which are due to pressures or system failings in my workplace	47%	39%	53%
I believe there is insufficient protection and support for those reporting errors	46%	43%	48%
I practice defensively because I believe I am working in a blame culture	42%	49%	38%
I feel content to report errors in my workplace	41%	47%	38%
I feel I work in a learning environment in which reporting errors will contribute to preventing errors, near misses and incidents in the future	39%	51%	33%
I am worried that reporting errors would negatively impact my career/training progression	22%	17%	25%
I am less inclined to report errors, near misses and incidents due to fear of blame	20%	17%	22%

## Ability to deliver safe patient care

Only 7% think that system pressures never prevent the delivery of safe patient care. More than nine in 10 doctors feel that **system pressures in their working environment often (23 per cent) or occasionally (69 per cent) prevent the delivery of safe patient care.**

## Factors affecting safe patient care

The main reasons reported for affecting ability to deliver safe patient care were: **being pressured to attend to multiple tasks simultaneously (68%), a lack of time to attend to patients (62%) and a lack of doctors/ unfilled vacancies/ rota gaps (62%).**

## Raising concerns about patient care

When doctors were asked specifically about how **comfortable they would feel raising concerns about patient care in their main place of work**, less than half of doctors (46%) say they would always feel confident.

For those doctors who wouldn't always feel **confident in raising concerns about patient care**, the main reasons given for feeling this way was **workload pressures making it difficult to find time to report concerns (60%), followed by feeling discouraged by a lack of feedback on concerns raised (47%).** More than four in 10 doctors reported that they are **afraid that they or their colleagues will be unfairly blamed or suffer adverse consequences.**

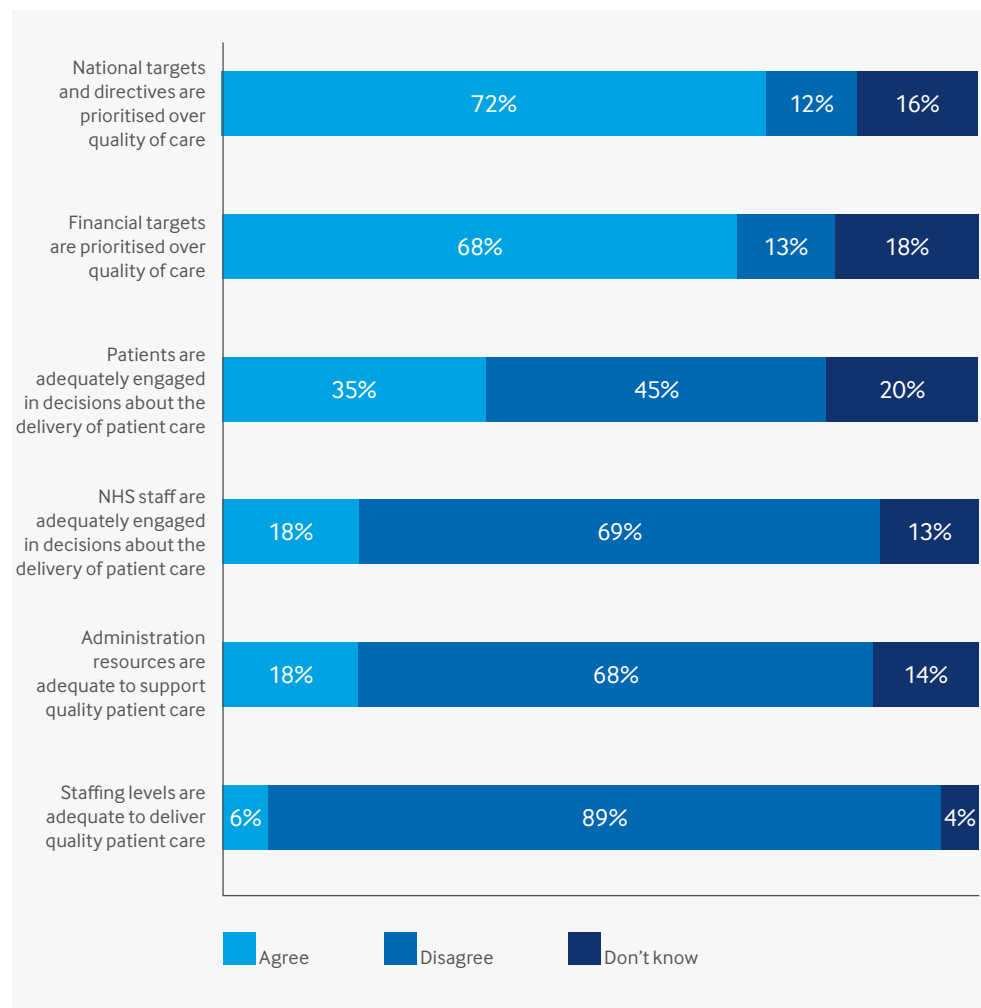
### Reflective practice

When asked specifically about their views on reflective practice, 44% are **cautious about recording reflective practice for fear it could be used against them**. A further 16% are significantly worried about recording reflective practice and 13% plan not to record it at all.

### System pressures

Among doctors in Scotland, there is a feeling for the majority that **national targets and directives** (72%) and **financial targets** (68%) are prioritised over quality of care. Nine in 10 doctors believe that current staffing levels are not adequate to deliver quality patient care (89%).

**Figure 3: Do you agree or disagree with the following statements? Base: All Scotland working and retired doctors**



## Bullying, undermining and harassment

Below are the top 5 reasons for thinking there is a problem with bullying undermining or harassment in their main place of work. These centre around pressure and a difficulty in challenging the behaviour:

Why do you think there is or may be a problem with bullying, undermining or harassment in your main place of work?	All Scotland working doctors, who say there is a problem with bullying/undermining/harassment in the workplace
People are under pressure	61%
Difficult to challenge as behaviour comes from the top	58%
Lack of management commitment to deal with it	44%
Colleagues do not speak up when they see others being bullied, undermined or harassed	44%
People who are bullied, undermined or harassed are too afraid to speak up	43%

## Reporting incidents of bullying/undermining/harassment

Thinking about themselves personally, one half of working doctors in Scotland (53%) would feel **confident in reporting incidents of bullying, undermining or harassment** in their main place of work, 26% would not feel confident and 20% don't know.

## Workplace environment

When asked if they have adequate time to **learn and develop professionally in their role**, just under half of doctors (48%) disagree, while 23% neither agree nor disagree that they had adequate time. Hospital doctors are more likely to agree (33% vs 21% GPs). Doctors who work 10% of time over and above their contracted hours are more likely to disagree that they have adequate time to learn and develop professionally (63%) compared to those that work less than <10% over their contracted hours (36%).

There are concerns **over respect, diversity and an inclusive working environment (only 68% agree that there is respect for diversity and inclusive working)**, however there was a more positive feeling on **effective team working where required for their work (73% agree there is effective team working in their workplace)**. However, only 19% agree that there is fairness in recognition of achievements and delivery of services with rewards based on merit.

### 3.3. Workforce/ Workload

#### Improving day-to-day working life

Doctors were specifically asked what would most improve their day-to-day working life in the immediate future (assuming that there couldn't be significantly more doctors in the short term). They were most likely to say more **effective IT systems that are interoperable** (57%), **guaranteed safe levels of medical staffing** (55%) and **additional support from non-medical clinicians** e.g. physician associates, primary care pharmacists (49%).

The top 5 changes highlighted are below:

What workforce changes would improve your day-to-day working life?	All Scotland working doctors
More effective IT systems that are interoperable	57%
Guaranteed safe levels of medical staffing	55%
Additional support from non-medical clinicians (e.g. physician associates, primary care pharmacists)	49%
Limit number of consultations per session to a safe number	41%
Patient empowerment to self-care/ manage	40%

#### Difficulty retaining medical staff

Excessive workload pressures are mentioned by three-quarters (77%) of doctors, followed by the system not supporting work life balance and non-traditional career paths (49%), and better opportunities to work as a doctor elsewhere (48%).

The top 5 reasons given are below:

Please rank up to your top five reasons why you think there are difficulties retaining medical staff	All Scotland working doctors
Excessive workload pressures	77%
System not supporting work life balance and non-traditional career paths	49%
Better opportunities to work as a doctor elsewhere	48%
Negative workplace culture with lack of valuing and respect for staff	48%
Blame culture, with increased risks of prosecution or GMC referral compared with other nations	45%

## Survey methodology

The survey data presented in this report is based on 999 responses in Scotland to an online survey, which ran from 3 May to 4 June 2018. The BMA designed the survey with input from a professional polling company, ICM Unlimited.

All current BMA members were invited to take part in the survey, include UK working doctors, working doctors based overseas, medical students and retired doctors. ICM Unlimited was responsible for contacting respondents to answer the survey, from a membership list provided by the BMA. Members who had opted out of contact via email or did not have a valid email address associated with their membership account were also able to contact ICM Unlimited to request a survey link (after their membership was confirmed by the BMA).

'Don't know' responses have been included in the calculation of survey response percentages in this report. Whilst key questions were mandatory, some were optional. Where questions were optional (but asked as relevant to the member), 'not answered' have been included in the calculation of percentages in this report. Where results don't sum to 100%, this is due to rounding or multi-code questions (i.e. respondents being able to select more than one answer). All survey figures in this report are based on unweighted data. When we look at the representativeness of each branch of practice within the sample, compared with the BMA membership profile, GP partners are over represented, whilst medical students and junior doctors are underrepresented across all four nations.



**BMA Scotland**

14 Queen Street

Edinburgh

EH2 1LL

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