



Safe clinical working – share your experiences

Patient safety is at risk in the UK (United Kingdom) because there are not enough doctors or clinical staff to provide safe services. As we seek to remove such risks, the BMA (British Medical Association) would like to learn from the experiences of European colleagues. Help us make the case for change by sharing your experiences – please fill in the form below. The information we collect will enable us to provide specific examples of concerns and positive local initiatives. If published, your personal information will be anonymised unless you provide us with prior consent. Please see our [privacy policy](#)

The experiences you describe may raise a patient safety issue. If that is the case, doctors in the UK have a professional duty to make a “protected disclosure” using their employer’s raising concerns policy. [Our guide to raising concerns](#)

Thank you for your time.

1. What is your country of employment?

2. What is your grade and speciality?

3. Which of the following best describes medical staffing in your main place of work?

- Safe at all times
- Safe most of the time
- Unsafe most of the time
- Unsafe all of the time

4. Which of the following best describes clinical, i.e. non-medical, staffing in your main place of work?

- Safe at all times
- Safe most of the time
- Unsafe most of the time
- Unsafe all of the time

5. (If you have not selected “safe at all times” in both questions two and three)

Please describe your most recent example of unsafe working. How did this impact on you, your medical and clinical colleagues and your patients?

6. Did you report your concerns about staffing levels at your place of work?

- Yes
- No

7. (If you answered 'yes' to question five) What measure(s) did you take to report your concerns?

8. (If you answered 'yes' to question five) Were your concerns acted upon?

- Yes
- No
- Don't know

9. Do you have any examples of good practice in the workplace that has made staffing safer? Are you aware of any efforts by medical or clinical managers to improve staffing levels, e.g. changes to rotas, changes to shift times, changes to skill mix, up-skilling so that other clinicians are better able to cope etc?

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