



**BRITISH
PHARMACOLOGICAL
SOCIETY**

Member Survey 2021

Final Report

March 2021

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Research Findings

Survey respondent profile

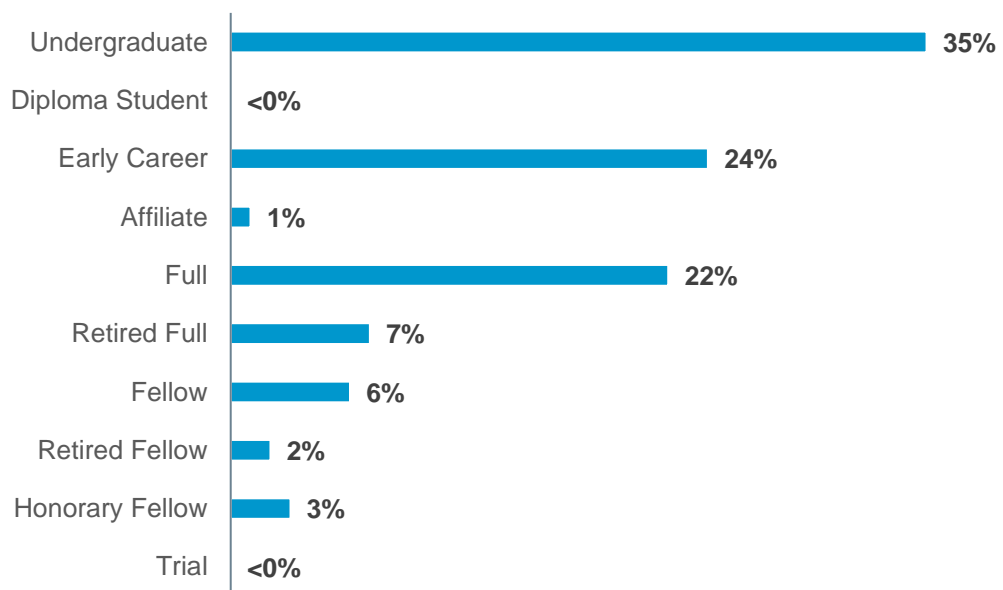
The following charts present the weighted profile of survey respondents, including their membership type, career status, specialties where appropriate, and key demographics.

Membership type and length

The sample has been weighted by membership type to align the survey response more closely with the current BPS membership population. The chart below presents the weighted breakdown of membership type. Responses were received from one Diploma Student and two Trial members.

Figure 1 – Membership type

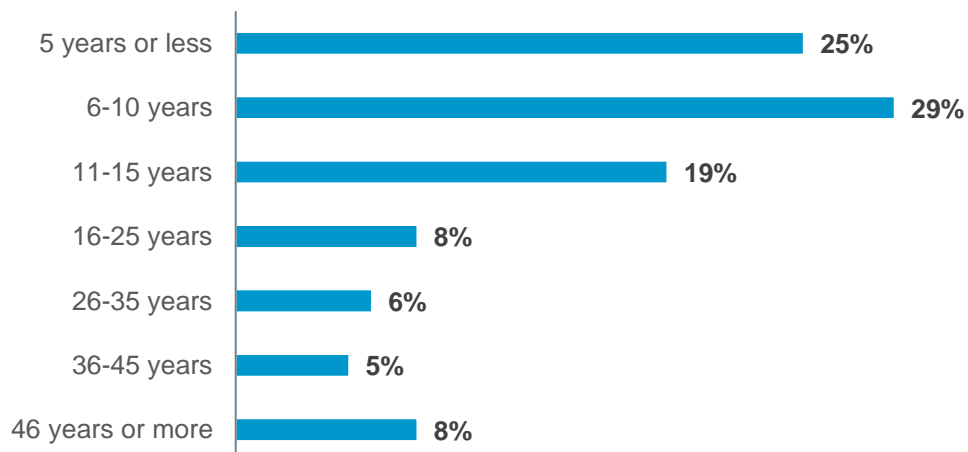
Base: All respondents (690)



Over half of the sample have held BPS membership for 10 years or less (54%), in line with the fact that over half of respondents are Undergraduate or Early Career Members.

Figure 2 – Length of membership

Base: All respondents (690)

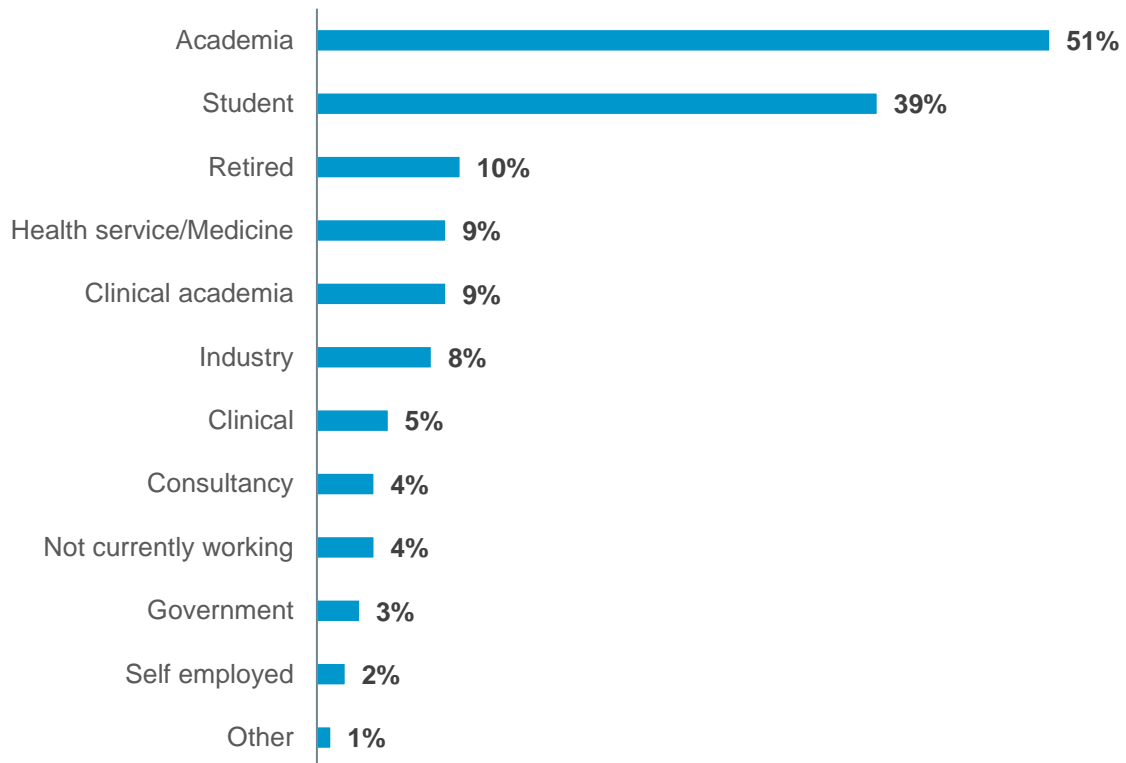


Professional setting and funding

Respondents were able to select their professional setting, selecting as many options as applied to their current situation. Half of respondents indicated that they work in academia (51%), followed by 39% who were students. One in ten respondents indicated that they were retired (10%).

Figure 3 – Professional setting

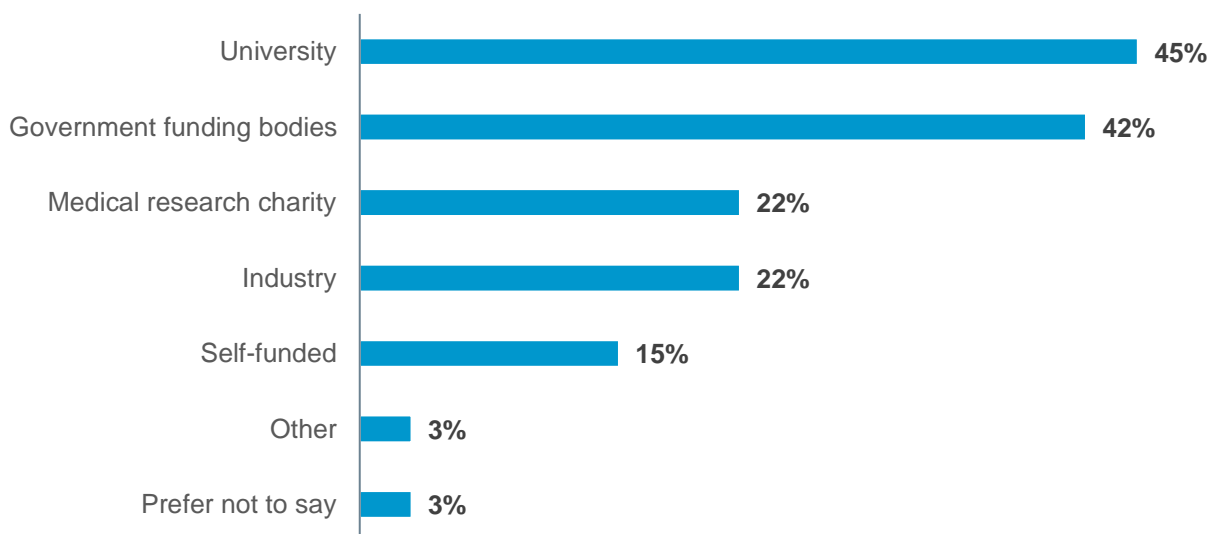
Base: All respondents (690)



Those who were actively involved in research and receive funding were asked where their funding came from. The two most common sources were from university (45%) and government funding bodies (42%).

Figure 4 – If you are actively involved in research and receive funding, where does this come from?

Base: Those who are actively involved in research and receive funding (384)

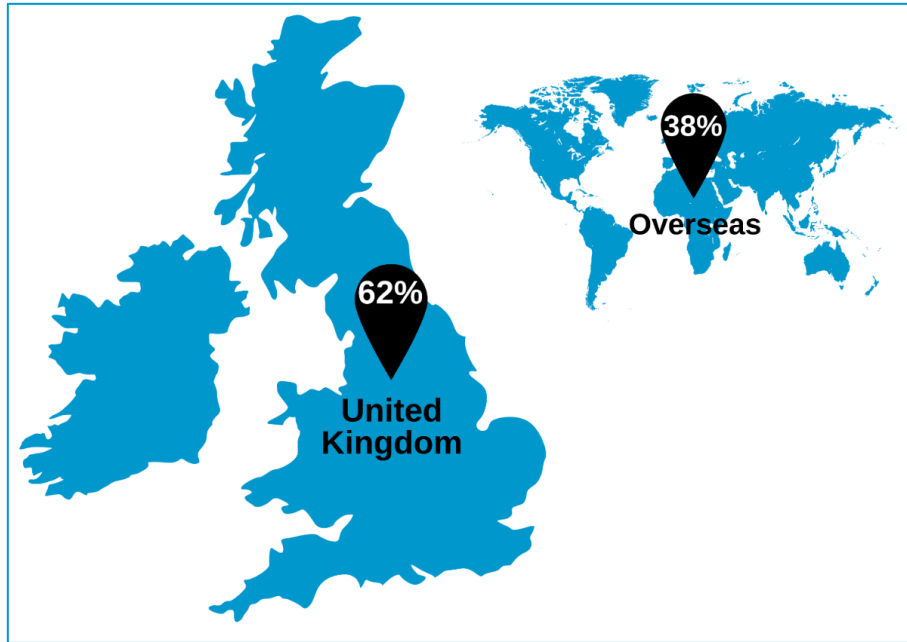


Location

Responses were received from members from 54 countries across the globe. Overall, 62% lived in the UK and 38% lived overseas (38%). The largest proportions of overseas responses were from India (4%), Nigeria (4%), Australia (3%), Brazil (3%) and the United States of America (3%).

Figure 5 – Location

Base: All respondents (690)



Overseas respondents have been categorised in line with the United Nations geographic regions to show the spread of responses across the world.

Figure 6 – Overseas geographic region (excluding UK)

Base: All respondents (690)



Demographic profile

The table below shows the demographic makeup of survey respondents, including gender, age group, ethnic group, disability and caring responsibilities.

Figure 7 – Gender, age, ethnicity, disability and caring responsibilities

Base: All respondents (690). To reduce the risk of identifying individuals from published figures, we have not reported figures for demographics with fewer than 23 respondents.

| Demographic | Number | Percentage |
|--|--------|------------|
| Gender | | |
| Female | 324 | 47% |
| Male | 347 | 50% |
| Prefer not to say | 8 | 1% |
| Age group | | |
| Up to 24 years | 215 | 31% |
| 25-34 years | 132 | 19% |
| 35-44 years | 90 | 13% |
| 45-54 years | 72 | 10% |
| 55-64 years | 74 | 11% |
| 65-74 years | 55 | 8% |
| 75+ years | 40 | 6% |
| Prefer not to say | 13 | 2% |
| Ethnic group | | |
| Asian or Asian British (Bangladeshi Chinese, Indian, Pakistani, other Asian background) | 114 | 16% |
| Arab | 25 | 6% |
| Black or Black British (African, Caribbean) | 42 | 5% |
| Mixed or Multiple ethnic groups | 35 | 5% |
| White (English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish traveller, other white background) | 432 | 63% |
| Prefer not to say | 21 | 3% |
| Do you consider yourself to have a disability or long term condition? | | |
| Yes | 76 | 11% |
| No | 588 | 85% |
| Prefer not to say | 26 | 4% |
| Do you experience barriers or limitations in your day-to-day activities related to any disability, health conditions or regarding your physical or mental health? | | |
| Yes | 65 | 9% |
| No | 592 | 86% |
| Prefer not to say | 33 | 5% |
| Do you have any caring responsibilities (children or adults)? | | |
| Yes | 209 | 30% |
| No | 467 | 68% |
| Prefer not to say | 14 | 2% |

Joining the BPS

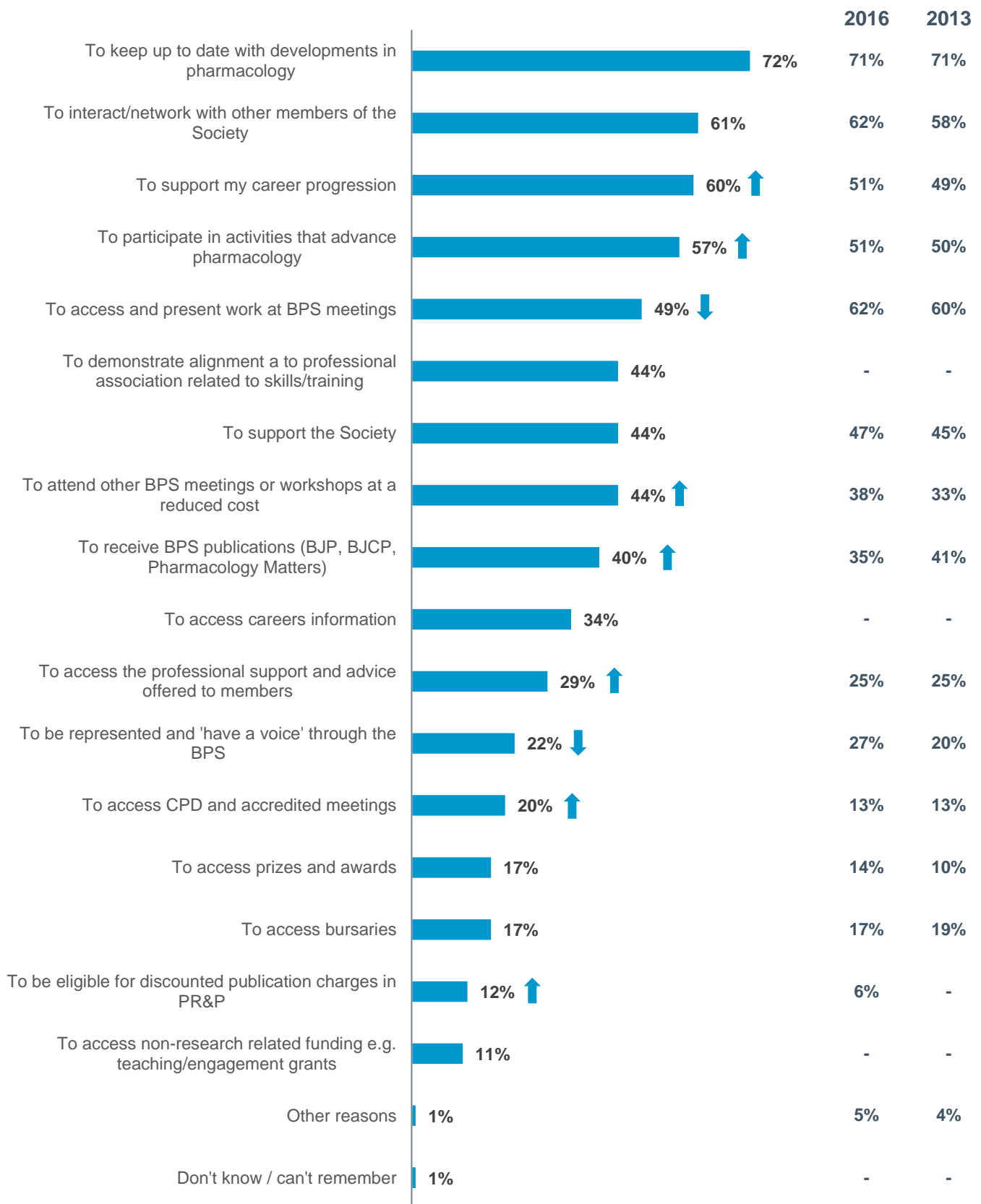
The chart overleaf presents the reasons selected by respondents for deciding to join the BPS. The figures alongside the chart show the results to this question from the 2016 and 2013 member surveys.

As seen in previous years, to keep up to date with developments in pharmacology continues to be the main reason why members decided to join (72%). Other common reasons included to interact/network with other members of the society (61%), to support career progression (60%) and to participate in activities that advance pharmacology.

When compared with the results found in 2016, a number of reasons have been selected by larger proportions of respondents, in particular to support career progression (+9%) and to access CPD and accredited meetings (+7%). A smaller proportion of respondents selected joining to access and present work at BPS meetings (-13%) when compared with the results from 2016.

The arrows shown on the chart show where there has been an increase or decrease of over 5%.

Figure 8 – Which of the following reasons, if any, best describe why you joined the BPS?
 Base: All respondents 2021 (690); 2016 (926); 2013 (1,064)



Differences by membership type

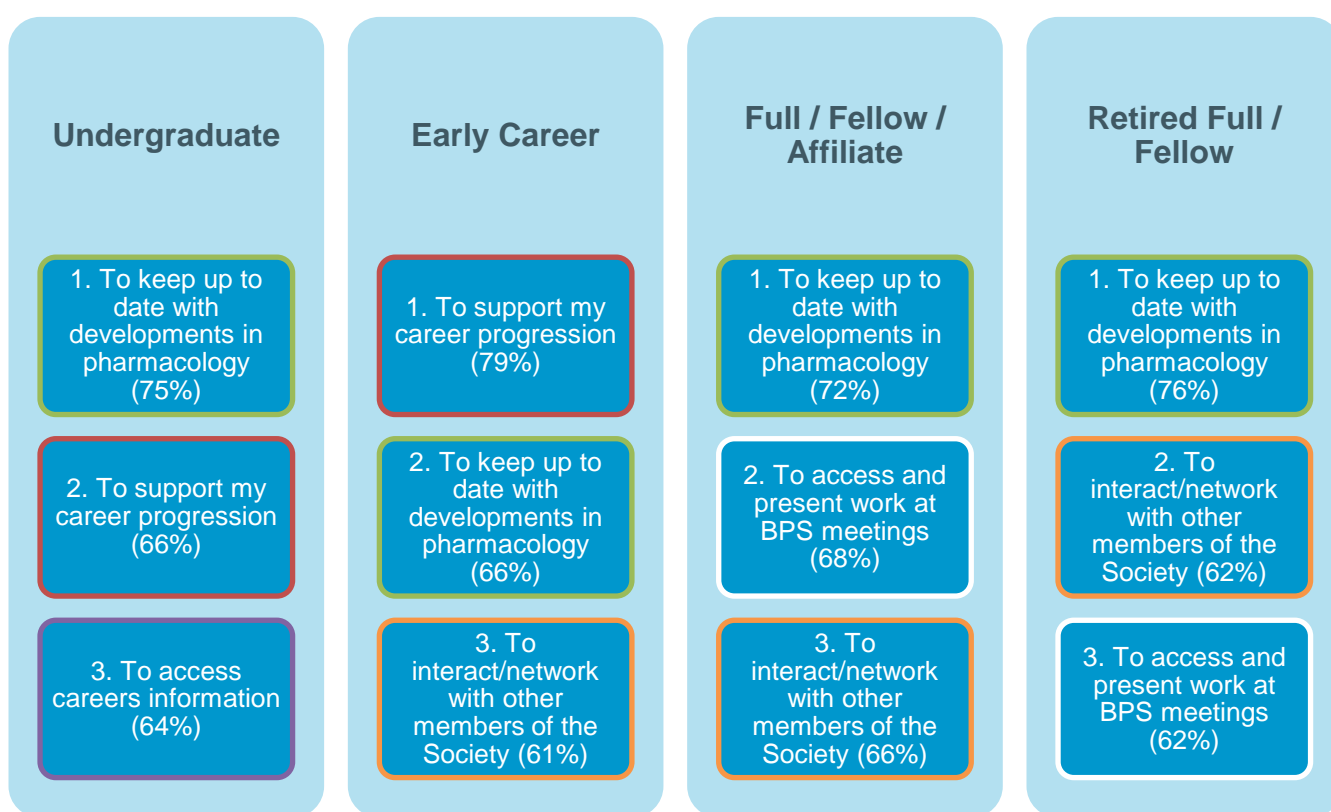
A number of differences in reasons for joining the BPS by membership type are apparent. The figure below presents the top four reasons selected for the main membership categories. Although there are differences in reasons selected and ordering, it is interesting to note that joining to keep up to date with developments in pharmacology is highly ranked by all four membership types, emphasising its importance as a reason for joining the BPS across all career stages.

Early Career members were much more likely to indicate that they had joined to support their career progression (79%), particularly when compared with Full Members, Fellows or Affiliates (46%) and Retired Full Members or Retired Fellows (38%).

Full Members, Fellows and Affiliates were more likely to indicate that they had joined to access and present work at BPS meetings (68%) and to interact/network with other members of the Society (66%), particularly when compared with Undergraduate Members (25% and 57% respectively).

Figure 9 – Top reasons for joining the BPS by membership type

Base: Undergraduate (239); Early career (166); Full / Fellow (199); Retired Full / Fellow (63)



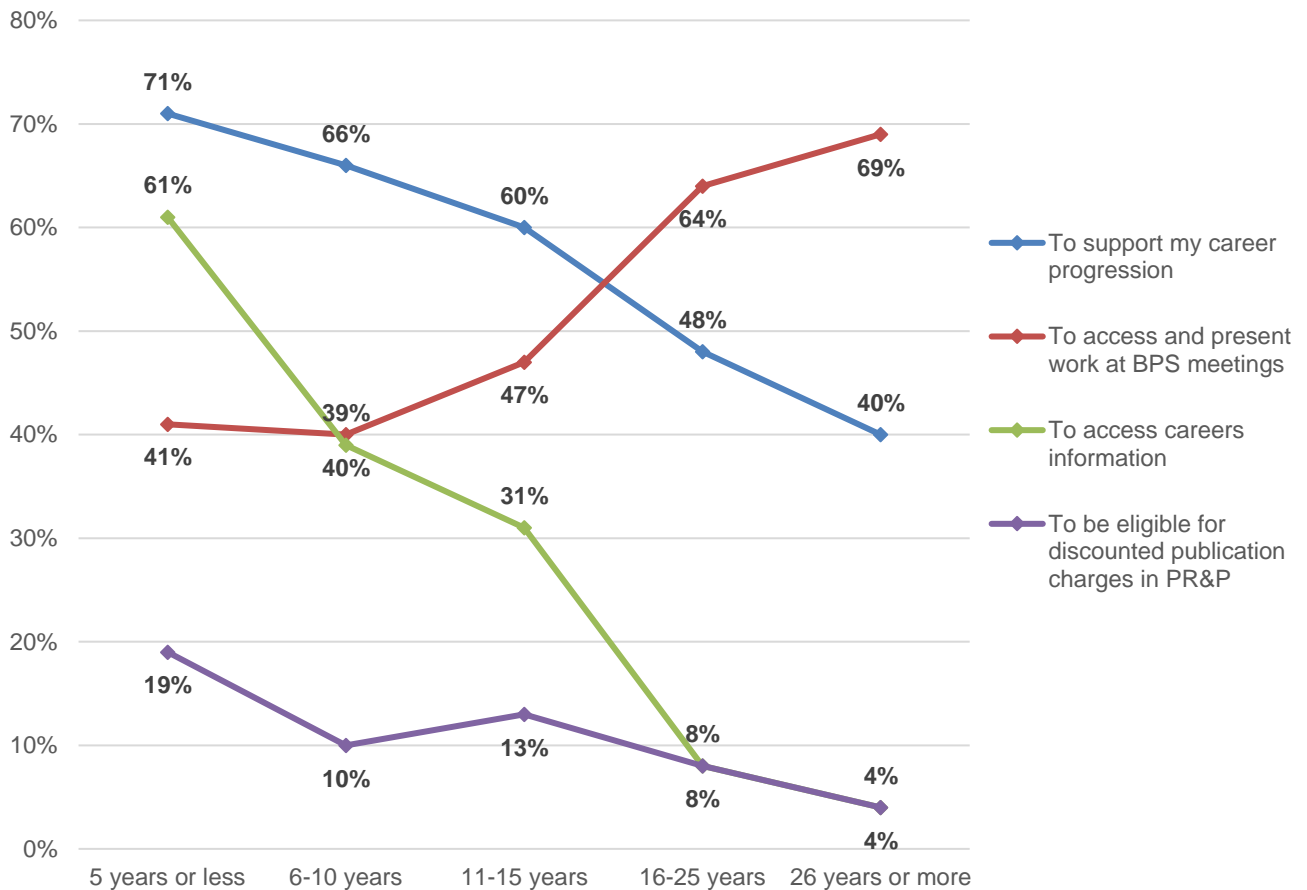
Differences by length of membership

Subgroup analysis highlights that reasons for joining the BPS vary by length of membership. As could be expected, those with fewer years of membership were more likely to select reasons related to career development, such as to support their career and to access careers information. These respondents were also more likely to indicate that they had joined to be eligible for discounted publication charges in PR&P when compared with those who had a greater number of years of membership.

Conversely, the reason of joining to access and present work at BPS meetings was more likely to be selected by those with a greater number of years of membership.

Figure 10 – Reasons for joining the BPS by length of membership

Base: 5 years or less (174); 6-10 years (197); 11-15 years (131); 16-25 years (55); 26 years or more (133)



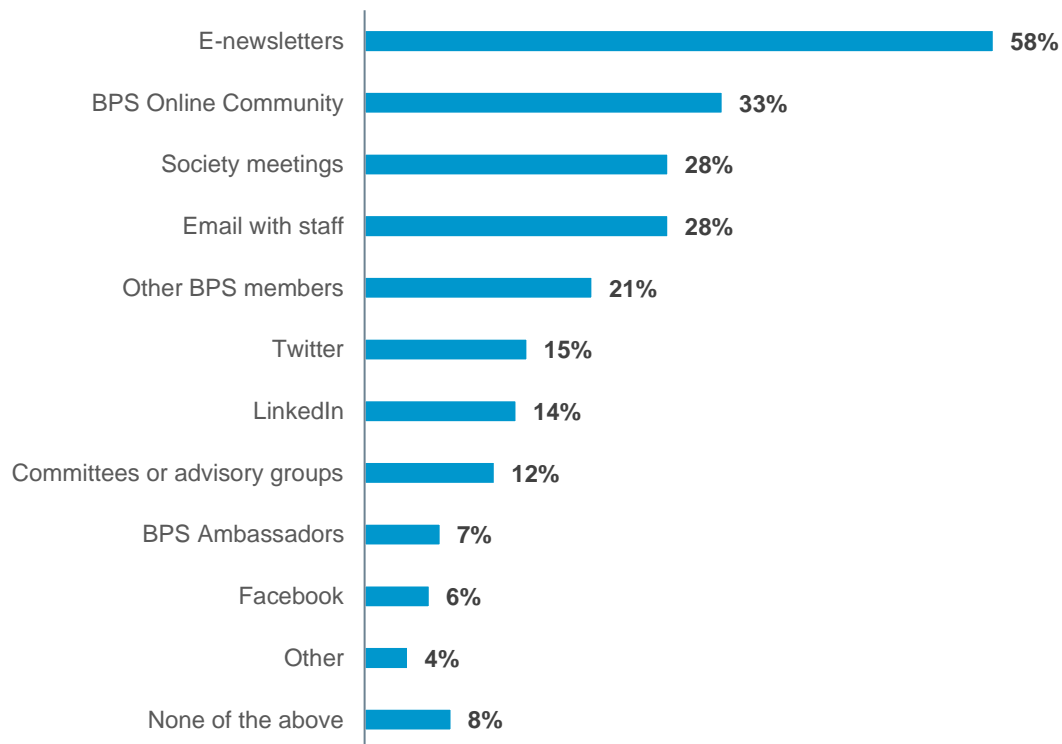
Engaging with the BPS

By far the most common way that members have engaged with or found out information about the BPS over the last 12 months is via e-newsletters (58%). A third of respondents indicated that they engaged with the BPS via the BPS Online Community (33%), and over a quarter selected society meetings (28%) and email with staff (28%).

The most commonly selected social media channel was Twitter (15%), closely followed by LinkedIn (14%).

Figure 11 – In the last 12 months, how have you engaged with or found out information about the BPS?

Base: All respondents (690)



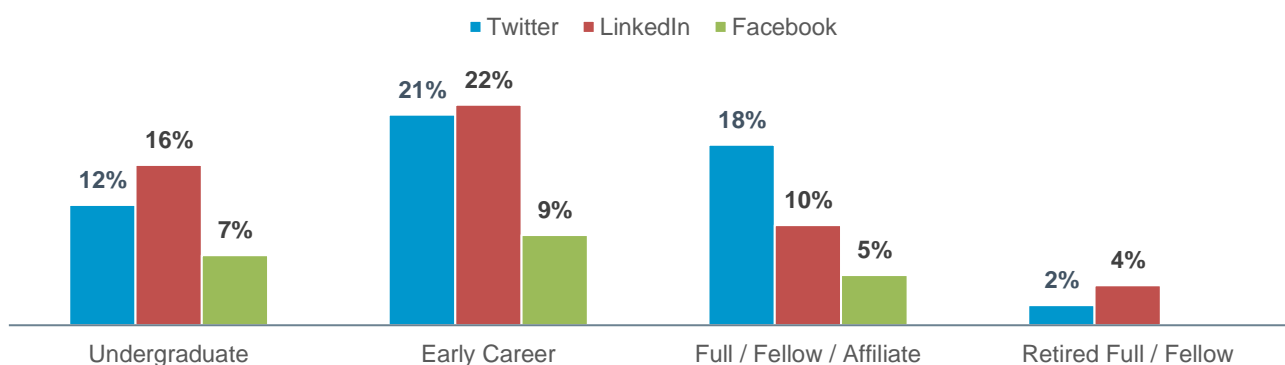
Differences by membership type

Early Career members and Full Members, Fellows and Affiliates were more likely to have engaged with or found out information about the BPS via society meetings (36% and 38% respectively) when compared with Undergraduate (17%) and Retired Full Members or Fellows (10%).

Engaging with social media also highlight differences by membership type, as shown in the chart below, where Early Career Members were more likely to have engaged with all three channels.

Figure 12 – Engaging with social media by membership type

Base: Undergraduate (239); Early career (166); Full / Fellow (193); Retired Full / Fellow (63)



Recommending BPS membership

Net Promoter Score

Respondents were asked how likely they were to recommend BPS membership to colleagues and peers using the ‘Net Promoter Score’ (NPS) question. NPS is based on the fundamental perspective that every organisation’s members or customers can be divided into three categories: Promoters, Passives, and Detractors.

By asking the question, ‘How likely are you to recommend BPS membership to colleagues and peers?’ it is possible to establish these groups and obtain a clear measure of an organisation’s performance through the eyes of its members, which can be compared with other similar organisations. Respondents answered the question using a 0 to 10 point rating scale and are categorised as follows:

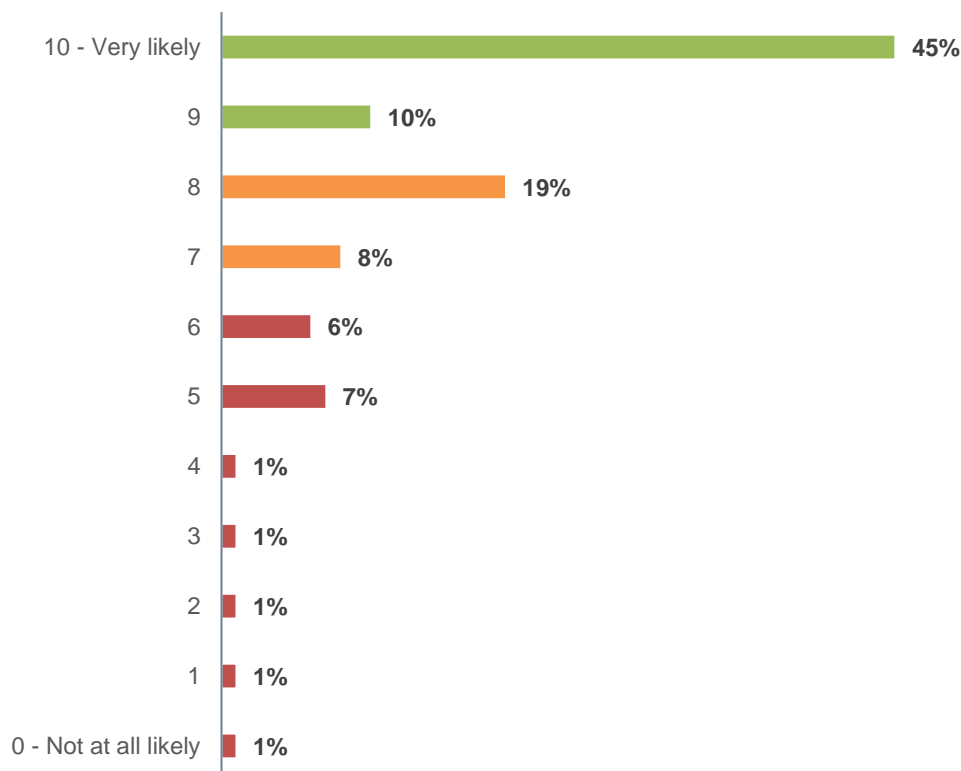
- **Promoters** (score 9-10) – Loyal enthusiasts who will promote and support the BPS, increasing its reputation
- **Passives** (score 7-8) – Satisfied but unenthusiastic members who can easily become Promoters or Detractors depending on circumstances
- **Detractors** (score 0-6) – Unhappy members who can damage the reputation of the BPS and hold back development and growth through negative word-of-mouth.

Almost half of respondents gave the highest score of 10 out of 10 (45%), and a further 10% gave a score of 9. Just under one in five respondents gave a score of 8 out of 10 (19%), who may be easily persuaded to increase their score in the future and become Promoters.

At the other end of the scale, just 1% of respondents provided the lowest score of 0 out of 10, and the same score was provided for other low scores.

Figure 13 – How likely are you to recommend BPS membership to colleagues and peers?

Base: All respondents excluding ‘don’t know’ responses (680)



A similar question was asked in previous BPS member surveys, where a different response scale was used, meaning that only indirect comparison of the results is possible.

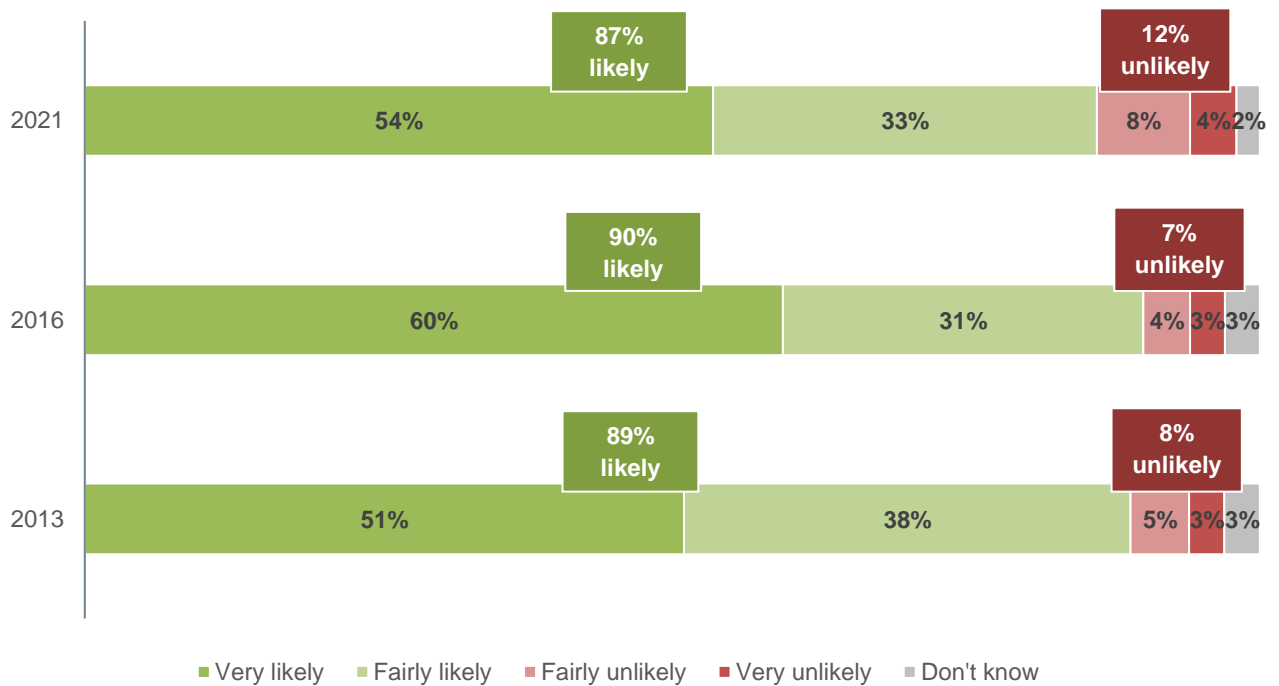
To allow for comparison, the response scale used in the 2021 survey (0 to 10) has been matched to the scale used in 2013 and 2016 (very likely to very unlikely) in the following way:

- A score of 0 to 3 = Very unlikely
- A score of 4 to 5 = Fairly unlikely
- A score of 6 to 8 = Fairly likely
- A score of 9 to 10 = Very likely

As shown in the chart below, the results are broadly consistent with previous years, with a similar proportion of respondents likely to recommend BPS membership to colleagues and peers as in previous waves of the survey (87%).

Figure 14 – How likely are you to recommend BPS membership to colleagues and peers?

Base: All respondents 2021f

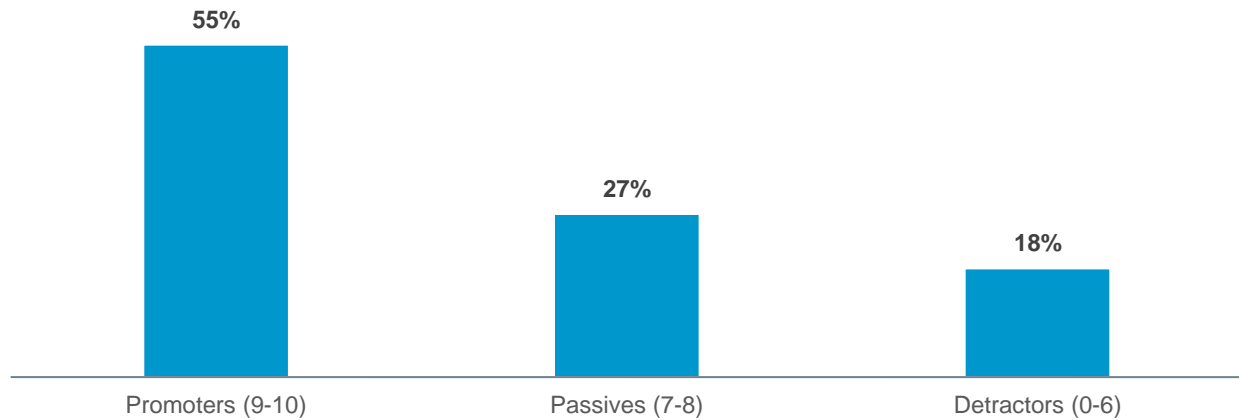


(690); 2016 (915); 2013 (1,048)

According to the NPS, over half of BPS members are categorised as Promoters (55%), 27% as Passives, and 18% as Detractors.

Figure 15 – How likely are you to recommend BPS membership to colleagues and peers? Promoters, Passives and Detractors

Base: Those who provided a score – excluding ‘don’t know’ (680)

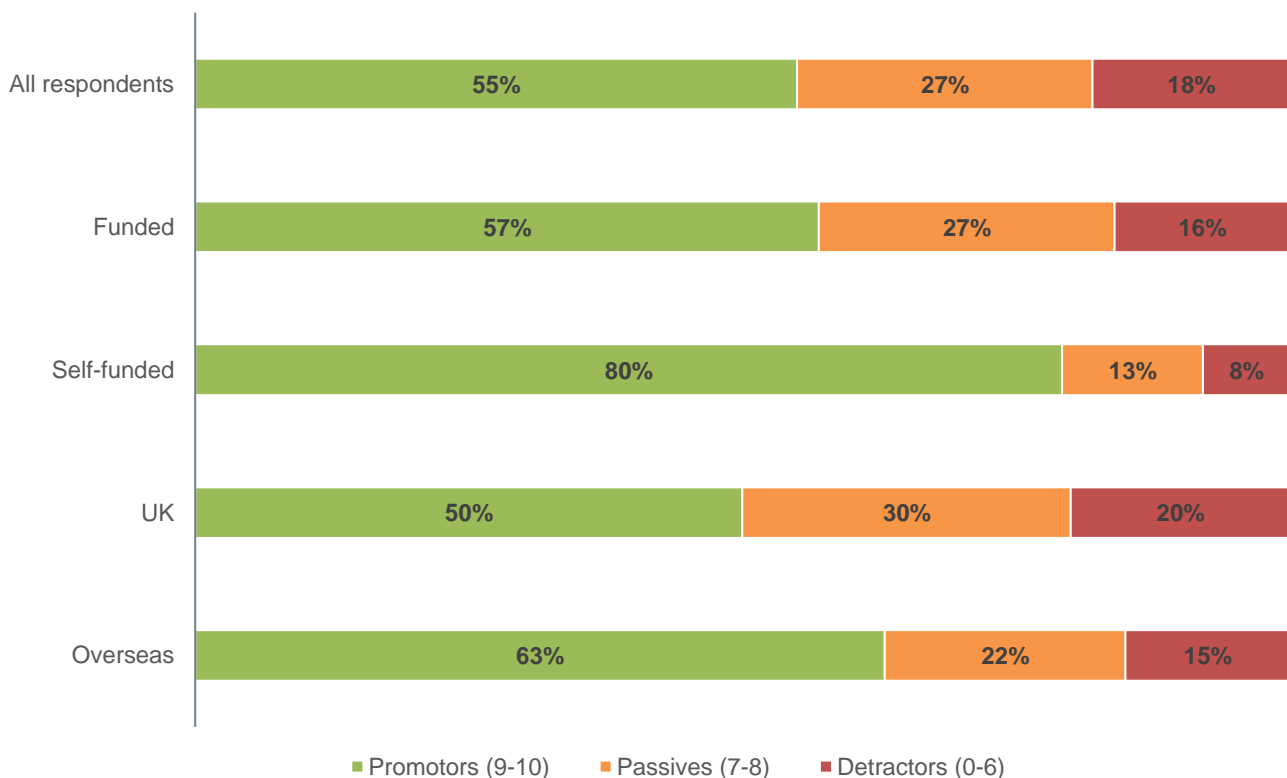


Subgroup analysis highlights that there is a greater proportion of Promoters amongst those who are involved in research and are self-funded (80%) when compared with those who are funded by government funding bodies, universities, charities or industry (57%). Additionally, those based overseas were more likely to be categorised as Promoters (63%) when compared with those based in the UK (50%).

No significant differences by membership type are apparent.

Figure 16 – How likely are you to recommend BPS membership to colleagues and peers? Promoters, Passives and Detractors – By funding type and location

Base: All respondents (680); Funded (320); Self-funded (58); UK (424); Overseas (255)



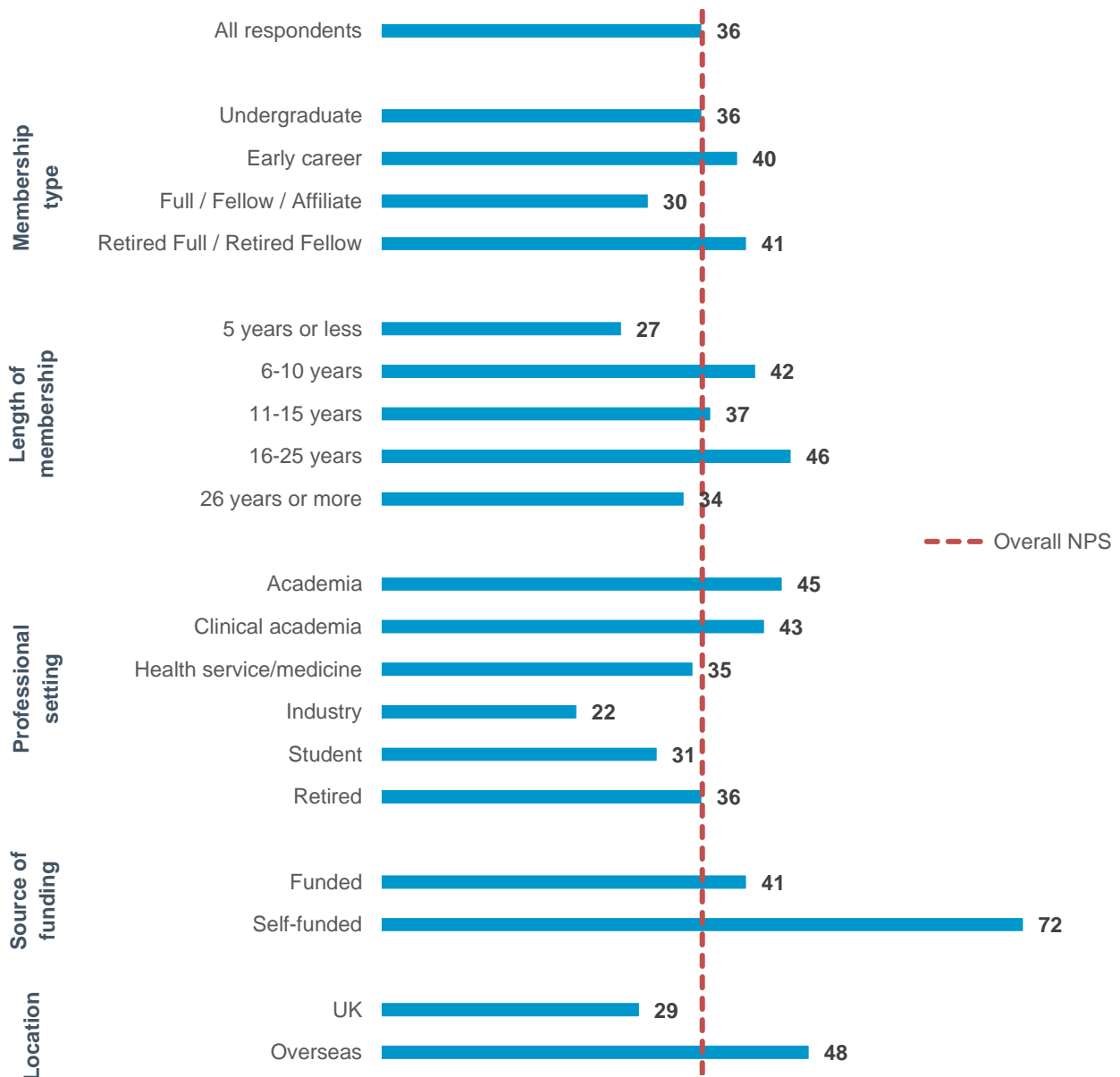
The NPS is calculated by taking the percentage of members who are Promoters and subtracting the percentage who are Detractors. The result is a score, not a percentage, and ranges from -100 (where all respondents would be Detractors) to +100 (where all respondents would be Promoters).

The calculated Net Promoter Score for the 2021 BPS Member Survey is +36. This is a positive score, highlighting that the BPS has far more Promoters than Detractors, and has established a benchmark to measure against in future years.

The chart below shows the NPS for different subgroups by membership type, length of membership, professional setting, source of funding, and location.

Figure 17 – Calculated Net Promoter Score

Base: Those who provided a score – excluding ‘don’t know’ (680)



Reasons for recommending BPS membership

Respondents were asked to explain their answer to the NPS question, providing a summary of why they would or would not recommend BPS membership to colleague or peers. These free-text comments have been thematically coded for analysis, grouping similar responses together and are presented in the tables below and overleaf, split between NPS Promoters, Passives and Detractors.

Common explanations provided by NPS Promoters who are very likely to recommend BPS membership included the fact that BPS membership provides updates on new research and developments (29%), provides opportunities to network, collaborate and share idea (27%), and that BPS membership is useful or valued (22%). A further 17% of comments from Promoters recommended BPS membership or explained that it was essential for all those involved in pharmacology.

Figure 18 – Explanation for recommending BPS membership from Promoters (score 9-10)

Base: NPS Promoters (235)

| Explanation | Number | Percentage |
|---|--------|------------|
| Provides updates on new research/developments | 68 | 29% |
| Opportunities to network/collaborate/share ideas | 64 | 27% |
| Membership useful/valued | 52 | 22% |
| Recommended/essential for all involved in pharmacology | 40 | 17% |
| Good meetings/events/conferences | 38 | 16% |
| Career benefits/opportunities | 38 | 16% |
| Important/respected/leading | 32 | 14% |
| Active/communicative/engaging | 30 | 13% |
| High quality publications/resources | 29 | 12% |
| Happy to/already recommend to others | 24 | 10% |
| Excellent/great | 22 | 10% |
| Supportive/welcoming/friendly | 21 | 9% |
| Represents/promotes pharmacology | 14 | 6% |
| Grant/funding opportunities | 9 | 4% |
| Good value/free membership | 7 | 3% |
| Not beneficial to all areas of work/career stages | 3 | 1% |
| Few opportunities to recommend (retired/not relevant to colleagues) | 3 | 1% |
| Have seen few benefits/more benefits needed | 3 | 1% |
| Needs to be more active/focused | 3 | 1% |
| Other societies more relevant overseas | 1 | <0% |

Mostly positive reasons were provided by those categorised as Passives, similar to explanations provided by Promoters.

Figure 19 – Explanation for recommending BPS membership from Passives (score 7-8)

Base: NPS Passives (103)

| Explanation | Number | Percentage |
|--|--------|------------|
| Provides updates on new research/developments | 26 | 25% |
| Opportunities to network/collaborate/share ideas | 19 | 18% |
| Happy to/already recommend to others | 17 | 17% |
| Career benefits/opportunities | 17 | 16% |
| Recommended/essential for all involved in pharmacology | 15 | 14% |
| Membership useful/valued | 13 | 13% |
| High quality publications/resources | 10 | 10% |
| Good meetings/events/conferences | 10 | 9% |
| Have seen few benefits/more benefits needed | 9 | 9% |
| Represents/promotes pharmacology | 8 | 8% |
| Supportive/welcoming/friendly | 8 | 7% |
| Active/communicative/engaging | 7 | 7% |
| Good value/free membership | 6 | 5% |
| Grant/funding opportunities | 6 | 5% |

| Explanation | Number | Percentage |
|---|--------|------------|
| New member/don't know enough about benefits | 5 | 5% |
| Few opportunities to recommend (retired/not relevant to colleagues) | 5 | 5% |
| Excellent/great | 4 | 4% |
| Important/respected/leading | 3 | 3% |
| Not beneficial to all areas of work/career stages | 2 | 2% |
| Meetings increasing in cost/used to be free | 2 | 2% |
| Other societies more relevant overseas | 2 | 2% |
| Too conservative/corporate | 1 | 1% |

Explanations from Detractors focused on the lack of visible benefits or that more benefits were needed (28%) and BPS membership was not being beneficial to all areas of work or career stages in pharmacology (12%). However, it is positive to note that large proportions of Detractors explained that they had provided a low score because they had few opportunities to recommend BPS membership, either being retired or membership not being relevant to colleagues (21%), or that they did not know enough about the benefits of membership to recommend it, for some because they were new members (13%).

Figure 20 – Explanation for recommending BPS membership from Detractors (score 0-6)

Base: NPS Detractors (85)

| Explanation | Number | Percentage |
|---|--------|------------|
| Have seen few benefits/more benefits needed | 24 | 28% |
| Few opportunities to recommend (retired/not relevant to colleagues) | 18 | 21% |
| New member/don't know enough about benefits | 11 | 13% |
| Not beneficial to all areas of work/career stages | 11 | 12% |
| Provides updates on new research/developments | 8 | 10% |
| Recommended/essential for all involved in pharmacology | 6 | 7% |
| Membership useful/valued | 6 | 7% |
| Career benefits/opportunities | 5 | 6% |
| Happy to/already recommend to others | 5 | 6% |
| Opportunities to network/collaborate/share ideas | 4 | 5% |
| Other societies more relevant overseas | 4 | 5% |
| Meetings increasing in cost/used to be free | 3 | 3% |
| Good value/free membership | 3 | 3% |
| Too conservative/corporate | 2 | 2% |
| Needs to be more active/focused | 2 | 2% |
| Active/communicative/engaging | 1 | 2% |
| Good meetings/events/conferences | 1 | 1% |
| Represents/promotes pharmacology | 1 | 1% |

Below and overleaf is a selection of verbatim comments from some of the most common response themes.

Provides updates on new research/developments

It's a great place to find information about current research in pharmacology.
Early Career Member

Actively inform members of the current updates.
Early Career Member

Well run society that provides up-to-date information on drugs.
Early Career Member

Opportunities to network/collaborate/share ideas

Networking and exchange of ideas is essential. The society is an excellent vehicle for this.
Retired Full Member

It is a good starting point to keep in touch with colleagues.
Full Member

Helps you to present your findings to BPS and other Scientific Research community.
Retired Full Member

Membership useful/valued

Over my professional life, I gained a great deal from my membership.

Retired Full Member

Honoured to be a proud member of this society.

Undergraduate Member

BPS has been of immense benefit to me.

Full Member

Recommended/essential for all involved in pharmacology

I recommend it to anyone who has an interest in clinical pharmacology.

Full Member

You cannot have a career in pharmacology and not be a member.

Retired Full Member

The Society is of interest to all those engaged in pharmacology/clinical pharmacology.

Retired Full Member

Career benefits/opportunities

It provides amazing opportunities for it's members no matter where they are in their career.

Early Career Member

I strongly feel this membership can influence future career choices in a very positive way.

Early Career Member

There are substantial career benefits and opportunities provided by BPS membership.

Honorary Fellow

Good meetings/events/conferences

Meetings are the highlight for me, good science and social interactions.

Honorary Fellow

Excellent yearly conference.

Early Career Member

Holds excellent meetings in our field of interest.

Early Career Member

Have seen few benefits/more benefits needed

I am sorry to say that currently I do not think that BPS membership is value for money.

Fellow

Compared to some of the other societies I am a member of, this society appears to be the one that has the less engagement with members, especially students.

Undergraduate Member

Need more free CPD, for instance online modules, and a podcast too.

Early Career Member

Benefits and services

Awareness

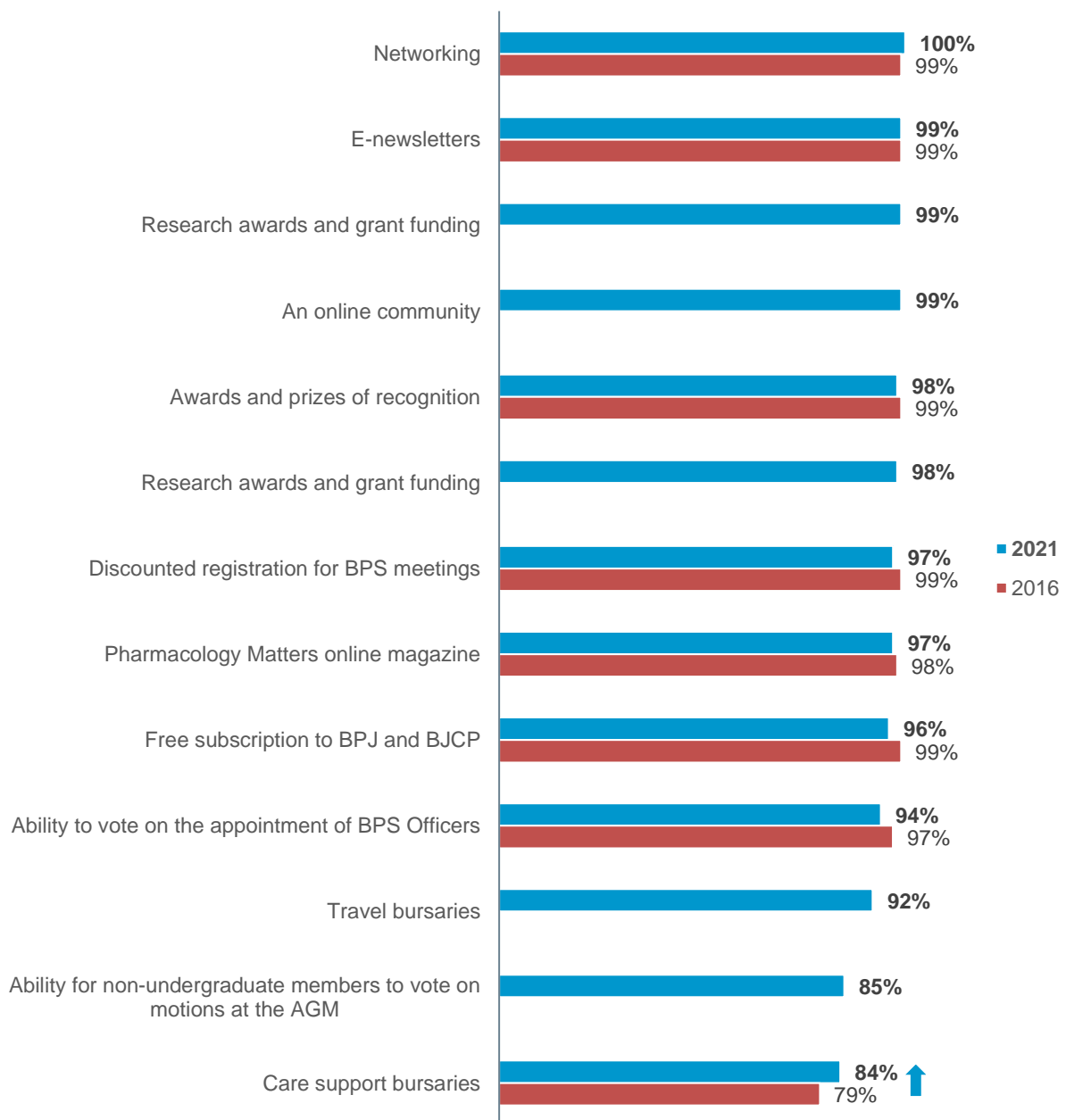
Awareness of all BPS benefits and services was high. Almost all respondents were aware of networking (100%), e-newsletters (99%), research awards and grant funding (99%), an online community (99%), awards and prizes of recognition (98%) and research awards and grant funding (98%).

Although still high, awareness was lower for the ability for non-undergraduate members to vote on motions at the AGM (85%) and care support bursaries (84%).

Where possible, this year’s results can be compared with the 2016 survey results, showing very similar levels of awareness. A small increase in the proportion of respondents aware of care support bursaries can be seen, raising from 79% in 2016 to 84% in 2021 (+4%).

Figure 21 – Awareness of benefits and services

Base: All respondents 2021 (690); 2016 (878-910)

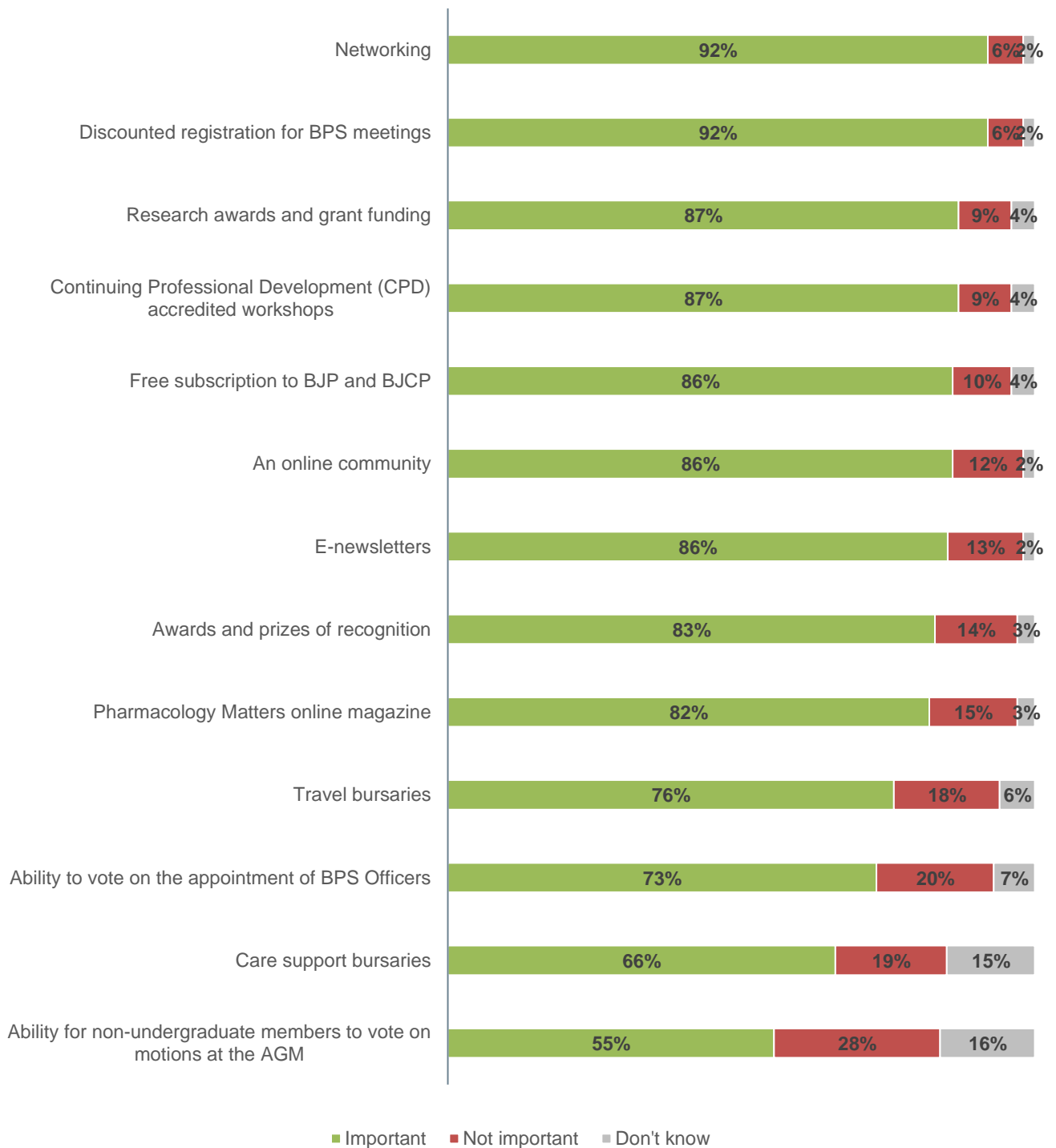


Importance

Respondents were asked to rate each benefit and service that they were aware of in terms of how important it is for the BPS to offer it to members. As show in the chart below, high levels of importance were recorded for most benefits and services, particularly networking and discounted registration for BPS meetings, which were viewed as important by almost all respondents (both at 92%).

In contrast, smaller proportions of respondents viewed care support bursaries and the ability for non-undergraduate members to vote on motions at the AGM as important (66% and 55% respectively).

Figure 22 – Importance of benefits and services
 Base: Those aware of each benefit/service (579-687)



The table below shows the total importance given to a range of benefits and services which were included in the last member survey, presenting the 2016 results alongside those collected in 2021. In most cases, only small changes of less than +/- 3% have been recorded.

However, there has been an increase in the importance given to discounted registration for BPS meetings (+7%) and a decrease in the importance given to the ability to vote on the appointment of BPS Officers (-6%).

Figure 23 – Importance of benefits and services – 2016/2021 comparison

Base: Those aware of each benefit/service 2016 (691-903); 2021 (579-687)

| Benefit/service | 2016 ¹ | 2021 | Difference |
|--|-------------------|------|------------|
| Networking | 95% | 92% | -3% |
| Discounted registration for BPS meetings | 85% | 92% | +7% |
| Free subscription to BJP and BJCP | 84% | 86% | +2% |
| E-newsletters | 83% | 86% | +3% |
| Awards and prizes of recognition | 82% | 83% | +1% |
| Pharmacology Matters online magazine | 81% | 82% | +1% |
| Ability to vote on the appointment of BPS Officers | 79% | 73% | -6% |
| Care support bursaries | 69% | 66% | -3% |

¹ Results have been recalculated from the 2016 survey to exclude those who were unaware of each benefit/service

Membership type

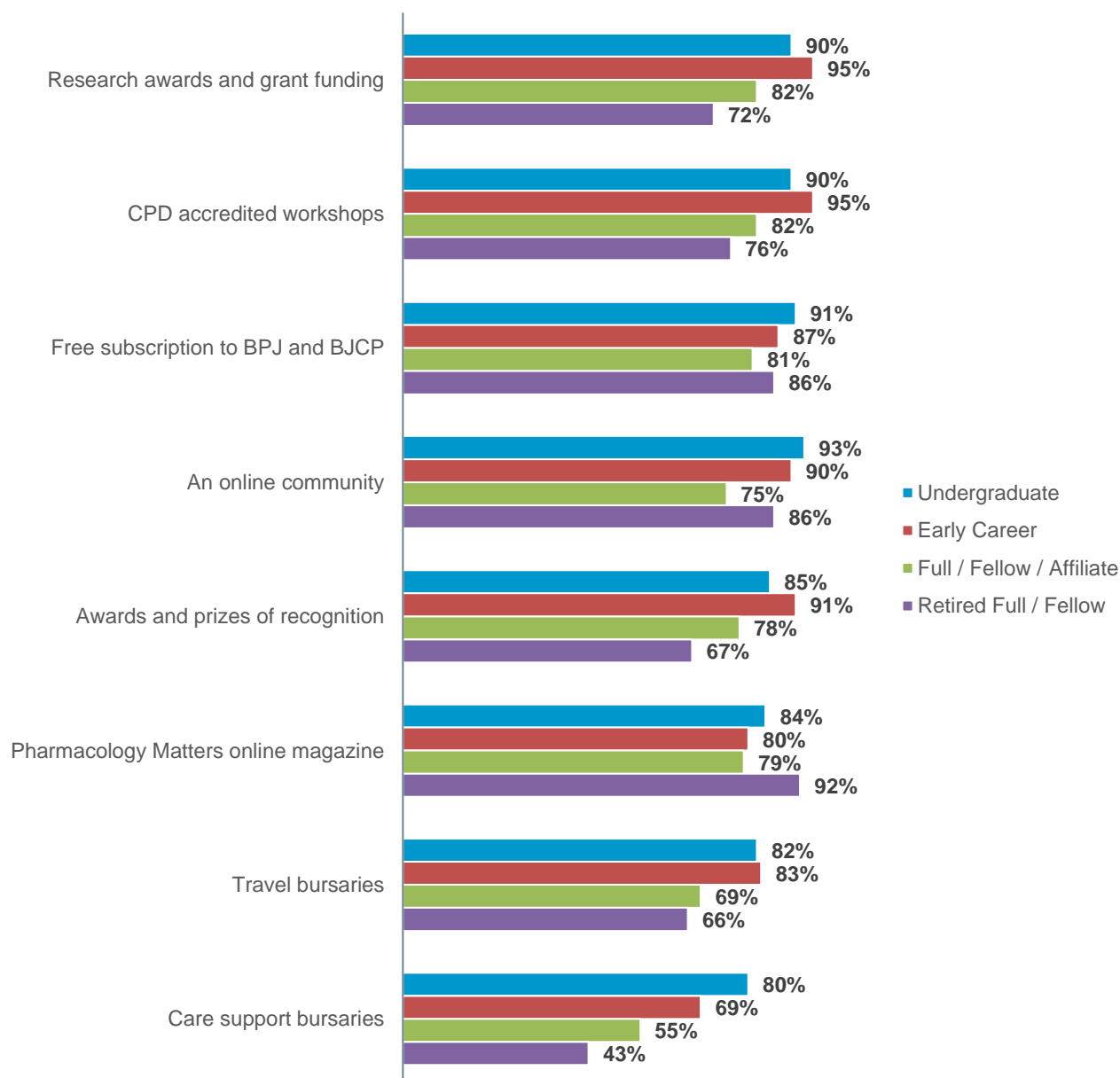
Different levels of importance are given to certain benefits and services depending on membership type.

Undergraduate and Early Career Members are more likely to view research awards and grant funding, CPD accredited workshops, an online community, and travel bursaries as important when compared with other membership types. Undergraduate Members were also more likely to view the free subscription to the BPJ and BJCP and care support bursaries as important, whereas a larger proportion of Early Career members viewed awards and prizes of recognition as important.

Retired Full Members and Retired Fellows were more likely to view Pharmacology Matters online magazine as important, particularly when compared with Full Members, Fellows and Affiliates.

Figure 24 – Importance of benefits/services by membership type

Base: Those aware of each benefit/service (various)

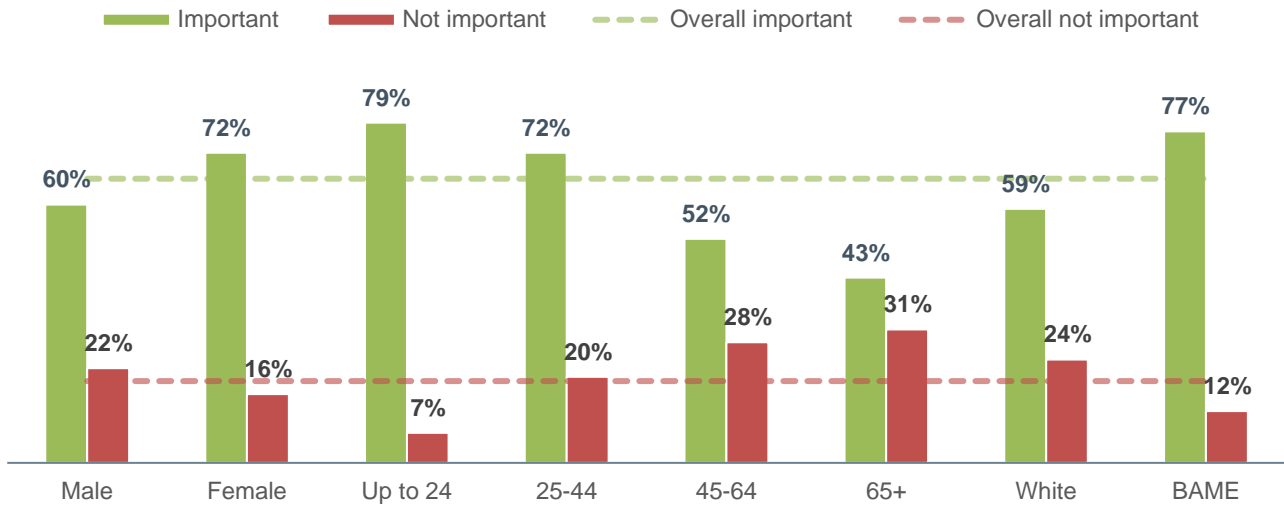


Care support bursaries

Female respondents, younger respondents aged 44 and under, and BAME respondents were more likely to view care support bursaries as important when compared with male respondents, older respondents aged 45 and above, and those of White ethnicity, as shown below.

Figure 25 – Importance of care support bursaries by gender, age and ethnicity

Base: Male (297); Female (266); Up to 24 years (179); 25-44 years (187); 45-64 years (124); 65+ (81); White (344); BAME (218)

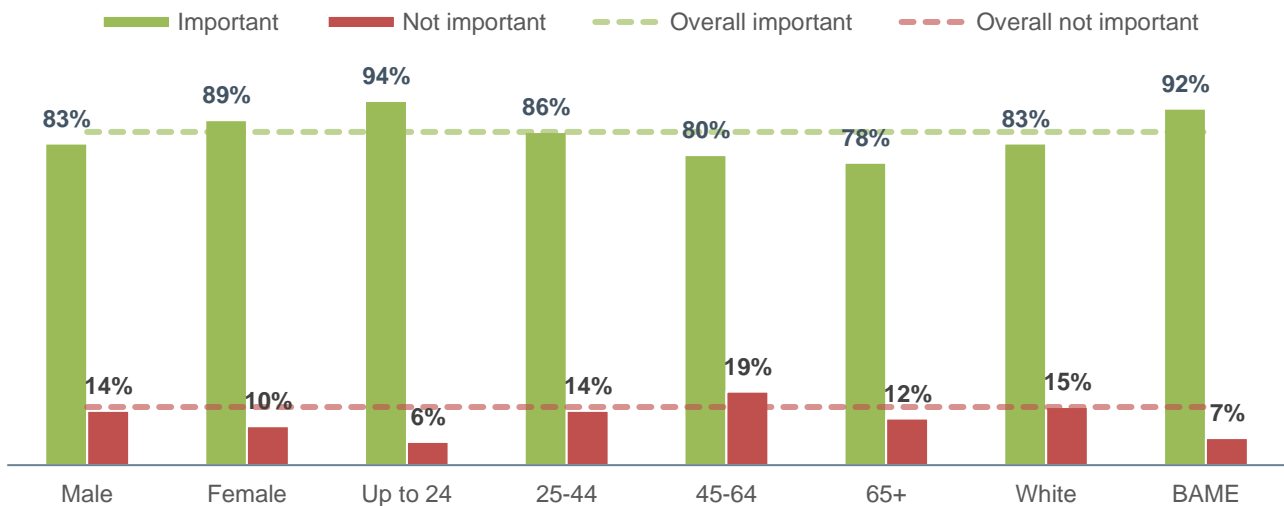


An online community

Similar results can be seen for the BPS benefit of an online community, where female respondents, younger respondents aged 24 and under, and BAME respondents were more likely to view care support bursaries as important when compared with male respondents, older respondents aged 45 and above, and those from a White ethnic background, as shown below.

Figure 26 – Importance of an online community by gender, age and ethnicity

Base: Male (342); Female (318); Up to 24 years (212); 25-44 years (217); 45-64 years (144); 65+ (94); White (422); BAME (236)



The COVID-19 pandemic

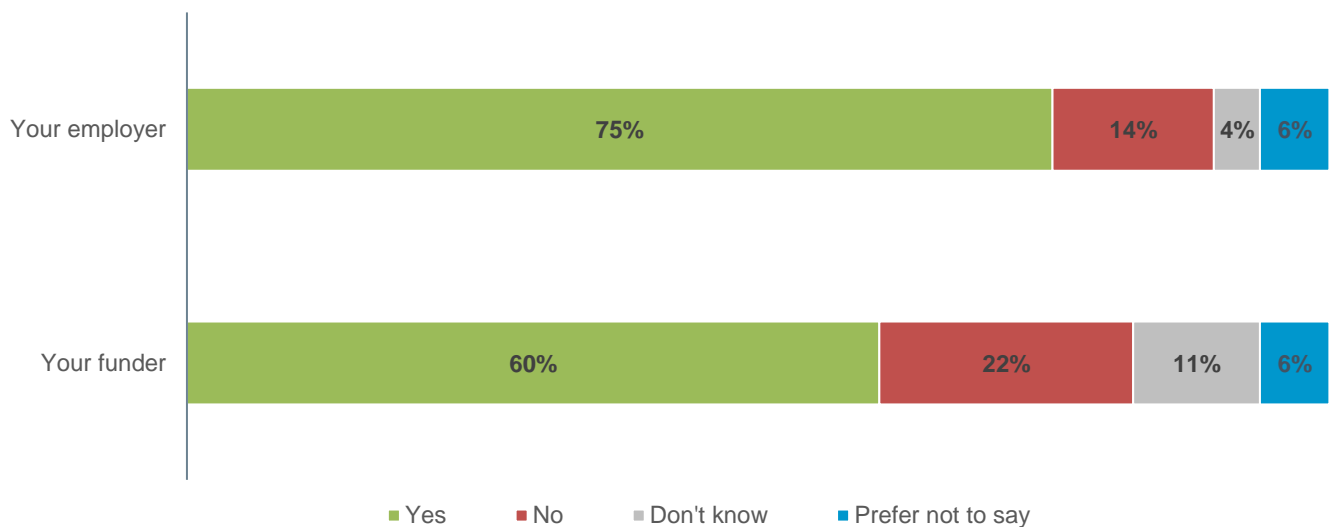
Support from employers and funders

Three quarters of respondents said that they have felt supported and been given adequate flexibility and/or reassurance by their employer (75%). However, 14% said they had not.

Three in five respondents said that they have felt supported and been given adequate flexibility and/or reassurance by their funder (60%), with 22% answering that they had not.

Figure 27 – During the COVID-19 pandemic, have you felt supported and been given adequate flexibility and/or reassurance by your employer / your funder?

Base: Excluding those who answered 'not applicable' - Your employer (476); Your funder (324)



Subgroup analysis highlights that the following respondent groups were **more likely to have not felt supported by their employer** during the COVID-19 pandemic (14% overall):

- Undergraduate Members (24%)
- Those who described their professional setting as clinical academia (17%) or student (17%)
- Those involved in research who are self-funded (24%)
- Those based overseas (18%)
- Those aged 24 and under (20%)
- BAME respondents (18%)

The same analysis highlights that the following respondent groups were **more likely to have not felt supported by their funder** during the COVID-19 pandemic (22% overall):

- Those involved in research who are funded by government funding bodies (28%), university (26%), or who are self-funded (42%)
- Those based overseas (31%)
- BAME respondents (30%)

Impacts of the COVID-19 pandemic

Respondents were asked the extent to which they agreed or disagreed with a series of statements related to the impact of the COVID-19 pandemic.

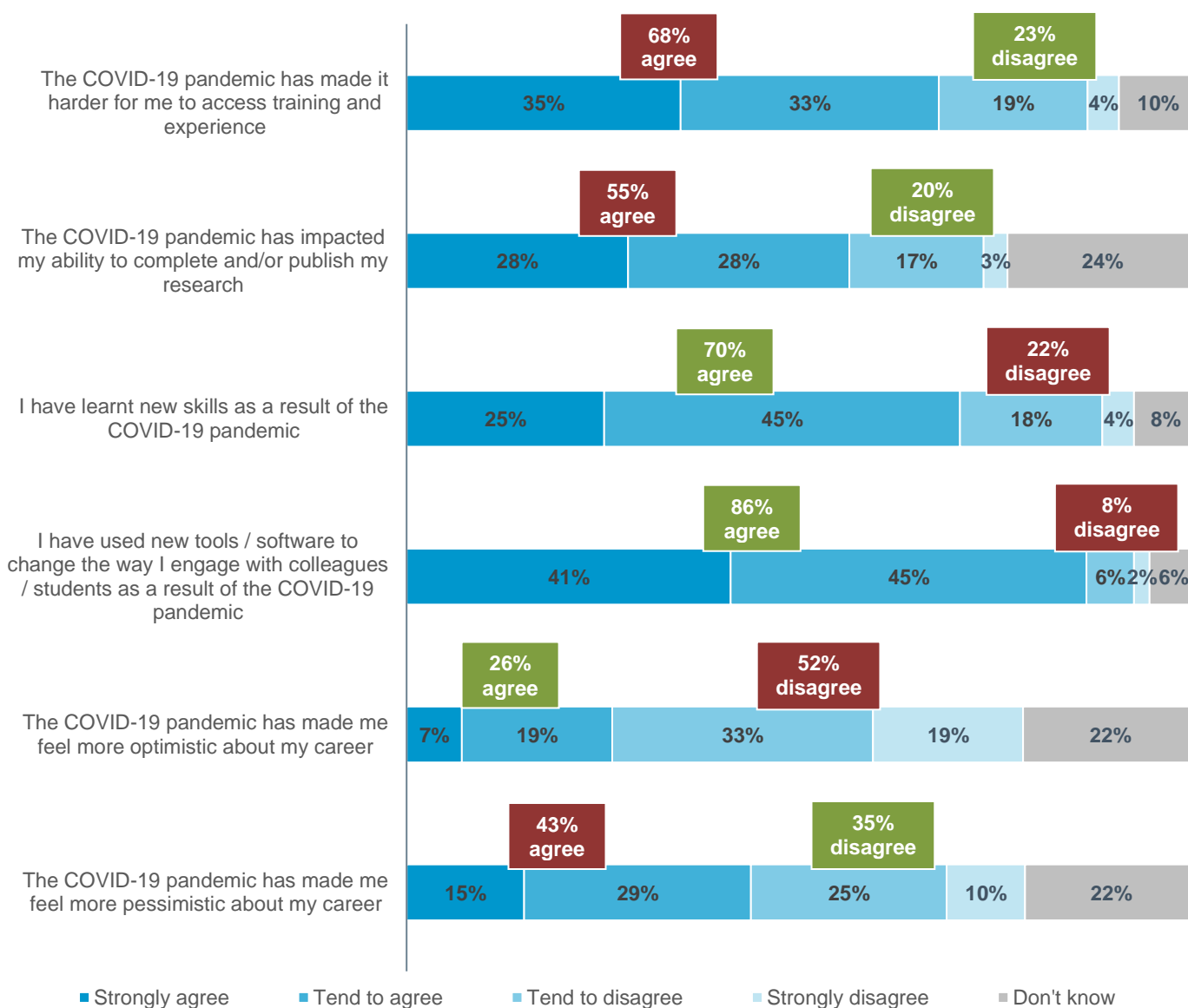
In relation to negative statements, the majority of respondents agreed that the pandemic had made it harder to access training and experience (68%) and that the pandemic had impacted their ability to complete and/or publish their research (55%).

However, in relation to positive statements, the majority of respondents agreed that they had learnt new skills (70%) and have used new tools/software to change the way they engage with colleagues/students as a result of the pandemic (86%).

A larger proportion of respondents agreed that the pandemic has made them feel more pessimistic about their career (43%) when compared with those who agreed that it had made them feel more optimistic (26%).

Figure 28 – To what extent do you agree or disagree with the following statements?

Base: All respondents (690)



Membership type

Subgroup analysis highlights that the pandemic has affected members in different ways.

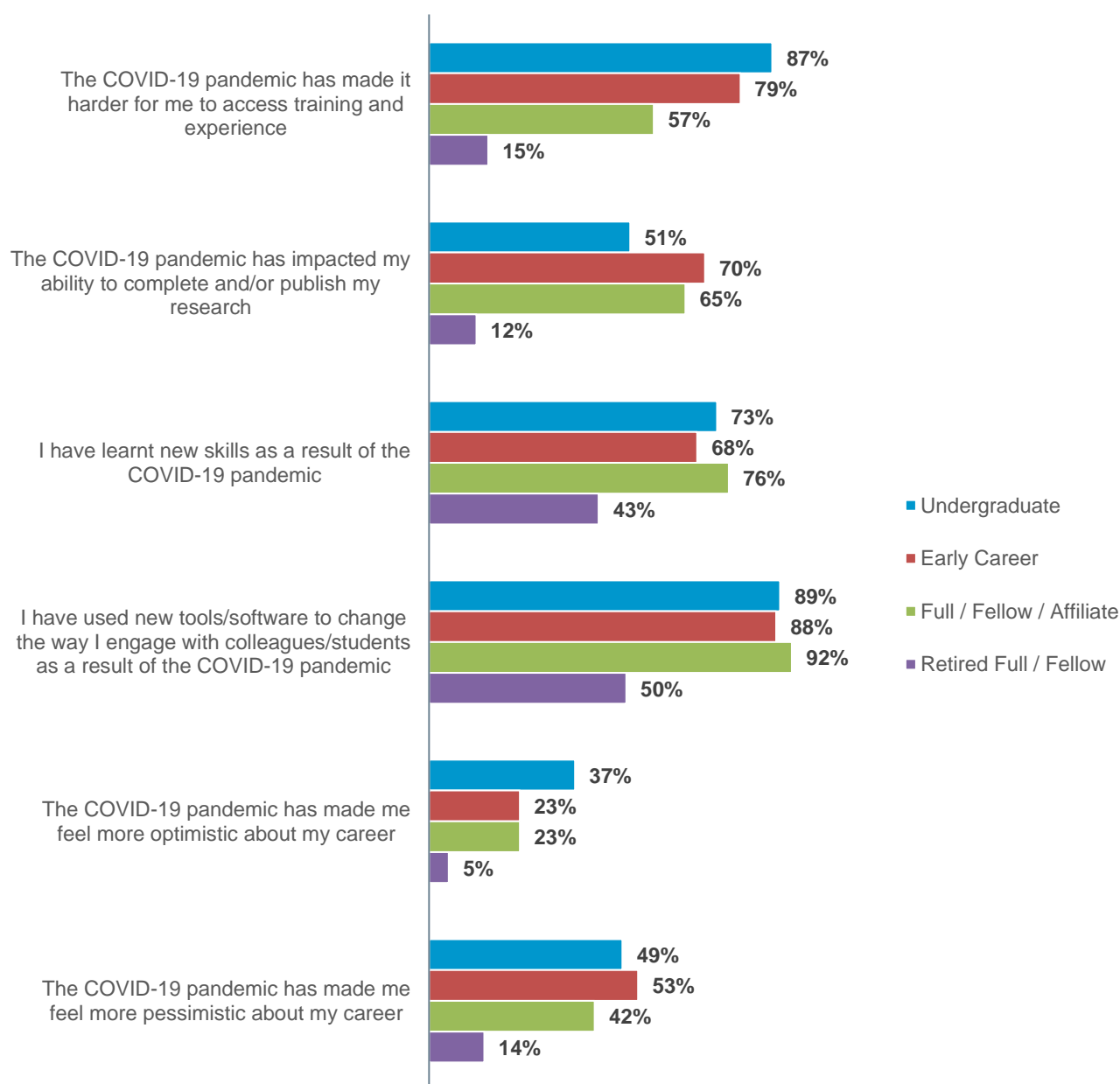
Undergraduate and Early Career Members were more likely to agree that the pandemic had made it harder to access training and experience (87% and 79% respectively) when compared with Full Members, Fellows and Affiliates (57%).

Although overall a larger proportion of respondents said that the pandemic had made them feel pessimistic about their career, Undergraduate Members were more likely to answer that the pandemic had made them feel optimistic (37%) when compared with other membership types. Early Career Members were more likely to answer that they felt pessimistic (53%) when compared with other membership types.

As could be expected, Retired Full Members and Retired Fellows were less likely to indicate that they had been impacted by the pandemic than other member types of member in relation to each statement.

Figure 29 – Agreement with statements about the impact of the pandemic by membership type

Base: Undergraduate (239); Early Career (166); Full/Fellow/Affiliate (199); Retired Full/Fellow (63)



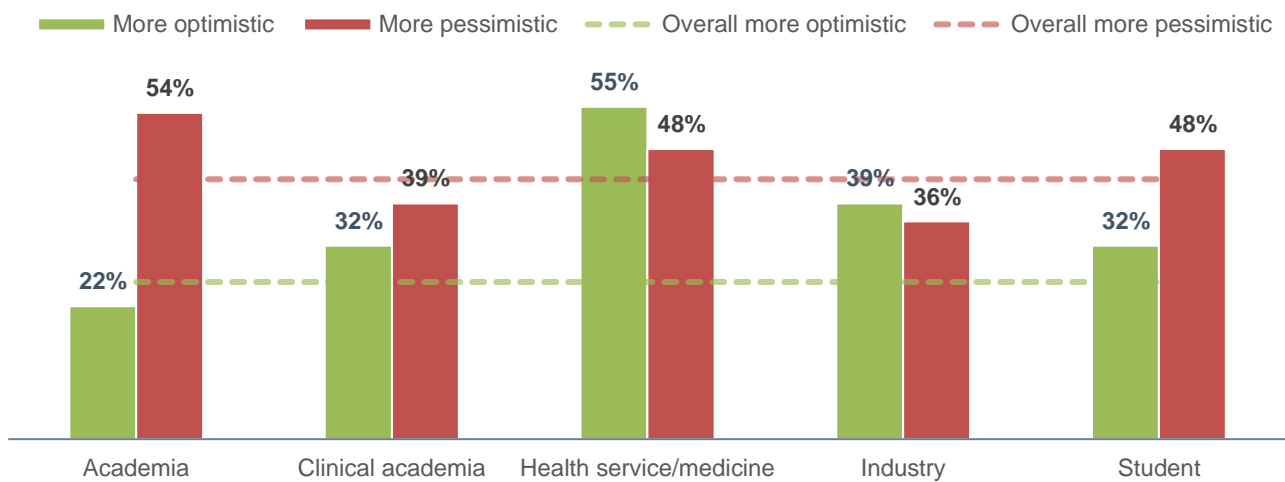
The impact of the pandemic on how members feel about their career

As shown in the chart below, those in the professional settings of clinical academia (32%), health service/medicine (55%), industry (39%) and students (32%) were more likely to agree that the pandemic has made them feel more optimistic about their career, particularly when compared to those in academia (22%).

Those in academia were more likely to agree that the pandemic has made them feel more pessimistic about their career (54%) when compared to those in clinical academia (39%) and industry (36%). However, those in the health service/medicine and students were also slightly more likely to agree that they felt pessimistic (both 48%), highlighting mixed feelings about the impact of the pandemic on the careers of members.

Figure 30 – Agreement about feeling more optimistic or pessimistic about careers as a result of the pandemic by professional setting

Base: Academia (350); Clinical academia (60); Health service/medicine (61); Industry (52); Student (266)

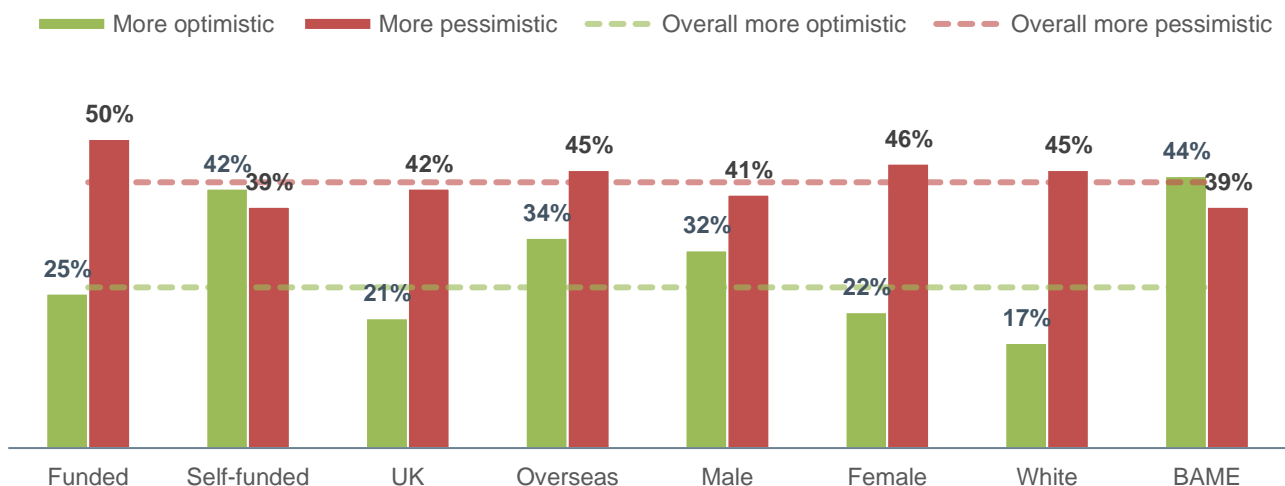


Differences can also be seen when looking at funding, location, gender and ethnicity. Self-funded respondents were more likely to agree that they felt optimistic about their career (42%) when compared with those who were funded (25%), as were those based overseas (34%) when compared with those based in the UK (21%).

Male respondents (32%) and BAME respondents (44%) were also more likely to agree that they felt optimistic when compared with female respondents (22%) and those from a White ethnic background (17%).

Figure 31 – Agreement about feeling more optimistic or pessimistic about careers as a result of the pandemic by professional setting

Base: Funded (326); Self-funded (59); UK (428); Overseas (216); Male (347); Female (324); White (432); BAME (237)

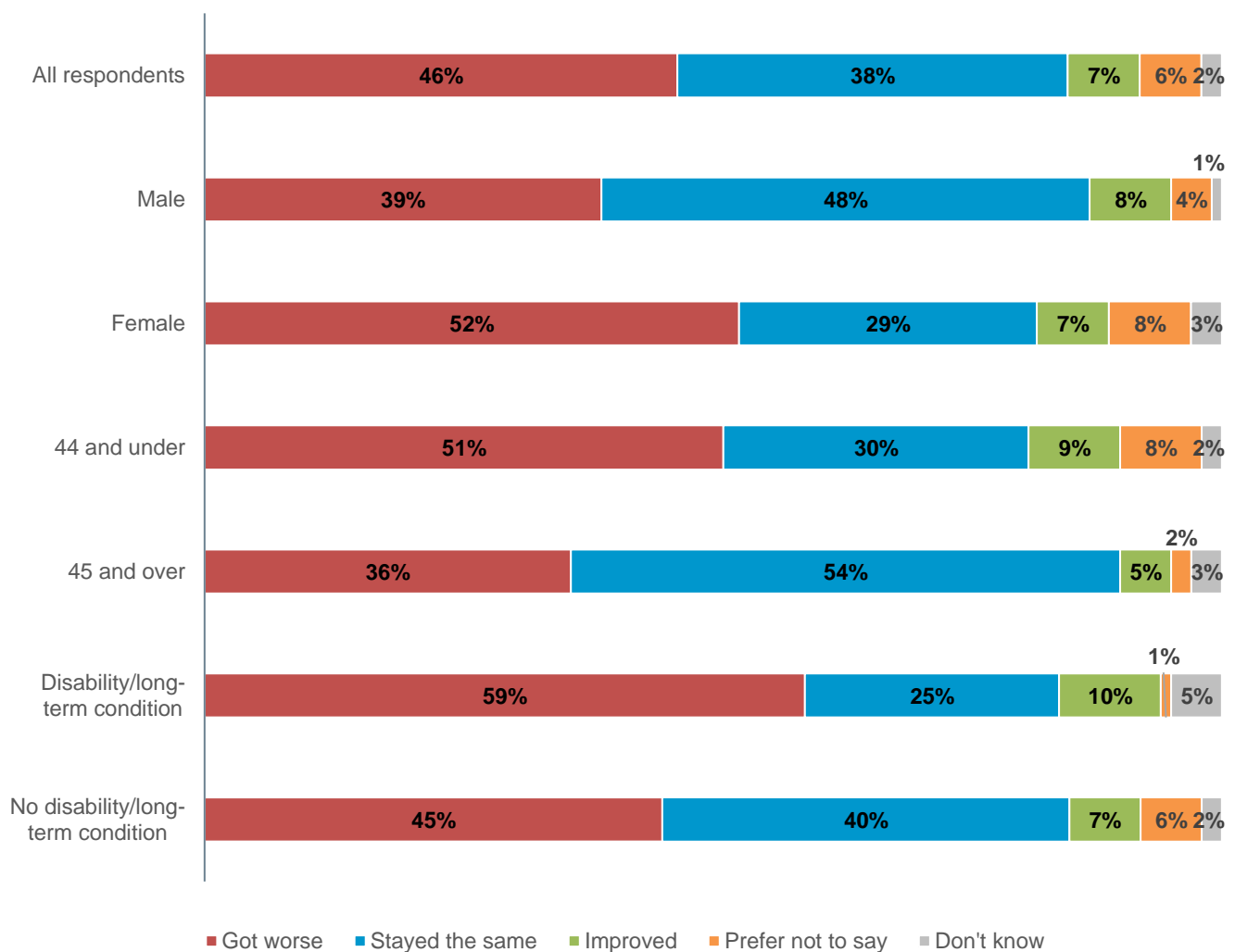


Almost half of respondents felt that their wellbeing had got worse as a result of the pandemic (46%). A further 38% felt their wellbeing had stayed the same, and just 7% felt it had improved.

Subgroup analysis highlights differences in impact on wellbeing by certain demographics. Female respondents were more likely to think that their wellbeing had got worse (52%) when compared with male respondents (39%). This was also the case for younger respondents aged 44 and under (51%) when compared with older respondents aged 45 and over (36%). Respondents who indicated that they had a disability or long-term condition were also likely to answer that their wellbeing had got worse (59%) when compared with those without a disability or long-term condition (45%).

Figure 32 – What impact has the COVID-19 pandemic had on your wellbeing? Including differences by gender, age and disability

Base: All respondents (690); Male (347); Female (324); 44 and under (437); 45 and over (240); Disability/long-term condition (76); No disability/long-term condition (588)

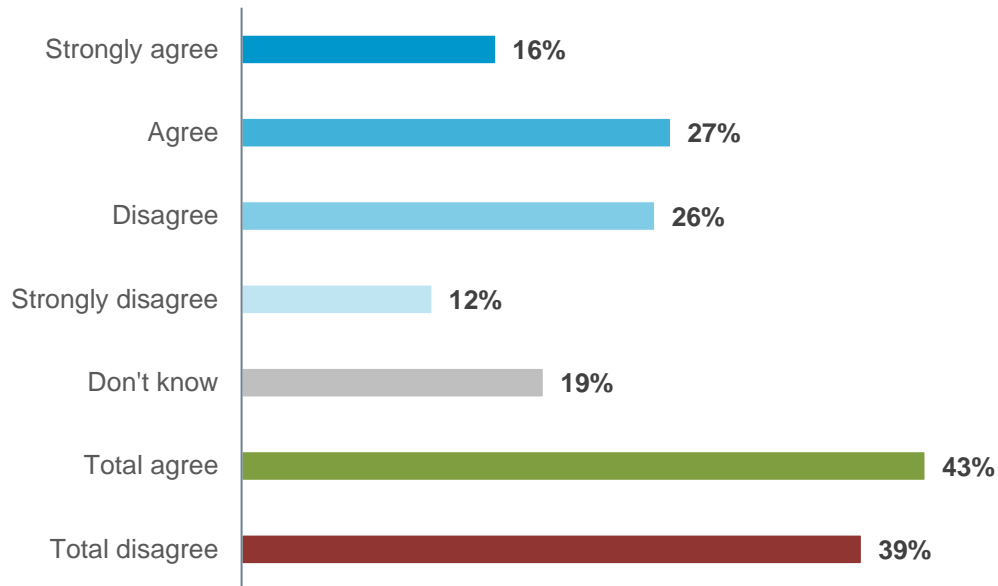


Contributing to the COVID-19 response

Just over two in five respondents agreed that they have used their professional expertise to contribute to the COVID-19 response (43%).

Figure 33 – To what extent do you agree or disagree with the statement: I have used my professional expertise to contribute to the COVID-19 response?

Base: All respondents (690)

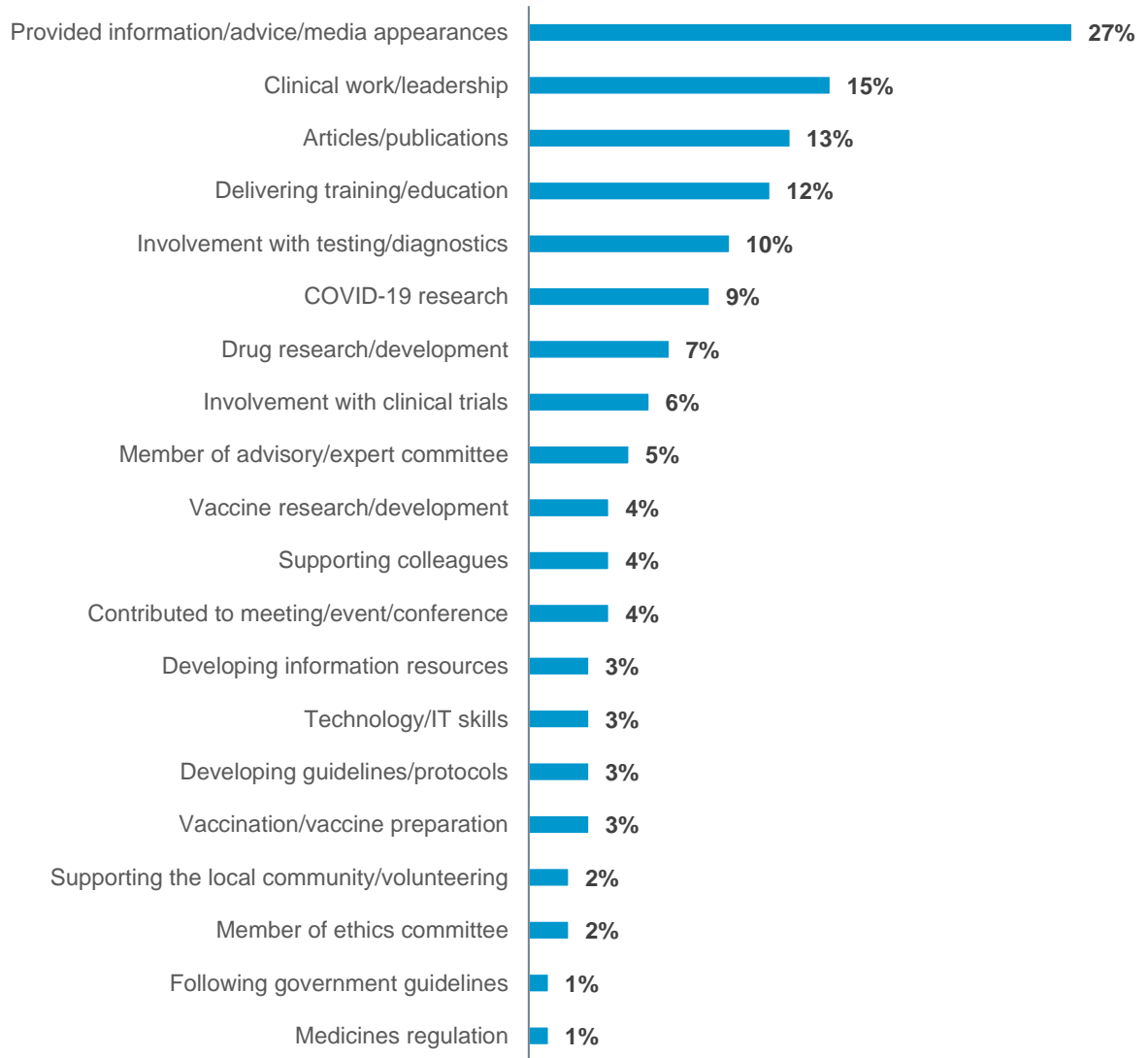


Subgroup analysis highlights that the following respondent groups were **more likely to agree that they have used their professional expertise to contribute to the COVID-19 response** (43% overall):

- Full Members, Fellows and Affiliates (57%)
- Those who had held BPS membership for 16-35 years (53%)
- Those who described their professional setting as clinical academia (89%), health service/medicine (79%) or industry (55%)
- Those involved in research who are self-funded (66%)
- Those based overseas (57%)
- Male respondents (51%)
- BAME respondents (58%)

The most common way that respondents had used their professional expertise to contribute to the COVID-19 response was via providing information, advice or media appearances (27%). Other common reported ways included contributing via clinical work and leadership (15%), via articles and publications (13%), delivering training and education (12%), and via involvement with testing and diagnostics (10%).

Figure 34 – Use of professional expertise to contribute to the COVID-19 response – Coded responses
 Base: Those who agreed they had used their professional expertise to contribute to the COVID-19 response and provided a response (182)



Below and overleaf is a selection of verbatim comments from some of the most common response themes that emerged in response to this question.

Provided information/advice/media appearances

Awareness campaigns, medication advice and health tips. Using the social media platforms, I emphasized on the need for holistic preventive measures to reduce the impact of the pandemic and prevent its spread. I also engaged in community awareness campaigns on Covid-19-related issues.
Early Career Member

I have done numerous media interviews - TV, radio and print - for UK and overseas outlets wishing to know more about the regulatory aspects of vaccines, of which I have personal knowledge.
Honorary Fellow

I have been asked by numerous individuals and groups to comment on matters relating to drugs and vaccines - how they work, where they come from etc... and also on the COVID numbers and statistics.
Full Member

Clinical work/leadership

I volunteered to redeployment to the COVID acute ward, have been there for 7 months to date.
Full Member

Being a clinical pharmacologist I was a part of our hospital's multidisciplinary COVID management team. We treated the patients, collected and reported the ADRs.
Early Career Member

Provision of care in a different patient population, leadership to the teams on Covid wards, and redesign of the acute non-Covid services.
Fellow

Articles/publications

I have published a review paper with some researchers on the treatment of COVID-19.
Early Career Member

I drafted a review article with colleagues on the prospects of using drugs from nature to treat COVID-19.
Full Member

I wrote a review and a couple of book chapters about Vaccines and drugs for COVID-19.
Full Member

Delivering training/education

Educating medical students about CV-19 and potential treatments.
Fellow

I have organised and presented webinars on online learning, cultivation of practical skills outside the laboratory, equality, diversity and inclusivity issues and removing awarding gaps in UK HE.
Full Member

Involvement with testing/diagnostics

Recruited by my university to work for the COVID testing centre since November.
Undergraduate Member

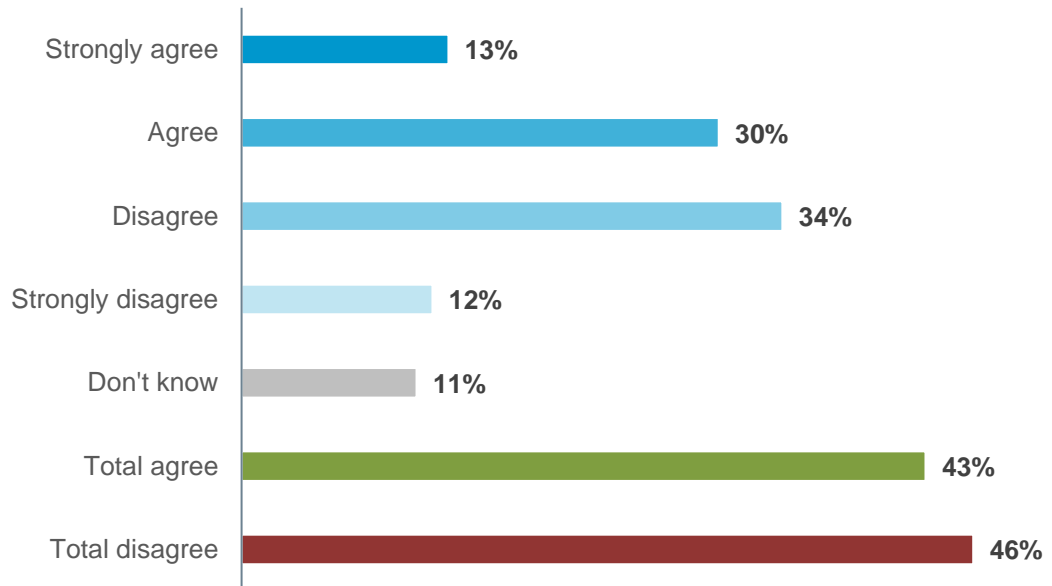
Establishment of regular testing for laboratory-based colleagues to enable continued research (including Covid-19 treatment).
Full Member

Helped out at an asymptomatic testing centre using the clinical skills I've learnt in my course.
Undergraduate Member

Just over two in five respondents also agreed that they have contributed to the COVID-19 response outside their professional activity (43%).

Figure 35 – To what extent do you agree or disagree with the statement: I have contributed to the COVID-19 response outside my professional activity (e.g. volunteering, work in the community)?

Base: All respondents (690)



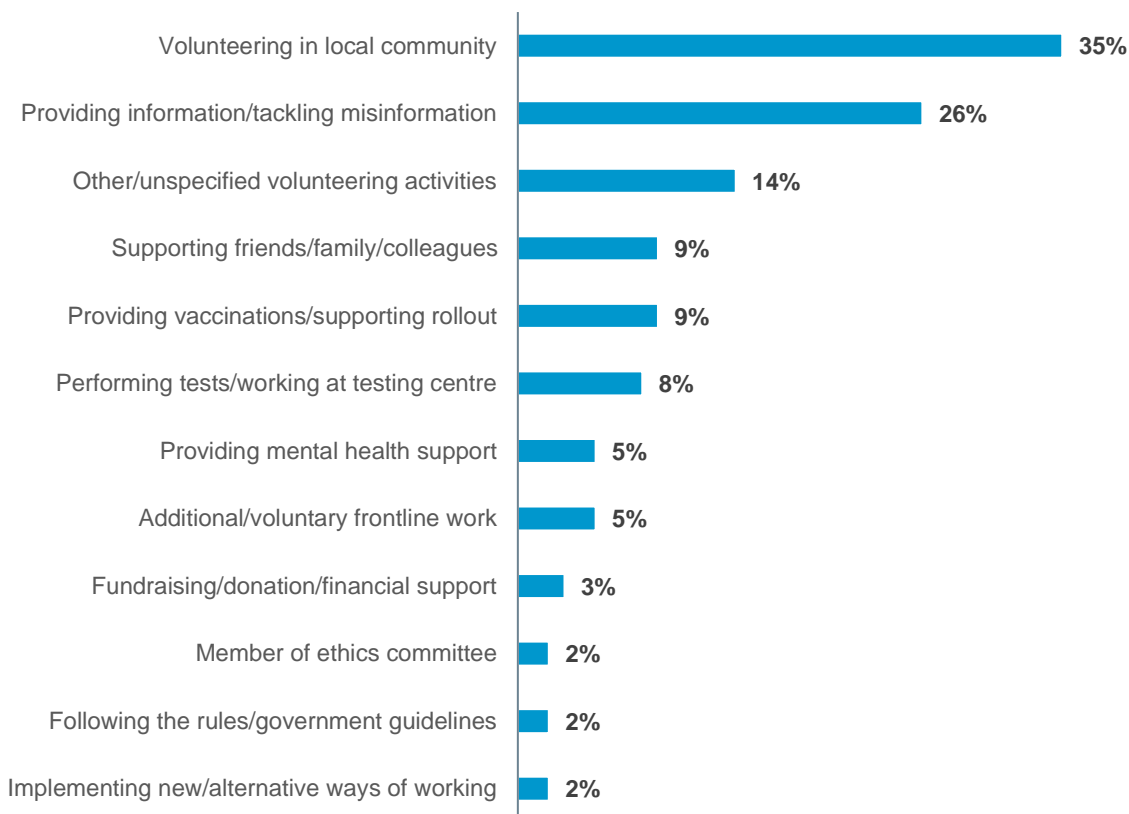
Subgroup analysis highlights that the following respondent groups were **more likely to agree that they have contributed to the COVID-19 response outside their professional activity** (43% overall):

- Undergraduate Members (63%)
- Those who had held BPS membership for less than 5 years (51%)
- Those who described their professional setting as clinical academia (58%), health service/medicine (70%) or student (56%)
- Those involved in research who are self-funded (56%)
- Those aged 24 and under (53%)
- BAME respondents (56%)

The most common ways that respondents had contributed to the COVID-19 response outside their professional activity were via volunteering in the local community (35%) and providing information and tackling misinformation (26%).

Figure 36 – Contributing to the COVID-19 response outside professional activity – Coded responses

Base: Those who agreed they had contributed to the COVID-19 response outside their professional activity and provided a response (185)



Below is a selection of verbatim comments from some of the most common response themes that emerged in response to this question.

Volunteering in the local community

Volunteering to deliver meds for vulnerable people who can't get to surgery.
Full Member

I have volunteered for a charity organisation to create food packs for those less vulnerable.
Undergraduate Member

Volunteering at the local food bank and Credit Union which have seen more people in need due to Covid.
Retired Full Member

Providing information/tackling misinformation

Giving talks about preventive measures and vaccines during community outreach program (CBE) and to non-health related professionals whenever the opportunity presents itself.
Early Career Member

Community Facebook gives opportunity to insert information and counter misinformation.
Retired Full Member

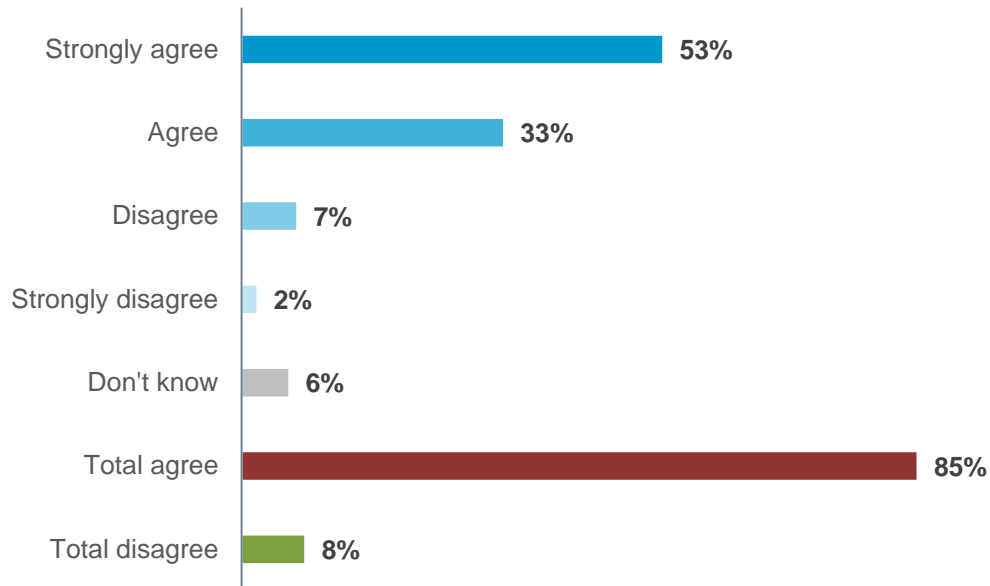
Providing answers to questions from the public on COVID-19.
Fellow

Challenges experienced as a result of the pandemic

Over four in five respondents agreed that they have experienced challenges in their work or studies as a result of the COVID-19 pandemic (85%).

Figure 37 – To what extent do you agree or disagree with the statement: I have experienced challenges in my work or studies as a result of the COVID-19 pandemic?

Base: All respondents (690)



Differences by membership type

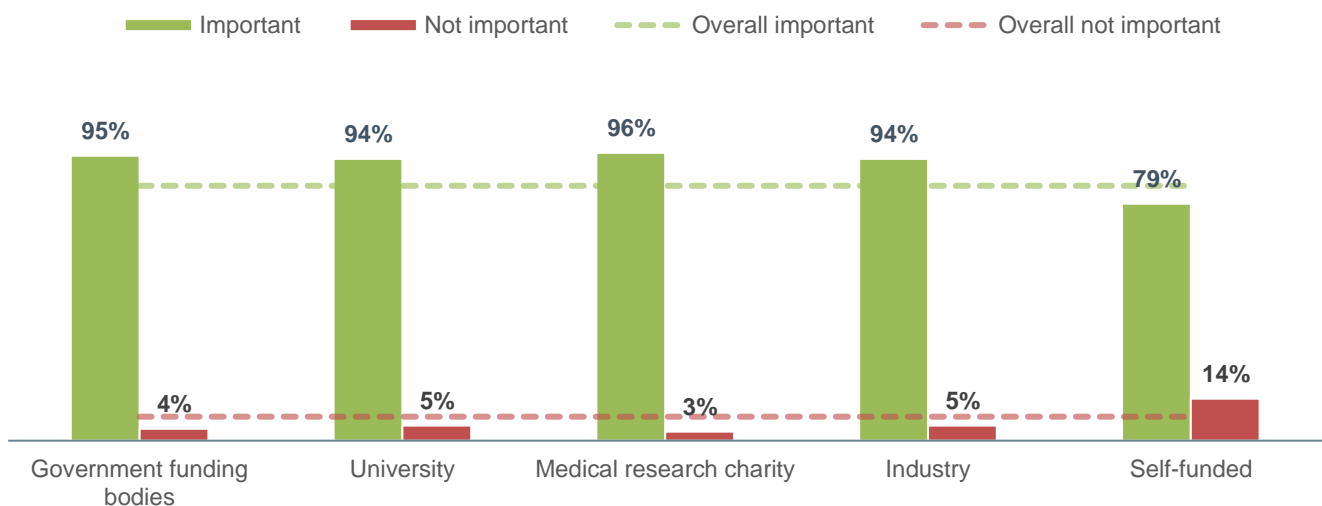
As could be expected, Undergraduate (92%), Early Career (94%) and Full Members/Fellows/Affiliates (92%) were more likely to agree that they have experienced challenges in their work or studies when compared with Retired Full Members/Fellows (25%). The subgroups of age and length of membership reflect this finding.

Differences by source of funding

Those who indicated that their research was self-funded were more likely to disagree that they had experienced challenges in their work or studies as a result of the pandemic (14%) when compared with those who received funding from other sources.

Figure 38 – Experience of challenges in work/studies as a result of the COVID-19 pandemic by source of funding

Base: Government funding bodies (161); University (172); Medical research charity (84); Industry (83); Self-funded (59)

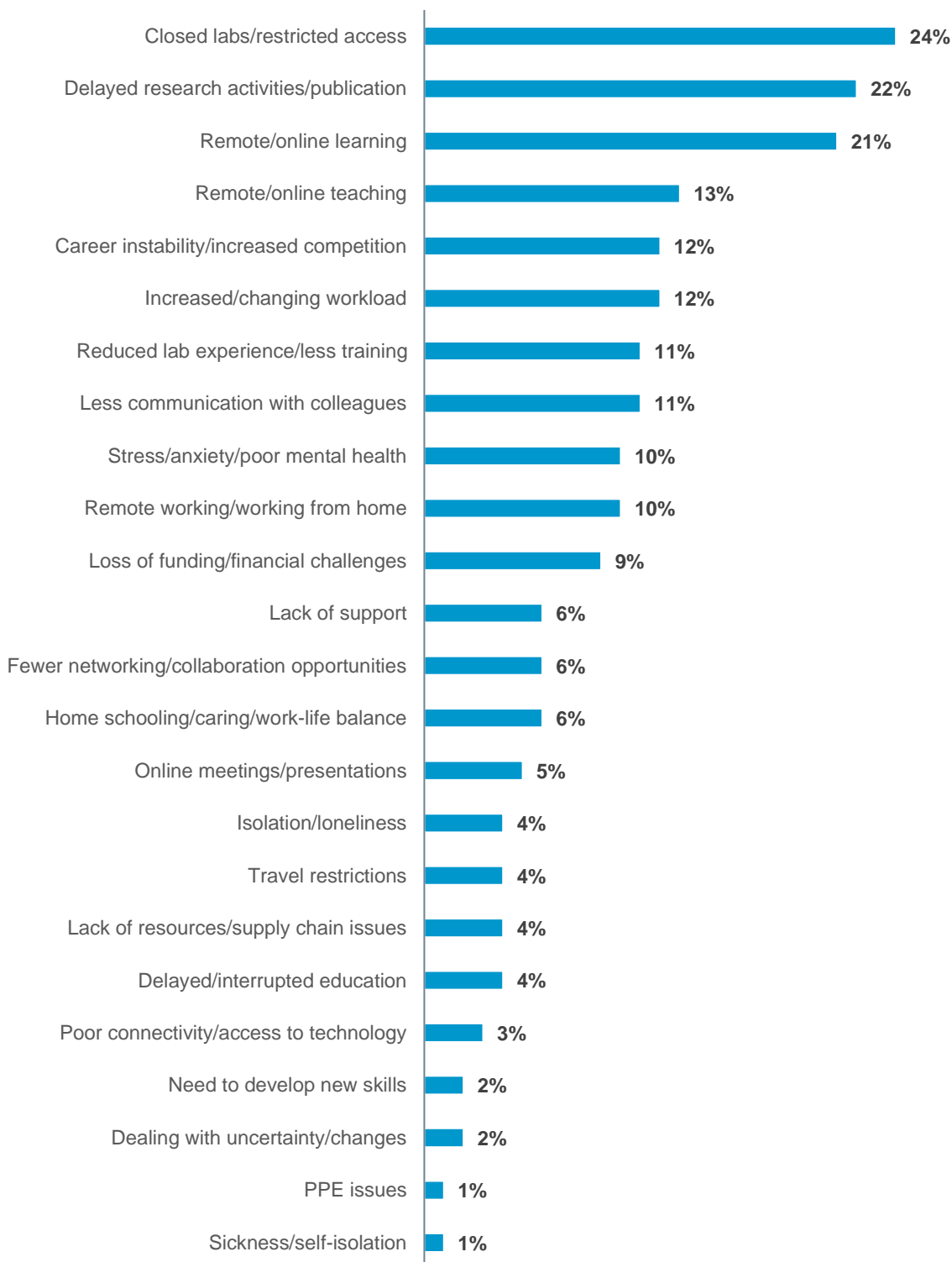


Those who agreed that they had experienced challenges in their work or studies as a result of the pandemic were asked to summarise what challenges they had experienced. These free-text comments have been thematically coded for analysis, grouping similar responses together and are presented in the chart below.

A quarter of responses related to closed labs or having restricted access (24%), closely followed by a similar proportion relating to delayed research activities or publication (22%) and the challenge of remote or online learning (21%).

Figure 39 – Challenges experienced as a result of the COVID-19 pandemic – Coded responses

Base: Those who agreed they had experienced challenges in their work or studies as a result of the COVID-19 pandemic and provided a response (410)



Below is a selection of verbatim comments from some of the most common response themes that emerged in response to this question.

Closed labs/restricted access

I am a Pharmacology student who cannot access laboratories for my final year project. As such, I feel my final report will not demonstrate my full potential.
Undergraduate Member

In clinical trial all site monitoring visits stopped during the lockdowns.
Full Member

Lab entry and work timings were rostered; this was challenging. In spite of all this I was able to independently generate an appreciable amount of data in the last year that is very relevant in anti-cancer drug research.
Early Career Member

Delayed research activities/publication

Lockdown profoundly affects the progress of several research projects in the lab. Some animal studies have to be restarted.
Full Member

The impact on my research has been really negative. This is preventing me of making progress in my career.
Fellow

Very difficult to complete ongoing experimental work and to finalize papers.
Fellow

Remote/online learning

Difficulty focusing and studying from home. Adjusting to studying from home and not being able to go to university and see my peers and professors.
Undergraduate Member

Online learning at my university makes engaging in lectures harder and made collaborative work during lectures impossible as we usually ask each other questions during lectures (between students) that we can't ask during an online lecture as it would disturb the lecture.
Undergraduate Member

Remote/online teaching

Moving to teaching online, issues of trying to engage and support students effectively, managing strategies for practical teaching.
Full Member

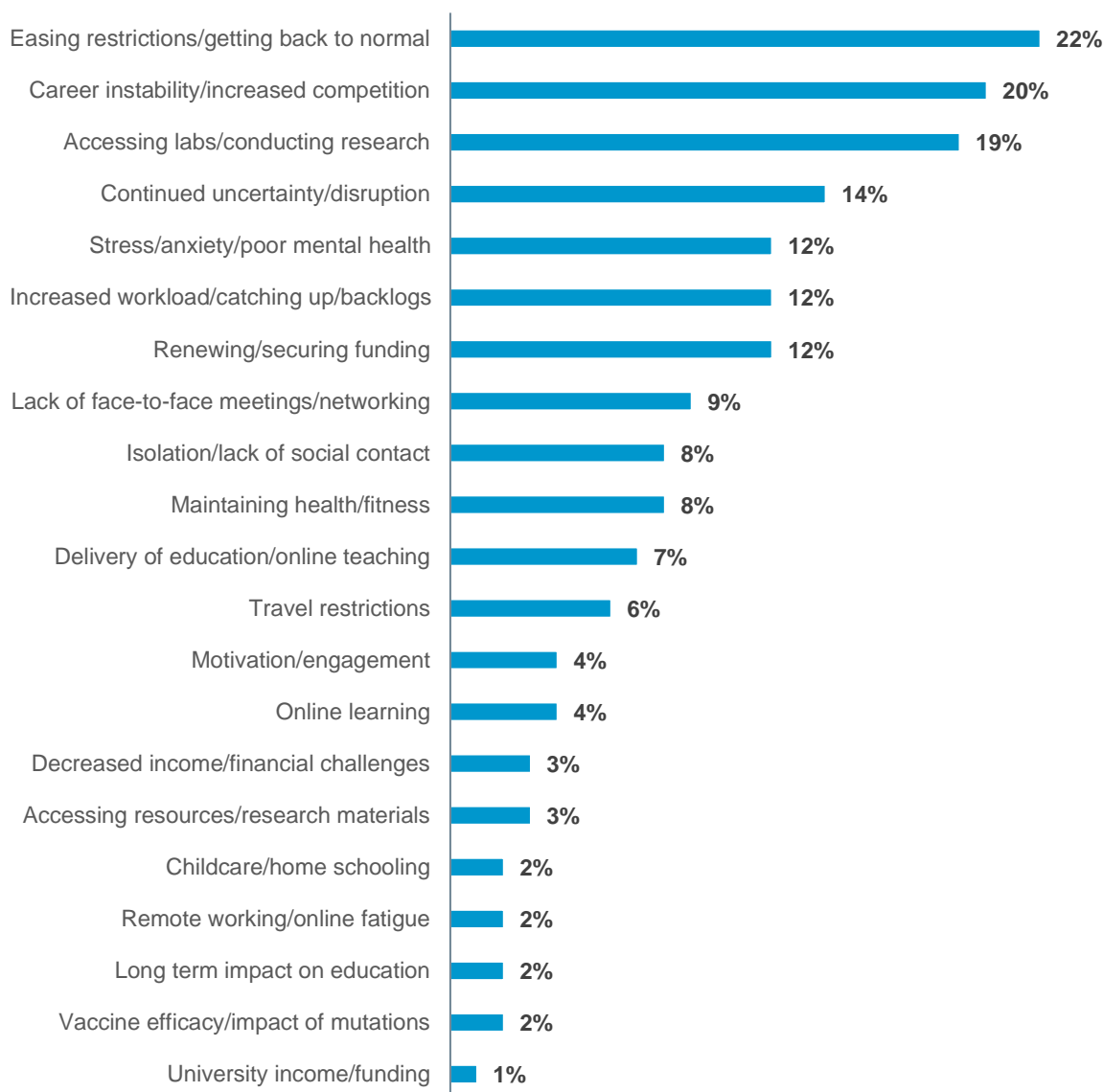
Medical education - complete reinvention of all education processes including admissions, curriculum, timetabling, delivery, assessment, feedback and student support.
Fellow

Future challenges and support required

Respondents were asked what challenges, if any, they anticipate over the next 12 months. Again, free-text comments have been thematically coded for analysis by grouping similar responses together and are presented in the chart below.

Common challenges identified included the easing of lockdown restrictions and getting back to normal (22%), career instability and increased competition (20%), and accessing labs and conducting research (19%).

Figure 40 – What challenges, if any, do you anticipate over the next 12 months? – Coded responses
 Base: Those who provided a response (399)



Below and overleaf is a selection of verbatim comments from some of the most common response themes that emerged in response to this question.

Easing restrictions/getting back to normal

Coordinated easing of restrictions. Planning for inevitable epidemics of respiratory disease next Autumn/Winter.
Fellow

The transition into a semi-virtual semi-in person world. Just more big changes.
Undergraduate Member

The pandemic and having to self isolate, but worst of all, people being too impatient to stay at home and so elongating the pandemic.
Undergraduate Member

Career instability/increased competition

Entering the job market once I finish my degree in June. I feel apprehensive there will be less jobs in the market for me/ it will be an even more competitive environment.
Undergraduate Member

Trying to make myself a better candidate for employment. Lots of work experience has been cancelled. In person skills I should have acquired by now have been cancelled.
Undergraduate Member

Accessing labs/conducting research

Research output will have fallen. The lab has not been active at times, but salaries have been paid. Therefore, deliverables on grants may not be possible. The impact may be severe.
Full Member

Getting research on campus back up and running.
Full Member

The need to find a way to get back to the lab.
Honorary Fellow

Continued uncertainty/disruption

Uncertainty about return to normal working in the face of possible further lockdowns.
Fellow

More uncertainties over future of vaccinations. This is not helped by the political machinations of the EU.
Retired Full Member

The lack of ability to plan ahead is challenging.
Full Member

Stress/anxiety/poor mental health

If covid continues my mental health will be affected.
Undergraduate Member

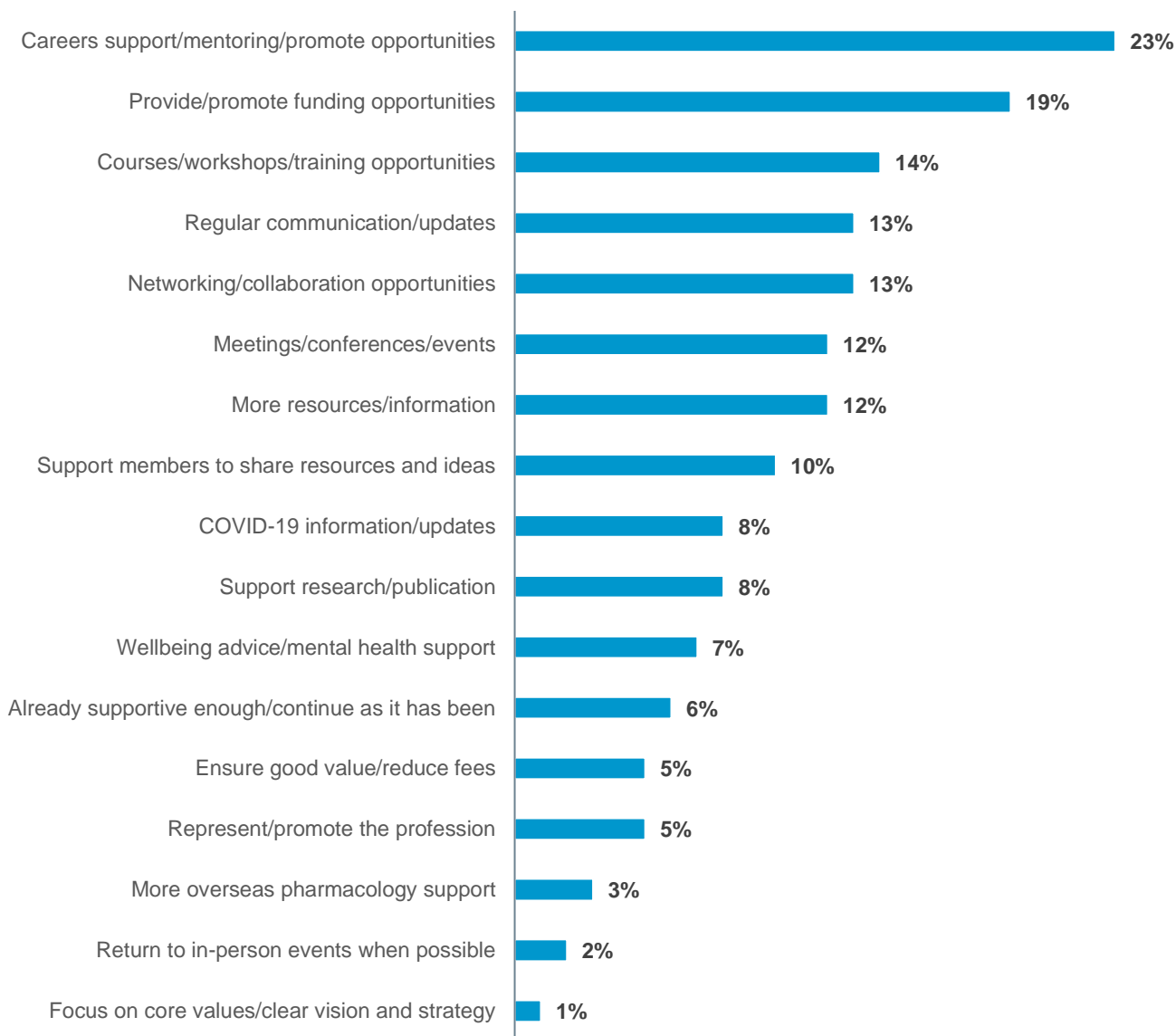
Massive burnout. Lack of support and time to recover and plan.
Full Member

Respondents were asked how the BPS could support its members to address future challenges. The free-text comments have been thematically coded for analysis and are presented in the chart below.

Almost a quarter of responses related to the provision of careers support, mentoring and promotion of opportunities (23%), followed by 19% which referenced providing or promoting funding opportunities.

Figure 41 – How can the BPS support you to address these challenges? – Coded responses

Base: Those who provided a response (267)



Below and overleaf is a selection of verbatim comments from some of the most common response themes that emerged in response to this question.

Careers support/mentoring/promote opportunities

More support (via the Community Hub) to introduce employers to early career researchers like myself. Particularly roles that don't require travel (or are remote) due to constant lockdowns.
Early Career Member

Seeking placement and development positions for graduates in big Pharma with mentorship would be advantageous.
Full Member

I feel that now is the time for Societies to create a visible home for undergraduate students to get external reassurances of career choices. Many STEM students feel disadvantaged by loss of wet laboratory training and may be deterred from entering careers with expectations of lab skills. Visibility of career paths in pharmacology and additional support for lab interns with wider eligibility.
Full Member

Provide/promote funding opportunities

Providing more summer studentship funding would be a great initiative to support upcoming pharmacologists.
Fellow

Consider options for offering a range of grants to researchers looking to recommence projects or starting in new areas.
Full Member

Help with accessing research funding.
Fellow

Courses/workshops/training opportunities

It would be great to have some online skills workshops or learning opportunities. Maybe a session on how we can make the most and set ourselves apart, now that lots of work experience opportunities have been cancelled.
Undergraduate Member

Offer generic skills training to support change.
Fellow

Regular communication/updates

Keep in touch with membership, particularly young and retired members.
Honorary Fellow

Publishing how to get back to normal in academia.
Undergraduate Member

Keep me informed and integrated via the electronic channels the society has so well established.
Retired Full Member

Networking/collaboration opportunities

Improved networking so we can perhaps help one another with challenges.
Full Member

I think that having the opportunity to network with people from the BPS experiencing similar situations.
Undergraduate Member

Promote networking opportunities, if possible. Promote person to person interactions.
Fellow