

Ipsos MORI

General
Medical
Council

General Medical Council – Guidance survey

Research Report

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Introduction

Background

The General Medical Council (GMC) is the independent regulator for doctors in the UK. Its statutory purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

The law gives the GMC four main functions under the *Medical Act 1983*:

- keeping up-to-date registers of qualified doctors;
- fostering good medical practice;
- promoting high standards of medical education and training; and
- dealing firmly and fairly with doctors whose fitness to practise is in doubt.

The Act gives the GMC power to advise doctors on standards of professional conduct and medical ethics. This is done primarily through published guidance, which sets out standards of practice that society and the profession expect doctors to follow throughout their working lives.

The GMC's core guidance is *Good Medical Practice (2006)*, which all doctors must be familiar with and follow. Serious or persistent failure to follow the guidance will put a doctor's registration at risk.

In December 2009, the Council approved a new Corporate Strategy covering the period 2010-2013. The Corporate Strategy together with the GMC's Business Plan set out the priorities and objectives for the GMC in the coming years. One stated outcome in the Business Plan is that the GMC will have an understanding of doctors' overall awareness of GMC guidance and their attitudes towards its relevance and helpfulness.

As a result, the GMC commissioned Ipsos MORI in December 2009 to undertake a survey among doctors to seek their views on GMC guidance.

The survey is an important part of the GMC's work to evaluate the effectiveness of its guidance and will provide a benchmark for future comparisons of doctors' opinions about their awareness, usage and views on the good practice guidance provided by the GMC.

The key aims of this survey included, but were not limited to:

- measuring doctors' awareness of the guidance available to them;
- when and how GMC guidance is used by doctors in the course of their working lives;
- preferences for the various formats of GMC guidance; and
- preferences for other learning materials doctors feel are, or would be, of benefit in helping them to understand ethical and good practice considerations.

The results will help inform further development of guidance and learning materials aimed at helping doctors understand and apply the guidance in practice.

Methodology

The research gives findings from Ipsos MORI's online survey of doctors, which was conducted among a representative sample of UK licensed doctors between 26 March – 17 May 2010.

Doctors were selected from the GMC database of doctors with email addresses. To reflect the profile of doctors in the full GMC database (not just those with email addresses), the sample was disproportionately stratified by age, place of Primary Medical Qualification and whether or not doctors belonged to the GP or Specialist registers, both or neither. Email invitations were sent to a sample of 6000 doctors by the GMC, in two halves, staggered by two weeks, with the aim of achieving 1000 responses. This was to allow initial assessment of the response rate and respondent profile. This was followed by a reminder email sent two weeks after the initial invitation. A further sample of 3000 was mailed at the end of the first fieldwork period, again followed up with a reminder, to ensure that as close as possible to the 1000 responses were achieved. In total, 997 survey responses were achieved.

The final sample is weighted by gender, age, and place of Primary Medical Qualification, to be representative of the population of doctors registered with the GMC. The topline findings are presented in Appendix 1.

The figures quoted in the tables are percentages. The size of the sample base from which the percentage is derived is indicated. Note that the base size may vary and the percentage is therefore not always based on the total sample. Caution is advised when comparing responses between small sample sizes.

Unless otherwise stated, for any differences cited in this report between respondent groups ("Group X is more likely than Group Y"), the differences are statistically significant at the 95% confidence level (albeit assuming a purely random sample).

In order for a difference between sub-groups (such as between men and women) to be considered statistically significant, the percentage figures for the two sub-groups need to differ by a certain number of percentage points. This number will depend on the size of the sub-group sample and the percentage finding itself. Should the two numbers differ by less than the required percentage, the result will not be considered statistically significant, as it is likely that this result differs as a result of chance only. Differences between sub-groups mentioned in this report are only those that are statistically significant.

Throughout the tables or charts, an asterisk (*) denotes a value greater than zero but less than 0.5%. Where percentages do not add up to 100%, this is due to multiple answers, computer rounding and/or the exclusion of neutral, don't know or not stated responses.

Limitations of the research

When interpreting the findings, it is important to remember that the results are based on a representative sample of doctors registered with the GMC, and not the entire population of doctors. Consequently, results are subject to sampling tolerances. Crudely speaking, the overall results are accurate to within +/- 3 to 4 percentage points 95 times in 100, (i.e. at the 95% confidence level). However, this assumes a perfect random sample has been achieved (although an analysis of design factors between quota and random samples reveals that quota samples offer a good design). The following table illustrates the predicted ranges for different sample sizes and percentage results at the "95% confidence interval":

Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	+	+	+
100 responses	6	9	10
200 responses	4	6	7
500 responses	3	4	4
997 responses	3	3	3
1,000 responses	2	3	3

For example, with a sample size of 1,000 where 30% give a particular answer, the chances are, 19 in 20 that the 'true' value (i.e. the one which would have been obtained if the whole population had been interviewed) will fall within the range of +/-3 percentage points from the survey result (i.e. between 27% and 33%). For a comparison between different sub-groups, confidence intervals again apply, as shown in the table below.

Size of samples on which survey results are based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
100 responses vs 100 responses	3	4	4
300 responses vs 300 responses	5	7	8
1,000 responses vs 1,000 responses	8	13	14

Acknowledgments

Ipsos MORI would like to thank Farkhanda Maqbool, Olivia Stapleton and Tim Walker from the GMC for all their help and assistance in developing this project.

Finally, we would also like to thank all the doctors who gave up their time to complete the survey, without whose input this research would not have been possible.

Executive Summary

Awareness of GMC guidance

The majority of doctors are aware of the current GMC good practice guidance, with nine in ten naming *Good Medical Practice* and around three quarters naming *Duties of a Doctor*. The majority of those who are familiar with *Good Medical Practice* are also familiar with at least some of the supporting guidance booklets.

Most doctors become aware of the guidance either when they register with the GMC or when they are at medical school. Those who have gained their Primary Medical Qualification (PMQ) in the UK are most likely to say they became familiar with the guidance at medical school. Those who gained their PMQ outside of the UK are more likely to say that they became aware of the guidance when they arrived in the UK. This is important to bear in mind, as those who have referred to the guidance are more likely than those who have not to say that they were introduced to the guidance during medical school teaching sessions.

The difference between when UK-qualified and overseas doctors become aware of the guidance reflects previous research findings¹ suggesting that overseas doctors become aware of the guidance at a later stage than doctors from the UK, and thus are less likely to be aware of the nature and purpose of the guidance when they first receive it upon registration.

Around eight in ten doctors feel that the guidance was useful to receive upon registration, with the primary reasons for this being that it provided a good introduction to good practice principles, gave them an introduction to the ethical issues that they needed to consider and that it was important for them to apply the principles in practice as soon as possible.

Only around one in ten doctors feel that it is not useful to receive the guidance at registration. Key reasons for it not being felt to be useful at this time are given as the guidance being too much to take in, and the need to work through practical examples, with the guidance alone not being enough.

¹ Slowther, A et al., (2009) "Non UK qualified doctors and Good Medical Practice: The experience of working within a different professional framework" (http://www.gmc-uk.org/FINAL_GMC_Warwick_Report.pdf_25392230.pdf)

Using GMC guidance

The majority of doctors say that they have referred to GMC guidance at some point in their medical careers. Only one in twenty doctors who are familiar with the GMC guidance say that they have not referred to it. Doctors most commonly say that they last referred to the guidance at work or when preparing for a job interview. Younger doctors and overseas doctors are more likely than average to have last referred to the guidance when preparing for a job interview or revising for an exam. These groups are more likely to see the guidance as a learning resource than older doctors or doctors who have gained their PMQ in the UK.

Almost nine in ten say that they found the guidance helpful on the last occasion that they referred to it, with over a third finding it very helpful, and less than one in ten not finding the guidance helpful. The top reasons for finding the guidance helpful are as a useful indication of the types of issues doctors need to consider and as a useful reminder. Of those who did not find it useful, most say that the guidance did not tell them anything they did not already know.

The guidance provides a decision making framework for doctors which highlights the ethical and legal considerations which doctors must take into account, rather than providing 'right' or 'wrong' answers. Relatively few doctors judged the guidance on whether or not it directly answered questions about their practice or an ethical dilemma, indicating that the guidance is being used as a reference document, as intended. However, there is still a minority of doctors who feel that they should be able to obtain an answer to their query from the guidance booklets. This may be a case of doctors needing more information about the level of support the guidance is intended to provide.

Formats for guidance materials

Doctors are split on whether they would prefer a hard copy booklet or an online version of the GMC guidance with which to answer a specific question, although older doctors are more likely to be in favour of a hard copy format. There is, however, a slight preference for receiving new and updated guidance in a hard copy format.

To receive news about new and updated guidance, there is a strong preference for email or e-bulletin updates, although, again, older doctors would rather see an article in *GMCtoday*, the GMC's bi-monthly newsletter, or receive a letter.

Good Medical Practice has been developed into a set of online interactive case studies called *Good Medical Practice in Action* (GMPiA), which aims to 'bring the guidance to life'. Fewer than one in ten doctors say that they have used GMPiA, with most of those who have used it saying

that they found the tool on the GMC website. Around three quarters of those who say they have used GMPiA have found it helpful.

In terms of further learning materials, most doctors say that they would be likely to use online case studies and online publication of answers to common questions, with downloadable presentations with discussion notes also mentioned by around two fifths.

Across all discussion with regard to the formats of guidance and learning materials, we see a much greater preference for electronic formats among younger doctors. They are more likely to prefer electronic communications of guidance and electronic notification of guidance updates, and are keener than their senior colleagues to see learning materials developed as online case studies and podcasts.

Views on GMC guidance

On the whole, doctors are positive about GMC guidance, with most agreeing that the guidance is relevant and helps doctors to resolve ethical dilemmas. Most doctors are confident that they are able to comply with GMC guidance and that they are up-to-date with the guidance issued. Over half of doctors agree that the medical profession on the whole is familiar with GMC guidance and with the advice contained within *Good Medical Practice*.

The majority of doctors feel that the GMC should do more to communicate its guidance to doctors and that the GMC should continue to develop innovative ways to help doctors understand how the guidance applies across doctors' working lives. This echoes the high level of support for many ideas for new formats of learning materials.

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Nickie Rose

Anne Charlton

Findings

Awareness of GMC guidance

Awareness of the guidance currently available

Previous research² has shown that there are good/high levels of recognition among doctors of the GMC's core guidance document, *Good Medical Practice*, but not necessarily familiarity with its contents, and less so of the supplementary guidance which sits alongside *Good Medical Practice*.

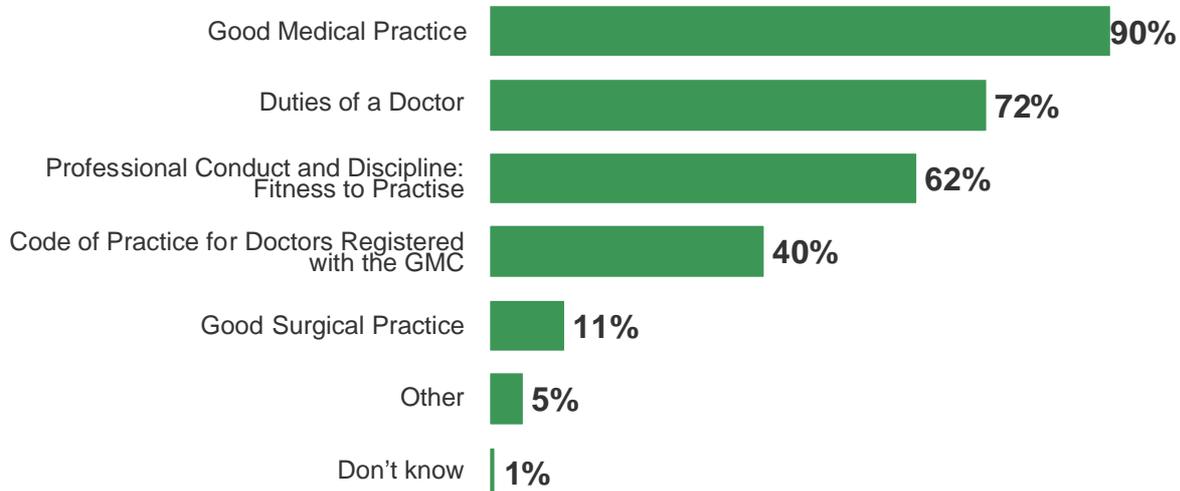
This survey also found that the majority of doctors are familiar with *Good Medical Practice*. Nine in ten (90%) doctors recognise *Good Medical Practice* as being current guidance issued by the GMC that they should follow throughout their working lives. Just under three quarters (72%) also mention *Duties of a Doctor*, the over-arching name given to *Good Medical Practice* together with supplementary guidance, such as booklets on consent and confidentiality.

Just over six in ten (62%) identify *Professional Conduct and Discipline* as a current piece of GMC guidance, but this is an old precursor to *Good Medical Practice* and is now out of date, with four in ten (40%) identifying the *Code of Practice for Doctors*, and around one in ten (11%) identifying *Good Surgical Practice* – both of which were fabricated titles for the purpose of this exercise.

² Peters, J., McManus I. C., et al. (2001). "Good Medical Practice: comparing the views of doctors and the general population" *Med Educ* 35 Suppl 1: 52-9

Awareness of current guidance

Q1 The GMC issues guidance to all registered doctors about the principles of good practice that doctors should follow throughout their working lives. Which, if any, of the things from this list do you recognise as being current guidance issued to doctors by the GMC?



Base: All respondents (997), 26 March–17 May 2010

Source: Ipsos MORI

Ipsos MORI



Women are more likely to mention *Good Medical Practice* (93%) and *Duties of a Doctor* (77%) than their male counterparts (88% and 69% respectively), as are those doctors aged under 35 (93% mention *Good Medical Practice* and 82% *Duties of a Doctor*), compared to the total.

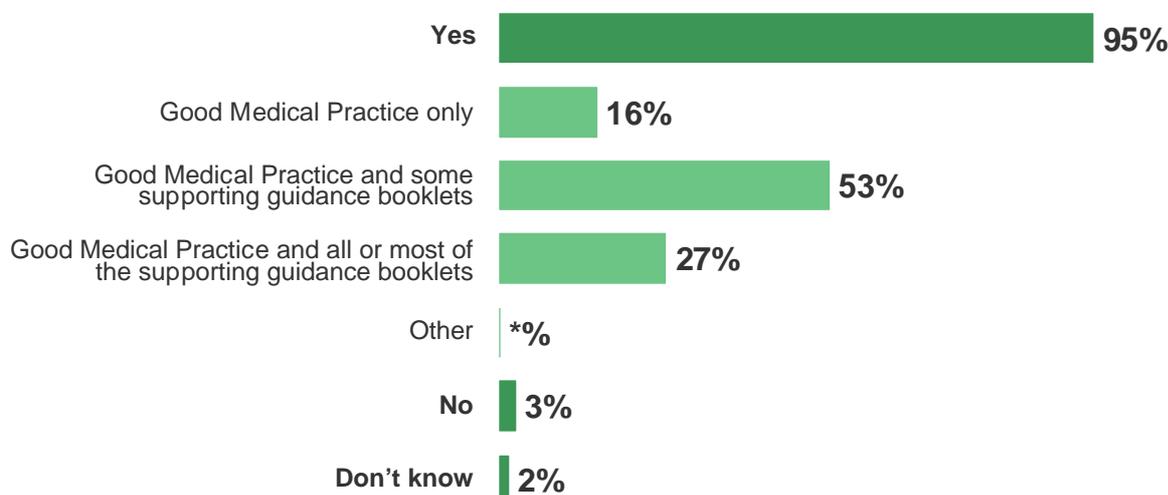
Those who say that they are familiar with *Good Medical Practice* and some or all of the supplementary booklets when prompted, are also, unsurprisingly, more likely to say that they recognise both *Good Medical Practice* and *Duties of a Doctor* as current guidance (93% and 77% respectively, compared to 86% and 59% who say that they are familiar with *Good Medical Practice* only).

Familiarity with the current guidance

When prompted as to the correct name of the current GMC guidance, by far the majority (95%) of doctors say that they are familiar with some form of the guidance. Over half (53%) say that they are familiar with *Good Medical Practice* and some of the supporting guidance booklets, with a further one in six (16%) saying that they are familiar with *Good Medical Practice* only. Slightly more than a quarter (27%) say that they are familiar with *Good Medical Practice* and all or most of the supporting booklets. Encouragingly, only three percent of doctors say that they are not familiar with *Good Medical Practice* in any form at all.

Familiarity with current guidance

Q2 As you may have mentioned at the previous question, the core guidance to doctors is Good Medical Practice, and it is accompanied by a range of supporting guidance booklets on topics including consent and confidentiality. Before this survey, were you familiar with any of the GMC guidance mentioned above, or not?



Base: All respondents (997), 26 March–17 May 2010

Source: Ipsos MORI

Ipsos MORI



Again, women are more likely overall than men to be familiar with the guidance (97%, compared to 94% of men), and those doctors aged over 65 are the most likely to say that they are familiar with *Good Medical Practice* only (32%, compared to 16% of the total).

When do doctors become aware of GMC guidance?

From this point in the report, we use the term 'GMC guidance' to refer to *Good Medical Practice* and the supporting guidance booklets, such as those on consent and confidentiality.

When do doctors become aware of the guidance?

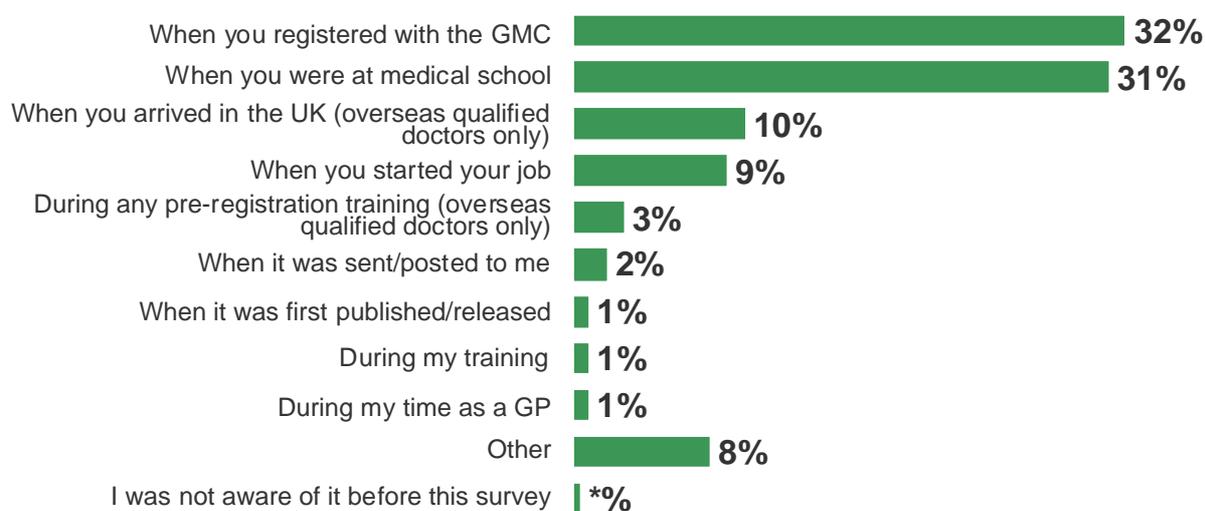
Research undertaken by Warwick Medical School³ highlighted that whilst doctors from outside the UK receive copies of the guidance when they register with the GMC, they are not always fully aware of the status or purpose of the guidance. This prompted the GMC to consider at what stage doctors become aware of the guidance, whether UK qualified or International Medical Graduates, to help inform decisions about how best to promote the guidance to all doctors.

³ Slowther, A et al., (2009) "Non UK qualified doctors and Good Medical Practice: The experience of working within a different professional framework" (http://www.gmc-uk.org/FINAL_GMC_Warwick_Report.pdf_25392230.pdf)

Around a third (32%) of doctors say that they first became aware of GMC guidance when they registered with the GMC, with a similar proportion (31%) saying that they became aware when they were at medical school. One in ten (10%) say they first became aware when they arrived in the UK, with nine percent saying that they became aware of the GMC guidance when they started their job.

When doctors became aware of guidance

Q3 When, if at all, did you first become aware of the GMC's guidance?



Base: All who are familiar with the GMC guidance (950), 26 March–17 May 2010

Source: Ipsos MORI

Ipsos MORI



Women (40%, compared to 24% of men), those aged under 35 and those currently working in Scotland (59% and 49% respectively, compared to 31% of the total) are all more likely than their counterparts to say that they became aware of GMC guidance when they were at medical school.

Unsurprisingly, those who gained their Primary Medical Qualification (PMQ) in the UK are more likely to say that they became aware of the guidance at medical school (48%, compared to one percent of those who qualified in the EU/EEA, and fewer than half a percent of those who qualified elsewhere). Again, those who gained their PMQ outside the UK are those most likely to say they became aware of the guidance when they arrived in the UK, with around a quarter (24%) saying this.

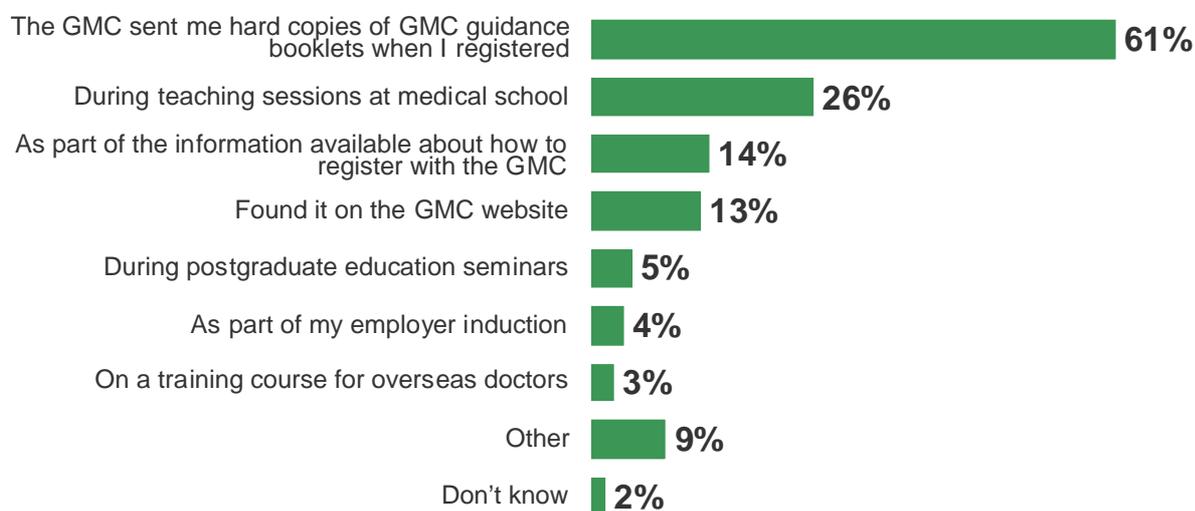
Upon registration is the most common way of becoming aware of the guidance for those who gain their PMQ in the EU/EEA (60%) or elsewhere outside the UK (47%), compared to only 22% of those who qualify in the UK; as previously mentioned, those who gain their qualification in the UK are most likely to become aware of the guidance at medical school.

How do doctors become aware of the guidance?

Over three fifths (61%) of doctors say that they first became aware of the guidance when the GMC sent them hard copy booklets upon their registration. Around a quarter (26%) say that they became aware during teaching sessions at medical school, with around one in seven saying that they became aware of it as part of information available about how to register with the GMC (14%) or came across the guidance on the GMC website (13%).

How doctors became aware of guidance

Q4 How did you first become aware of the guidance?



Base: All who are aware of the GMC guidance (929), 26 March–17 May 2010

Source: Ipsos MORI

Ipsos MORI



As we saw when we asked doctors when they first became aware of the guidance, younger doctors (those under the age of 35) are more likely to say that they were introduced to the guidance during teaching sessions at medical school (48%, compared to 26% of the total). Again, those doctors currently working in Scotland are also more likely to say that medical school teachers were their introduction to the GMC guidance (42%, compared again to the total).

Similarly, those who gained their PMQ in the UK are the most likely to say that medical school teaching sessions were where they were first introduced to the guidance (40%, compared to one percent of those who qualified outside the UK).

Those doctors who have referred to the guidance are more likely than those who have not to say that they were introduced to the guidance in medical school teaching sessions (27% compared to 11%).

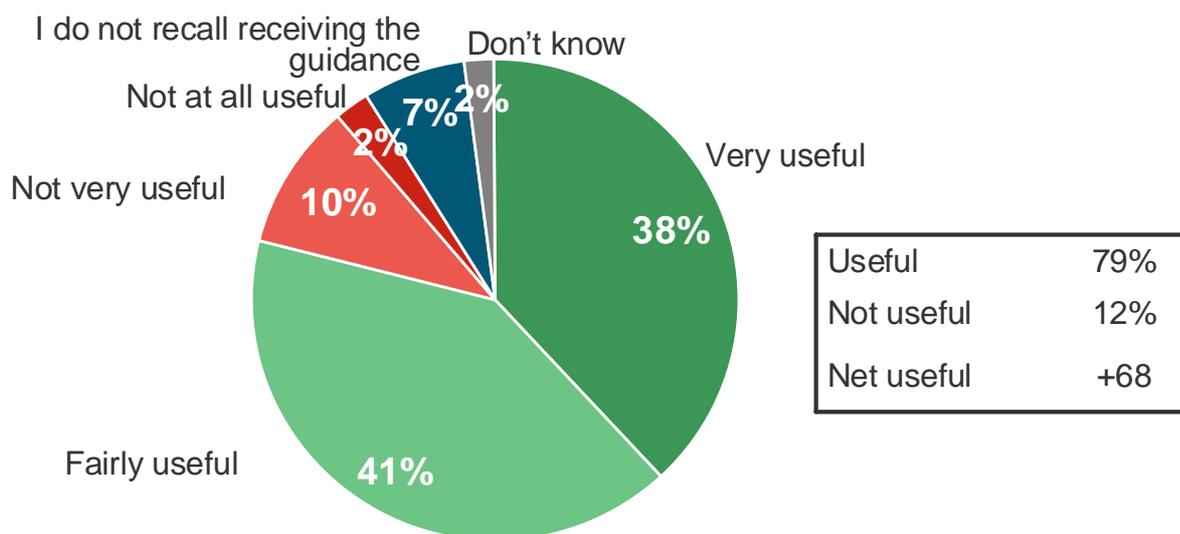
Those doctors who obtained their PMQ overseas are more likely than UK qualified doctors to say they became aware of the guidance when they received hard copies of the GMC guidance booklets when they registered with the GMC, with almost three quarters (74%) of those who qualified in the EU/EEA and those who qualified in another non-UK country saying this, compared to just over half (53%) of those who qualified in the UK. Although all doctors receive hard copies of the guidance when they register with the GMC, it is possible that a greater number of overseas doctors become aware at this stage, as UK doctors are more likely to become aware of the guidance prior to registration, when still at medical school.

How useful is the guidance at this stage?

The GMC sends hard copies of *Good Medical Practice* to doctors when they register. Doctors were asked how useful they found it to receive GMC guidance at this stage. Almost eight in ten (79%) doctors say that they found it useful to receive the guidance at that time, with just under two fifths (38%) saying that they found the guidance *very* useful. Only one in eight (12%) say that this was not a useful time to receive the guidance. This gives a net useful⁴ score of 68.

Useful to receive at that stage

Q5 The GMC sends copies of GMC guidance to all doctors when they register. How useful was it for you to receive the GMC guidance at that stage?



Base: All who are familiar with the GMC guidance (950), 26 March–17 May 2010
Ipsos MORI

Source: Ipsos MORI



Younger doctors (84% of those aged under 45) and those who gained their PMQ from outside the UK or EU/EEA (90%) are more likely than the total (79%) to say that they did find the guidance useful to receive at that time. BME doctors are, therefore, also more likely to say that they found the guidance useful to receive upon registration (87%, compared to 76% of White doctors).

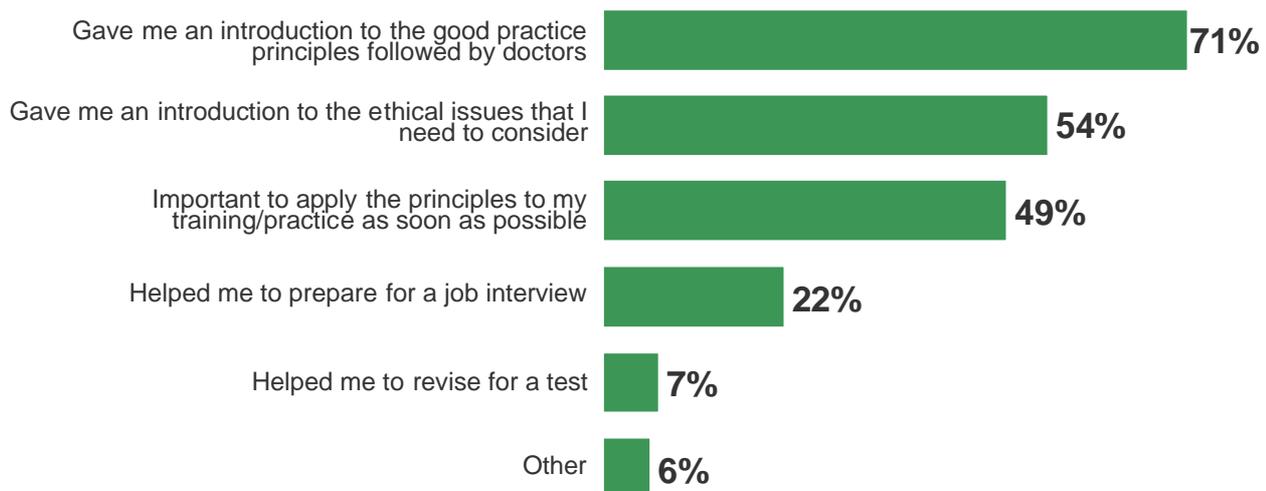
Those doctors who found the guidance useful to receive when they did are more likely to be those who say that they have referred to the guidance, that they found the guidance helpful and believe that GMC guidance is relevant, compared to the total.

Reasons why the guidance was useful

Of those who say that they did find it useful to receive the guidance at that time, around seven in ten (71%) say that it gave them an introduction to the good practice principles followed by doctors. Around half of doctors say that it gave them an introduction to the ethical issues they would need to consider (54%), with a similar proportion saying that it was because of the importance of applying the principles to practice as soon as possible (49%). A fifth (22%) say that it helped them prepare for a job interview.

Reasons guidance was useful

Q6a Why do you say that you found it useful to receive the GMC guidance at this stage?



Base: All doctors who say they found the GMC guidance useful to receive when they did (752), 26 March–17 May 2010

Ipsos MORI

Source: Ipsos MORI



Doctors under the age of 35 are more likely to mention that the GMC guidance was useful in helping them to prepare for a job interview (32%, compared to 22% of the total), as are BME doctors (30%, compared to 16% of White doctors) and those who qualified outside the UK (33%, compared to 15% of those who gained their PMQ in the UK).

⁴ 'Net useful' is defined as the percentage useful minus the percentage not useful.

Reasons why the guidance was not useful

Of those who did not find the guidance useful to receive upon registration, two fifths (40%) say that this was too much to take in, with just over a third (35%) saying that they felt they needed to work through practical examples, and that the guidance alone was not enough. A fifth (20%) feel that they received the guidance too early in their career, whilst one in eight (13%) feel that it arrived too late. Around one in seven say that they did not know how to apply the guidance (15%) or that it was too complicated (14%).

Reasons guidance was not useful

Q6b Why do you say that you found it not useful to receive the GMC guidance at this stage?



Base: All doctors who say they did not find the GMC guidance useful to receive when they did (106), 26 March–17 May 2010

Ipsos MORI

Source: Ipsos MORI



Younger doctors are more likely to say that the guidance was too much to take in at the point at which they received it (56%, compared to 40% of the total).

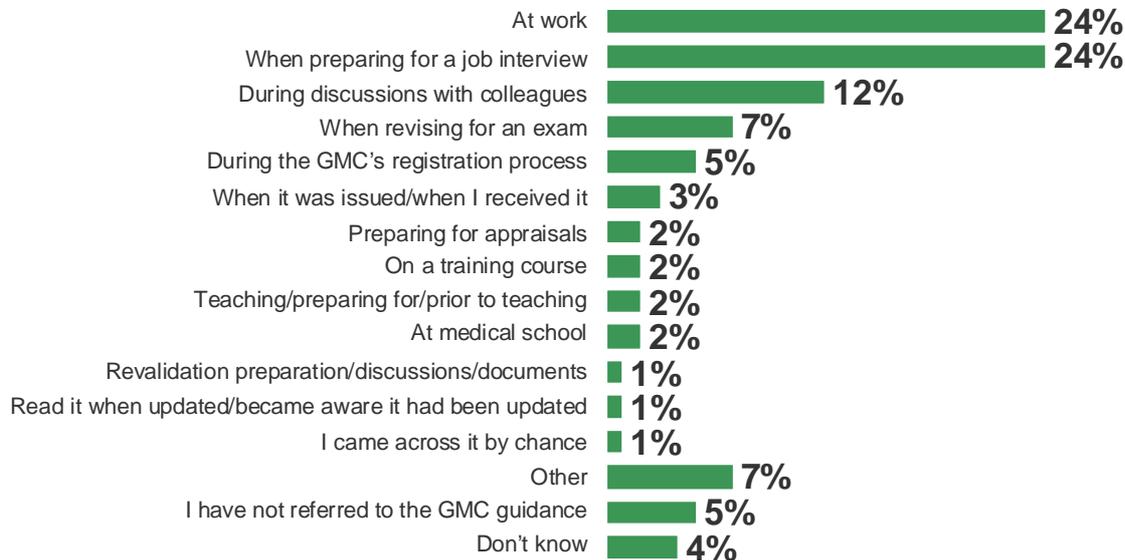
Using the guidance

Referring to the guidance

The majority of doctors (95%) who are familiar with GMC guidance have referred to the guidance during their medical careers. Only one in twenty (five percent) doctors say that they have not referred to the guidance. Around a quarter (24%) say that they last used the guidance at work, with the same proportion saying they last referred to the guidance when preparing for a job interview. One in eight (12%) say that they last referred to the guidance during discussions with colleagues.

Reference to the guidance

Q7 When did you last refer to the GMC's guidance?



Base: All who are familiar with the GMC guidance (950), 26 March–17 May 2010
Ipsos MORI

Source: Ipsos MORI



Younger doctors are most likely to say that they last referred to the guidance when preparing for a job interview (37% of those aged under 35, compared to 24% of the total). Again, BME doctors are also more likely to say that they last referred to the guidance when preparing for a job interview (32%, compared to 19% of White doctors) as are those who qualified outside the UK or EU/EEA (29%, compared to 21% of those who qualified within these areas).

Those doctors who say that they have a long-standing illness are more likely than those who do not to say that they last referred to the guidance when at work (36% compared to 23%).

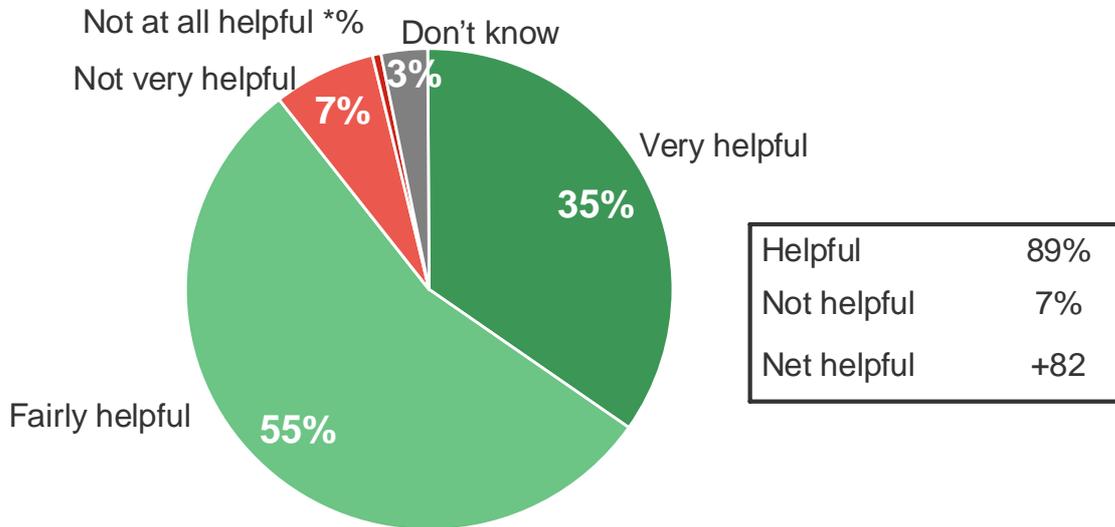
Helpfulness of the guidance

GMC guidance provides a decision making framework for doctors which highlights the ethical and legal considerations which doctors must take into account, rather than providing 'right' or 'wrong' answers.

Of those who have referred to GMC guidance, almost nine in ten (89%) say that they found the guidance helpful, with over a third (35%) saying that they found the guidance very helpful. Just seven percent say that they did not find the guidance helpful, giving a net helpful score of 82.

Helpfulness of guidance

Q8 On the last occasion that you remember referring to the GMC guidance, how helpful did you find it?



Base: All who have referred to the GMC guidance (895), 26 March–17 May 2010
Ipsos MORI

Source: Ipsos MORI



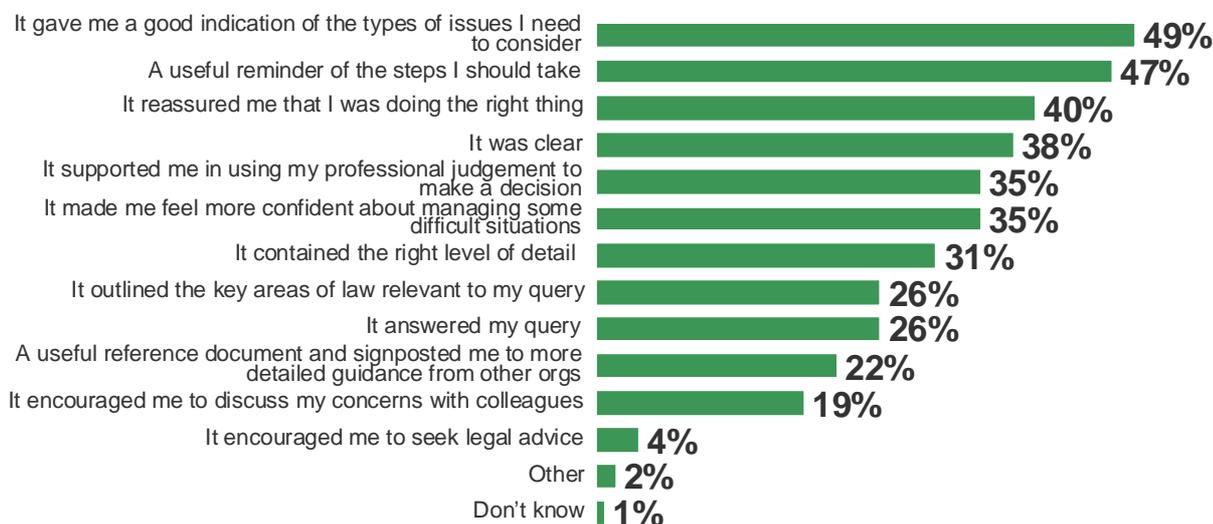
BME doctors (94%) and those who qualified outside the UK or EU/EEA (95%) are more likely to say that they found the guidance helpful compared to their White counterparts (88%) and those who gained their PMQ within the UK (87%).

The top reasons for finding the guidance helpful, among those who say that they did, are as a reference document to guide and support doctors, giving background to issues and reassuring them in the use of their professional judgement. Only a quarter (26%) of doctors say that the GMC guidance was helpful as it answered their query.

Among those who did find the guidance helpful, the most common reason, cited by around half (49%) of doctors is that it gave a good indication of the types of issues that they need to consider. A similar proportion (47%) say it was a useful reminder of the steps that they should take, with two fifths saying that they felt reassured that they were doing the right thing. The guidance is also felt to be useful, as it is clear (38%), supported doctors in using their professional judgement (35%), made doctors feel more confident about handling difficult situations (35%) and contained the right level of detail (31%).

Reasons guidance was helpful

Q9a Why do you say that you found the GMC guidance helpful?



Base: All doctors who say they found the GMC guidance helpful (801), 26 March–17 May 2010

Ipsos MORI

Source: Ipsos MORI



BME doctors are more likely to say that the guidance was helpful as it was a useful reminder of the steps that they should take (56%) and that it supported them in using their professional judgement (41%, compared to 44% and 32% respectively of their White counterparts).

Those doctors who gained their PMQ outside the UK or the EU/EEA are more likely to feel that the guidance was helpful as it was a useful reminder of the steps that they should take (56%), it reassured them they were doing the right thing (47%), supported them in using their professional judgement (46%) and made them feel more confident about managing difficult situations (47%, compared to 44%, 36%, 30% and 29% respectively of those qualified within the UK).

The top reasons⁵ cited for the GMC guidance not being helpful, are that it did not tell doctors anything that they did not already know (39%), that they found it more helpful to talk about their specific situation than to read guidance (25%) and that the guidance did not address their problem (25%).

⁵ Please note: these figures are based on a small base size (65 respondents) and should therefore be treated with caution.

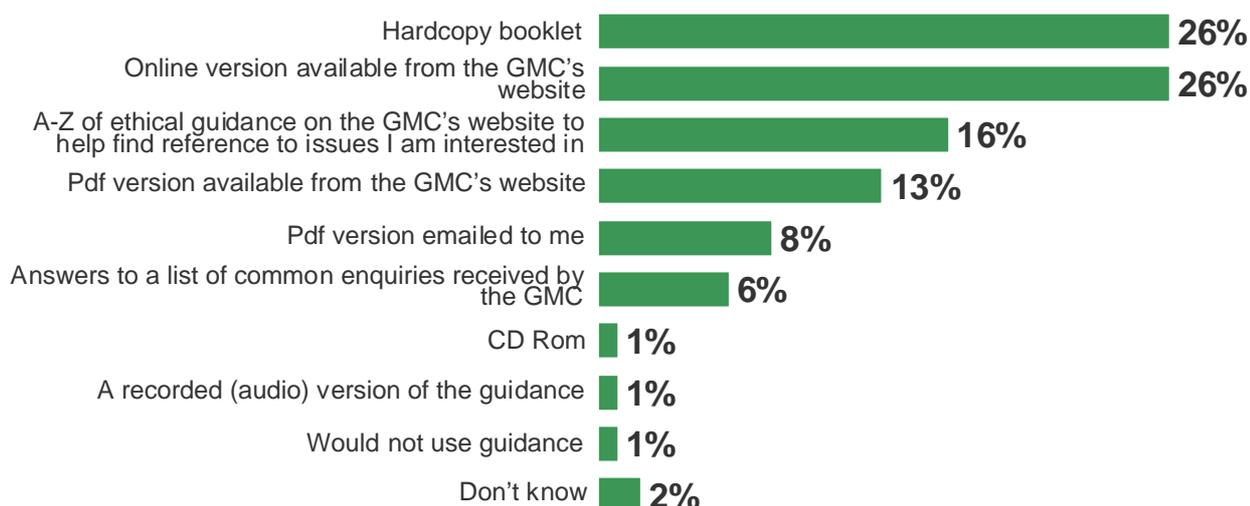
Formats for guidance materials

Answering a specific query

If doctors were using GMC guidance to answer a specific question, around a quarter (26%) say that they would prefer a hard copy booklet, with the same proportion saying that an online version on the GMC's website would be preferable. Whilst these are clearly the two most preferred options, an A-Z of ethical guidance on the GMC's website is mentioned by one in six (16%) doctors and a pdf version on the website by one in eight (13%).

Formats for referring to guidance

Q10 Which of these formats, if any, would you find most useful if you were using GMC guidance to answer a specific question?



Base: All respondents (997), 26 March–17 May 2010
Ipsos MORI

Source: Ipsos MORI
Ipsos

There is a marked preference for a hard copy document among older doctors, with a third (34%) of those aged 56-65 and over half (51%) of those aged over 65 saying this would be their preference, compared to a quarter (26%) of the total.

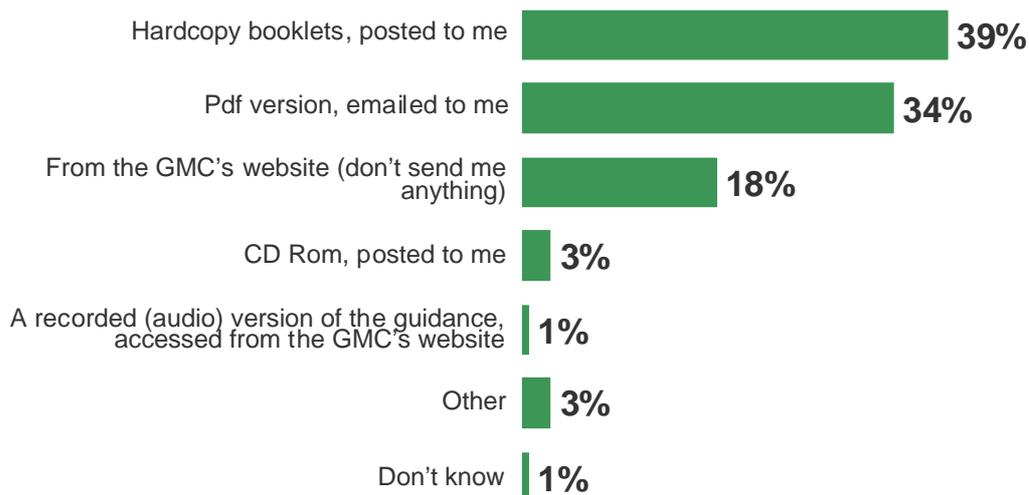
New and updated guidance

Whilst there is no clear preference for either a hard copy or electronic copy of the guidance as a reference tool, almost two fifths (39%) of doctors say that they would prefer to receive new guidance documents as a hard copy booklet sent to them in the post. Slightly over a third (34%) say that they would like to be emailed a pdf copy of the guidance, while less than a fifth (18%) would not like to receive anything, but would rather access the guidance themselves from the website. This indicates that doctors do value *receiving* updated guidance, with most saying that

they would rather have the guidance brought to their attention in this way than seek it out themselves.

Formats for new and updated guidance

Q11 In which, if any, of the following formats would you prefer to receive new pieces of GMC guidance and guidance updates?



Base: All respondents (997), 26 March–17 May 2010
Ipsos MORI

Source: Ipsos MORI
Ipsos

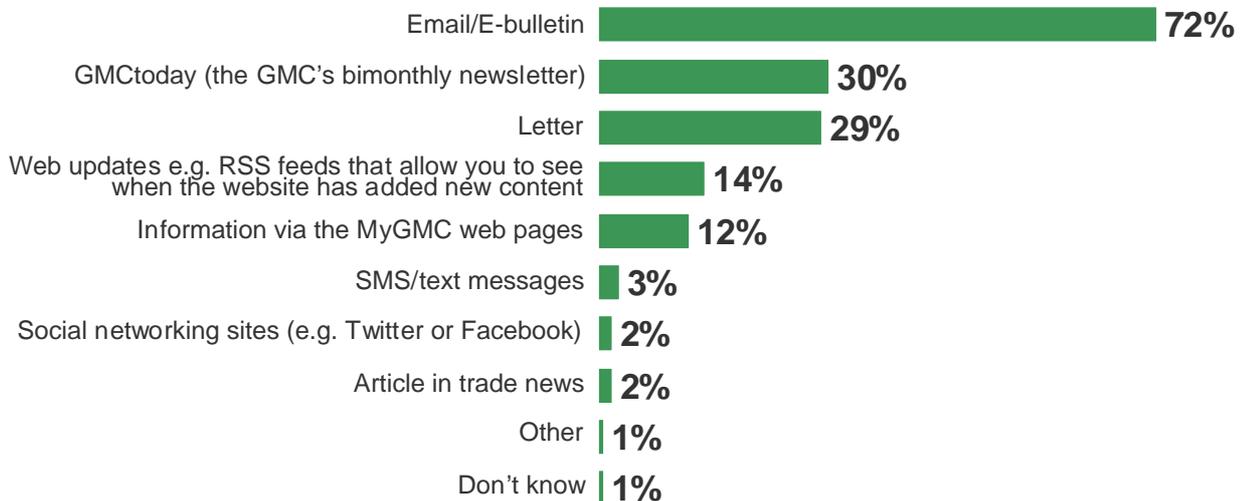
As we saw when looking at the format of guidance to answer a query, there is again a preference for a hard copy document among older doctors, with around half of those aged 56-65 (48%) and those aged over 65 (55%) saying this would be their preference, compared to a fifth (39%) of the total.

Being informed about new and updated guidance

When asked in which format they would most like to hear about new and updated guidance, the majority (72%) express a preference for updates via email or e-bulletin. Slightly under a third (30%) say that they would prefer to read about new and updated guidance in *GMCtoday* (the GMC's bi-monthly newsletter) with a similar proportion (29%) saying that they would like to receive a letter.

Hearing about new and updated guidance

Q12 Via which format, if any, would you like to receive news about new pieces of guidance and guidance updates?



Base: All respondents (997), 26 March–17 May 2010
Ipsos MORI

Source: Ipsos MORI


As we have seen across questions relating to the format of the guidance, older doctors are more likely to prefer to be advised of updated guidance in printed formats either in *GMCtoday* (51% of those aged over 55, compared to 30% of the total) or by letter (39% of those aged over 55, compared to 29% of the total).

BME doctors are more likely to prefer to be updated via *GMCtoday* (38%), web updates, such as RSS feeds from the GMC website (which allow the recipient to see when new content has been added) (18%) and via the *MyGMC* web pages (18%), compared to their White counterparts (27%, 12% and nine percent respectively). These same methods are preferred among those who have gained their PMQ outside the UK or EU/EEA.

Further learning materials

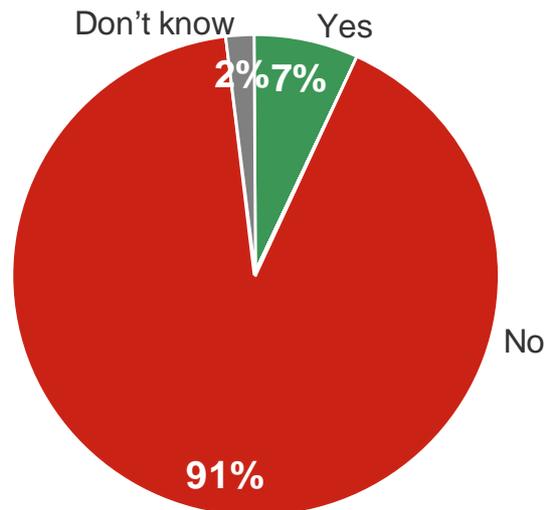
Using Good Medical Practice in Action (GMPiA)

Good Medical Practice has been developed into a series of online interactive case studies called *Good Medical Practice in Action* (GMPiA). They have been developed to bring the guidance to life by showing its relevance to the various situations which the characters face, in order to help doctors approach difficult issues and dilemmas in practice. Since its launch in February 2008, the GMC has received and monitored informal feedback from users of GMPiA. The questions here will supplement existing user feedback to help inform decisions about how to improve use of the case studies.

Fewer than one in ten (seven percent) doctors say that they have used GMPiA, with over nine in ten (91%) saying that they have not.

Good Medical Practice in Action

Q13 *Good Medical Practice* has been developed into a set of online, interactive case studies called Good Medical Practice in Action (GMPiA). Have you used the GMC's interactive online resource GMPiA?



Base: All respondents (997), 26 March–17 May 2010
Ipsos MORI

Source: Ipsos MORI



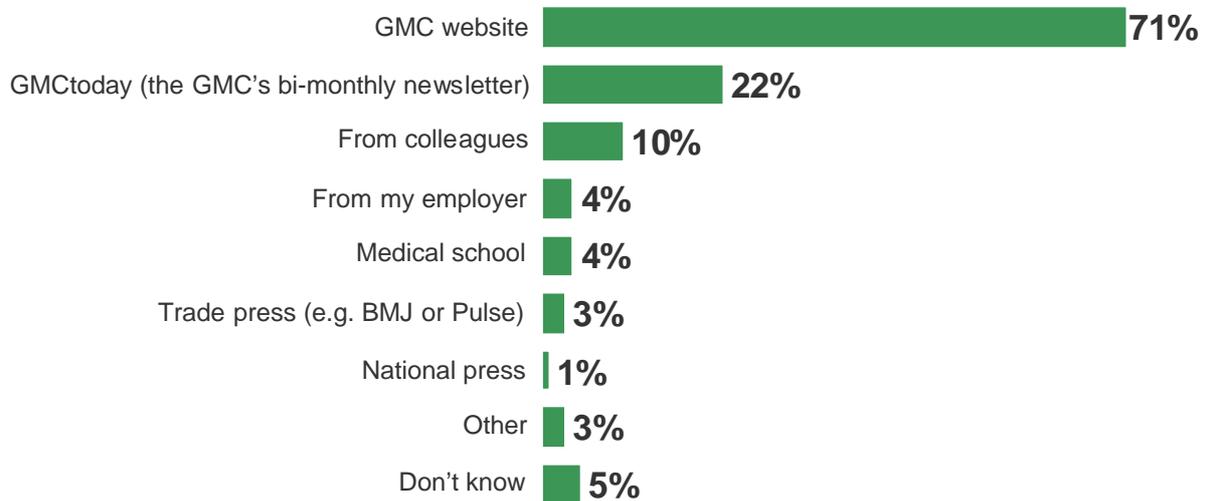
Those doctors who say that they prefer electronic forms of teaching materials are most likely to say that they have used GMPiA (eight percent, compared to six percent who prefer hard copy learning materials).

Of those doctors who have used GMPiA, most (71%) heard about it from the GMC website. A fifth (22%) say they read about GMPiA in *GMCtoday*, while one in ten (10%) say that a colleague mentioned it to them⁶.

⁶ Due to small base sizes (70 respondents), these figures should be treated with caution.

Awareness of GMPiA

Q14 How did you hear about *Good Medical Practice in Action*?



Base: All who have used *Good Medical Practice in Action* (70), 26 March–17 May 2010
Ipsos MORI

Source: Ipsos MORI
Ipsos

Of those doctors who have used GMPiA, around three quarters (76%) found it a helpful tool, with a quarter (24%) saying that it was very helpful. A fifth (20%) did not find it helpful. This gives a net helpful score of 56⁷.

Those who found GMPiA helpful cite it as being an interesting way to learn about ethical issues (64%), easy to understand and retain the information when it is illustrated with examples (55%) and say that it has helped them see how the guidance would apply in specific scenarios (54%)⁸.

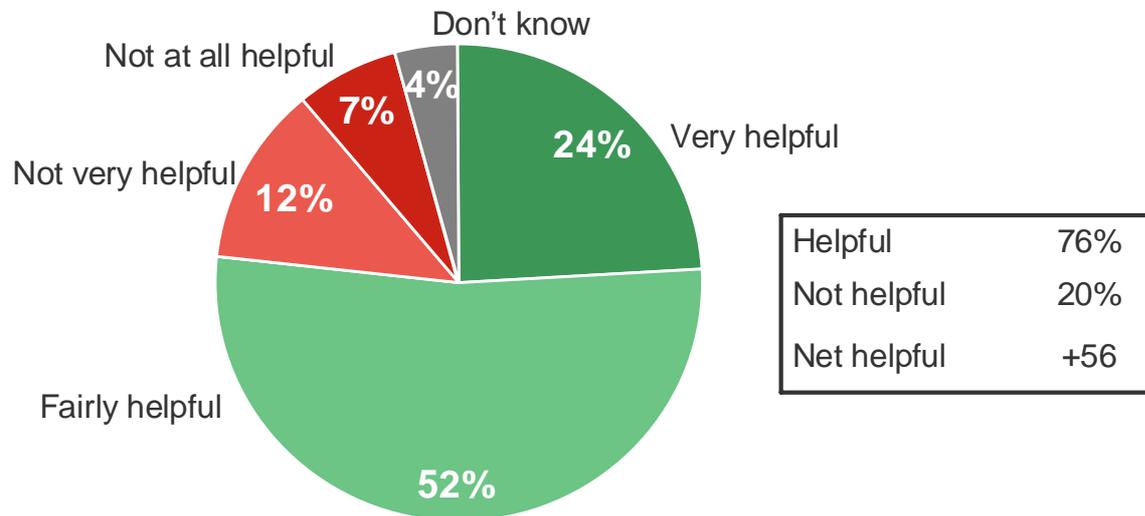
Those who did not find GMPiA helpful give their reasons for this as it being too basic and simplistic (mentioned by 10 respondents) and the scenarios being unrealistic (mentioned by eight respondents). Some doctors felt that it took too long to work through. Again, the base sizes for this question are very small (12 respondents), so answers should be treated as indicative only.

⁷ Due to small base sizes (70 respondents) these figures should be treated with caution.

⁸ Due to small base sizes (55 respondents) these figures should be treated with caution.

Helpfulness of GMPiA

Q15a How helpful did you find *Good Medical Practice in Action* in showing how GMC guidance applies to doctors' practice?



Base: All who have used *Good Medical Practice in Action* (70), 26 March–17 May 2010
Ipsos MORI

Source: Ipsos MORI



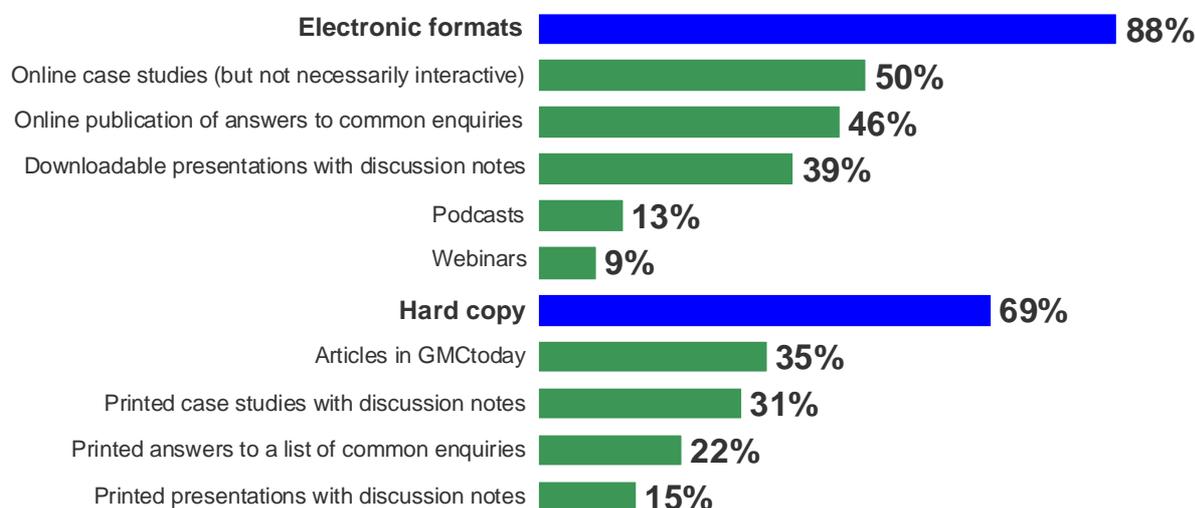
Developing new learning materials

When asked about potential new formats for learning materials to help doctors understand and apply GMC guidance, there is a preference for electronic learning tools over hard copies. Almost nine in ten (88%) say that they would prefer learning materials in an electronic format, compared to just under seven in ten (69%) who would prefer hard copy learning materials.

The most popular of the mentioned learning materials is a series of online case studies (50%) followed by online publication of a list of answers to common queries (46%). Around two fifths (39%) feel the downloadable presentations with discussion notes would be helpful, and just over a third (35%) would like to see articles in *GMCtoday* discussing how GMC guidance applies to relevant issues, or reminding doctors of existing guidance.

Further learning materials

Q16 In addition to *GMPIA*, the GMC intends to develop other learning materials to help doctors understand and apply the guidance in their working lives. If the GMC produced learning materials in the following formats, which, if any, do you think you would use?



Base: All respondents (997), 26 March–17 May 2010
Ipsos MORI

Source: Ipsos MORI



Electronic format learning materials are largely preferred by those under the age of 45 (91% compared to 88% of the total). Younger doctors (those aged under 35) are most likely to prefer online case studies (56%) and podcasts (17%) than the total (50% and 13% respectively). The most popular preference for hard copy learning materials among younger doctors is for printed case studies with discussion notes (37% compared to 31%).

As may be expected, older doctors are more likely to prefer hard copy learning materials, with 95% of those aged over 65 saying this. Articles in *GMCToday* (55%) and a printed list of questions and answers to common enquiries received by the GMC (42%) are the learning materials more likely to appeal to over 65s (compared to 35% and 22% respectively of the total).

Views on GMC guidance

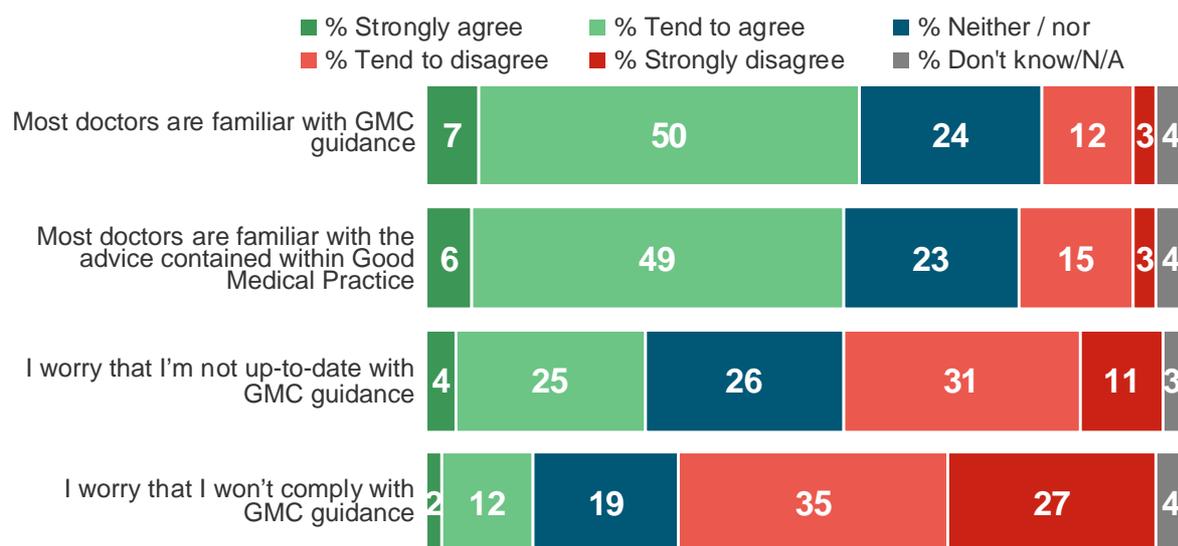
Doctors were presented with a series of statements – both positive and negative – about GMC guidance and asked to what extent they agreed with them. Positively, almost six in ten (57%) of doctors agree that most doctors are familiar with GMC guidance, with a quarter saying that they neither agree nor disagree. Only one in six (16%) disagree that this is the case. There is a similar level of agreement among doctors that most are familiar with the advice contained within *Good Medical Practice* (55% agree, 18% disagree).

When asked about their own behaviour fewer than a fifth say they are worried that they are not up-to-date with GMC guidance (19%) or that they will not comply with the guidance (15%), this

compares favourably to those who disagree that they are worried about these issues (42% and 62% respectively).

Statements about GMC guidance

Q17 How strongly do you agree or disagree with each of the following statements?



Base: All respondents (997), 26 March–17 May 2010
Ipsos MORI

Source: Ipsos MORI



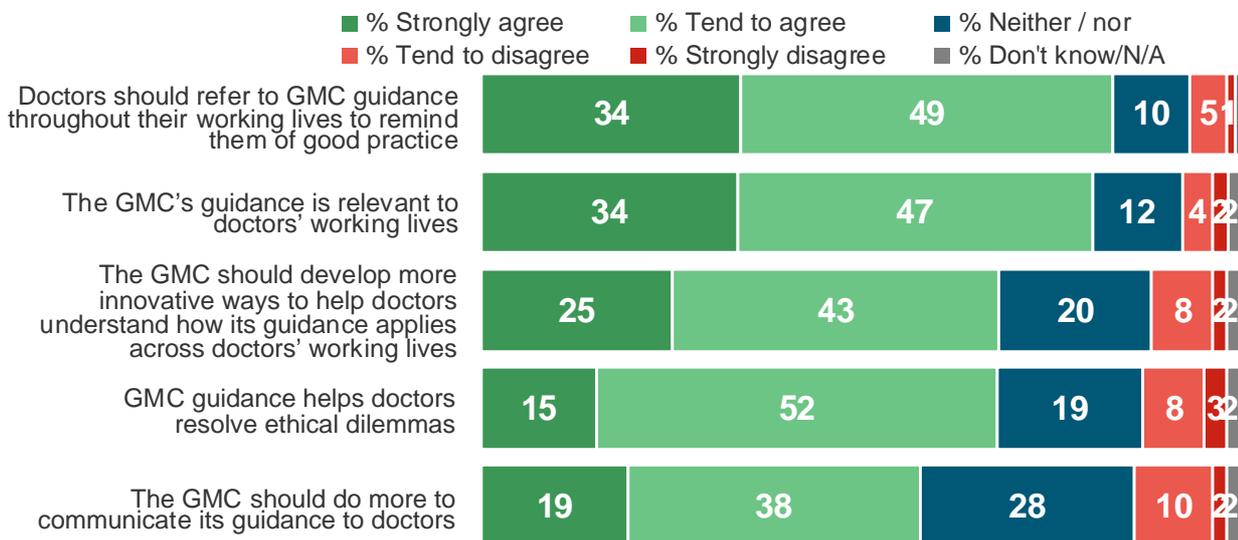
Younger doctors (those under 35) are most likely to say that they agree that most doctors are familiar with GMC guidance (63%) and that most doctors are familiar with the advice that *Good Medical Practice* contains (60%) compared to the totals (57% and 55% respectively). Similarly, women are more likely than men to agree with both of the above statements (61% and 60% respectively, compared to 54% and 51% of men).

Again, positively, there is seen to be a benefit to using GMC guidance. Over eight in ten (83%) doctors agree that the guidance is something doctors should refer to throughout their working lives, while a similar proportion agree that the GMC guidance is relevant to doctors' working lives. Two thirds (67%) agree that GMC guidance helps doctors to resolve ethical dilemmas.

Whilst there is a positive reaction to the guidance overall, over half (57%) of doctors feel that the GMC should do more to communicate its guidance to doctors, with almost seven in ten (69%) feeling that the GMC needs to develop more innovative ways to help doctors understand how its guidance applies across doctors' working lives. This echoes the high level of support for many ideas for new formats of learning materials, as discussed earlier.

Statements about GMC guidance

Q17 How strongly do you agree or disagree with each of the following statements?



Base: All respondents (997), 26 March–17 May 2010
Ipsos MORI

Source: Ipsos MORI



Women are more likely than men to agree that GMC guidance is relevant to doctors' working lives (84% compared to 78%), whereas men are more likely than women to feel that the GMC should do more to communicate its guidance to doctors (61% compared to 53%),

BME doctors and those who gained their PMQ outside of the UK or the EU/EEA are most likely to agree that doctors should refer to the guidance throughout their working lives (88% and 91%, compared to the total of 83%), more likely to agree that the GMC should do more to communicate its guidance to doctors (70% and 72%, compared to a total of 57%) and more likely to agree that the GMC should develop more innovative ways of showing how its guidance applies to the daily working lives of doctors (80% and 84%, compared to 69%).

Appendix 1 – Topline Results

- This document provides the topline results for an online survey conducted among GMC registered doctors
- Data are based on 997 completed surveys
- The fieldwork for this survey was carried out between 26 March -17 May 2010.
- Data are weighted to the population of GMC registered doctors by age, gender and place of Primary Medical Qualification
- N shows that the questions answers have been shown in numbers rather than percentages as the base size is less than 30.
- Where results do not sum to 100%, this may be due to multiple responses, computer rounding or the exclusion of “don’t know/not stated” response categories
- An asterisk (*) represents a value of less than one per cent, but not zero
- Questions are based on all respondents (997) except where stated

Q1. The GMC issues guidance to all registered doctors about the principles of good practice that doctors should follow throughout their working lives.

Which, if any, of the things from this list do you recognise as being current guidance issued to doctors by the GMC?

Please select any that apply

	%
Good Medical Practice	90
Duties of a Doctor	72
Professional Conduct and Discipline: Fitness to Practise	62
Code of Practice for Doctors Registered with the GMC	40
Good Surgical Practice	11
Other	5
Don't know	1

Q2. As you may have mentioned in the previous question, the core guidance to doctors is *Good Medical Practice*, and it is accompanied by a range of supporting guidance booklets on topics including consent and confidentiality. *Good Medical Practice* and the supporting guidance documents are available in hard copy and online formats.

Before this survey, were you familiar with any of the GMC guidance mentioned above, or not? IF YES Which?

Please select one option only

	%
Yes	95
<i>Good Medical Practice</i> only	16
<i>Good Medical Practice</i> and some supporting guidance booklets	53
<i>Good Medical Practice</i> and all or most of the supporting guidance booklets	27
Other	*
No	3
Don't know	2

Q3. **From now on in this survey, the term ‘GMC guidance’ shall refer to *Good Medical Practice* and/or the supporting guidance booklets, such as those on consent and confidentiality.**

When, if at all, did you first become aware of the GMC’s guidance?

Please select one option only

Base - all who are familiar with the GMC Guidance (950) %

When you registered with the GMC	32
When you were at medical school	31
When you arrived in the UK (overseas qualified doctors only)	10
When you started your job	9
During any pre-registration training (overseas qualified doctors only)	3
At some other time	13
I was not aware of it before this survey	*
Don't know	2

Q4. **How did you first become aware of GMC guidance?**

Please select any that apply

Base - all who are familiar with the GMC Guidance who can recall when they first became aware of it (929) %

The GMC sent me hard copies of GMC guidance booklets when I registered	61
During teaching sessions at medical school	26
On a training course for overseas doctors	3
During postgraduate education seminars	5
As part of my employer induction	4
As part of the information available about how to register with the GMC	14
Found it on the GMC website	13
Other	9
Don't know	2

Q5. **The GMC sends copies of GMC guidance to all doctors when they register.**

How useful was it for you to receive GMC guidance at this stage?

Please select one option only

Base – all who found the guidance useful (950) %

Very useful	38
Fairly useful	41
Not very useful	10
Not at all useful	2
I do not recall receiving the guidance	7
Don't know	2

Q6. Why do you say that you found it... (very/fairly/not very/not at all) useful to receive GMC guidance at this stage? Please select any that apply

Base – all who found the GMC guidance useful to receive when they did (752) %

Response codes for Very/Fairly useful	
Gave me an introduction to the good practice principles followed by doctors	71
Gave me an introduction to the ethical issues that I need to consider	54
Important to apply the principles to my training/ practice as soon as possible	49
Helped me to prepare for a job interview	22
Helped me to revise for a test	7
Other	6
Base – all who did not find the GMC guidance useful to receive when they did (106)	
Response codes for Not very/Not at all useful	
Too much to take in	40
Received it too early in my career	20
Didn't know how to apply it	15
Too complicated	14
Received it too late in my career	13
Needed to work through practical examples; guidance alone is not enough	35
Needed to work through it with someone e.g. tutor, ward consultant, head of GP practice, other colleague	12
Not relevant to my work	8
Other	29
Don't know	1

Q7. When did you last refer to the GMC's guidance?

Please select one option only

Base - all who are familiar with the GMC Guidance (950) %

At work	24
When preparing for a job interview	24
During discussions with colleagues	12
When revising for an exam	7
During the GMC's registration process	5
On a training course	2
At medical school	2
Other	7
I have not referred to the GMC guidance	5
Don't know	4

Q8. **On the last occasion that you remember referring to GMC guidance, how helpful did you find it?** Please select one option only

Base – all who have referred to the GMC Guidance (895) %

Very helpful	35
Fairly helpful	55
Not very helpful	7
Not at all helpful	*
Don't know	3

Q9a. **Why do you say that you found GMC guidance helpful?**

Please select any that apply

Base – all who found the guidance helpful (801) %

It gave me a good indication of the types of issues I need to consider	49
A useful reminder of the steps I should take	47
It reassured me that I was doing the right thing	40
It was clear	38
It supported me in using my professional judgement to make a decision	35
It made me feel more confident about managing some difficult situations	35
It contained the right level of detail	31
It answered my query	26
It outlined the key areas of law relevant to my query	26
A useful reference document and signposted me to more detailed guidance from other organisations	22
It encouraged me to discuss my concerns with my colleagues	19
It encouraged me to seek legal advice	4
Other	2
Don't know	1

Q9b. Why do you say that you did not find GMC guidance helpful?

Please select any that apply

Base – all who did not find the guidance helpful (65) %

	%
It didn't tell me anything I didn't already know	39
It is more helpful to talk about my specific situation than to read guidance	25
It didn't address my problem	23
It was not relevant enough to my area of work or specialty	20
It was not clear enough	19
More frightening than helpful	16
It was not detailed enough	15
I was still worried about making the wrong decision	8
I didn't know how to apply it to my specific situation	7
Language too complex	6
Felt it was 'over my head'	4
It was too detailed	3
Other	19

Q10. Which of these formats, if any, would you find most useful if you were using GMC guidance to answer a specific question?

Please select one option only

%

Pdf version emailed to me	8
Pdf version available from the GMC's website	13
Online version available from the GMC's website	26
Hardcopy booklet	26
CD Rom	1
A-Z of ethical guidance on the GMC website to help find reference to issues I am interested in	16
Answers to a list of common enquiries received by the GMC	6
A recorded (audio) version of the guidance	1
Would not use guidance	1
Don't know	2

Q11. **In which, if any, of the following formats would you most prefer to receive new pieces of GMC guidance and guidance updates?**

Please select one option only

	%
Hard copy booklets, posted to me	39
From the GMC's website (Don't send me anything)	18
A pdf version, emailed to me	34
A CD Rom, posted to me	3
I want to access the recorded (audio) version of the guidance from the GMC's website	1
Other	3
Don't know	1

Q12. **Via which format, if any, would you like to receive news about new pieces of guidance and guidance updates?** Please select up to three options

	%
Email/E-bulletin	72
GMCtoday (the GMC's bi-monthly newsletter)	30
Letter	29
Web updates e.g. RSS feeds from GMC website that allow you to see when the website has added new content	14
Information via the MyGMC web pages	12
SMS/text messages	3
Article in trade news	2
Social networking sites (such as Twitter or Facebook)	2
Fax	-
Other	1
Don't know	1

Q13. ***Good Medical Practice* has been developed into a set of online, interactive case studies called *Good Medical Practice in Action*. *Good Medical Practice in Action* is available on the GMC website. These interactive case studies do not replace *Good Medical Practice* and the other guidance booklets, but have been developed to bring the guidance to life by showing its relevance to the various situations which the characters face, in order to help doctors approach difficult issues and dilemmas in practice.**

Have you used the GMC's interactive online resource *Good Medical Practice in Action*?

	%
Yes	7
No	91
Don't know	2

Q14. **How did you hear about *Good Medical Practice in Action*?**

Please select any that apply

Base –all who have used GMPiA (70)	%
GMC website	71
<i>GMCtoday</i> (the GMC's bi-monthly newsletter)	22
From colleagues	10
From my employer	4
Medical school	4
Trade press (e.g. <i>BMJ</i> or <i>Pulse</i>)	3
National press	1
Other	3
Don't know	5

Q15a. **How helpful did you find *Good Medical Practice in Action* in showing how GMC guidance applies to doctors' practice?** Please select one option only

Base –all who have used GMPiA (70) %

Very helpful	24
Fairly helpful	52
Not very helpful	12
Not at all helpful	7
Don't know	4

Q15b. **Why do you say that you found *Good Medical Practice in Action*.... (very/fairly/not very/not at all) helpful in showing how GMC guidance applies to doctors' practice?**

Please select any that apply

Response codes for Very/Fairly helpful	%
Base –all who found GMPiA helpful (55)	
It gave me practical examples	53
It helped me to revise for an exam	17
It helped me to prepare for a job interview	19
Seems realistic	29
It helped me see how the guidance would apply in specific scenarios	54
It pointed me to other helpful sources of information produced by other organisations	17
It helped me understand the patient's perspective	28
It was an interesting way to learn about ethical issues	64
Easier to understand and retain information when illustrated with examples	55
Helped me to understand that decisions are not always black or white	36
It was a useful teaching tool	41
Other (please specify)	2
Don't know	2
Base –all who did not find GMPiA helpful (53)	
Response codes for Not very/Not all helpful	
It took too long to download from the GMC's website	7
It took too long to work through	46
It didn't help me answer my question	36
It wasn't realistic	59
It was too basic/simplistic	76
There were too many technical problems	-
It wasn't relevant to my specialty or area of work	30
There wasn't enough detail	14
It didn't say exactly what to do about my issue	14
The doctors didn't do what I would have done	7

Q16. In addition to *Good Medical Practice in Action*, the GMC intends to develop other learning materials to help doctors understand and apply the guidance in their working lives.

If the GMC produced learning materials in the following formats, which, if any, do you think you would use? Please select your top three choices

	%
Electronic/available online	88
Podcasts (audio recordings of discussions about particular topics available online)	13
Webinars (an online discussion forum on a particular topic which involves experts in the field)	9
Downloadable presentations with discussion notes	39
Online case studies (but not necessarily interactive as with <i>Good Medical Practice in Action</i>)	50
On-line publication of answers to a list of common enquiries received by the GMC	46
Hard copy	69
Printed answers to a list of common enquiries received by the GMC	22
Printed case studies with discussion notes	31
Printed presentations with discussion notes	15
Articles in <i>GMCtoday</i> discussing how the guidance applies to relevant issues, or reminding doctors of existing guidance	35

Q17. How strongly do you agree or disagree with each of the following statements?

Please select one option only for each statement A-I

		Strongly agree %	Tend to agree %	Neither agree nor disagree %	Tend to disagree %	Strongly disagree %	No opinion/Not applicable %
A	GMC guidance helps doctors resolve ethical dilemmas.	15	52	19	8	3	2
B	Doctors should refer to GMC guidance throughout their working lives to remind them of good practice.	34	49	10	5	1	1
C	The GMC's guidance is relevant to doctors' working lives.	34	47	12	4	2	2
D	The GMC should do more to communicate its guidance to doctors.	19	38	28	10	2	2
E	I worry that I won't comply with GMC guidance	2	12	19	35	27	4
F	I worry that I'm not up-to-date with GMC guidance	4	25	26	31	11	3
G	The GMC should develop more innovative ways to help doctors understand how its guidance applies across doctors' working lives.	25	43	20	8	2	1
H	Most doctors are familiar with GMC guidance.	7	50	24	12	3	4
I	Most doctors are familiar with the advice contained within <i>Good Medical Practice</i> .	6	49	23	15	3	4

Q18. We would also like your views on the questions we have asked in this survey.

How strongly do you agree or disagree that the questions in this survey covered all of the relevant issues about GMC guidance?

	%
Strongly agree	5
Tend to agree	49
Neither agree nor disagree	27
Tend to disagree	9
Strongly disagree	2
No opinion	5
Don't know	2

The following section asks some questions about yourself and will help us to analyse responses by different sub-groups. Once again, we would like to reassure you that this information will not be used to identify you or your response to the GMC.

Q20. **What is your current grade?** Please select one option only

	%
Foundation Year 1	5
Foundation Year 2	5
Specialty Registrar	22
GP Specialty Registrar	4
Specialty Doctor (or Staff or Associate Specialist)	10
Consultant	27
GP	16
Other	11
Prefer not to say	1

Q21. **And how long have you been working as a qualified doctor?**

Please select one option only

	%
Less than 1 year	5
1-5 years	19
More than 5 but less than 10 years	17
More than 10 years	58
Prefer not to say	1

Q22. **In which of these regions or countries is your current main place of work?**

	%
North West England	13
North East England	9
Scotland	9
East Anglia	5
Midlands	14
London	15
South East England	13
South West England	9
Wales	4
Northern Ireland	2
Other	5
Don't know	*
Prefer not to say	3

Q23. **And in which of the following did you complete your primary medical qualification?**

	%
UK	63
EEA/EU country	6
Other	24
Prefer not to say	6

DEMOGRAPHICS

Q24. Are you male or female?

	%
Male	53
Female	44
Prefer not to say	3

Q25. How old are you?

	%
Under 25	5
26-35	32
36-45	28
46-55	19
56-65	9
Over 65	3
Prefer not to say	4

Q26. Please could you indicate to which of these groups you consider you belong?

	%
A. White	59
British	50
Irish	2
Any other White background	8
B. BME	30
White and Black Caribbean	*
White and Black African	*
White and Asian	1
Any other mixed background	1
Indian	16
Pakistani	3
Bangladeshi	1
Any other Asian background	3
Caribbean	-
African	3
Any other Black background	*
Chinese	1
Other ethnic group	2
Prefer not to say	10

Q27. Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time.

	%
Yes	6
No	89
Don't know	*
Prefer not to say	5

