Corporate strategy and stakeholder perceptions baseline survey

General Medical Council

January 2019
## Contents

1. Executive Summary 3  
2. Introduction 7  
3. GMC Values 12  
4. Strategic Aim 1: Supporting doctors in delivering good medical practice 15  
5. Strategic Aim 2: Strengthening collaboration with regulatory partners 31  
6. Strategic Aim 3: Strengthening our relationship with the public and the profession 43  
7. Strategic Aim 4: Meeting the changing needs of the health services across the four countries of the UK 49  
8. Key findings by audience 52  
9. Technical Appendix 62
1 Executive Summary

The GMC’s corporate strategy 2018-2020 sets out the organisation’s three year plan. The strategy seeks to introduce more proactive regulation, while continuing to deliver core functions efficiently, effectively and fairly. Within the 2018-2020 strategy, the GMC has set out four key strategic aims:

1) Supporting doctors in delivering good medical practice
2) Strengthening collaboration with regulatory partners
3) Strengthening our relationship with the public and the profession
4) Meeting the changing needs of the health services across the four countries of the UK

IFF Research was commissioned to establish a baseline of perceptions of the GMC among doctors, Responsible Officers\(^1\), patients and the public, and stakeholders so that the organisation has a clear idea of the ‘starting-point’ from which to build. Subsequent waves of research will allow perceptions to be tracked over time to evaluate the progress the GMC makes against the aims of the corporate strategy.

Fieldwork was carried out between 23\(^{rd}\) August and 24\(^{th}\) September 2018. The table below summarises the methodology and number of interviews achieved by audience.

<table>
<thead>
<tr>
<th>Audience</th>
<th>Method</th>
<th>Total number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>Online (following opt-out exercise)</td>
<td>3,306 licensed doctors(^2)</td>
</tr>
<tr>
<td>Responsible Officers</td>
<td>Online (following opt-out exercise)</td>
<td>109</td>
</tr>
<tr>
<td>Public and patients</td>
<td>Telephone omnibus</td>
<td>2107 (comprised of 1570 patients, 528 public)</td>
</tr>
<tr>
<td>Stakeholders(^3)</td>
<td>Computer Assisted Telephone Interviewing</td>
<td>47</td>
</tr>
</tbody>
</table>

The report presents findings under each of the four strategic aims, with key strategic benefits presented under each – these will be critical metrics for tracking over time.

---

\(^1\) Responsible Officers (ROs) are senior doctors who are responsible for evaluating the fitness to practise of all doctors working within a particular organisation or body.

\(^2\) Please note that the findings in this report are for licensed doctors only.

\(^3\) Stakeholders included education bodies, employer organisations, health departments, public bodies, professional bodies and regulators.
Doctors tend to find their career fulfilling but not without its difficulties, such as demanding workloads and feeling unsupported within the workplace. Many (70%) have felt unable to provide a patient with a sufficient level of care in the last year, with almost a third feeling this way at least weekly.

The GMC cannot tackle such issues alone – they clearly require strong partnership working – but can act to increase the proportion of doctors who feel supported by the GMC to deliver high quality care (from roughly one in five currently).

Confidence among doctors in the GMC is currently low and the majority report that their confidence has decreased over the last year, most commonly due to the organisation’s handling of the Dr. Bawa-Garba case. Longer-term, confidence has declined since 2014, with the junior doctors’ strikes in England likely to have had an influence.

While sharing some of the same concerns, Responsible Officers (ROs) are much more positive towards the GMC: most feel supported by the GMC in their role and have confidence in the organisation.
Strategic Aim 2: Strengthening collaboration with regulatory partners

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right response, by the right organisation, at the right time</td>
<td>77%</td>
<td>of stakeholders agree the GMC takes action to protect patients before they are put at risk.</td>
</tr>
<tr>
<td>Smarter regulation</td>
<td>83%</td>
<td>of stakeholders agree that the requests for advice, feedback and information which the GMC makes of us are manageable.</td>
</tr>
<tr>
<td>Enhanced perception of regulation</td>
<td>92%</td>
<td>of stakeholders felt that their overall working relationship with the GMC was good.</td>
</tr>
</tbody>
</table>

The GMC are continuously striving to reduce the risk of harm to both patients and doctors and to deliver more proportionate and targeted regulatory interventions. This involves strengthening collaboration and relationships with partners. Stakeholders were largely positive about the GMC’s approach to regulation and their working relationship with the GMC.

Knowledge of when and where to raise concerns was fairly high among professional audiences but lower among patients and the public.

Most stakeholders and ROs felt that the GMC takes early action to protect patients, addresses the right type of concerns and deals appropriately with complaints. The balance of opinion among doctors also tended towards the positive in relation to early action and addressing the right type of concerns, but more disagreed than agreed that the GMC deals appropriately with complaints.

The GMC’s requirements / requests are generally felt to be manageable. Some stakeholders suggested possible improvements to their relationship with the GMC, most commonly focusing on communication, including a desire for the GMC to clearly set out direction of travel and a demand for increased dialogue and joint working.
Public confidence in doctors and the way that doctors are regulated remains high.

Perceptions of regulation are largely based on views and experiences of doctors rather than knowledge of how the GMC works. However, the more patients and the public know about the GMC, the higher their levels of confidence. Having heard about the GMC or regulation in the media is also associated with higher confidence levels.

Most stakeholders agreed that the GMC’s approach to regulation considers regional or four country needs but organisations in England were least likely to agree with this sentiment and disagreement was highest among those with a UK-wide remit.

In terms of meeting changing needs, understanding of the rationale for legislative reform, and its implications, were fairly high.
2 Introduction

Background and objectives

The General Medical Council's (GMC's) mission is to prevent harm and drive improvement in patient care by setting, upholding and raising standards for medical education and practice across the UK. The GMC’s corporate strategy 2018-2020 sets out the organisation’s three year plan.

The Strategy seeks to introduce more proactive regulation, while continuing to deliver core functions efficiently, effectively and fairly. The Strategy aims to regulate effectively by supporting the medical workforce in delivering good medical practice including through early interventions that prevent things going wrong. Hence the Strategy has an emphasis on ensuring that doctors joining the GMC’s register have the capabilities to provide a good standard of medical practice and are then supported to maintain these high standards throughout their career.

Within the 2018-2020 strategy, the GMC has set out four key strategic aims. These are underpinned by fourteen strategic benefits as shown in Figure 2.1, split into primary and secondary lag indicators: measurable factors that show whether an intended result is achieved. The success in achieving eleven out of the fourteen benefits will – at least partly – be determined through measuring perceptions among key GMC audiences.

IFF Research was commissioned to establish a baseline of perceptions among doctors, Responsible Officers\(^5\), patients and the public, and stakeholders so that the GMC has a clear idea of the ‘starting-point’ from which to build. Subsequent waves of research will allow these perceptions to be tracked over time to evaluate progress against the aims of the corporate strategy. The ongoing research will allow the GMC to identify and respond to any changes in the baselined measures, for example by re-prioritising or refining planned activities.

Another key aim of the research is to better understand how the GMC’s stakeholders and partners perceive the GMC’s role, performance and impact on the health sector, and how the GMC can improve. Good relationships with key partners are critical to the success of the GMC’s corporate strategy and this research is an opportunity to explore stakeholders’ views in a way not done before.

Fieldwork timing and context

Fieldwork was carried out between 23\(^{\text{rd}}\) August and 24\(^{\text{th}}\) September 2018.

Where perception measures are tracked over time, it is important to be aware of the surrounding context. There have been a number of high-profile events and disputes in recent years playing a role in perceptions of the GMC. These include the change in GMC registration fees in 2015, the junior

---

\(^5\) Responsible Officers (ROs) are senior doctors who are responsible for evaluating the fitness to practise of all doctors working within a particular organisation or body.
doctors’ contract dispute and strike in 2015-16\(^6\) and concerns about the legal protection for doctors in training who raise concerns in 2016. More recently have been the cases of the surgeon Ian Patterson\(^7\) who was erased from the medical register in 2017, the case in which Alfie Evans, a young boy with brain damage, had his life support removed in April 2018 after a long legal battle between his parents and Alder Hey Hospital\(^8\) and the review into the case of Dr. Jane Barton which found that more than 450 patients died sooner than they would have after being given powerful painkillers inappropriately at Gosport War Memorial Hospital.\(^9\)

Most pertinently to this research, it should be noted that fieldwork began less than two weeks after the much-publicised High Court Ruling on the Dr Bawa-Garba case, in which a 6-year old child, Jack Adcock, died whilst under Dr Bawa-Garba’s care at Leicester Royal Infirmary in 2011. Dr Bawa-Garba was subsequently found guilty of manslaughter on the grounds of gross negligence and erased from the medical register. However, she later appealed this and the decision was overturned with Dr Bawa-Garba being reinstated on the medical register on 13th August 2018\(^10\). It is important to be aware of this when interpreting results from this research – this case would have been top-of-mind for many, which may have led participants to attach more weight to their feelings about, and reaction to, the case than if the fieldwork had happened several months later. Where it is clear from the research findings that the Dr. Bawa-Garba case has particularly affected perceptions, this is discussed in the relevant chapters of this report.

**Research approach**

The doctor and RO surveys were carried out online, and the public and patient survey, and stakeholder survey, were carried out over the telephone. All surveys took no longer than 10 minutes to complete on average.

An opt-out process was carried out among sampled doctors and ROs whereby the GMC sent an email explaining what the survey would involve and offering the opportunity to withdraw from the process.

Further details of the approach, including sampling and weighting strategies and total numbers of interviews achieved are shown in the following table.

\(^6\) [https://www.bbc.co.uk/news/health-34775980](https://www.bbc.co.uk/news/health-34775980)
\(^9\) [https://www.bbc.co.uk/news/uk-england-hampshire-44547471](https://www.bbc.co.uk/news/uk-england-hampshire-44547471)
<table>
<thead>
<tr>
<th>Audience</th>
<th>Sample source</th>
<th>Sampling and weighting</th>
<th>Method</th>
<th>Total number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>Medical register</td>
<td>Following a number of exclusions(^{11}), a stratified sample of records (c. 33,000) was drawn in a way that reflected the wider population of licensed doctors in the UK in terms of country, age, gender, ethnicity, registration status, and where the doctors’ primary medical qualification (PMQ) was achieved. Some deliberate oversampling of doctors working in the devolved nations, and Black doctors ensured sufficient numbers for subgroup analysis. To adjust for this, and to counter non-response bias, the data were weighted by country, registration status, ethnicity and PMQ area, bringing these into line with the wider population of licensed doctors.</td>
<td>Online (following opt-out exercise)</td>
<td>3,306 licensed doctors(^{12}) 11% response rate</td>
</tr>
<tr>
<td>Responsible Officers</td>
<td>Medical register</td>
<td>Attempted census; all ROs, aside from those opting out, were invited to participate in the survey (n=570). No weighting was applied due to the small sample size and very few differences in the findings by demographics.</td>
<td>Online (following opt-out exercise)</td>
<td>109 19% response rate</td>
</tr>
<tr>
<td>Public and patients</td>
<td>Populus' UK-wide omnibus</td>
<td>A survey of 2,000 members of the public, sampled (and then weighted) to be nationally representative of the Great British population by country and demographics. A boost of respondents from Northern Ireland was also conducted to ensure a minimum of 100 interviews for subgroup analysis. The split between patients (seeing a doctor in the last 12 months) and other members of the public was allowed to fall out naturally.</td>
<td>Telephone omnibus</td>
<td>2107(^{13}): 1570 patients (74% of total) 528 public (26% of total)</td>
</tr>
</tbody>
</table>

\(^{11}\) These included doctors working outside the UK or who were suspended for example – further details can be found in the Technical Appendix.

\(^{12}\) Please note that the findings in this report are for licensed doctors only.

\(^{13}\) 9 individuals do not fall into either category as did not wish to disclose this information.
Stakeholders included education bodies, employer organisations, health departments, public bodies, professional bodies and regulators. Stakeholders were interviewed on an attributed basis so their responses can be linked back to them, but are reported in aggregate in this report. All other audiences took part on a non-attributed basis and responses of individuals remain confidential, being reported at aggregate level only.

Questionnaire design

The GMC carried out tracking surveys in 2014\(^1\) and 2016\(^2\) which explored a broad range of topics across seven audiences, including three of the four audiences included in the current research: doctors, patients and the public, and stakeholders. In addition, the GMC conducted a study in the summer of 2018 entitled “What it means to be a doctor” (WIMTBAD) to develop an in-depth understanding of the professional experiences and perceptions of doctors, and how this evolves over their careers. Questionnaires for all four audiences in the current research were designed afresh to create a baseline from which to track the success of the GMC’s corporate strategy 2018-2020. However, some questions from the surveys mentioned above were included and comparisons are made in this report where appropriate.

Reporting

Throughout this report, differences between types of respondent that are reported are always statistically significant (i.e. we can be 95% confident that these are ‘real’ differences in views between different types of respondent, rather than these apparent differences simply being due to margins of error in the data). Differences which are not statistically significant have not been reported.

Where base sizes are low, some findings are reported in absolute numbers rather than as percentages.

The findings in this report are based on licensed doctors throughout, both in the text and in charts. Registered but not licensed doctors were also invited to participate in this research but are not included in this baselining report. This is so that clear comparisons can be made over time and across questions.

Further details can be found in the Technical Appendix.

---


Underlying the GMC’s work and strategy are five core values. It is important for the GMC to evaluate how it is living up to these values in the eyes of its different stakeholder groups. Doctors and ROs, as well as patients and the public - where they knew at least a little about the GMC - were asked how strongly they agreed or disagreed with descriptors of the GMC associated with its corporate values. 

How the descriptors map on to the values is shown below:

Patients and the public, along with ROs, were more likely to agree than disagree that the GMC embodies each of its values. Doctors, however, were more likely to disagree. 

Trustworthiness was the value most associated with the GMC.

The survey asked about single words / concepts rather than the full description associated with each value so people could not agree with one part of the description and disagree with another. This makes results easier to interpret and to track over time.
All groups felt that ‘trustworthy' was the value which the GMC embodies the most (albeit around two-thirds of ROs and patients and public agreed with this descriptor compared to less than a third of doctors).

ROs and patients and the public were next most likely to consider the GMC fair, which presents a notable difference from doctors for whom it was one of the two values which least described the GMC (a possible impact of the Dr. Bawa-Garba case). It is worth noting that while fairness encompasses respecting people and treating people without prejudice in the corporate strategy, it feels likely that some considering whether ‘fair' describes the GMC in the research were instead thinking about whether the GMC makes fair decisions in Fitness to Practise cases.

Perhaps unsurprisingly, significant proportions of patients and the public felt they ‘neither agreed nor disagreed' with descriptors of the GMC, which is likely to reflect lower knowledge of the organisation among this group.

The majority of doctors disagreed that the GMC is a listening organisation, fair, transparent and collaborative. It is worth noting that while ‘listen to our partners’ is included under the value of integrity in the corporate strategy, doctors are likely to have interpreted the GMC being ‘a listening organisation’ more broadly than this, and their general disagreement with this phrase suggests that a majority of doctors do not feel their own views or those of colleagues / the profession have been adequately taken on board by the organisation.
The strength of doctors’ views on the extent to which the GMC embodies its values are set out in Figure 3.2.

**Figure 3.2 Agreement with words or phrases as descriptors of the GMC (doctors)**

As shown above, around half of the doctors who disagreed with each value said that they ‘strongly disagreed’. By contrast, only about a fifth to a quarter of those who agreed with each value said that they ‘strongly agreed’. There is therefore a significant distance to travel in persuading doctors that the GMC is living up to its values.

Among ROs and patients and the public the strength of disagreement was generally less, in line with the more positive picture overall for these groups.
4 Strategic Aim 1: Supporting doctors in delivering good medical practice

Doctors tend to find their career fulfilling but not without its difficulties, such as demanding workloads and feeling unsupported within the workplace. Many have felt unable to provide a patient with a sufficient level of care in the last year, with almost a third feeling this way at least weekly.

The GMC cannot tackle such issues alone – they clearly require strong partnership working – but can act to increase the proportion of doctors who feel supported by the GMC to deliver high quality care (from roughly one in five currently).

Confidence among doctors in the GMC is currently low and the majority report that their confidence has decreased over the last year, most commonly due to the organisation’s handling of the Dr. Bawa-Garba case. Longer-term, confidence has declined since 2014, with the junior doctors’ strikes likely to have had an influence.

While sharing some of the same concerns, Responsible Officers are much more positive towards the GMC: most feel supported by the GMC in their role and have confidence in the organisation.

Key metrics:

- 22% of doctors feel supported by the GMC to deliver high quality care
- 77% agree that being a doctor is a fulfilling career
- 34% of doctors are confident in the way that they are regulated by the GMC
Corporate strategy and stakeholder perceptions baseline survey

It was common for doctors to feel unsupported at times within their working environment: half of doctors currently practising have felt unsupported by their immediate colleagues in the last year, and nearly three-quarters have felt unsupported by management or senior management (see Figure 4.1).

Support, or lack of support, in the working environment is likely to be an important factor in the quality of care delivered. Indeed, the majority of doctors have found it difficult to provide a patient with the level of care they need within the last year, with nearly a third feeling this way on at least 17 a weekly basis.

Figure 4.1 How often doctors have experienced lack of support and difficulty delivering care over the last 12 months

Doctor views on support from the GMC to deliver high quality care

Nearly three-quarters of doctors currently practising do not feel very or at all supported by the GMC to deliver high quality care, showing that the lack of support many doctors feel is widespread, with more support desired from various sources: colleagues, management and the GMC.

17 This encompasses those who responded ‘Almost continuously’ and ‘Weekly’.
While it is outside the remit of the GMC to directly influence every aspect of the working environment that may affect delivery of care, looking at the reasons why doctors feel unsupported can give some indicators as to how the GMC could increase the positive impact they have (see Figure 4.2). For example, there is an underlying theme to the most common reasons that the GMC is somewhat out of touch with the profession “on the ground”. In light of this, the GMC should continue working with partners to address systemic issues and ensure doctors are informed about this work.

Looking more closely at the views of doctors who feel the GMC are working against them, many express their feelings that the GMC has a culture of blame and only acts in a disciplinary capacity rather than providing positive support.

“GMC is always out to find fault of the doctor. It has become a prosecuting agency more than a regulator authority.” (Doctor)
Among the reasons given by doctors who did feel supported, those who felt the GMC offer clear guidelines and regulations sometimes mentioned that these were crucial in promoting professionalism within the industry.

A key role of the GMC is to set and uphold the standards doctors need to follow throughout their careers. However, most doctors disagreed that the GMC’s approach to how standards are applied is sensitive to the context in which doctors work, with the largest proportion of doctors strongly disagreeing with this, as shown in Figure 4.3. This is in line with some of the reasons given by doctors for feeling unsupported (a feeling that the GMC lacks understanding of the day-to-day realities of working as a doctor and that it doesn’t adequately take account of systemic failures) reiterating the need for the GMC to turn these perceptions around.

**Figure 4.3 Whether the GMC’s approach to how standards are applied is sensitive to the context in which doctors work (doctors)**

```
B6: How strongly do you agree or disagree that the GMC's approach to how standards are applied is sensitive to the context in which doctors work?
Base: All licensed doctors (3306)
```

```
Strongly agree: 4%
Tend to agree: 14%
Neither agree nor disagree: 15%
Tend to disagree: 23%
Strongly disagree: 39%
Don't know: 4%
```

**Responsible Officer views on support**

Responsible Officers were more likely than doctors to feel supported in their role. As shown in Figure 4.4, a third of ROs had felt unsupported by their immediate colleagues or by the Board / Organisation leadership in the last year, but only a small minority felt this way on a weekly basis.

Responses were similar in relation to support ROs felt able to provide to doctors; around a third of ROs had found it difficult to provide a doctor with the level of support they needed at some point over the last year, but this rarely occurred more than once or twice in the year.

“GMC guide in almost every way to render best professional medical services to patients.” (Doctor)
Figure 4.4 How often ROs have experienced lack of support and difficulty providing support in their role as a Responsible Officer over the last 12 months

The majority of ROs (88%) felt supported by the GMC in their role as a Responsible Officer. Almost two-thirds (63%) of those who felt supported said this was because they had a supportive Employer Liaison Adviser (ELA) and regular ELA meetings were also mentioned (by 12%). Further reasons that ROs gave for feeling supported were that the GMC is approachable / easy to contact (32%) and offers helpful advice (16%)\(^{18}\).

In line with views held by doctors, among the minority of ROs that did not feel supported the most common reasons for this were that the GMC lack understanding of the day-to-day realities of working as a doctor (31%), a general lack of support for ROs (31%), a feeling that the GMC’s regulations are disproportionate for small organisations (15%) and a lack of clarity around GMC processes (15%). When considering whether, from their perspective as a RO, they felt that the GMC’s approach to how standards are applied is sensitive to the context in which doctors work, ROs were evenly split\(^{19}\). Two

\(^{18}\) Responses to this question were unprompted.

\(^{19}\) Note that we did not ask ROs whether they felt the standards should be sensitive to the context in which doctors work.
thirds (41%) agreed, two thirds (43%) disagreed and a further 12% said they neither agreed nor disagreed.

### Doctors have a fulfilling sustained career

Over three-quarters (77%) of doctors agreed that they find being a doctor a fulfilling career, with more than two fifths (41%) strongly agreeing.

That said, many doctors had experienced difficulties in their role over the last 12 months. The majority had felt unable to cope with their workload at some point and over a quarter felt this way at least weekly. Furthermore, more than half of doctors had considered leaving the medical profession in the last year, with one in six considering this on at least a weekly basis.

Most doctors had not needed to take a leave of absence due to stress; just over one in ten had.

A full breakdown of these results is shown in Figure 4.5.

**Figure 4.5 How often doctors have had negative experiences at work over the last 12 months**

<table>
<thead>
<tr>
<th>Experience</th>
<th>Never</th>
<th>Once or twice a year</th>
<th>Monthly</th>
<th>At least weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt unable to cope with workload</td>
<td>22%</td>
<td>29%</td>
<td>19%</td>
<td>27%</td>
</tr>
<tr>
<td>Considered leaving the medical profession</td>
<td>40%</td>
<td>27%</td>
<td>12%</td>
<td>17%</td>
</tr>
<tr>
<td>Had to take a leave of absence due to stress</td>
<td>83%</td>
<td>11%</td>
<td>12%</td>
<td>27%</td>
</tr>
</tbody>
</table>

---

### Responsible Officer views on role and career

Almost three-quarters (72%) of ROs felt that their role as a Responsible Officer contributed to a fulfilling career; 29% strongly agreed and 43% tended to agree with this statement. Only one in ten (11%) disagreed.

ROs were less likely than doctors to have experienced the range of negative situations they were asked about, as shown in Figure 4.6.
Figure 4.6 How often ROs have had negative experiences in their role as a Responsible Officer over the last 12 months

<table>
<thead>
<tr>
<th>Experience</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt unable to cope with my workload</td>
<td>47%</td>
</tr>
<tr>
<td>Considered stepping down in their role as a RO</td>
<td>65%</td>
</tr>
<tr>
<td>Had to take a leave of absence due to stress</td>
<td>95%</td>
</tr>
</tbody>
</table>

Around half of ROs had felt unable to cope with their workload over the last year, though only a small minority had experienced this weekly or more often. Just under one third had considered stepping down from their role as a RO but, again, only a small minority had considered this weekly.

The vast majority had not taken a leave of absence due to stress; 3% had.

Enhanced trust in the GMC’s role

Confidence among doctors in the GMC is currently low, having decreased over the last 12 months and steadily since 2014.

As shown in Figure 4.7, around a third of doctors are at least fairly confident in the way that doctors are regulated by the GMC, leaving the majority - around two thirds - saying they are not very or not at all confident.

Confidence has decreased steadily since 2014 when three quarters of doctors were confident - no doubt at least partly influenced by wider events in 2015-2016 such as the junior doctors strikes.
Doctors’ reasons for a lack of confidence

From a prompted list, the ‘GMC looking out for patients’ interests rather than doctors’” was the main reason given for a lack of confidence, followed by a lack of clarity about how the GMC works and makes its decisions (see Figure 4.8).

The media has also played a part in shaping doctors’ perceptions, with six in ten (59%) doctors stating that what they had read or seen in the media was a reason for their lack of confidence – most commonly, doctors said this was ‘from what I have read in the newspapers’, and ‘from what I have seen / heard on radio / TV’, although more than a quarter stated it was ‘from what I have seen on social media’. Doctors were therefore more likely to form their perceptions based on information acquired through various media sources than they were through their own professional experience, through word-of-mouth or personal / family experience.
Figure 4.8 Reasons for not being confident in the way that doctors are regulated by the GMC (doctors)

Notable changes in reasons given for a lack of confidence in the GMC between 2014 and 2018 include an increase in the proportion referring to media sources (such as newspapers and TV/radio) and a decrease in the proportions stating they ‘don’t trust or have confidence in regulators / authorities in general’ or that their lack of confidence is drawn ‘from professional experience’. This pattern of response is in line with low confidence in 2014 being driven by something specific, heard about through the media – for example, the Dr. Bawa-Garba case.

**Doctors’ unprompted responses for a lack of confidence in the GMC**

Around a third of doctors answering the question as to why they were not confident in the GMC took the time to write in a response rather than (or as well as) choosing from a list of possible options. The most common response given, which was not covered by existing categories, was the GMC’s management of the Dr Bawa-Garba case (mentioned by 7%).

Perhaps unsurprisingly, mentions of the media were more likely alongside mentions of the Dr Bawa-Garba case, as it is likely that doctors would have heard about the case through various media channels. Among doctors that referenced the Dr. Bawa-Garba case directly during the research, 64% also mentioned what they had seen or heard in the media as a reason for not being very or at all confident in the GMC (compared to 51% of doctors who did not mention the Dr. Bawa-Garba case).
However, mentions of the Dr. Bawa-Garba case were no more (or less) common among doctors who felt unclear about how the GMC works and makes its decisions. While, for some doctors, the Dr. Bawa-Garba case clearly did add to a sense of confusion around process:

“The GMC disregards the rulings of its own independent medical tribunal service.” (Doctor)

Other doctors made reference to wider perceptions of inconsistency in decision making by the GMC, a related lack of transparency around how decisions are made and a feeling that decisions can be too political.

“I am not confident they are fair and proportionate, and I think they are too politically influenced” (Doctor)

“It takes far too long for matters to be undertaken. There is no transparency or explanation in the decision-making process.” (Doctor)

“Inconsistencies [are] apparent - with [the] GMC turning a blind eye to some areas of professional misconduct and overreacting in a heavy-handed approach in some areas of minor importance.” (Doctor)

Doctors’ reasons for confidence in the GMC

As shown in Figure 4.9, the most common reasons cited for confidence in the GMC were a belief that ‘the GMC looks out for patients’ interests’, ‘trust in regulators / authorities in general’ and ‘confidence drawn from their professional experience’.

Figure 4.9 Reasons for confidence in the way that doctors are regulated by the GMC (doctors)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMC looks out for patients' interests</td>
<td>56%</td>
</tr>
<tr>
<td>I trust regulators in general</td>
<td>42%</td>
</tr>
<tr>
<td>From professional experience</td>
<td>35%</td>
</tr>
<tr>
<td>The GMC looks out for doctors' interests</td>
<td>18%</td>
</tr>
<tr>
<td>From what I have read in the newspapers</td>
<td>13%</td>
</tr>
<tr>
<td>From what I have seen / heard on TV / radio</td>
<td>12%</td>
</tr>
<tr>
<td>Word-of-mouth / what someone else told me</td>
<td>9%</td>
</tr>
<tr>
<td>From personal / family experience</td>
<td>8%</td>
</tr>
<tr>
<td>From what I have seen / heard on social media</td>
<td>6%</td>
</tr>
</tbody>
</table>

B3: Why do you say that you are confident in the way that doctors are regulated by the GMC? - all responses shown were prompted
Base: Doctors confident in the GMC (1147)
It should be noted that some doctors giving the answer ‘fairly confident’ had reservations about some aspects of GMC regulation despite their perception that a robust system was ultimately in place.

“I previously sat on the GMC panels and know what a robust process it is. I did not put ‘very’ as I also know that the process is cumbersome and slow.”

(Doctor)

“The GMC has come from a strong historical background, but the (probable) reality that the GMC was looking out for doctors over and above patients’ interests has led to a pendulum swing that I believe is now too strongly in favour of prosecuting doctors.”

(Doctor)

Change in doctors’ confidence over the past 12 months

Just over three-quarters of doctors reported that their confidence in how doctors are regulated by the GMC has decreased over the past 12 months, with around half stating that it had decreased a lot.

Figure 4.10 Change in confidence in the way that doctors are regulated over the last 12 months (doctors)

As shown in Figure 4.11, doctors whose confidence had decreased were most likely to say that currently they were ‘not at all confident’ or ‘not very confident’ in the GMC’s regulation. That said, amongst this group whose confidence had decreased, over one fifth were nevertheless ‘fairly confident’, and 1% were still ‘very confident’ in the GMC’s regulation of doctors.

Among the much smaller proportion of doctors whose confidence had increased (a little or a lot), most were currently ‘very confident’ or ‘fairly confident’ in the GMC’s regulation, though smaller proportions were still not confident.
As shown in Figure 4.12, the reasons given for a change in confidence over the last 12 months\(^\text{20}\) were dominated by the Dr. Bawa-Garba case. Overall, 62% of doctors who reported a drop in confidence mentioned this case in their answer.
Figure 4.12 Most common reasons for a decrease in confidence in the GMC (doctors)

![Chart showing reasons for decrease in confidence]

Relatively few doctors said their confidence in the GMC had increased over the last 12 months. Of these doctors, around a quarter (23%) selected the ‘don’t know’ option rather than providing a written response. Other reasons given are shown in Figure 4.13.

Figure 4.13 Most common reasons for an increase in confidence in the GMC (doctors)

![Chart showing reasons for increase in confidence]

Responsible Officer confidence in the GMC

Responsible Officers were much more confident in the GMC’s regulation than doctors as a whole, with over two thirds of ROs confident in the way that doctors are regulated by the GMC (compared to 34% of other doctors).
Figure 4.14 Confidence in the way that doctors are regulated by the GMC (ROs)

As shown in Figure 4.14, ROs’ confidence was most commonly due to feeling that the GMC has clear regulations and systems in place or because they have a good relationship with GMC staff.

“Having attended RO training/update days and attended several sessions organised by the GMC in our Trust, I can see how the organisation works and regulates doctors and manages public perception.” (Responsible Officer)

“In general, the right things get done. I worry that sometimes the GMC does not update me, as RO, as often as it should - hence “fairly” [confident].” (Responsible Officer)

ROs that lack confidence in the GMC cited similar reasons to doctors lacking in confidence: a lack of clarity around how the GMC works and makes decisions and a feeling that the GMC lacks understanding of the day to day realities of working as a doctor21.

21 Caution should be taken with these figures due to low base size
ROs referencing a lack of clarity cite uncertainty around how investigations are conducted and decisions reached by the GMC, based on their own experience of supporting doctors through GMC investigations. ROs mainly describe perceived inconsistencies in GMC decision making, and a long and complex investigation process which is not transparent.

“[There is a] Perception of not being fair to the needs of doctors. Processes are often highly complex and difficult to navigate.”
(Responsible Officer)

“The decisions by the GMC on whether to sanction doctors appear arbitrary and at times frankly bizarre. Some doctors whom one could be confident would (and should) be subject to action are allowed to continue whilst others have significant action taken against them when this seems disproportionate. I am referring to cases in my own organisation not to Dr B-G.”
(Responsible Officer)

Change in RO confidence over the past 12 months

RO confidence was more likely to have remained stable over the last 12 months and less likely to have decreased when compared to doctors as a whole. As shown in Figure 4.15, almost half of ROs said their confidence had remained the same, with a similar proportion saying their confidence had decreased.

Figure 4.15 Change in confidence in the way that doctors are regulated over the last 12 months (ROs)

Of the 51 ROs saying their confidence had decreased, half (26 ROs) nevertheless said they were confident to some extent in the GMC’s regulation.

The reasons for ROs saying their confidence had decreased were the same as those mentioned by doctors: half mentioned elements of the Dr. Bawa-Garba case specifically and a quarter mentioned general poor management of high-profile cases – a perception which may also have been influenced by the Dr. Bawa-Garba case but we cannot know for sure.
Figure 4.16 Most common reasons for a decrease in confidence in the GMC (ROs)

- Dr. Bawa-Garba case (unspecified): 25%
- GMC's poor management of high profile cases: 24%
- GMC's poor management of Dr. Bawa-Garba case: 18%
- GMC's refusal to acknowledge systemic failures in Dr. Bawa-Garba case: 12%
- Unclear how decisions are taken by the GMC: 6%
- Consultant in Dr. Bawa-Garba case not being pursued: 4%
- Lack understanding of the day-to-day realities of working as a doctor: 4%
- GMC pandering to public/media pressure: 4%

47% have decreased in confidence because...
5 Strategic Aim 2: Strengthening collaboration with regulatory partners

More proportionate and targeted regulation involves collaboration with partners. Stakeholders were largely positive about the GMC’s approach to regulation and their working relationship with the GMC.

Knowledge of when and where to raise concerns was fairly high among professional audiences but lower among patients and public.

Most stakeholders and ROs felt that the GMC takes early action to protect patients, addresses the right type of concerns and deals appropriately with complaints. The balance of opinion among doctors also tended towards the positive but with more disagreeing than agreeing that the GMC deals appropriately with complaints.

The GMC’s requirements / requests are generally felt to be manageable. Some stakeholders suggested possible improvements to their relationship with the GMC, most commonly focussing on communication, including a desire for the GMC to clearly set out direction of travel and a demand for increased dialogue and joint working.

Key metrics:

- **77%** of stakeholders agree that the GMC takes action to protect patients before they are put at risk.
- **83%** of stakeholders agree that the requests for advice, feedback and information which the GMC makes of us are manageable.
- **92%** of stakeholders felt that their overall working relationship with the GMC was good.
The GMC are continuously striving to reduce the risk of harm to both patients and doctors and to deliver more proportionate and targeted regulatory interventions which happen ‘in the right place at the right time’. Across all audiences, views on raising concerns and the GMC’s role in handling complaints and concerns (including whether it takes action early enough) were explored.

The GMC is also keen to drive ‘smarter regulation’ by reducing regulatory burdens; as such, doctors, Responsible Officers and stakeholders were asked whether current GMC requirements are reasonable, proportionate and manageable.

Stakeholders (47 in total, comprising education bodies, employer organisations, health departments, public bodies, professional bodies and regulators) were also asked for their views on collaboration with the GMC more broadly.

Strengthening collaboration and relationships with regulatory partners across the health services is crucial to the GMC achieving its aims over the course of its corporate strategy as well as longer-term. To inform future collaboration and to drive enhanced perception of regulation, it is important to understand current stakeholder perceptions of the GMC, including their confidence in the organisation and the impact they feel it has had on the health sector over the last 12 months. It is also critical to understand how stakeholders currently view their working relationship with the GMC and how this has changed over the last year as well as where to focus efforts to improve these relationships in the future.

**Right response, by the right organisation, at the right time**

**Taking action at an early stage**

One of the ways the GMC can reduce the risk of harm to both patients and doctors is by ensuring concerns are tackled in the right way, in the right place, at the right time. This means taking action at an early stage through collaboration and engagement with regulatory partners. As shown in Figure 5.1, all groups agreed more than they disagreed that the GMC takes action to protect patients before they are put at risk. However, there is considerable scope to increase agreement levels – and strength of agreement – with it feeling particularly notable that only one in ten ROs ‘strongly agreed’, which is similar to doctors’ views (slightly surprising given that ROs were typically more positive than doctors throughout the research).
Knowledge of when and where to raise concerns

As would be expected – and shown in Figure 5.2 - the vast majority of ROs felt they knew under what circumstances they should raise a concern about an individual doctor with the GMC and proportions were also high among doctors and stakeholders.

Lower proportions, but still around two-thirds, of ROs, stakeholders and doctors felt that they knew under what circumstances they should raise a concern about the quality and safety of a local training / practice environment with the GMC. Lower levels of agreement with this statement among ROs should be expected given that not all of them will be Responsible Officers for organisations that provide training or have training environments associated with them, while all have responsibilities for raising concerns about a doctor’s practice.

Patients and the public were less knowledgeable about how to raise concerns. Just over half of patients and the public felt that they knew where to go to make a complaint about a doctor, with a similar proportion agreeing they would know under what circumstances to contact the GMC if they had a concern about a doctor. It should be noted that this knowledge is self-reported and evidence from other sources suggests that patients and the public tend not to raise concerns in the most appropriate place much of the time, however perceptions of knowledge can still be useful to track over time.
Views on whether the GMC addresses the right types of concern about doctors

The majority of ROs and stakeholders felt that ‘the GMC addresses the right type of concerns about doctors, focussing on the most serious and expecting less serious concerns to be resolved locally’ but far fewer doctors agreed with this statement (as shown in Figure 5.3), in line with the pattern of response across audiences seen throughout much of the research. However, doctors were more likely to agree than disagree that the GMC is addressing the right type of concerns so their views were positive on balance (albeit with room to become more positive throughout the term of the corporate strategy).
Figure 5.3 Doctor, RO and stakeholder agreement with the way the GMC deals with concerns about doctors

The GMC addresses the right type of concerns about doctors, focussing on the most serious concerns and expecting less serious ones to be resolved locally.

A6: How strongly do you agree or disagree with the following statement? Base: All licensed doctors (3306), all Responsible Officers (109), all Stakeholders (47)

Smarter Regulation

The GMC’s requirements and requests are felt to be reasonable / manageable by each of its professional audiences, as shown in Figure 5.4.

ROs and stakeholders were particularly likely to feel that the GMC was not asking too much of their organisation, with nearly three quarters of ROs agreeing that ‘the requirements the GMC places on my organisation are reasonable and proportionate’ and over four in five stakeholders agreeing that ‘the requests for advice, feedback and information which the GMC makes of us are manageable’.

By contrast, a minority of doctors agreed that ‘the requirements the GMC places on me are reasonable and proportionate’, although more doctors agreed than disagreed so the balance of opinion was still positive.

It is notable that most of the stakeholders who agreed that requests were manageable strongly agreed that this was the case. This perhaps suggests scope for more interaction from the GMC, which is supported by some stakeholders stating that they want to work more closely together as discussed later in the chapter.
Almost two thirds of ROs agreed that the GMC deals appropriately with complaints and concerns about patient safety. Agreement amongst doctors was roughly half this and doctors were more likely to disagree than agree (Figure 5.5).

ROs were also more likely to agree that the GMC is modernising the way that complaints and concerns about patient safety are dealt with: almost two-thirds compared to less than a fifth of doctors agreed. A high proportion of doctors did not feel able to give an opinion on this issue (29% said ‘don’t know’) and part of this may be that they were unsure how to interpret ‘modernising’. Whether or not this is the case, the high level of uncertainty among doctors on this topic (and the fact that more doctors disagreed than agreed) suggests that greater communication around the GMC’s work to modernise complaints could be particularly beneficial among this audience.
Figure 5.5 Doctor and RO agreement with statements concerning the way the GMC deals with complaints

Enhanced perception of regulation

Building an enhanced perception of regulation requires stakeholders (including education bodies, employer organisations, health departments, public bodies, professional bodies and regulators) to have confidence in the GMC, to believe that it has a positive impact on the health sector and to enjoy a strong working relationship with the organisation. This section of the report covers each of these in turn.

Stakeholder confidence in the GMC and perceptions of its impact on the health sector

Almost all stakeholders felt confident in the way that doctors are regulated by the GMC. This is very high, although it should be noted that stakeholders were much more likely to be fairly confident than very confident, as shown in Figure 5.6, so there is still scope for levels of confidence to be improved.
Figure 5.6 Confidence in the way that doctors are regulated by the GMC (stakeholders)

Stakeholders’ perceptions of the GMC’s impact on the health sector over the last 12 months perhaps give an indication of why more of them did not choose to say they were ‘very confident’ in the organisation.

As shown in Figure 5.7, when asked to describe the GMC’s impact on the health sector (choosing from a list of options), more stakeholders felt the impact had been negative than positive, although the biggest proportion – around half - thought the impact had been both positive and negative.

Figure 5.7 Impact of the GMC on the health sector in last 12 months (stakeholders)

Among stakeholders who acknowledged positive impacts of the GMC, several re-stated their confidence in GMC regulations (9 stakeholders). There was also recognition of steps the GMC has taken to improve and of the difficulties it faces, with mentions of the GMC trying to engage more with the medical profession (10), acknowledging areas of concern and making adjustments (6), acknowledging systemic issues in the NHS (2) and doing the best it can (6):

“I think the GMC does its best to work within the regulatory framework that it has. I think it has been faced with many difficult decisions and it tries to act honourably.” (Stakeholder)

The rest of this sub-section reports absolute numbers rather than percentages due to low base sizes.
A few stakeholders also mentioned the GMC having a positive impact in terms of leading research and discussion around Brexit in the sector (2) and due to a positive approach to equality / diversity (1).

The impact of high-profile cases tended to underpin negative responses, with the Dr. Bawa-Garba case mentioned most frequently, as shown in Figure 5.823.

**Figure 5.8 Negative impacts of the GMC on the health sector in last 12 months (stakeholders)**

<table>
<thead>
<tr>
<th>Impact</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative impact of the Dr. Bawa-Garba case (unspecified)</td>
<td>17%</td>
</tr>
<tr>
<td>Previous positive developments outweighed by negative impact of Dr. Bawa-Garba case</td>
<td>10%</td>
</tr>
<tr>
<td>Recent cases have undermined doctors’ confidence in the GMC</td>
<td>8%</td>
</tr>
<tr>
<td>Decision to appeal MPTS panel</td>
<td>6%</td>
</tr>
<tr>
<td>Poor handling of high profile cases</td>
<td>5%</td>
</tr>
<tr>
<td>Lack of support for doctors</td>
<td>5%</td>
</tr>
<tr>
<td>Poor communication with doctors</td>
<td>3%</td>
</tr>
<tr>
<td>Impact on openness / transparency in relation to Dr. Bawa-Garba case</td>
<td>2%</td>
</tr>
<tr>
<td>Delays in FTP process</td>
<td>2%</td>
</tr>
</tbody>
</table>

A5. Why do you say this about the GMC’s impact on the health sector over the last 12 months? - unprompted
Base: All stakeholders mentioning a negative impact (41)

It could be seen as surprising that stakeholders’ generally mixed or negative perceptions of the GMC’s impact on the health sector co-exist with almost all stakeholders having at least a fair amount of confidence in the organisation. With the Dr. Bawa-Garba case clearly top-of-mind in terms of impact on the sector, it suggests that stakeholders take a longer or broader view of the organisation’s overall performance and effectiveness than this one case. It also suggests that stakeholders have faith in the GMC’s ability to go forwards appropriately.

**Stakeholder perceptions of working with the GMC**

As shown in Figure 5.9, stakeholders were largely positive about their current working relationship with the GMC: they were roughly evenly split between describing this relationship as good or very good, with a small minority describing it as ‘neither good nor poor’ (and no one saying it was ‘poor’).

Despite the positive picture overall, there is scope to further enhance these relationships; only a relatively small proportion had felt improvements in this relationship over the last 12 months, with the majority feeling the relationship had remained the same, and a few feeling it had changed for the worse.

---

23 Absolute numbers are shown here rather than percentages.
Of those stakeholders feeling that the relationship had changed for the worse over the last 12 months, the majority still felt their organisation’s current relationship with the GMC was good or very good.

**Figure 5.9 Stakeholder relationship crossed with change in relationship**

As shown in Figure 5.10, the majority of stakeholders agreed with positive statements relating to the GMC. Stakeholders felt most strongly that ‘the GMC values its relationship with us’, with the majority strongly agreeing with this statement and over three-quarters agreeing in all.

Collaboration and understanding were also aspects of their relationship with the GMC the vast majority of stakeholders were positive about, with over four in five agreeing that ‘The GMC is an organisation that collaborates well with us’ and ‘the GMC has a clear understanding of our roles and priorities for the future’.

Statements that slightly fewer stakeholders agreed with related to communication on direction and policy / policy changes, as well as the extent to which the GMC listens to stakeholders and uses their views to shape its work. This is reflected in a demand from stakeholders for improved communication as discussed further below.

---

24 This chart shows where stakeholders lie when current views on their relationship with the GMC is crossed with how views on this relationship have changed over the past 12 months. As well as using the scales to see where stakeholders fall, the colour of the stakeholder icon denotes this: dark green = improved or no/limited scope to improve relationship; light green = stable and good relationship; black = stable and neutral relationship; pink = deteriorating relationship.
Suggestions for improving stakeholder relations

Stakeholders were asked on an unprompted basis how their relationship with the GMC could be improved over the next 12 months. Just over one-fifth (10) said there was nothing to improve or that the GMC should just ensure a good relationship is maintained.

Where stakeholders felt improvements could be made, this most commonly related to communication, both in terms of improving communication with stakeholders more generally and in terms of clearly communicating its strategy and objectives to stakeholders.

“Better understanding of the issues raised by my organisation and ensuring [there are] definite outcomes when [we have] agreement on a problem.” (Stakeholder)

“I know they’ve recently changed their website and it is easier to find out things but they could give more information about their strategy so we know what to expect particularly if it is going to impact on us as employers.” (Stakeholder)

“Regular face-to-face communication and a safe space to share concerns” (Stakeholder)

Specific improvements suggested for the GMC included:

- Consulting the profession on more issues / the GMC’s strategy; stakeholders placed importance on an ongoing dialogue between themselves and the GMC;
• Encouraging increased collaboration and learning; stakeholders were keen to stress the potential value of this across the healthcare system and its workforce;

• Demonstrating that the GMC have learnt from past mistakes.

“There has been some turbulence in the relationship due to concerns from doctors about the handling of the Bawa-Garba case, and that has led to a temporarily more difficult relationship. I am very confident that relationships can be deepened and improved going forward.” (Stakeholder)

Additionally, some key partner organisations expressed a desire to work more closely together on shared strategic priorities. This aligns very much with the GMC’s wish to strengthen collaboration with its strategic partners so bodes well for the chances of this strategic aim being achieved within the lifetime of the corporate strategy.

“I think having a clearer joined view on the strategic priorities between our organisations to work on together and potentially having joint project teams. Moving from a somewhat reactive way of working together to a more systematic programme of work over the next 2 years.” (Stakeholder)

“I think being very clear on what our respective priorities are - working out what the big ticket items are that we can work together on.” (Stakeholder)
6 Strategic Aim 3: Strengthening our relationship with the public and the profession

Public confidence in doctors and the way that doctors are regulated remains high.

Perceptions of regulation are largely based on views and experiences of doctors rather than knowledge of how the GMC works. However, the more patients and the public know about the GMC, the higher their levels of confidence. Having heard about the GMC or regulation in the media is also associated with higher confidence levels.

Key metrics:

- 88% of patients and the public are confident in doctors.
- 84% of patients and the public are confident in the way doctors are regulated.

Contribute to public confidence in doctors

In contrast to the decreased levels of confidence among doctors and ROs, confidence in doctors among patients and the public remains high. The vast majority of patients and the public were confident in doctors in the UK (see Figure 6.1), with two-fifths very confident. This is in line with confidence levels in 2016.\(^{25}\)

\(^{25}\) Note that the wording was changed slightly for the 2018 research to improve clarity; previous surveys referred to ‘medical professionals’ as opposed to ‘doctors’.
Figure 6.1 Confidence in doctors (patients and public)

When asked about regulation of doctors, a very similar picture emerges with over four fifths of patients and the public confident in the way that doctors are regulated (see Figure 6.2). This seems to be a little higher than in 2016, when around three-quarters (78%) of patients and the public said they were confident in the regulation of doctors by the GMC.26

Figure 6.2 Confidence in the way that doctors are regulated (patients and public)

26 Note that these responses are not directly comparable as the questions used in 2018 and 2016 were slightly different and asked of different groups. In 2016, patients and the public were asked whether they were confident “in the regulation of doctors by the GMC”, and only respondents who had heard of the GMC were asked the question. In the current research, all patients and the public were asked the question, and it was phrased: How confident, if at all, are you in the way that doctors are regulated? If the 2018 question is filtered on those who had at least heard of the GMC, the confidence figure is 87%.
Confidence in doctors and confidence in the way they are regulated is clearly linked. The vast majority (90%) of patients and the public confident in doctors in the UK were also confident in the way that they are regulated, while only 7% were confident in doctors in the UK but not in their regulation.

Confidence in doctors, and - by extension - in their regulation, is often based on personal experience. Patients who were dissatisfied with an experience of a doctor over the last 12 months were more likely to lack confidence in their regulation: half (50%) of those dissatisfied were not very or not at all confident in the regulation of doctors, compared to 8% of satisfied patients.

Patients’ and the public’s reasons for confidence or lack of confidence

Reasons given for both confidence and a lack thereof imply views on doctors’ regulation are primarily rooted in views of doctors themselves.

**Figure 6.3 Reasons for confidence / lack of confidence in the way that doctors are regulated (patients and public)**

Patients and the public with confidence in the way that doctors are regulated were most likely to attribute this to a positive view of doctors’ abilities / knowledge / training, while those not confident were most likely to mention a negative view of the same factors.

Looking in more detail at verbatim comments grouped under the categories ‘feel the GMC / the regulator does a good job’ and ‘(GMC) guidelines ensure good regulation’, suggests that confidence in the regulator’s role is predominantly rooted in assumption rather than first-hand experience or a strong understanding of the regulations or the GMC. This is also evident in one of the reasons given by a smaller proportion of patients and the public (8%) – ‘There is nothing to suggest that doctors are
not well regulated’ – i.e. in the absence of information to the contrary, the regulator is given the benefit of the doubt.

In the minority of cases where greater knowledge of regulation was apparent in comments given, this tended to be due to professional experience (and the people giving the comments tended to be atypical as members of the public). In these instances, the regulations and their enforcement were commonly described as “stringent”.

“I have personally worked within NHS improvement [sic], I know about General Medical Council and how they operate; I know the stringency that doctors have to work under, and I believe [the GMC] do that to a very high standard.” (Patient)

“Because most of my working life I have worked with doctors and have examined the way in which the General Medical Council regulates their profession. I am very confident that it is well regulated.” (Patient)

While some of those confident in the regulation of doctors acknowledged that errors in practice do occur, they tended to feel this was inevitable to some extent and that only a small proportion of all doctors have poor performance. By contrast, those not confident in regulation gave more weight to examples of malpractice they had heard of.

It is also worth noting that some reasons for a lack of confidence in regulation among the public are largely outside of the GMC’s control such as references to the NHS being underfunded and/or understaffed.

How awareness of the GMC affects confidence levels for patients and the public

The more patients and the public know about the GMC, the higher their levels of confidence. Just over three-quarters of patients and the public had at least heard of the GMC, with one in ten stating that they knew at least a fair amount about the organisation. Those who had at least heard of the GMC were more likely to have confidence in the way doctors are regulated than those who had not, as shown in Figure 6.4. It is also the case that those who knew at least a little about the GMC were more likely to be very confident in regulation.

As context for this, it is worth noting that awareness and knowledge of the GMC has stayed relatively stable over time. Just over three-quarters (77%) of patients and the public had at least heard of the GMC in 2018, a slightly lower proportion than in 2016 (83%). However, the proportion saying they know at least a little about the GMC has not significantly changed (43% in 2018 vs. 41% in 2016).
How recall of events in the media affects confidence levels for patients and the public

Only a quarter of patients and the public could recall hearing about the GMC, or how doctors are regulated, in the media or on social media in the last 12 months. As shown in Figure 6.5, when asked what they had heard, if anything, the largest single proportion explicitly mentioned the Dr Bawa-Garba case but others recalled vague details which could also relate to this. Recall of other recent cases was very low.
Recall of hearing about GMC / regulation in the media in the last 12 months (patients and public)

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any recall</td>
<td>25%</td>
</tr>
<tr>
<td>Bawa-Garba case</td>
<td>9%</td>
</tr>
<tr>
<td>The medical practitioner in question was female</td>
<td>7%</td>
</tr>
<tr>
<td>A child died / whilst in medical care</td>
<td>5%</td>
</tr>
<tr>
<td>Errors were made by medical practitioner / failure to make correct diagnosis which lead to death of a patient</td>
<td>4%</td>
</tr>
<tr>
<td>A medical practitioner / doctor / nurse has been struck off</td>
<td>4%</td>
</tr>
<tr>
<td>Alfie Evans case / protests at Alder Hey hospital</td>
<td>1%</td>
</tr>
<tr>
<td>Gosport scandal / Dr Jane Barton</td>
<td>1%</td>
</tr>
<tr>
<td>Breast Cancer surgeon Ian Patterson case</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Jack Adcock case</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

A10: What, if anything, have you heard in the media or social media in the last 12 months about the General Medical Council or how doctors are regulated? - unprompted
Base: All patients and the public (2107)

Confidence in doctors in the UK and their regulation does not seem to have been negatively affected by recall of events in the media. In fact, those that recalled something were more likely to be confident (88% confident in regulation vs. 83% of those who had not heard anything in the media).

Verbatim comments from patients and the public with confidence in doctors in the UK regulation suggest that, for some, cases in the media have provided reassurance that action is taken in cases of suspected malpractice:

“The General Medical Council struck [off] a doctor - a child died in her care. She’s been reinstated - the court has given her job back – but the fact there is a system like that is good. By that, I mean the General Medical Council. I have confidence in the General Medical Council. The GMC can remove their ability as doctors, I have confidence in this country’s system.” (Patient)

The GMC’s role in promoting public confidence

Less than a third (28%) of doctors and under half of ROs (46%) felt that the GMC promotes and maintains public confidence in the medical profession. This does not mean doctors and ROs feel public confidence in the profession is low but rather that they do not recognise the GMC as contributing to the levels of confidence which exist. Letting these groups know that the public are reassured by action taken by the GMC could be powerful but the evidence would probably need to be stronger than that provided within this research.
Strategic Aim 4: Meeting the changing needs of the health services across the four countries of the UK

Most stakeholders agreed that the GMC’s approach to regulation considers regional or four country needs but organisations in England were more likely to be neutral or unsure with this sentiment and disagreement was highest among those with a UK-wide remit.

In terms of meeting changing needs, understanding of the rationale for legislative reform, and its implications, were fairly high.

Key metrics:

- 55% of stakeholders agreed that ‘the GMC’s approach to regulation anticipates and responds to the needs of individual parts of the UK’
- 68% of stakeholders have at least a fair amount of knowledge about legislative reforms.

Regulatory model and interventions are relevant, effective, appropriate and better meet the needs of the four UK countries

A majority of stakeholders agreed that ‘the GMC’s approach to regulation anticipates and responds to the needs of individual parts of the UK’, with most of the remainder neutral or unsure rather than disagreeing (as shown in Figure 7.1).
Figure 7.1 Views on whether the GMC’s approach to regulation anticipates and responds to needs of individual parts of the UK by country (stakeholders)

All stakeholders from organisations in Wales and Northern Ireland were positive towards the GMC’s ability to meet four country / regional needs, while there was some disagreement in Scotland and, particularly, among organisations with a UK-wide remit. Organisations covering England only were most likely to be neutral or unsure about how the GMC adapts to the needs of individual parts of the UK. This could be because they did not feel the issue was as salient to them (given England can feel like the ‘default’ region due to its population share) although this was not explicitly mentioned.

The research did not explore reasons for the answers given on this issue in depth, however two stakeholders touched on this area in their suggestions for how their working relationship could be improved with the GMC over the next 12 months:

“The establishment of suitable or appropriate leadership within the GMC in Scotland.” (Stakeholder with UK-wide remit)

“They do very good national roundtable meetings in Scotland and I believe do this in Wales and Northern Ireland, but they don’t do this in England - so replicate what they do in Scotland in England in terms of stakeholder engagement.” (Stakeholder with Scotland remit)
Knowledge of legislative reform was fairly high amongst stakeholders. Over two thirds of stakeholders felt that they knew a great deal or fair amount about ‘why the GMC is calling for legislative reform and the effects that such reforms could have on the medical workforce’, with the remaining third of stakeholders generally claiming to know a little about it rather than nothing at all.

It must be acknowledged that levels of knowledge among stakeholders could be over-stated given that they are self-reported (the research did not test this knowledge in any way) but perceived knowledge still gives a useful baseline for tracking over time as the GMC continues to raise awareness and communicate with stakeholders on this issue.

Figure 7.2 Stakeholder knowledge on GMC calling for legislative reform
8 Key findings by audience

This section of the report summarises the key findings and highlights differences in the perceptions of the different audiences which took part in the research: doctors, ROs, patients and the public, and stakeholders.

Among the first three of these audiences, differences between sub-groups are also explored:

- Among doctors and ROs these focus on overall views (including confidence in the GMC) and differing professional experiences.

- Among patients and the public, these focus on confidence in the way doctors are regulated as well as how informed different groups seem to be, for example in terms of knowing where to go to raise a concern about a doctor.

Doctors

Three quarters of doctors have lost some confidence in the GMC over the last 12 months, with only a third of doctors (34%) now confident in the organisation. There also appears to be a longer-term trend in decreasing confidence (with confidence down from 57% in 2016 and 76% in 2014). This must be set in the context of some high-profile disputes and cases over the last few years, such as the junior doctors’ strikes in 2015-16 and the Dr Bawa-Garba case, for which the High Court ruling overturning the GMC’s appeal was announced less than two weeks before this research took place. Indeed, three fifths of doctors mentioned the Dr Bawa-Garba case as a reason for their decreased confidence in the GMC over the last 12 months.

More broadly, doctors’ low confidence can be summarised as falling into two themes:

- A lack of support for doctors, including a feeling that the GMC does not understand the day-to-day realities of being a doctor and is not adequately addressing, or taking account of, systemic failures. 62% disagreed that the GMC’s approach to how standards are applied is sensitive to the context in which doctors’ work,

- A lack of clarity about how the GMC works and comes to decisions. Doctors referred here to inconsistency in decision making by the GMC, a related lack of transparency around how decisions are made and a feeling that decisions can be too political.

A perceived lack of support must be viewed in the context of doctors facing challenging working conditions, with over three-quarters of doctors having felt unable to cope with workload and having felt unsupported by management at some point in the last 12 months. In terms of regulation having a role in supporting the maintenance of a (properly qualified) workforce, it is a concern that over half (55%) of doctors had considered leaving the profession within the last 12 months. Given the GMC’s aim of protecting patients, it is also troubling that almost a third (31%) of doctors reported feeling unable to provide a patient with a sufficient level of care on a weekly basis or more often.

Most doctors (60%) disagreed that the GMC is a listening organisation. This research signals a need to make a fresh start with doctors, show evidence of listening to, and acting on, their concerns as well
as clearly communicating on decision-making processes and outcomes. Talking to doctors about the GMC’s work on modernising the way that complaints and concerns about patient safety are dealt with would also be beneficial as over a quarter of doctors felt unable to comment on the GMC’s work in this area.

Registration type: GP, specialist, trainee, none of the above

In general, doctors not on the GP or Specialist Register and not in training were the group most likely to be positive about the GMC. They were:

- more likely than average to feel supported by the GMC to deliver high quality care (37% vs. 22% of all doctors currently practising)
- more likely to say they were confident in the GMC (49% vs. 34% of all doctors);
- less likely to say that their confidence had decreased over the last 12 months (62% compared to 80% of GPs, specialists and those in training).

GPs were the group most likely to agree that they know under what circumstances they should raise a concern about a doctor (90% vs. 85% average) and were more likely than specialists and those in training to know under what circumstances to raise a concern about the quality/safety of a training or practice environment (72% vs. 64% of specialists, 65% of those in training).

In terms of professional experience over the last 12 months:

- Those in training were more likely than average to have felt unsupported by immediate colleagues (62% vs. 50% of all doctors) and – along with specialists - more likely to have felt unsupported by management or senior management (81% of each, compared to 69% doctors not on the GP or Specialist Register and not in training and 60% GPs)
- Trainees and GPs were more likely to say they had been unable to cope with their workload (83% of each, compared to 74% of specialists and 72% of doctors not on the GP or Specialist Register and not in training) and more likely to have considered leaving the profession (GP 63% and trainees 62%, compared to 49% of specialists and 47% of doctors not on the GP or Specialist Register and not in training.
- Doctors not on the GP or Specialist Register and not in training were less likely to have felt unable to provide a sufficient level of care to a patient (59% vs. 70% of all doctors). They were slightly more likely than average to have taken a leave of absence due to stress (17% vs. 12%).
As age is highly correlated with registration type (with doctors aged under 30 being more likely to be in training or doctors not on the GP or Specialist Register and not in training roles), it is likely that this is driving experience and perceptions more than age alone.

Two points stand out as being more likely to be driven by age / time spent in the profession:

- Older doctors were more likely to agree that they find being a doctor a fulfilling career (83% 50+ vs. 74% 30-49 and 77% under 30).
- Among doctors who said they did not feel supported by the GMC, older doctors were more likely to say that this was because the revalidation/appraisal process is not fit for purpose (10% of those aged 50+ vs. 5% 30-49 and 1% under 30).

White doctors were more likely than all other ethnic groups to agree that they find being a doctor a fulfilling career (82% vs. 77% of all doctors).

However, **Asian, Black and ‘other ethnic group’ doctors were more likely to have a positive view of the GMC than White doctors.** Doctors not on the GP or Specialist Register and not in training were more likely to be Asian, Black or in another ethnic group – and also more likely to feel positive towards the GMC – so it is likely that registration type is at least partly driving different experiences and perceptions, rather than these being due to ethnicity alone.

Specifically:

- Asian (62%), Black (55%) and other ethnic group (52%) doctors were less likely to report feeling unsupported by the GMC than White doctors and doctors of mixed ethnicity (78% and 77% respectively).
- Asian (59%), Black (45%) or other ethnic group (35%) doctors were less likely to say that they did not feel confident in the way that doctors are regulated by the GMC than White doctors (66%).
- Asian (68%), Black (61%) and other ethnic group (44%) doctors were less likely to report a decrease in their confidence in the GMC than White doctors and doctors of mixed ethnicity (81% and 86% respectively).

Among those with decreased confidence, Black, Asian, mixed / multiple ethnicities and other ethnic groups were more likely than White doctors to attribute this decreased confidence to increased

“The GMC are much more likely to start a formal investigation into non-white medical staff than those who are white.” (Doctor)
discrimination against BAME and overseas doctors (9% Black, 9% Asian, 7% mixed/multiple ethnicities, 15% other ethnic groups vs. 2% White).

**Gender**

Female doctors were more positive than male doctors across a range of factors. For example, they were:

- More likely to feel supported by the GMC (26% vs. 18%);
- More likely to feel that being a doctor is a fulfilling career (79% vs. 76%);
- More likely to have confidence in the GMC (39% vs. 30%);
- Less likely to report that their confidence had decreased over the last 12 months (74% vs. 78%).

However, female doctors were more likely to have felt unable to cope with their workload at some point over the preceding 12 months (82% vs. 75% male doctors).

It is also notable that, when looking at reasons for decreased confidence in the GMC, female doctors were more likely to mention the Dr Bawa-Garba case as a reason for this decreased confidence (68% vs. 58% males).

**Disability**

Doctors with a disability, illness or long-term health condition were less likely to agree that being a doctor is a fulfilling career (67% vs. 79% of those without a disability) and less likely to feel supported ‘a great deal or a fair amount’ by the GMC to deliver high quality care (14% vs. 23%).

When those whose confidence in the GMC has decreased over the last 12 months were asked for reasons for this, doctors with a disability were more likely to say that this was due to general lack of support / help from the regulator (5% vs. 2% of those without a disability) and due to professional experience (4% vs. 1%).

“I self-reported a mental health issue and rather than the standard channels being pursued, I was served with a long letter advising me that the issue was going to a FTP panel … this was subsequently dropped after intervention from the clinical director and RO for my HB and I did receive a verbal apology, but the behaviour at the time was horrible.” (Doctor)

“Reading the outcomes from FTP panels and my own personal experience with a health issue which was dealt with really very heavy handed[ly] and without any compassion.” (Doctor)

27 6% of surveyed doctors, n=185.
Doctors in Northern Ireland and Wales were more likely to feel supported ‘a great deal’ by the GMC to deliver high quality care than those in England and Scotland.

It is also the case that doctors in Scotland and Wales are more likely than their peers in England to consider being a doctor a fulfilling career. More than four in five doctors in Scotland and Wales felt this way (82% and 84%) compared to around three-quarters of doctors in England (77%). Doctors based in Northern Ireland were in line with the UK average, with 79% feeling being a doctor is a fulfilling career.

Doctors in Northern Ireland and Wales were more likely to be confident in the way that doctors are regulated by the GMC than doctors elsewhere in the UK. Around two-fifths of doctors in Northern Ireland and Wales feel confident, compared to a third in England and Scotland.

Doctors in Scotland were more likely than doctors in other countries to feel less confident than they did 12 months ago: more than four in five (84%) reported a decrease in confidence, compared to three quarters (76%) of doctors on average. Doctors in Northern Ireland meanwhile were significantly less likely to report a decrease in confidence, with two-thirds (66%) feeling this way.

Doctors who obtained their PMQ in the UK were more likely to have negative views of the GMC, for example feeling ‘not very’ or ‘not at all’ supported by the GMC (81% vs. 66% EEA, 55% IMG) and having decreased confidence over the last 12 months (85% vs. 62% EEA, 59% IMG). They were also more likely to have made reference to the Dr Bawa-Garba case as a reason for decreased confidence (66% of those whose confidence had decreased vs. 55% EEA, 49% IMG).
Responsible Officers (ROs) were much more positive in relation to the GMC than doctors as a whole on a variety of measures. Almost nine in ten (88%) ROs felt supported in their role as an RO by the GMC, with most attributing this to having a supportive Employer Liaison Adviser. Over two-thirds (71%) of ROs are confident in the organisation and over half of ROs (58%) feel it is fair.

However, almost a half (47%) of ROs reported their confidence having decreased over the last 12 months, with reasons given similar to doctors more broadly, including a lack of clarity around how the GMC arrives at decisions, lacking understanding of the day-to-day realities of working as a doctor and the Dr Bawa-Garba case.

Most ROs (72%) felt their role as an RO contributed to a fulfilling career. However, around a third (34%) of ROs had found it difficult to provide a doctor with the level of support they needed at times in the last year. The GMC may wish to delve deeper into circumstances under which ROs have struggled to provide support in case it can do anything further to help ROs in these cases.

Low base sizes among ROs mean few differences by sub-group are statistically significant. Where differences exist, they were most commonly around ROs’ professional experiences:

- **ROs working in the NHS were more likely to have felt unable to provide a doctor with a sufficient level of support in the last 12 months** (47% vs. 20% those working in private practice had experienced this) and were more likely to have felt unsupported by their immediate colleagues at some point over the same time period (43% vs. 24% private).

- **Female ROs were more likely to have felt unable to cope with their workload** over the last 12 months (69% vs. 44% males), echoing the experience of female doctors more broadly.

It was also the case that male ROs were more likely to agree that ‘The GMC addresses the right type of concerns about doctors, focussing on the most serious concerns and expecting less serious ones to be resolved locally’ (71% vs. 50% female) with female ROs more likely to say they neither agreed nor disagreed (28% vs. 12% males).
Confidence among patients and the public in how doctors are regulated is high (88%). It appears that views on the regulation of doctors are largely rooted in perceptions of, and experiences of, doctors’ abilities and knowledge (rather than being about regulation, or the GMC, in any detail). This gives some insight into why media reports of the Dr Bawa-Garba case and other high-profile cases have seemingly had little impact on public perceptions.

Having at least a little knowledge of the GMC is associated with higher levels of confidence in the regulation of doctors.

Overall, around three-quarters (74%) of those included in the research had personally received advice or treatment from a doctor in the last 12 months and so can be classified as patients. Patients were more likely than the public to be:

- Female (54% vs. 43%)
- Older (41% were 55+ vs. 29% of public)
- White (85% vs. 79% of public)
- Have a long-term health condition or disability (24% vs. 7% of public).

Patients also appeared to be more knowledgeable in relation to the GMC and its role; they were more likely to know at least a little about the GMC (46% vs. 36% public) and recall coverage of the GMC or how doctors are regulated in the media (27% vs. 19%). Patients were also more likely to state that they knew where to go should they wish to make a complaint against a doctor (53% agreed vs. 43% of public).

Patients who were satisfied with their experiences with a doctor were more likely than those dissatisfied to feel confident in doctors more generally and in the way that doctors are regulated.

Adults of a higher socio-economic grade were generally more positive and more knowledgeable regarding doctors in the UK and their regulation.

Adults in socio-economic grades ABC1 were more likely to have at least some knowledge of the GMC than those in grades C2DE (50% compared to 35%) and a higher proportion said they knew where to go to make a complaint about a doctor (55% compared to 46%). Relatedly, nearly a third (31%) of
those in ABC1 recalled hearing about the GMC or regulation of doctors in the UK in the media over
the past 12 months, compared to just 17% of C2DE adults.

As having at least a little knowledge of the GMC is associated with higher levels of confidence in the
regulation of doctors, it is perhaps not surprising that those in grades ABC1 were more likely to be
confident in the regulation of doctors than C2DEs (87% compared to 81%).

Women were more likely to have confidence in the way that doctors are regulated (86% vs. 82%
men). This may link to the finding that adults with greater familiarity / knowledge of the GMC tend to
be more confident in the regulator, as women were more likely to have heard of the GMC than men
(80% vs. 74%) and more likely to have at least a little knowledge of the organisation (47% vs. 39%).
Women were also more likely to know where to go to make a complaint about a doctor (54% vs. 48%
males).

The likelihood of patients and the public being aware of and engaged with the GMC and its
role increased with age as just over half of under 35s had at least heard of the GMC (56%), but this
rose to four in five (80%) of those aged 35 – 54 and even more of those aged 55+ (90%).

Younger adults were also less knowledgeable in relation to raising concerns; those under 35 were
less likely to state they knew where to go to make a complaint about a doctor (43% compared to 55%
of those aged 35-54 and 54% of those aged 55+), and that they knew under what circumstance they
should contact the GMC if they had a concern about a doctor (43% compared to 56% of older age
groups).

Patient and public views were largely consistent across different ethnicities, although White adults
were more likely to be satisfied with their direct experiences of doctors than BAME adults (86%
compared to 77%).

White adults were also much more likely to have at least heard of the GMC (81% compared to
54% BAME adults) and almost twice as likely to know at least a little about the organisation (46%
compared to 24% BAME).
Confidence in doctors in the UK and their regulation did not differ amongst patients and the public by nation within the UK and neither did familiarity with the GMC. There were some differences in satisfaction with doctor experiences however. The vast majority of adults from Northern Ireland (94%) and Scotland (90%) were satisfied with interactions they had had with doctors over the last 12 months, while slightly fewer were satisfied in England (84%) and Wales (76%).

It is also notable that the public in Northern Ireland were less knowledgeable around raising concerns than those in the rest of the UK. As shown in Figure 8.1, around half (51%) of adults from Northern Ireland disagreed that they knew where to go to make a complaint about a doctor, compared to just over a third in England (35%) and Wales (35%) and a slightly higher proportion in Scotland (38%).

**Figure 8.1 Awareness of where to make a complaint about a doctor (patients and public)**

Similarly, and as shown in Figure 8.2, just over a quarter (27%) of adults in Northern Ireland with some knowledge of the GMC strongly disagreed that they knew under what circumstance to raise a concern about a doctor with the regulator, compared to around one in ten in England (11%), Wales (11%) and Scotland (10%).
Almost all stakeholders felt confident in the way that doctors are regulated by the GMC, despite the fact that many felt the organisation had had a mixed, or negative, impact on the health sector over the last 12 months.

Almost all stakeholders felt positive about their working relationship with the GMC and most felt the GMC valued the relationship it has with them.

However, there are aspects of stakeholder relations which can be improved, particularly around communication on policies and direction of travel. As one example, there is more to be done to persuade stakeholders that the GMC anticipates and responds to the needs of individual parts of the UK, with only a slim majority of stakeholders recognising this at present. There was also demand for increased collaboration, dialogue and joint working on shared priorities.
8 Technical Appendix

Overview

The research outlined in this report consisted of four strands with four different audiences. Doctors and Responsible Officers (ROs) took part in online surveys, while stakeholders and patients and the public were surveyed by telephone.

The following table summarises the key details on approach and response for each survey audience.

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Number of responses</th>
<th>Invited to participate</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed doctors²⁸</td>
<td>Online</td>
<td>3,306</td>
<td>29,534 after opt-out</td>
</tr>
<tr>
<td>Responsible Officers</td>
<td>Online</td>
<td>109</td>
<td>570 after opt-out (attempted census)</td>
</tr>
<tr>
<td>Key stakeholders and partners</td>
<td>CATI²⁹</td>
<td>47</td>
<td>67 (attempted census)</td>
</tr>
<tr>
<td>Patients and the public</td>
<td>CATI omnibus</td>
<td>2107</td>
<td>NA</td>
</tr>
</tbody>
</table>

The number of responses among doctors and among patients / the public provide robust base sizes for analysis, including analysis by subgroup. The base size among ROs is smaller, and for stakeholders and partners is particularly small (driven by the low population size), therefore little subgroup analysis is possible among these audiences.

Stakeholders were interviewed on the basis that their responses would be attributable at an organisational level (to the GMC but not publicly). That said, all were given the opportunity to provide feedback on an anonymous basis.

The response rates outlined above are in line with other, similar studies that IFF Research conducts, and broader industry standards.

²⁸ The findings in this report are for licenced doctors only. Registered but not licensed doctors were also invited to participate in the research but are not included in this baselining report
²⁹ CATI = Computer Assisted Telephone Interviewing
Sampling

The sampling strategy for each audience is outlined in detail below.

Doctors

The doctors’ sample was sourced from the GMC’s medical register. Records were only provided where the GMC held an email address for the individual, the doctor had a UK registered address, and they had not also been asked to participate in the recent ‘What it means to be a doctor’ survey. Further exclusions were also applied, for example doctors who were suspended or who were involved in a current Fitness to Practise investigation at the time the sample was extracted were excluded.

From this file, IFF Research drew an anonymised, stratified sample that was representative of the licensed doctor population by age, gender, ethnicity, place of Primary Medical Qualification (PMQ) and registration type but over-sampled by certain sub-groups within country (each of the devolved nations) and ethnicity (Black doctors) to ensure minimum base sizes for analysis. The selected sample was then contacted by the GMC to provide them with the opportunity to opt out of the research prior to the commencement of fieldwork.

Once the opt-out process was completed, an initial survey invite was sent to doctors by IFF Research and just over a week later one further ‘reminder’ invite was sent.

IFF Research did not use a quota-based approach during fieldwork; rather the profile of those responding were allowed to ‘fall out’ naturally, and then any small differences between the population and the survey profile were corrected using a simple weighting approach described in the ‘weighting’ section below.

Responsible Officers

The sample for the RO research was sourced from the GMC’s medical register, with ROs having been excluded from the doctors’ data extract so they could be dealt with separately. All Responsible Officers were contacted by the GMC to give them the opportunity to opt out of the research. An initial invite was followed by a reminder a week later.

The profile of those responding was allowed to fall out naturally, and then compared to the population profiles to determine whether weighing would be required – this is discussed in more detail in the weighting section below.

Stakeholders

The GMC provided the records of the person within each stakeholder organisation who it was felt had had most prior contact or engagement with the GMC. Stakeholders included education bodies, employer organisations, health departments, public bodies, professional bodies and regulators. A

30 The exception to this was a small number of doctors in Northern Ireland, who were selected for the current research despite having also participated in the WIMTBAI survey, in order to achieve base sizes among doctors in Northern Ireland that would enable analysis by country, and other subgroups.
31 The three groups here were: UK, EEA (European Economic Area) or IMG (International Medical Graduates)
32 The types of registration included: Specialist, GP, Trainee and Other doctors (not on the GP or Specialist Registers and not in training).
census approach was taken due to the limited amount of sample available (74 records). Referrals were taken within each organisation where this was requested by the original contact.

Patients and the public

The public and patient survey was carried out over two weeks via Populus’ telephone omnibus which reaches a nationally representative sample of 1000 members of the public every week. On top of this, a boost to achieve 100 completes in Northern Ireland was applied.

Weighting

Final data for doctors, and patients and the public, were weighted prior to analysis to ensure that results were reflective of the population of licensed doctors, and the general population, respectively.

Doctors

Survey responses were weighted to reflect the population of licensed doctors by country, registration status, ethnicity and PMQ area.

The following table shows the demographic profile achieved in the survey, the weighting targets, and then the post-weighted profile, of doctors. The post-weighting profile does not match every target exactly as rim weighting on several variable works to achieve a ‘best fit’.

<table>
<thead>
<tr>
<th>Profile category</th>
<th>Survey profile (%)</th>
<th>Population figures / weighting targets (%)</th>
<th>Post-weighting profile (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>England</td>
<td>75</td>
<td>82</td>
<td>79</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Scotland</td>
<td>11</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Wales</td>
<td>6.1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>5.2</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td><strong>Registration status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP</td>
<td>35</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Specialist</td>
<td>25</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>Training</td>
<td>24</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>None/other</td>
<td>15</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>16</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>5</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
Gender and age survey profiles were considered similar enough to the population profiles to not require weighting. The figures for these categories are shown in the table below.

<table>
<thead>
<tr>
<th>Profile category</th>
<th>Survey profile (%)</th>
<th>Population figures (%)</th>
<th>Post-weighting profile (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>55</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>45</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 25</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>25 to 29</td>
<td>11</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>30 to 34</td>
<td>14</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>35 to 39</td>
<td>13</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>40 to 44</td>
<td>14</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>45 to 49</td>
<td>11</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>50 to 54</td>
<td>11</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>55 to 59</td>
<td>11</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Profile category</td>
<td>Survey profile (%)</td>
<td>Population figures (%)</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------</td>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td>60 to 64</td>
<td>7</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>65 to 69</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>70 and over</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Patients and the public**

Results for patients and the general public were weighted to be nationally representative of all British adults aged 18+, by age, gender, region, ethnicity and socio-economic grade.

**Responsible Officers and stakeholders**

The survey data for ROs and stakeholders were not weighted.

For ROs, this was because the survey was sent to the entire RO population with no over-sampling, and so we would only need to potentially correct for non-response, and there were few non-response differences. There were also very few differences in the RO survey results by country, age, ethnicity or PMQ area, and given the relatively small base size of 109, we did not want to reduce this any further by adding weighting that did not seem wholly necessary.

The stakeholder survey data were not weighted due to the small base size (47) and because of the high response rate of 70%: together this means that data weighting would have little effect in enhancing the survey’s level of representativeness.
“IFF Research illuminates the world for organisations businesses and individuals helping them to make better-informed decisions.”

Our Values:

1. Being human first:
   Whether employer or employee, client or collaborator, we are all humans first and foremost. Recognising this essential humanity is central to how we conduct our business, and how we lead our lives. We respect and accommodate each individual’s way of thinking, working and communicating, mindful of the fact that each has their own story and means of telling it.

2. Impartiality and independence:
   IFF is a research-led organisation which believes in letting the evidence do the talking. We don’t undertake projects with a preconception of what “the answer” is, and we don’t hide from the truths that research reveals. We are independent, in the research we conduct, of political flavour or dogma. We are open-minded, imaginative and intellectually rigorous.

3. Making a difference:
   At IFF, we want to make a difference to the clients we work with, and we work with clients who share our ambition for positive change. We expect all IFF staff to take personal responsibility for everything they do at work, which should always be the best they can deliver.